

# Department of Health Care Policy and Financing

## Funding Request for the FY 2022-23 Budget Cycle

Request Title

R-01 Medical Services Premiums

Dept. Approval By: 

Supplemental FY 2021-22

OSPB Approval By: \_\_\_\_\_

Budget Amendment FY 2022-23

X

Change Request FY 2022-23

Summary Information	Fund	FY 2021-22		FY 2022-23		FY 2023-24
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$9,986,396,763</b>	<b>\$0</b>	<b>\$10,030,784,971</b>	<b>(\$34,349,234)</b>	<b>\$411,519,055</b>
	FTE	0.0	0.0	0.0	0.0	0.0
<b>Total of All Line Items Impacted by Change Request</b>	GF	\$2,403,780,422	\$0	\$2,606,432,022	\$203,211,855	\$409,577,048
	CF	\$1,196,746,162	\$0	\$1,141,406,685	\$39,321,653	\$222,889,494
	RF	\$83,318,813	\$0	\$88,434,406	(\$785,199)	(\$834,799)
	FF	\$6,302,551,366	\$0	\$6,194,511,858	(\$276,097,543)	(\$220,112,688)

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### Auxiliary Data

Requires Legislation? NO

Type of Request?

Health Care Policy and Financing  
Prioritized Request

Interagency Approval or  
Related Schedule 13s:

No Other Agency Impact



**CO L O R A D O**

**Department of Health Care  
Policy & Financing**

Department of Health Care Policy and Financing  
Medical Services Premiums

FY 2021-22, FY 2022-23, and FY 2023-24 Budget Request

**November 2021**

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## **I. BACKGROUND**

Medicaid was enacted by Title XIX of the Social Security Act as an entitlement program to provide health care services to eligible older adults, people with disabilities, adults, and children. The Medicaid budget is constructed based on projected numbers of persons who will be eligible (caseload) and projected average costs per person/eligible (per capita cost). This Budget Request is a projection of services that entitled individuals will utilize during the year. The first section of the Medical Services Premiums Budget Narrative describes the Medicaid caseload projection. The second section describes the development of the per capita cost, the application of per capita caseload and bottom-line adjustments. A series of exhibits in this Budget Request supports the narrative.

Further discussion depends on several key points that complicate the projection of this line item. They are summarized as follows:

1. The Department's request identifies, and in some cases amends, the fiscal impact of various State and federal policy changes through a series of bottom-line impacts. Bottom-line impacts can be found by service category (e.g., Acute Care, Community-Based Long-Term Care, Long-Term Care, Insurance, etc.) in the respective sections of this request. Those bottom-line impacts include the identification number of the originally submitted request, so that the bottom-line impact in the current year may be traced to the originally submitted budget change request document. Additionally, the annualization of a reduction's fiscal impact can be found in the out-year bottom-line impacts. Revisions to bottom-line impacts between requests are primarily limited to changes in implementation timeline. The Department generally does not adjust fiscal impact assumptions unless a deviation from assumptions in the original budget action is clear and significant.
2. The presence of varying funding mechanisms makes the Department's request more complex. Different Medicaid services have different federal match rates and are pertinent to different populations under Medicaid. Certain categories of service have historically been federally matched at different percentages than others. Indian Health Services, described further in this narrative, have historically received a 100% federal medical assistance percentage (FMAP) while Family Planning Services receive a 90% FMAP. Breast and Cervical Cancer Program (BCCP) services are matched at 65% FMAP. Medicaid expansion populations receive a different match rate than existing populations. Expansion Adults to 133% and the MAGI Adults populations, for instance, a 90.0% FMAP. The former CHP+ population that transferred to Medicaid with SB 11-008 (Eligible Children) and SB 11-250 (Eligible Pregnant Adults) receives the enhanced CHP+ FMAP of approximately 65%.
3. Under the Affordable Care Act, states are eligible for a one percentage point increase in the FMAP for adult vaccines and clinical preventive services if the state covers all the recommended services without cost-sharing. The recommended services are those that have been given an A or B rating by the United States Preventive Services Task Force.

4. . An enhanced federal match was authorized through the Families First Coronavirus Response Act and is currently projected to end December 31, 2021 which would mean an FMAP of 53.10% in FY 2021-22. Through the American Rescue Plan Act, the Department may also claim a 10-percentage point FMAP bump on certain Medicaid Home and Community-Based Services (HCBS) from April 1, 2021 through March 31, 2022. Data from the Colorado Population Forecast, the U.S. Census, and the Legislative Council is used to estimate the FMAP for FY 2022-23 and FY 2023-24 at 50.00%. These changes are outlined in Exhibit R. Medicaid administrative costs will also continue to receive 50.00% Federal Financial Participation (FFP). If the FMAP changes from Department estimates, the Department would submit a supplemental funding request to account for the change in federal funds. More information can be found about the FMAP estimates in Exhibit R.
5. The Colorado Operations Resource Engine (CORE) was implemented as a replacement for the Colorado Financial Reporting System (COFRS) in July 2014. Under COFRS, the previous fiscal year closed and the data became final at the beginning of the current fiscal year. Under CORE, the previous fiscal year may not close until December of the current fiscal year. This introduces a small degree of uncertainty regarding actuals that was not present previously. The FY 2020-21 actuals contained within this request reflect data for FY 2020-21 as of August 13, 2021.

The Department’s exhibits for Medical Services Premiums remain largely the same as previous budget requests. Minor differences are noted in the description of each exhibit and/or program in sections IV and V.

## **II. MEDICAID CASELOAD**

The Medicaid caseload analysis, including assumptions and calculations, are included in a separate section of this request. Please refer to the section titled “Medicaid Caseload.”

## **III. BASIC APPROACH TO MEDICAL SERVICES PREMIUMS CALCULATIONS**

Once the caseload forecast is complete, the next step in the process is to forecast per capita costs. Per capita costs contain price, utilization, and Special Bill impacts. Inherent in the per capita cost is the differential “risk” of each eligibility category. The concept of “risk” can be roughly described as follows: due to the differences in health status (age, pre-existing condition, etc.), generally healthy clients are less costly to serve (lower “risk”) than clients with severe acute or chronic medical needs requiring medical intervention (higher “risk”). For example, on average, a categorically eligible low-income child is substantially less costly to serve than a person with disabilities each year. Because Medicaid caseload is growing and receding at differing rates by individual eligibility categories, it is essential to determine the anticipated cost per capita for all types of eligibility categories that will be served. In very broad terms and for most services, the rate of change experienced across actual expenditure reference periods is applied to the future to estimate the

premiums needed for current and request years. To that base, adjustments are made due to policy items or environmental changes (e.g., Change Requests and new legislation).

A detailed discussion of how the projection was prepared for this budget request follows.

### ***Rationale for Grouping Services for Projection Purposes***

The Medical Services Premiums calculations are grouped into like kinds of services and similar calculation considerations. Actual collection of expenditure data is very detailed, but for purposes of preparing projections, premium calculations are clustered into several groupings. This is done to improve the reasonableness of the projections that result from the calculations. The objective is to cluster services that have like characteristics (e.g., community-based long-term care services) or that demonstrate a high degree of relationship (e.g., the impact of health maintenance organization service utilization on inpatient hospital, outpatient, physician services, etc.). Adversely, the approach of projecting the budget by individual service category and applying historic rates generates a materially higher forecast.

Following are the service groupings used in computing the projections or summarizing individual service calculations in this Budget Request.

#### ***Acute Care:***

- Physician Services and the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)
- Emergency Transportation
- Non-emergency Medical Transportation
- Dental Services
- Family Planning
- Health Maintenance Organizations
- Inpatient Hospitals
- Outpatient Hospitals
- Lab and X-Ray
- Durable Medical Equipment
- Prescription Drugs
- Drug Rebate
- Rural Health Centers

- Federally Qualified Health Centers
- Co-Insurance (Title XVIII-Medicare)
- Breast and Cervical Cancer Treatment Program
- Other Medical Services
- Acute Home Health

***Community Based Long-Term Care:***

- Home-and Community-Based Services: Elderly, Blind and Disabled
- Home-and Community-Based Services: Community Mental Health Supports
- Home-and Community-Based Services: Children's Home-and Community-Based Services Waiver
- Home-and Community-Based Services: Brain Injury
- Home-and Community-Based Services: Children with Life Limiting Illness
- Home-and Community-Based Services: Spinal Cord Injury Adult
- Private Duty Nursing
- Long-Term Home Health
- Hospice

***Long-Term Care:***

- Class I Nursing Facilities
- Class II Nursing Facilities
- Program of All-Inclusive Care for the Elderly

***Insurance:***

- Supplemental Medicare Insurance Benefit
- Health Insurance Buy-In

***Service Management:***

- Single Entry Points
- Disease Management



- Accountable Care Collaborative
- Prepaid Inpatient Health Plan Administration

***Financing:***

- Healthcare Affordability and Sustainability Fee Financed Programs and Populations
- Department Recoveries
- Upper Payment Limit Financing
- Outstationing Payments
- Other Supplemental Payments

Note that for services in the Community Based Long-Term Care, Long-Term Care, Insurance, Service Management and Financing categories, separate forecasts are performed. Only Acute Care is forecast as a group.

**IV. PROJECTION METHODOLOGY AND DESCRIPTION OF EXHIBITS**

**EXHIBIT A - CALCULATION OF TOTAL REQUEST AND FUND SPLITS**

***Summary of Request***

For the current year, the Department sums total spending authority by fund source, including the Long Bill and any special bills which have appropriations that affect the Department. The total spending authority is compared to the total projected current year expenditure from page EA-2. The difference between the two figures is the Department's request for the Medical Services Premiums line item for the current year.

For the request year, the Department starts with the prior year's appropriation, including special bills, and adds in any required annualizations. This total is the Base Amount for the request year. The total Base Amount is compared to the total projected request year expenditure from page EA-3. The difference between the two figures is the Department's request for the Medical Services Premiums line item for the request year.

For the out year, the Department starts with the prior year's appropriation, including special bills, and adds in any required annualizations. This total is the Base Amount for the out year. The total Base Amount is compared to the total projected out year

expenditure from page EA-4. The difference between the two figures is the Department's request for the Medical Services Premiums line item for the out year.

Totals for the base request on this page correspond with Columns 2, 4, and 5 on the Schedule 13, where appropriate.

### *Federal Medical Assistance Percentages*

The Department's standard federal medical assistance percentage (FMAP) is typically around 50%. The FMAP for Medicaid is recomputed by the Federal Funds Information Service (FFIS) each year and is based on a statewide per capita earnings formula that is set in federal law. For more information about historic FMAP and FMAP changes, see Exhibit R.

Certain populations and services receive different FMAPs than the new standard 50.00%, summarized in the table below. Members who transitioned from CHP+ to Medicaid under SB 11-008 and SB 11-250 and members in BCCP receive the enhanced FMAP, which is approximately 65%. The State's FMAP for Medicaid services for members receiving the enhanced match is currently 69.34% due to enhancements authorized through the Families First Coronavirus Response Act. The expansion populations, MAGI Parents/Caretakers 69% to 133% and MAGI Adults, receive a match of 90.00%. However, any Community-Based Long-Term Care waiver services for these individuals must be claimed at the standard match as they are not eligible to receive the enhanced FMAP. A sub-group of MAGI Adults, non-newly eligible individuals with disabilities, receive the ACA expansion FMAP for 75% of their expenditure and the standard FMAP for the remaining 25%. The Disabled Buy-In population receives the standard match for expenditure net of patient premiums.

The Department can also claim an enhanced FMAP on certain Home- and Community- Based (HCBS) services based on a provision in Section 9817 of the American Rescue Plan Act. Section 9817 of the American Rescue Plan Act provides the Department with a temporary 10 percentage point increase to the FMAP for certain HCBS services from April 1, 2021 through March 31, 2022. To receive the increased FMAP, states and territories must meet certain requirements. The increased FMAP for HCBS cannot exceed 95%. As required by section 9817 of the American Rescue Plan Act, the temporary increased FMAP is only available for expenditures for certain services, including HCBS waivers, the Program of All Inclusive Care for the Elderly (PACE), Home Health, Private Duty Nursing, Case Management, and Rehabilitative Services. The Department included the enhanced FMAP bump for these services in Exhibit A.

Calculation of expenditure by financing type can be found in Exhibit A and calculation of FMAP can be found in Exhibit R.

<b>Population-Based FMAPs</b>			
<b>Fiscal Year</b>	<b>FMAP</b>	<b>Population(s)</b>	<b>Comments</b>
<b>FY 2021-22</b>	67.17%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit F
	67.17%	Clients in the BCCP program	Please see Exhibit F
	90.00%	MAGI Parents/Caretakers 69% to 133% FPL, MAGI Adults	Please see Exhibit J
	80.78%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
	53.10%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee portion matched at 53.10%, Medicaid Buy-In Fund 0%
<b>FY 2022-23</b>	65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit F
	65.00%	Clients in the BCCP Program	Please see Exhibit F
	90.00%	MAGI Parents/Caretakers 69% to 133% FPL, MAGI Adults	Please see Exhibit J
	80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
	50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee portion matched at 50.00%, Medicaid Buy-In Fund 0%
<b>FY 2023-24</b>	65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit F
	65.00%	Clients in the BCCP Program	Please see Exhibit F
	90.00%	MAGI Parents/Caretakers 69% to 133% FPL, MAGI Adults	Please see Exhibit J
	80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
	50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee portion matched at 50.00%, Medicaid Buy-In Fund 0%

<b>Service-Based FMAPs</b>			
<b>Fiscal Year</b>	<b>FMAP</b>	<b>Service</b>	<b>Comments</b>
<b>FY 2021-22</b>	100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit F
	54.10%	ACA Preventive Services	Please see Exhibit A
	90.00%	Family Planning Services	Please see Exhibit F
	100.00%	Indian Health Services	Please see Exhibit F
<b>FY 2022-23</b>	100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit F
	51.00%	ACA Preventive Services	Please see Exhibit A
	90.00%	Family Planning Services	Please see Exhibit F
	100.00%	Indian Health Services	Please see Exhibit F
<b>FY 2023-24</b>	100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit F
	51.00%	ACA Preventive Services	Please see Exhibit A
	90.00%	Family Planning Services	Please see Exhibit F
	100.00%	Indian Health Services	Please see Exhibit F

***Calculation of Fund Splits***

These pages take the total estimated expenditure by service group and calculate the required source of funding for each. For each service category, the federal medical assistance percentage (FMAP) is listed on the right-hand side of the table. The FMAP calculations reflect the participation rate information provided from the federal Centers for Medicare and Medicaid Services (CMS), as reported through the Federal Register or as specified in federal law and/or regulation.

To calculate appropriate fund splits, the Department selectively breaks out the large service groups (e.g., Acute Care) by programs funded with either a different state source or a different FMAP rate. Most programs in Medical Services Premiums are paid with 50% General Fund and 50% federal funds. However, the following programs are paid for using different funding mechanisms:

- **Breast and Cervical Cancer Program:** This program typically receives a 65.00% FMAP. Per 25.5-5-308(9)(g), C.R.S (2014), enacted in HB 14-1045, the state’s share of expenditure shall be appropriated one hundred percent from the Breast and Cervical Cancer Prevention and Treatment Fund.

- Family Planning: The Department receives a 90% FMAP available for all documented family planning expenditure. This includes those services rendered through health maintenance organizations. Please see Exhibit F for calculations.
- Indian Health Services: The federal financial participation rate for this program is 100%. Please see Exhibit F for calculations.
- Affordable Care Act Drug Rebate Offset: The Affordable Care Act (ACA) increased the number of pharmaceutical rebates the Department receives. Under section 2501 of the ACA, the entire increase in the drug rebates is due to the federal government. As a result, this provision of the ACA is intended to be budget neutral to the State. Drug rebates are recorded as an offset to total fund expenditure in Acute Care (Exhibit F), and the Department's total fund expenditure projection reflects the estimated expenditure after the increase in the drug rebates. To properly account for this decrease in expenditure, the Department shows the estimated increase in drug rebates as a federal funds decrease in Exhibit A, as the increased drug rebate will offset total federal funds expenditure.
- Affordable Care Act Preventive Services: Under the Affordable Care Act, states are eligible for a one percentage point increase in the FMAP for adult vaccines and clinical preventive services if the state covers all the recommended services without cost-sharing.
- Non-Emergency Medical Transportation (NEMT): These services receive the administrative federal financial participation (FFP) rate of 50.00% rather than the various service FMAP rates. This entry adjusts the fund splits between federal and state funding to properly account for this service receiving FFP.
- SB 11-008 "Aligning Medicaid Eligibility for Children": This bill specifies that the income eligibility criteria for Medicaid that applies to children aged five and under shall also apply to children from ages 6 to 19. Effective January 1, 2013, children under the age of 19 are eligible for Medicaid if their family income is less than 133% of the federal poverty level (FPL). FMAP for these clients remains at the same level as if the clients had enrolled in Children's Basic Health Plan (CHP+) instead of Medicaid at the enhanced match.
- SB 11-250 "Eligibility for Pregnant Women in Medicaid": This bill increases the upper income limit for Medicaid eligibility among pregnant women from the current level of 133% to 185% of federal poverty level (FPL) to comply with federal law. By changing income limits, it also allows eligible pregnant women to move from CHP+ to Medicaid effective January 1, 2013. As with SB 11-008, the Department assumes the same enhanced FMAP will be available for these clients. The Department received permission from the Centers for Medicare and Medicaid Services (CMS) to continue receiving a higher match rate for this population, including Section 1205(b) of the Social Security Act, similar to the population under SB 11-008 "Aligning Medicaid Eligibility for Children".

- **MAGI Parents/Caretakers 69% to 133% FPL:** This population began participation in Medicaid in FY 2009-10 and is funded with a combination of federal funds and HAS Fee. SB 13-200 amended Medicaid eligibility for parents and caretakers of eligible children from 100% of the federal poverty line to 133% of the federal poverty line in keeping with Medicaid expansion under the Affordable Care Act, which also ensured that MAGI Parents/Caretakers 69% to 133% of the federal poverty line receive a 100% federal match rate through the end of CY 2016, effective January 1, 2014, with ramp down every year until it reaches 90% effective January 1, 2020. See Exhibit J for additional information and detailed calculations.
- **MAGI Adults:** This population began participation in Medicaid in FY 2011-12 and was previously labeled Adults without Dependent Children (AwDC). The population is funded with a combination of federal funds and HAS Fee. SB 13-200 amended the Medicaid eligibility criteria for MAGI Adults to 133% of the federal poverty line in accordance with Medicaid expansion under the Affordable Care Act. Effective January 1, 2014, the Affordable Care Act provides this population a 100% federal match rate from CY 2014 through CY 2016 with ramp down every year until it reaches 90% effective January 1, 2020. However, waiver services for this population receive the standard FMAP and not the enhanced FMAP per CMS. Calculations and information regarding this population can be found in Exhibit J.
- **Continuous Eligibility for Children:** HB 09-1293, the Colorado Health Care Affordability Act of 2009, established continuous eligibility for twelve months for children on Medicaid, beginning March 2014, even if the family experiences an income change during any given year. The Department has the authority to use the HAS Fee Cash Fund to fund the State share of continuous eligibility for Medicaid children. Because this population is not an expansion population, it receives the standard federal financial participation rate. Previously, the Department showed this adjustment in funding as a General Fund offset under Cash Funds Financing. Effective with the November 2016 request, the Department has broken this population out in its respective service categories to better show the impact of continuous eligibility for children. Calculations and information regarding this population can be found in Exhibit J.
- **Disabled Buy-In:** Funds for this population come from three sources: HAS Fee, premiums paid by clients, and federal funds. While the program receives federal match on the HAS Fee contribution, the premiums paid by clients are not eligible. Premium estimates and additional calculations of fund splits can be found in Exhibit J.
- **Non-Newly Eligibles:** MAGI Parents/Caretakers 69% to 133% FPL and MAGI Adults are funded with a combination of federal funds and HAS Fee. As explained above under those categories, the Affordable Care Act provides both populations with a 100% federal match rate, effective January 1, 2014, though it ramps down over time beginning in CY 2017. A caveat of this enhanced federal match rate is that the expansion population cannot have been eligible for Medicaid services prior to 2009 (or else those

individuals are not considered part of the Medicaid expansion population). A subset of the population may have been eligible for Medicaid services prior to 2009 under disability criteria, had the clients chosen to provide asset information when they applied for Medicaid services. For this population, the Department is unable to prove that these clients would not have been eligible for Medicaid services prior to 2009 if they had provided asset information, and therefore cannot claim the full enhanced expansion FMAP on their expenditure. These clients are now eligible for Medicaid under the expansion and receive FMAP determined by a resource proxy with the State portion funded through the HAS Fee, as required by statute. The Department can claim 75% of the expenditure for Non-Newly Eligible clients at the enhanced expansion FMAP and the remaining 25% at standard FMAP. Please refer to Exhibit J for calculations and additional details.

- **MAGI Parents/Caretakers 60% to 68% FPL:** Parents/Caretakers over 60% FPL are funded with a combination of federal funds and HAS Fee. As explained above, the Affordable Care Act provides MAGI Parents/Caretakers 69% to 133% FPL with a 100% federal match rate, effective January 1, 2014, with a ramp down beginning January 1, 2017. Due to new MAGI conversion rules (please refer to the Caseload Narrative for additional details), the non-expansion eligibility category MAGI Parents/Caretakers to 68% FPL now includes FPL levels over 60%. The MAGI Parents/Caretakers to 68% FPL clients who have FPL levels over 60% are funded with HAS Fee for the State’s contribution, rather than General Fund, as required by statute. Please refer to Exhibit J for calculations and additional details.
- **Adult Dental Benefit Financing:** SB 13-242 created a limited dental benefit for adults in the Medicaid program, implemented April 1, 2014. To fund the design and implementation of the adult dental benefit, SB 13-242 created the Adult Dental Fund effective July 1, 2013, financed by the Unclaimed Property Trust Fund. Please refer to Exhibit F for calculations and additional details.
- **Supplemental Medicare Insurance Benefit:** Medicare premiums are not federally matched for clients who exceed 134% of the federal poverty level. Premiums for clients between 120% and 134% of the federal poverty level receive federal financial participation (FFP) and certain individuals with limited resources qualify as a “Qualified Individual”, which receives 100% FFP.
- **Tobacco Quit Line:** The Tobacco Quit Line is administered by the Department of Public Health and Environment (DPHE); the Department pays for the share of costs for the quit line related to serving Medicaid members. The costs are administrative and therefore receive FFP rather than the applicable FMAP by eligibility category.
- **Upper Payment Limit Financing:** Offsets General Fund as a bottom-line adjustment to total expenditure. This is further described in Exhibit K.

- Department Recoveries Adjustment: Department Recoveries used to offset General Fund are incorporated as a bottom-line adjustment to total expenditure. Further detail is available in Exhibit L.
- Denver Health Outstationing: Federal funds are drawn to reimburse Denver Health Federally Qualified Health Centers for the federal share of their actual expenditure in excess of the current reimbursement methodology. Prior to FY 2017-18, these payments were made with certified public expenditure. Going forward, these payments are to be made with General Fund under a Random Moment Time Study (RMTS) methodology.
- Hospital Supplemental Payments: Hospital payments are increased for Medicaid hospital services through a total of five supplemental payments, three of which are paid out of Medical Services Premiums directly to hospitals, outside the Department's Medicaid Management Information System (MMIS). The purpose of these payments is to increase hospital reimbursement payments for Medicaid inpatient and outpatient care, up to a maximum of the federal Upper Payment Limit (UPL), and to create hospital quality incentive payments that reward hospitals for enhanced quality, health outcomes and cost effectiveness.
- Nursing Facility Supplemental Payments: HB 08-1114 and SB 09-263 directed the Department to implement a new methodology for calculating nursing facility reimbursement rates, introduced a cap on General Fund growth for core components of the reimbursement rate, and authorized the Department to collect a provider fee from nursing facilities statewide. Any growth in the portion of the per-diem reimbursement rate for core components beyond the General Fund cap is paid from the Nursing Facility Provider Fee cash fund, as are all supplemental payments. Please refer to Exhibit H for calculations and additional details.
- Physician Supplemental Payments: Federal funds are drawn to reimburse Denver Health and the Memorial Health Systems in Colorado Springs for physician services provided in excess of the current reimbursement methodology. The Department retains 10% of the federally matched dollars as a General Fund offset.
- Hospital High Volume Payment: Colorado public hospitals that meet the definition of a high-volume Medicaid and Colorado Indigent Care Program (CICP) Hospital qualify to receive an additional supplemental reimbursement for uncompensated inpatient hospital care for Medicaid clients. To meet the definition of a high volume Medicaid and CICP Hospital a hospital must be: licensed as a General Hospital by the Department, classified as a state-owned government or non-state owned government hospital, a High Volume Medicaid and CICP hospital, defined as those hospitals which participate in CICP, whose Medicaid inpatient days per year total at least 35,000 and whose Medicaid and CICP days combined equal at least 30% of their total inpatient days, and maintain the hospital's percentage of Medicaid inpatient days compared total days at or above the prior State Fiscal Year's level. Historically, Memorial Health has been the only hospital to qualify for this payment.



- **Health Care Expansion Fund Transfer Adjustment:** In previous years, the Department received an appropriation from the Health Care Expansion Fund to cover the costs of programs funded with tobacco tax revenues. However, beginning in FY 2011-12, the Health Care Expansion Fund was insolvent and no longer covered the cost of the programs. The balance in the Health Care Expansion Fund is appropriated to the Department to offset the costs of these programs. In the Department's calculations in this exhibit, this transfer appears as a General Fund offset because the costs of the programs are included as General Fund in the calculations at the top of the exhibit.
- **Intergovernmental Transfer for Difficult to Discharge Clients:** Privately owned nursing facilities are eligible for receiving supplemental Medicaid reimbursements for costs incurred treating medically complex clients, such that the sum of all Medicaid reimbursement remains below the Upper Payment Limit for privately-owned nursing facilities. To be eligible for these payments, nursing facilities must be privately owned; enter into an agreement with the discharging hospital regarding timelines and initial plans of care for the affected medically complex patients; and provide long-term care services and supports in the least restrictive manner for medically complex clients residing in an inpatient hospital setting for whom no other suitable discharge arrangements are available. The transfer is an annual payment of \$1,400,000 total funds, with the State share being transferred through Denver Health & Hospital Authority.
- **Denver Health Ambulance Payments:** Federal funds are drawn to reimburse Denver Health for ambulance services in excess of the current reimbursement methodology. This reimbursement does not require any increase in General Fund; the Department retains 10% of the federally matched dollars as a General Fund offset.
- **Emergency Transportation Provider Payments:** Public emergency medical transportation (EMT) providers incur significant uncompensated costs for services provided to Medicaid clients. Because these providers receive public funds, the Department has an opportunity to obtain a federal match on expenditures made by public entities. Implementation of a certified public expenditure (CPE) program for public ground EMT providers would allow the Department to make supplemental payments to public (EMT) providers for EMT services to Medicaid clients Pursuant to 42 CFR § 433.51, public funds may be considered as the State's share in claiming federal financial participation when the public funds are certified by the contributing public agency as representing expenditures eligible for federal financial participation. EMT service providers eligible to participate in this program would receive supplemental reimbursement payments by completing a federally approved cost report form. The supplemental reimbursement payment is based on claiming federal financial participation on CPEs that have already been incurred by the public provider. To be eligible for the reimbursement, the CPE cannot be claimed at any other time to receive federal funds under Medicaid or any other program. The supplemental reimbursement amount is determined by a methodology approved by Centers for Medicare and Medicaid Services (CMS).

- University of Colorado School of Medicine Payment: Originally approved under SB 17-254, the Colorado Legislature approved a transfer from the University of Colorado School of Medicine (UCSOM) to the Department to gain access to federal matching funds. The Department then would reimburse UCSOM through a UPL payment for physician services.
- Public School Health Services: Approved as part of the FY 2019-20 S-7, BA-7 “Public School Health Services Funding Adjustment”, this request allowed the Department to use certified public expenditure spent on Public School Health Services (SHS) programs to claim a federal match. Part of the claimed federal funds are applied as a General Fund offset in the Medical Services Premiums line.
- SB 21-213 Use of Increased Medicaid match accounts for the transfer of savings from cash fund financed services to the General Fund as a result of the enhanced federal match was authorized through the Families First Coronavirus Response Act.
- Cash and Reappropriated Funds Financing: This item includes the impact of legislation which reduces General Fund expenditure through cash and Reappropriated fund transfers. Starting in FY 2016-17, the General Fund offset from the Old Age Pension Health and Medical Care Fund comes entirely from Reappropriated funds based on JBC approval of JBC staff recommendations. This methodology ensures that the full \$10 million authorized by Colorado’s constitution can be allocated to people who qualify for services from the Old Age Pension Medical Program and that these funds are not tied up in another line.

The table below shows the impact by cash fund for FY 2021-22, FY 2022-23, and FY 2023-24.

<b>Cash and Reappropriated Funds</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>
Tobacco Tax Cash Fund (SB 11-210)	\$1,996,170	\$1,924,065	\$1,902,5400
Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	\$15,700,000	\$15,700,000
Old Age Pension Health and Medical Care Fund (SB 13-200)	\$9,897,464	\$9,897,464	\$9,897,464
Service Fee Fund (SB 13-167)	\$200,460	\$200,460	\$200,460
<b>Total</b>	<b>\$27,593,634</b>	<b>\$27,521,529</b>	<b>\$27,500,004</b>

**EXHIBIT B - MEDICAID CASELOAD PROJECTION**

Page EB-1 contains historical and projected caseload for all eligibility types. Pages EB-2 through EB-5 provide historical monthly caseload without retroactivity for each of the eligibility types. A description of the forecasting methodology for Medicaid caseload, including all adjustments, is in the section titled “Medicaid Caseload” of this request.

**EXHIBIT C - HISTORY AND PROJECTIONS OF PER CAPITA COSTS**

Medical Services Premiums per capita costs history through the most recently completed fiscal year and projections are included for historical reference and comparison. The Department provides two separate tables. On page EC-1, the Department provides the per capita cost history based on the cash-based actuals (i.e., the actual expenditure paid in the fiscal year). On page EC-2, the Department provides the per capita cost history adjusted for the FY 2009-10 payment delay; that is, the claims delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals. Per capita trends can be affected by changes in caseload, utilization of services, and service costs.

For FY 2002-03 through FY 2008-09, expenditure for the Prenatal State-Only program are included in the Non-Citizens aid category. The Prenatal State-Only program allows legal immigrants that entered the United States after August 22, 1996 to have State funded prenatal care and Emergency only Medicaid benefits for labor and delivery. This expenditure is included in the MAGI Pregnant Adults aid category beginning in FY 2009-10. HB 09-1353 was passed in FY 2009-10, which allowed legal immigrants that have lived in the United States less than five years to qualify for Medicaid as pregnant adults, Medicaid children, or CHP+ clients, provided there is available funding. Funding for Medicaid pregnant adults was available July 2010. The population that was Prenatal State-Only now represents pregnant adults that are eligible under HB 09-1353. This expenditure is still included in the MAGI Pregnant Adults aid category. Funding for Medicaid children was available July 2015.

**EXHIBIT D - CASH FUNDS REPORT**

This exhibit displays spending authority, total request, and incremental request for each source of cash funds in the Medical Services Premiums line item. This information is a summary of the information presented in Exhibit A. In addition, for the current year, total spending authority is broken out between the Long Bill and other special bills; this information is used to calculate the revised letter note amount on the Schedule 13. The Department also provides the specific requested changes to special bill appropriation clauses, when appropriate.

## **EXHIBIT E - SUMMARY OF PREMIUM REQUEST BY SERVICE GROUP**

### ***Summary of Total Requested Expenditure by Service Group***

This exhibit is a summary of the requests by service group and by eligibility category for the current year, request year, and out year. It aggregates information from the calculations contained in Exhibits F, G, H, I, and J and caseload information from Exhibit B.

## **EXHIBIT F - ACUTE CARE**

### ***Calculation of Acute Care Expenditure***

Acute Care services expenditure is calculated in a series of steps. At the top of page EF-1, historical expenditure and the annual percent changes are provided. Historical per capita costs and the annual percent changes are also provided. The first step of the calculation is to select a per capita percent change rate, if possible, to trend the last actual per capita to the next year. Finally, bottom-line adjustments are made for legislation and other impacts not included in historical trends. Total expenditure after bottom-line adjustments is divided by the projected caseload to obtain a final per capita cost for the current year. To calculate the request year expenditure, the same methodology is applied to the projected request year per capita, including a per capita trend factor and bottom-line impacts. The total estimated expenditure for Acute Care is added to total estimated expenditure in other service groups and bottom-line impacts to generate the total request for Medical Services Premiums.

### ***Calculation of Per Capita Percent Change***

The per capita percent change for several different years is computed for each eligibility category on a per capita cost basis. At the bottom of page EF-1, the Department has provided a list of historic trends. Included are two-year, three-year, four-year, and five-year trends, ending in the three most recent historical years. Typically, the same percentage selected to modify current-year per capita costs is used to modify the request-year and out-year per capita costs, although the Department adjusts the selected trend where necessary.

Percentages selected to modify per capita costs are calculated to assess the percentages considering any policy changes or one-time costs that may skew just one trend year. At the same time, per capita trend factors must not take into account changes in caseload or changes accounted for as bottom-line adjustments. The eligibility categories differ in eligibility requirements, demographics, and utilization, so different trends are used for each eligibility category.

The table below describes the trend selections for FY 2021-22, FY 2022-23, and FY 2023-24. The selected trend factors for each year, with the rationale for selection, are as follows:

<b>Aid Category</b>	<b>FY 2021-22 Trend Selection</b>	<b>FY 2022-23 Trend Selection</b>	<b>FY 2023-24 Trend Selection</b>	<b>Justification</b>
Adults 65 and Older (OAP-A)	4.61%	16.50%	6.44%	The Department kept the same trend from the February request in FY 2021-22. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.
Disabled Adults 60 to 64 (OAP-B)	8.23%	8.23%	4.12%	The Department kept the trend from the February request.
Disabled Individuals to 59 (AND/AB)	7.76%	2.82%	7.76%	The Department kept the same trend from the February request due to an increase in pharmacy expenditure for this population.
Disabled Buy-in	0.00%	2.49%	3.79%	The Department kept the trend from the February Request in FY 2021-22. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.

Aid Category	FY 2021-22 Trend Selection	FY 2022-23 Trend Selection	FY 2023-24 Trend Selection	Justification
MAGI Parents/ Caretakers to 68% FPL	0.56%	5.82%	5.82%	The Department decreased the trend from the February request due to a decrease in utilization across many service categories in FY 2021-22. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.
MAGI Parents/ Caretakers 69% to 133% FPL	2.20%	5.27%	4.35%	The Department increased the trend from the February request due to an increase in utilization across many service categories. The Department anticipates the per capita of this population will continue to grow based on historical growth in per capita costs. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.
MAGI Adults	0.00%	5.72%	0.00%	The Department decreased the trend from the February forecast due to a decrease in utilization across many service categories. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.

<b>Aid Category</b>	<b>FY 2021-22 Trend Selection</b>	<b>FY 2022-23 Trend Selection</b>	<b>FY 2023-24 Trend Selection</b>	<b>Justification</b>
Breast and Cervical Cancer Program	5.82%	0.00%	7.96%	See the section in this Budget Narrative titled "Breast and Cervical Cancer Program Per Capita Detail and Fund Splits" for a description of this trend factor.
Eligible Children (AFDC-C/ BCKC-C)	3.64%	12.83%	4.02%	The Department kept the trend from the February request in FY 2021-22. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.
SB 11-008 Eligible Children	1.61%	5.00%	1.61%	The Department kept the same trend from the February request. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.
Foster Care	2.13%	0.00%	3.42%	The Department increased the trend relative to the February request due to increased utilization.
MAGI Pregnant Adults	0.00%	36.45%	6.65%	The Department decreased the trend from the February request due to a decrease in utilization of services. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.

<b>Aid Category</b>	<b>FY 2021-22 Trend Selection</b>	<b>FY 2022-23 Trend Selection</b>	<b>FY 2023-24 Trend Selection</b>	<b>Justification</b>
SB 11-250 Eligible Pregnant Adults	0.00%	44.55%	6.65%	The Department kept the same trend from the February request in FY 2021-22. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.
Non-Citizens	1.23%	48.00%	1.23%	The Department kept the same trend from the February request in FY 2021-22. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.
Partial Dual Eligibles	2.90%	24.00%	2.90%	The Department kept the same trend from the February request in FY 2021-22. The Department increased the FY 2022-23 trend anticipating an increase in per capita costs corresponding to the disenrollment of lower cost members who were on continuous coverage during the PHE.

*Legislative Impacts and Bottom-line Adjustments*

To account for programmatic changes which are not incorporated in the prior per capita or trend factors, the Department adds total-dollar bottom-line impacts to the projected expenditure. These impacts are described briefly below:

- FY 2019-20 R-6 Local Administration Transformation – The Department received \$700,000 for FY 2019-20 and \$1,966,848 in FY 2020-21 to implement three initiatives that would improve county performance and accountability, increasing incentive funding and oversight, removing NEMT administration from county administration responsibilities, and consolidating returned mail processing.



- Annualization of FY 2018-19 R-10 Drug Cost Containment Initiatives, The Department was appropriated administrative funds to implement a prior authorization system on physician administered drugs and hire a contractor to help with designing an alternative payment methodology for drugs, particularly those that fall under the categories of high-cost and specialty. The Department anticipates prior authorization of physician administered drugs will begin in January 2019 and result in decreased utilization.
- Annualization of Client Over-Utilization Program, accounts for a lock-in program starting July 1, 2018. This initiative originally sought to increase enrollment to 200 clients in the Client Overutilization Program (COUP) by changing some of the criteria in the MMIS to allow a broader range of providers to participate as lock-in providers. This program generates savings by decreasing excessive use of medical services and thereby reducing the expenditure for medically unnecessary claims. The program criteria target the abuse of prescription medication, inappropriate use of emergency room and/or physician services. The Department implemented COUP on July 1, 2018 but anticipates lower enrollment than originally requested.
- Annualization of Accountable Care Collaborative (ACC) savings accounts for reductions in Acute Care expenditure resulting from ACC program activities. Additional detail can be found in Exhibit I.
- Annualization of Estimated Impact of Increasing PACE Enrollment accounts for the Department's initiative to increase enrollment of new PACE clients. The Department anticipates that this increased enrollment will cause a shift in expenditure from the Acute Care service group to the PACE service category.
- FY 2020-21 R-10 Community Provider Rate Decrease (1.0% Across-the-Board) incorporates the acute care impact of the 1.0% across-the-board decreases approved during the 2020 legislative session.
- COVID-19 Utilization incorporates the estimated increase in utilization of hospital services and laboratory services associated with COVID-19. The Department estimated the impact using projections of hospitalizations from the Colorado Department of Public Health and Environment for the state, and by estimating the proportion of hospitalizations that for Medicaid members of the total COVID-19 hospitalizations based on the most recent data on Medicaid members with a hospitalization related to COVID-19.
- R-12 Work Number Verification provides funding in order to implement a robust income verification process for Medicaid and CHP+ eligibility determinations based on real-time verifications. The Department will set up contract with a vendor to obtain work number verification data and anticipates costs avoided from a reduction in Medicaid caseload.
- R-6 Local Administration, the NEMT program is now centrally administered to alleviate the need for 55 counties to use local funds and streamline the system.
- R-7 Pharmacy Pricing and Technology Request incorporates savings for rate changes to the departments prescription drug reimbursement methodology and the Department's physician drug administered drug methodology.
- SB 20-212 Telehealth Services this bill increase costs associated with telehealth services being provided and reimbursed at the in-person rate.
- COVID-19 Vaccine Administration cost incorporates costs associated with the administration of the COVID-19 vaccine.

- Continuous Glucose Monitor Policy Clarification Bottom Line Impact incorporates increase in cost associated with clarifying the Department's policy for Continuous Glucose Monitors.
- SB 21-137 Behavioral Health Recovery Act increased the number of perinatal mood screenings from 3 to 4.
- SB 21-194 Maternal Health Providers expanded postpartum coverage from sixty days to 12 months.
- SB 21-009 Reproductive Health Care Program created a state only program to provide reproductive services to non-citizens. The Department expects to see savings in the emergency services populations.
- FY 2022 R-16 Provider Rate Adjustments - Allergy Testing Rates accounts for a reduction to allergen testing rates. The Department changed allergen testing to be based on the commercial benchmark.
- FY 2022 R-16 Provider Rate Adjustments - Benchmark Certain Rates to Medicare accounts for a rebalancing of DME and ambulatory rates to 80 to 100% of the Medicare rates.
- FY 2022 R-16 Provider Rate Adjustments - Outpatient Hospital Physician Administered Drugs accounts for reducing the Enhanced Ambulatory Patient Grouping (EAPG) weights by 35.00% from 20.00% for claims associated with 340B drugs in FY 2021-22 and ongoing.
- FY 2022 R-16 Provider Rate Adjustments - Lab Testing Code Rate Reduction accounts for increases in the lab testing code rates to 80% of Medicare's rates and aligns the rates with the Medicare Definitive drug testing policy.
- FY 2021-22 BA-15 Implement eConsult Program authorizes the Department to implement a Medicaid statewide eConsult platform. The adjustment accounts for the net effect of reimbursements to providers and savings from avoided face-to-face specialist visits.
- FY 2020-21 JBC Action 2.5% ATB Rate Increase accounts for the increase in expenditure associated with increasing- rates for all eligible services by 2.5%.
- HB 21-1085 Secure Transportation for Behavioral Health Crisis accounts for a new service within Non Emergency Medical Transportation that provides transportation to members in a behavioral health crisis.
- HB 21-1275 Medicaid Reimbursement for Pharmacists Rendered Services accounts for an increase in services that can be rendered by pharmacists under a collaborative agreement with a physician. This policy change allows pharmacists to render some primary care services as long as they are in collaboration with a physician.
- SB 21-211 (Adult Dental Benefit \$1500 Cap reinstatement) This bill repeals the \$1,000 annual Medicaid adult dental benefit cap and also reverses and repeals fund transfers previously enacted in HB 20-1361.
- Estimated Increase in Flu Expenditure accounts for an increase in costs associated with an increase in flu expenditure relative to FY 2020-21.
- Reduction to Blood Clotting Medication accounts for a decrease in rates associated with blood clotting medications.
- Per Capita Damper for New Enrollees accounts for the decrease in per capita costs for certain populations due to lower cost member's being locked into Medicaid.

- Estimated Increase in Respiratory Syncytial Virus (RSV) accounts for expected increases in treating RSV. There were virtually no expenditures associated with treatment of RSV in FY 2020-21 due to increased social distancing during the regular RSV season between October 2020 and March 2021. The Department is already seeing an uptick in reimbursement of these expenditures starting in August 2021.

### ***Breast and Cervical Cancer Program Per Capita Detail and Fund Splits***

In 2001, the General Assembly passed SB 01-012, which established a Breast and Cervical Cancer Treatment Program within the Department. In 2019, the General Assembly passed HB 19-1302 which extended the repeal date of the program to 2029. All Breast and Cervical Cancer Program expenditure receives an enhanced federal match rate of approximately 65.00%. Please refer to Exhibit A and Exhibit R for more specific information on the federal match rate for this program.

Beginning January 2017, the age range for clients receiving cervical cancer screening and treatment was expanded to include ages 21 through 39, based on CDPHE's FY 2016-17 R-4 "Cervical Cancer Eligibility Expansion." This change did not have an impact of the anticipated magnitude, and the previous caseload adjustment for this policy change has now been removed as the policy change is incorporated into the trend.

### ***Per Capita Cost***

The Department assumes base per capita growth for this population will be higher than recent years based on per capita expenditure for the population in FY 2020-21. With the implementation of the ACA expansion in January 2014 many clients who were eligible through the Breast and Cervical Cancer Program were re-determined as eligible for the MAGI Adult population instead. Per CMS direction, the Department was unable to claim the enhanced ACA FMAP for those clients while they were still actively receiving cancer treatment, and the Department manually moved them from MAGI Adults to the Breast and Cervical Cancer Program category. Based on analysis of affected clients, the Department determined that the clients included in the manual adjustment were no longer receiving cancer treatment and the Department stopped completing the adjustment as of July 2017. The number of clients in the Breast and Cervical Cancer Program is now much lower, but the per capita costs of clients remaining in the program are higher as they are more likely to use high-cost cancer treatment services as evidenced by the growth in per capita in FY 2019-20. Therefore, the Department adjusted the per capita up for FY 2021-22, FY 2022-23, and FY 2023-24.

### *Fund Splits*

The second half of this exhibit calculates the portion of Breast and Cervical Cancer Program expenditure that will be allocated to the Breast and Cervical Cancer Prevention and Treatment Program Fund.

### *Adult Dental Cash Fund-eligible Per Capita Detail*

In 2013, the General Assembly passed SB 13-242, which established the Adult Dental Benefit program along with the Adult Dental Cash Fund, funded through the Unclaimed Property Tax Fund. The Adult Dental Cash Fund provides the funding for the State share of the Adult Dental Benefit program, for expenditure that would otherwise be funded by General Fund for the State share. In 2014, the General Assembly passed HB 14-1336 which provided funding for the addition of full dentures as part of the Adult Dental Benefit. The Department previously covered dental services for adults only in emergencies or in the case of co-occurring conditions that required dental services. The Department does not have a way to systematically distinguish between dental services received in the case of emergency or co-occurring conditions and those covered under the Adult Dental Benefit. The Adult Dental Cash Fund-Eligible Dental Services Exhibit on pages EF-6 through EF-8 reports total Dental expenditure for populations that have the State share of expenditure funded with the Adult Dental Cash Fund and subtracts out the estimated expenditure for emergency and co-occurring conditions to estimate the expenditure that will be funded by the Adult Dental Cash Fund.

The Department forecasted expenditure based on the most recent actuals, which were lower than previously forecasted. Therefore, the Department has lowered the forecast for FY 2021-22, FY 2022-23, and FY 2023-24.

### *Antipsychotic Drugs*

Antipsychotic drugs were moved from the Department's premiums line to the Department of Human Services for FY 2001-02. For FY 2003-04, the General Assembly moved antipsychotic drugs from the Department of Human Services' portion of the budget to the Medical Services Premiums line item of the Department. This expenditure is now included in the Acute Care service group within the Prescription Drugs service category. Exhibit F, pages EF-11 through EF-12, shows annual costs by aid category and per capita cost in two versions: with and without the estimated impact of drug rebate. The Department has eliminated the projection of expenditure in this area due to the elimination of the informational-only line item in Long Bill group (3), effective with HB 08-1375.

The Department experienced a large decrease in gross aggregate and per-capita acute antipsychotic pharmaceutical expenditure in FY 2012-13 due to several antipsychotic drugs going generic and per-unit costs decreasing significantly. FY 2014-15 resumed growth due to increases in cost, utilization, and caseload, which continued in FY 2015-16. The Department experienced a slight decrease in FY

2016-17 in gross expenditure. In FY 2017-18, there was another significant decrease in gross aggregate and per-capita expenditure due to the brand name preference of Abilify being removed in April 2017, as well as a large decrease in the unit price of aripiprazole (the generic version of Abilify).

### ***Federal Funds Only Pharmacy Rebates***

The Patient Protection and Affordable Care Act (ACA) increased the number of pharmaceutical rebates the Department receives. Under section 2501 of the ACA, the entire increase in the drug rebates is due to the federal government. Drug rebates are recorded as an offset to total funds expenditure in Acute Care (Exhibit F), and the Department's total funds expenditure projection reflects the estimated expenditure after the increase in the drug rebates. To properly account for this decrease in expenditure, the Department shows the estimated increase in drug rebates as a federal funds decrease in Exhibit A, as the increased drug rebate will offset total federal funds expenditure. In this exhibit, the Department estimates the incremental number of rebates that are federal funds only. Estimates are based on most recent actuals. The Department decreased costs in FY 2021-22 from previous forecasts based on FY 2020-21 data. The Department carried the forecasted growth from FY 2018-19 to FY 2020-21 into the FY 2021-22 ongoing.

### ***Family Planning - Calculation of Enhanced Federal Match***

Certain services that are family planning in nature are eligible for 90% federal financial participation. However, to claim the enhanced match, the State must uniquely identify these services. Some family planning services are provided through fee-for-service, and, beginning in late FY 2001-02, the Department was also able to identify those family planning services provided by health maintenance organizations. Therefore, the State receives the enhanced match on about 95% of the family planning services provided to Medicaid clients. Totals listed on page EF-14 are taken directly from the Department's reporting to the Centers for Medicare and Medicaid Services (CMS) for enhanced federal funds.

In FY 2016-17, the Department received more rebates attributed to Family Planning than it should have, as the result of a rebate payment error. As such, the Department's total reported expenditures are understated and artificially low in FY 2016-17. The Department has trended forward the FY 2020-21 expenditure by a fraction of previous growth rates to reach FY 2021-22, FY 2022-23, and FY 2023-24 estimates.

### ***Indian Health Service***

In 1976, the Indian Health Care Improvement Act (PL 94-437) passed with the goal of improving the health status of American Indians and Alaskan Natives and encouraging tribes to participate as much as possible in the management of their health services. The law

specified that the payments for inpatient and outpatient services and emergency transportation for Medicaid clients who are American Indians with a legal tribe affiliation receive 100% federal financial participation. The Indian Health Service is the federal agency within the Department of Health and Human Services that provides services to American Indians and Alaskan Natives directly through its hospitals, health centers, and health stations, as well as indirectly by coordinating with tribe-administered health care facilities.

### ***Expenditure by Half-Year***

As an additional reasonability check, this section presents previous fiscal years' actual and per capita expenditure by six-month intervals. Year-to-date average caseload for this exhibit has been taken from Exhibit B of this request. The per capita by six-month period can be quickly compared, and historic per capita costs may be referenced with page EF-1 of this request.

### **EXHIBIT G - COMMUNITY-BASED LONG-TERM CARE**

#### ***Home- and Community-Based Services (HCBS) Waivers***

Community-Based Long-Term Care (CBLTC) services are designed to provide clients who meet the nursing facility level of care with services in the community. The increased emphasis on utilizing community-based services has served to keep the census in Class I Nursing Facilities relatively flat. In FY 1981-82, with the implementation of the first wave of Home- and Community-Based Service (HCBS) waivers, the Class I Nursing Facility census was over 12,500 clients. Almost immediately, the census dropped to just over 10,000 clients. The HCBS census generally remained in this range through FY 2002-03. However, since that time, HCBS utilization has risen sharply; in FY 2015-16, the Department paid HCBS-LTSS waiver claims for an average of 24,994 clients per month. From July 2019 through the June 2020, the Department paid HCBS-LTSS waiver claims for an average of 30,865 clients per month.

Clients receiving CBLTC services currently have access to 10 HCBS waivers, each targeted to specific populations. Of the 10 waivers administered by the Department, 6 are included in the Medical Services Premiums line item and the remaining 4 fall under the Office of Community Living. The HCBS waivers that are included in the Medical Services Premiums line item are referred to throughout this narrative as HCBS-LTSS waivers. The Persons Living with AIDS adult waiver is no longer active and clients were phased into the Elderly, Blind and Disabled waiver by the end of FY 2013-14. The Children with Autism (CWA) waiver ended operation on June 30, 2018 and the Consumer Directed Attendant Support (CDASS) State Plan Waiver ended operation effective January 1, 2019. Information for the CDASS State Plan waiver and CWA waiver was included in this request but will be removed in future requests. The waivers included in the Medical Services Premiums line item are:

- Elderly, Blind and Disabled Adult Waiver

- Community Mental Health Supports Adult Waiver<sup>1</sup>
- Children’s Home-and Community-Based Services Waiver
- Brain Injury Adult Waiver
- Children with Life Limiting Illness Waiver<sup>2</sup>
- Spinal Cord Injury Adult Waiver<sup>3</sup>

### ***Calculation of Community-Based Long-Term Care Waiver Expenditure***

In FY 2012-13, the Department adjusted the CBLTC forecasting methodology from an eligibility-type forecast to one that forecasts each of the Department’s HCBS-LTSS waivers individually. The Department believes this to be a more accurate way of forecasting CBLTC because each waiver targets certain populations and provides services targeted at those clients. In CBLTC, each eligibility type has clients receiving services in the HCBS-LTSS waivers. Because each waiver’s services vary depending on the target population, any change to a program could impact multiple eligibility types, thus making it difficult to forecast and identify the root of significant changes in historical trend.

The current methodology includes a forecast for each waiver’s enrollment, utilizers, and cost per utilizer. Percentages selected to modify enrollment, utilizer, or per-utilizer costs are calculated to assess the percentages considering any policy changes or one-time costs that may skew just one trend year. At the same time, trend factors must not take into account changes accounted for as bottom-line adjustments. Because each HCBS-LTSS waiver differs in eligibility requirements, demographics, and utilization, different trends are used for each waiver.

Since the Department is using an enrollment-based methodology to define caseload, a utilization adjustment must be used prior to developing final projected expenditure. This utilization adjustment is determined by taking the ratio of paid claims in given month to the number of PARs in the same month. The Department has chosen to incorporate actual data on average monthly utilizers to average monthly enrollments to select a utilization adjustment that aligns with the last six months of FY 2021-22. The Department then used this adjustment factor to estimate the FPE and adjust projected expenditure for each waiver in FY 2021-22, FY 2022-23, and FY 2023-24.

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<sup>1</sup> Previously known as “Persons with Mental Illness”  
<sup>2</sup> Previously known as “Pediatric Hospice Waiver”  
<sup>3</sup> Previously known as “Alternative Therapies Waiver”

The selected enrollment, utilization adjustments, and cost per utilizer trend factors for FY 2021-22, FY 2022-23, and FY 2023-24 with the rationale for selection, are below. In most cases, the Department increased trends for both enrollment and cost per utilizer from the February forecast for each of the three years based on the last six months of FY 2020-21.

<b>Home- and Community-Based Long-Term Services and Supports Waivers Enrollment Trends and Justification</b>			
<b>Waiver</b>	<b>Enrollment Trend Selection</b>	<b>Cost Per Utilizer Trend Selection</b>	<b>Justification</b>
Elderly, Blind and Disabled Waiver	FY 2021-22 through FY 2023-24: 2.89%, 2.90%, 2.90% respectively	FY 2021-22 through FY 2023-24: 8.49%, 5.29%, 3.16% respectively	<p>The last six months of FY 2020-21 showed a slightly higher average enrollment of 26,407 members which is higher than previous enrollment estimates for the EBD waiver. The Department projects an increase in enrollment of about 2.89% in FY 2021-22 and 2.90% in the future years.</p> <p>Per utilizer costs for this waiver increased in the last six months of FY 2020-21 compared to the Department’s previous forecast. The Department predicts cost per utilizer will grow in FY 2021-22 by approximately 8.49% to around 5.29% in FY 2022-23, and 3.16% in FY 2023-24.</p>
Community Mental Health Supports Waiver	FY 2021-22 through FY 2023-24: 2.03%, 2.02%, 2.01% respectively	FY 2021-22 through FY 2023-24: 2.44%, 2.26%, 0.05% respectively	<p>The last six months of FY 2021-22 showed higher average enrollment of 3,688 members which is higher than previous enrollment estimates for the CMHS waiver. The Department projects an increase in enrollment of about 2.03% in FY 2021-22, 2.02% in FY 2022-23, and 2.01% in FY 2023-24.</p> <p>Per utilizer cost for the CMHS waiver increased slightly in the last six months of FY 2020-21 compared to the Department’s previous forecast. The Department predicts cost per utilizer will grow slightly</p>



			in FY 2021-22 by approximately 2.44% in FY 2021-22, to 2.26% in FY 2022-23, and 0.05% in FY 2023-24.
Children's Home and Community Based Services Waiver	FY 2021-22 through FY 2023-24: 8.32%, 7.63%, 2.64% respectively	FY 2021-22 through FY 2023-24: 12.64%, 7.27%, 7.49% respectively	<p>Since FY 2011-12, average annual enrollment growth is around 5.78% with large increases in the past three fiscal years. The last six months of FY 2020-21 showed slightly higher average enrollment compared to previous estimates for the CHCBS waiver. The Department is projecting enrollment growth of 8.32% in FY 2021-22, 7.63% in FY 2022-23, and 2.64% in FY 2023-24.</p> <p>Only two services are offered on the waiver: In-Home Supportive Services (IHSS) - Health Maintenance Activities and case management. While IHSS is expensive, it is less costly than Long-Term Home Health services. Very large historical growth in per-utilizer costs were driven by IHSS - Health Maintenance Activities client utilization. Per utilizer costs continue to grow as new people join the waiver and existing waiver enrollees shift to IHSS.</p>
Brain Injury Waiver	FY 2021-22 through FY 2023-24: 5.61%, 7.48%, 7.42% respectively	FY 2021-22 through FY 2023-24: 6.84%, 2.16%, 0.24% respectively	<p>Historically there has been slow and steady growth in BI enrollment. However, since FY 2014-15 enrollment growth rates have been increasing each year. Average enrollment in FY 2020-21 was only slightly higher than previously anticipated and the Department projects a growth trend of 5.61% FY 2021-22, 7.48% in FY 2022-23, and 7.42% in FY 2023-24.</p> <p>In the last half of FY 2020-21, the actual cost per utilizer was only slightly higher, but very close to what was predicted in the previous forecast. Because of this the Department projects cost per utilizer will remain almost constant, with a small growth trend of 6.84% in FY 2021-22, 2.16% in FY 2022-23, and 0.24% in FY 2023-24.</p>

<p>Children with Life Limiting Illness Waiver</p>	<p>FY 2021-22 through FY 2023-24: 9.90%, 12.32%, 6.75% respectively</p>	<p>FY 2021-22 through FY 2023-24: 6.46%, 6.73%, 2.44% respectively</p>	<p>The last six months of FY 2020-21 showed almost no increase in the average enrollment compared to the February forecast. The Department projects enrollment will grow by 9.90% in FY 2021-22, 12.32% in FY 2022-23, and 6.75% in FY 2023-24.</p> <p>Per utilizer cost for this waiver was lower in the last six months of FY 2020-21 compared to the Department’s previous forecast. The Department predicts cost per utilizer will grow only slightly in FY 2021-22 by approximately 6.46%, 6.73% in FY 2022-23, and 2.44% in FY 2023-24.</p>
<p>Spinal Cord Injury Waiver</p>	<p>FY 2021-22 through FY 2023-24: 6.57%, 10.43%, 62.66% respectively</p>	<p>FY 2021-22 through FY 2023-24: 2.17%, 5.01%, -0.14% respectively</p>	<p>Senate Bill 19-197 “Spinal Cord Pilot Alternative Med” reauthorized the waiver for five more years. After removal of the enrollment cap, annual enrollment growth has averaged 22.82% in the last three fiscal years. The Department believes growth will continue to increase in FY 2021-22, and throughout FY 2022-23, and FY 2023-24.</p> <p>Cost per utilizer in the last half of FY 2020-21 was slightly lower than what was previously forecasted FY 2019-20 with an increase in the number of waiver utilizers. A positive growth trend of 2.17% was selected in FY 2021-22 followed by a trend of 5.01% in FY 2022-23, and -0.14% FY 2022-24.</p>

### *Legislative Impacts and Bottom-Line Adjustments*

To account for programmatic changes not incorporated in the prior per-enrollee trend factors, the Department adds total-dollar bottom-line impacts to the projected enrollment or expenditure. The following impacts have been included in the Request for Community-Based Long-Term Care:

#### Expenditure

- Colorado Choice Transitions – The Department was awarded Money Follows the Person federal grant monies to implement a program designed to transition clients from nursing facilities into community-based services. The program began enrolling clients in May 2013. The program has seen enrollment expectations decrease due to issues with payment methodology and low rates; however, with recent access changes, enrollment began to increase. The program is coming to an end and can no longer transition clients beginning on January 1, 2020. To address this, the Department decreased the expected enrollment until it is close to zero in the last year of this request. The Department has decreased the cost per client for some CCT services based on actual utilization of recent clients which also decreased the impact to other areas of the forecast. CCT clients enrolling into LTSS waivers are captured in the enrollment trends. These clients, however, are eligible for five services, in addition to waiver services, to aid in their transitions. This bottom line impact accounts for expenditure on those five transition services that clients have access to during their one year of transitioning.
- SB 20-212 “Reimbursement for Telehealth Services”: The bill expands Medicaid reimbursement for telehealth services to new providers and establishes requirements for state-regulated health insurance carriers and home care agencies related to the delivery of telehealth services.
- FY 2021-22 Across the Board 2.5% Rate Increase – The Joint Budget Committee approve a 2.5% across the board rate increase, effective July 1, 2021.
- Local Minimum Wage: In the 2020 legislative session, the JBC approved an action to increase rates for certain HCBS services in the Denver metro area in response to Denver increasing its minimum wage starting on January 1, 2020 with subsequent increases each January through January 1, 2022. This bottom line impact includes the expenditure impact of three years of rate increases.
- FY 2020-21 R-10 Community Provider Rate Decrease incorporates the HCBS waiver impact of the 1.0% across-the-board decreases approved during the 2020 legislative session.
- FY 2020-21 R-13 Long-Term Care Utilization Management CDASS - accounts for savings that will result from the Department increasing utilization management activities for In-Home Support Services (IHSS) population.
- FY 2020-21 R-13 Long-Term Care Utilization Management IHSS - accounts for savings that will result from the Department increasing utilization management activities for Consumer Directed Attendant Support Services (CDASS) population.

- Executive Order D 2021 010 – OSPB approved a 3-month rate increase for Alternative Care Facility services (ACF), Adult Day services, Non-Medical Transportation (NMT), and Supported Living Program (SLP) services.
- FY 2021-22 R-6 Remote Supports for HCBS Programs – The Department requested to add a remote support option to existing electronic monitoring services for the EBD, CMHS, BI and SCI waivers. Remote supports are a method of service that joins technology and direct care to support people with disabilities and should reduce the use of in-person services.
- SB 21-038 “Expansion of Complementary and Alternative Medicine” – This bill requires the Department to implement a pilot program that would allow an eligible person with to receive complementary or alternative medicine. The purpose of the pilot program is to expand the choice of therapies available to eligible persons with disabilities and to study the success of complementary and alternative medicine. This bill expanded the pilot program to include persons with specific spinal cord injuries along with the total inability for independent ambulation directly resulting from one of these injuries. This bill expands the pilot program to all eligible individuals in Colorado.
- JBC Authorization of 667 enrollments onto the HCBS - DD waiver –the General Assembly authorized an additional 667 enrollments to be placed onto the HCBS-DD waiver from the waiting list. The Department assumes that if these enrollments were not authorized by the General Assembly, these individuals would have sought alternative care by enrolling on the HCBS Elderly, Blind and Disabled waiver.

### *Hospice*

Hospice expenditure for FY 2021-22, FY 2022-23, and FY 2023-24 is forecasted as the sum of two primary categories of services. The first category – Nursing Facility Room and Board expenditure – is for expenses incurred on a per-diem basis for clients receiving hospice services in a full-time capacity within a nursing facility. This expenditure represented approximately 76% of total hospice expenditure in FY 2020-21. The remaining portion of hospice expenditure is represented under the Hospice Services category and includes Hospice General Inpatient Care, Hospice Routine Home Care, Hospice Inpatient Respite, Hospice Continuous Home Care, and vision, dental, hearing, and other Post-Eligibility Treatment of Income (PETI) benefits.

Payments made to nursing facilities for services provided to hospice clients differ from payments made for Class I Nursing Facility clients in two predominant ways: there is no patient payment component of the per diem rate for hospice services, and the per diem for hospice clients is prescribed at approximately 95% of the per diem rate for Class I Nursing Facility clients. Otherwise, the methodology for forecasting nursing facility room and board expenditure for hospice clients mirrors the Class I Nursing Facility forecast.

Hospice nursing facility room and board total expenditure estimates for a fiscal year are the product of forecasted patient days and forecasted room and board per diem rate, with additional bottom-line impact adjustments made for rate cuts applied to claims paid that were incurred in the previous fiscal year. To create the patient days forecast, the Department used claims information adjusted by an

incurred-but-not-reported (IBNR) analysis to determine historical patient day counts. The Department used a time trend model with monthly control variables to estimate FY 2021-22 patient days. Due to COVID-19, the Department's data showed members spending less time within nursing facilities receiving hospice services. Therefore, the number of claims incurred in FY 2020-21 were low compared to previous fiscal years and compared to the February forecast. The Department assumes that hospice utilization will slowly ramp back up to levels seen prior to the pandemic. As hospice client nursing facility per diems are linked to the per diem for Class I Nursing Facility clients, they are assumed to grow at roughly 2% per-year following HB 20-1362 which limits the annual increase in the general fund share of per diem rates for nursing facilities to 2% for FY 2020-21 and FY 2021-22. Rate reductions are accounted for in the same fashion as they are for nursing facilities: their impact is included in calculations as a bottom-line impact.

Please refer to the portion of the narrative devoted to Class I Nursing Facilities for a more detailed description of IBNR analysis, the 3% General Fund growth cap for nursing facility rates, and nursing facility rate reductions. Additional information is available in footnotes (1) through (7) in the footnotes section of the hospice forecast.

The second category of hospice expenditure, referred to throughout the hospice forecast as Hospice Services, contains all hospice expenses other than those accrued as payments to nursing facilities for room and board for hospice clients.

The largest component of this expenditure category is Hospice Routine Home Care; this is considered the standard level of hospice care provided to hospice clients in their homes typically two or three times per week, generally by nurses. In FY 2020-21, Hospice Routine Home Care expenditure was approximately \$14.5 million and thus represented approximately 83% of Hospice Services expenditure and 24% of total hospice expenditure. Hospice Routine Home Care expenditure is computed as a product of patient days and the daily rate. The Department arrived at estimates for patient days by increasing the total patient days in FY 2021-22 by 0.92%. Starting from FY 2021 – 22, Routine Home Care patient days were increased by another 0.92% for FY 2022-23 and 0.92% in FY 2023-24; the trends were selected with the assumption that patient days would grow more slowly compared to the February forecast due to the COVID-19 pandemic. The Hospice Routine Home Care per diem is forecasted by applying approximately a 2.50% trend to daily rates in FY 2020-21 based on the YTD average rate. Starting on January 1, 2016, the Department was instructed by CMS to implement a tiered rate system for Routine Home Care Services.<sup>4</sup> Patient days incurred in the first sixty days of service are billed a higher rate than days incurred beyond the sixty-day threshold.

The next-largest component of hospice services expenditure is Hospice General Inpatient Care. This expenditure is incurred for services provided to hospice patients at inpatient facilities under severe circumstances. In FY 2020-21, the Department paid approximately \$2.8

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<sup>4</sup> For more information, refer to: <https://www.colorado.gov/pacific/sites/default/files/2016%20Hospice%20Rates%20and%20Rules.pdf>

million for Hospice General Inpatient Care. The Department estimated FY 2021-22, FY 2022-23, and FY 2023-24 service costs by trending FY 2020-21 expenditure by the percentage change in growth from FY 2018-19, FY 2019-20 to FY 2020-21.

The remaining components of hospice services expenditure in total represent approximately \$127,000 of expenditure based on FY 2020-21 actual expenditure. There is significant variation in these remaining services by fiscal year. The Department estimated that expenditure would remain steady going into FY 2021-22, FY 2023-24 and FY 2024-25.

Hospice is not normally affected by bottom line impacts, except through items that also affect Class I Nursing Facilities, such as the HB 13-1152 1.5% permanent rate reduction on Nursing Facility core per-diem. However, the current request includes the estimated impact of a rate increase that affects Hospice services other than Nursing Facility Room and Board: the across the board rate increase, which increases the rates for Hospice services by 2.50%. This increase does not apply to Nursing Facility Room and Board.

### ***Private Duty Nursing***

Private Duty Nursing (PDN) services are face-to-face skilled nursing services provided in a more individualized fashion than comparable services available under the home health benefit or in hospitals or nursing facilities and are generally provided in a client's home. PDN services are billed hourly; maximum daily eligibility is 16 hours for adults and 24 hours for pediatric clients. There are five categories of PDN expenditure: individual services provided by a registered nurse (RN), group services provided by a registered nurse (RN-group), individual services provided by a licensed practical nurse (LPN), group services provided by a licensed practical nurse (LPN-group), and blended services. RN services are associated with the highest hourly rate and LPN-group services with the lowest. The remaining three services – RN-group, LPN, and blended – charge similar rates. PDN rates are based on the Department's fee-schedule, and there is no mechanism forcing them to change. During the FY 2021-22 Legislative Session, PDN services received a 2.5% across the board rate increase which was implemented on July 1, 2021.

The Department expects rates to remain constant, expenditure forecasts for FY 2021-22, FY 2022-23 and FY 2023-24 are directly from the Department fee schedule for each service.

**Private Duty Nursing Utilization Trends and Justification**

Service	Average Month Utilizer Trend Selection	Units Per Client Trend Selection
<b>Registered Nursing (RN)</b>	FY 2021-22: 5.61% FY 2022-23: 2.81% FY 2023-24: 2.89%	FY 2021-22: 1.06% FY 2022-23: 0.50% FY 2023-24: 0.54%
<b>Licensed Practical Nursing (LPN)</b>	FY 2021-22: 0.00% FY 2022-23: 0.00% FY 2023-24: 0.00%	FY 2021-22: 3.78% FY 2022-23: 3.80% FY 2023-24: 3.80%
<b>Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN</b>	FY 2021-22: 13.74% FY 2022-23: 2.68% FY 2023-24: 1.96%	FY 2021-22: 4.30% FY 2022-23: 3.47% FY 2023-24: 4.64%

**Registered Nursing (RN):**

In FY 2020-21, average monthly clients reverted back to higher positive growth trends compared to in FY 2019-20. The Department anticipates that the growth trend will slow; therefore, the Department chose a positive trend of 5.61% for the current fiscal year and lowered the trend for the request year and out year.

FY 2019-20 units per clients included a 53rd payment week and because of this the trend in FY 2020-21 actuals appeared to be lower. The Department applied a small increase in units per client in the current year and then leveled off the trend. To keep in line with this expectation the Department placed a small positive trend of 1.06% on units per client for FY 21-22 and then assumed half of this growth for the request and out year.

**Licensed Practical Nursing (LPN):**

LPN average utilizers per month has had strong negative trends for the last three fiscal years. The Department believes that the number of clients has started to level off. The Department chose a trend of 0.00% for the current year and the out years.

FY 2019-20 units per clients included a 53rd payment week and because of this the trend in FY 2020-21 actuals appears to be lower; because of the additional payment period in the last fiscal year. LPN units per client have increased the past two years, and the

Department assumes that this trend will continue on into the future. The Department assumed a 3.78% growth rate for the current year units per client, as well as the request and out year.

**Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN:**

LPN-group, RN-group, and Blended RN/LPN drove 17.31% of total expenditure in FY 2020-21 and represent the smallest number of average utilizers per month. Due to large growth in the Department, the Department assumes a high growth trend that will level off. The Department in FY 2021-22 selected a trend of 22.06% and then decrease in future fiscal years to 4.38% and 4.31%.

FY 2019-20 units per clients included a 53rd payment week and because of this the trend for FY 2020-21 actuals appeared lower; because of the additional payment period in the last fiscal year. For the grouped and blended PDN services, the growth of units per client has fluctuated between negative and positive the last few years. The department chose a 4.30% growth rate for the current year, changing only slightly to 3.47% for the request year, and then increasing slightly to 4.64% for the out year.

*Legislative Impacts and Bottom-Line Adjustments*

To account for programmatic changes not incorporated in the prior average monthly enrollment and utilization/cost per client trend factors, the Department adds total-dollar bottom-line impacts to projected enrollment or expenditure. The following impacts have been included in the Request for Long-Term Home Health:

Expenditure

- FY 2021-22 Private Duty Nursing Targeted Rate Increase – The Joint Budget Committee approved targeted rate increases for Private Duty Nursing. Registered Nursing received a rate increase of 5.86% and Licensed Practical Nursing received a rate increase of 10.5%.

***Long-Term Home Health***

Long-Term Home Health (LTHH) services are deemed necessary by a medical need and are skilled nursing and therapy services that are generally provided in a client’s home. LTHH services are either billed hourly or on a per-visit basis with a maximum number of hours. There are nine services under LTHH that are for both children under 21 and adults: clients under 21 that have a medical need can access Physical, Occupational, Speech and Language Therapies (PT, OT, and S/LT respectively), and all clients have access to Registered Nursing/Licensed Practical Nursing (RN/LPN), Home Health Aid Basic and Extended (HHA), Registered Nursing – Brief first visit of day and Brief Second or More Visit of Day, and telehealth. LTHH rates are based on the Department’s fee-schedule. During the FY 2021-22 Legislative Session, LTHH services received a 2.50% across the board rate increase effective July 1, 2021.



All but one of the services in LTHH are forecasted individually using the average monthly service utilizers, the average units per utilizer, and the rate. The rate is assumed to be constant beyond the current year legislative rate increases. Due to low utilization, telehealth is forecasted by total expenditure.

**LTHH Trends and Justifications**

<b>Service</b>	<b>Average Monthly Utilizer Trend Selection</b>	<b>Average Units Per Client Trend Selection</b>
Home Health Aid Basic	FY 2021-22: 5.14% FY 2022-23: 5.14% FY 2023-24: 5.15%	FY 2021-22: 2.74% FY 2022-23: 2.94% FY 2023-24: 2.94%
Home Health Aid Extended	FY 2021-22: 3.19% FY 2022-23: 3.19% FY 2023-24: 3.20%	FY 2021-22: 0.78% FY 2022-23: 0.39% FY 2023-24: 0.39%
Registered Nursing/Licensed Practical Nurse	FY 2021-22: 0.30% FY 2022-23: 0.00% FY 2023-24: 0.00%	FY 2021-22: 0.00% FY 2022-23: 0.00% FY 2023-24: 0.00%
RN Brief First of Day	FY 2021-22: 1.98% FY 2022-23: 0.88% FY 2023-24: 0.87%	FY 2021-22: 0.00% FY 2022-23: 0.00% FY 2023-24: 0.00%
RN Brief Second or more	FY 2021-22: 0.00% FY 2022-23: 0.00% FY 2023-24: 0.00%	FY 2021-22: 0.00% FY 2022-23: 0.00% FY 2023-24: 0.00%
Physical (PT)	FY 2021-22: 12.17% FY 2022-23: 12.20% FY 2023-24: 6.10%	FY 2021-22: -10.34% FY 2022-23: 0.00% FY 2023-24: 0.00%
Occupational (OT)	FY 2021-22: 15.61% FY 2022-23: 15.60% FY 2023-24: 7.81%	FY 2021-22: -10.34% FY 2022-23: 0.00% FY 2023-24: 0.00%
Speech/Language Therapy (S/LT)	FY 2021-22: 16.64% FY 2022-23: 12.57% FY 2023-24: 12.58%	FY 2021-22: -11.86% FY 2022-23: 0.00% FY 2023-24: 0.00%

**Home Health Aid Basic and Home Health Aid Extended:**

Average utilizers per month for HHA Basic and Extended have steadily increased since FY 2012-13, with a large increase in FY 2017-18 and continued growth through FY 2020-21. The Department believes that this trend will continue to increase but is assuming a steady level of growth of 5.14%.

FY 2019-20 units per clients included a 53rd payment week and because of this the trend in FY 2020-21 actuals appears lower; because of the additional payment period in the last fiscal year. HHA Basic units per utilizer growth has been historically positive which the Department continued in the current forecast. Besides in FY 2019-20, HHA Extended units per utilizer have decreased since FY 2017-18. As a result, the Department assumed small and consistent growth trends in the current, request, and out year.

**Registered Nursing/Licensed Practical Nurse:**

In FY 2019-20 average monthly utilizers decreased, then increased again in FY 2020-21. The Department assumes a small increase in utilizers of 0.30% for the current year, which will level off in the request year and out year.

The Department assumed no growth for units per utilizer to align with the fluctuation in growth trends over the past few years.

**RN Brief First of Day and RN Brief Second or more:**

For RN Brief 1st Visit of Day, the Department chose a trend of 1.98% for average monthly utilizers. There was a large increase in the number of utilizers because of the claims system implementation in FY 2017-18 followed by a large decrease in FY 2018-19 and an increase through FY 2020-21. The Department assumes client count will return to a more normal growth rate of 1.98% in FY 2021-22, 0.88% in FY 2022-23, and 0.87% in FY 2023-24. Utilizers for Second or More Visit of the day had a positive growth occur in the last fiscal years. The Department assumed that utilization would level out for the current and future fiscal years.

FY 2019-20 units per clients included a 53rd payment week and because of this the actual trends appear lower in FY 2020-21; because of the additional payment period in the last fiscal year. The Department assumes units per utilizer are leveling off; therefore, the Department has chosen 0.00% growth for the current year, request year, and out year.

**Physical (PT), Occupational (OT), and Speech/Language Therapy (S/LT):**

Growth in all the therapy services has been high over the past few fiscal years. The Department has seen significant growth in average monthly utilizers with most services in the second half probably due to increased telehealth options during the COVID-19 pandemic. The Department selected strong positive trends for the current year and expected strong growth in the out-years.

The Department believes that the units per client is relatively stable and selected trends that maintained current client utilization levels and put a negative trend on out year units per user for all therapy services.

#### *Legislative Impacts and Bottom-Line Adjustments*

To account for programmatic changes not incorporated in the prior average monthly enrollment and utilization/cost per client trend factors, the Department adds total-dollar bottom-line impacts to projected enrollment or expenditure. The following impacts have been included in the Request for Long-Term Home Health:

#### Expenditure

Telehealth Expenditure Adjustment: Due to small cell sizes that prevent the Telehealth forecast from using the same methodology as the other LTHH services, expenditure for Telehealth is adjusted via bottom line impact.

- FY 2018-19 R-08 Assorted Medicaid Savings Initiatives – PAR savings: This initiative creates a requirement that adult Long-Term Home Health Services require review and authorization by the Department’s utilization management vendor before a client receives services. This will ensure the Department is not paying for duplicative or unnecessary services and will drive savings once implemented.
- FY 2021-22 Across the Board 2.5% Rate Increase – The Joint Budget Committee approve a 2.5% across the board rate increase, effective July 1, 2021.
- FY 2021-22 Long-Term Home Health Targeted Rate Increase – The Joint Budget Committee approved targeted rate increases for Long-Term Home Health. The rate increases differ by Long-Term Home Health service and range from 7.31% and 7.35%.

#### Enrollment

- N/A

#### **EXHIBIT H - LONG-TERM CARE AND INSURANCE SERVICES**

This section is for a series of services that, for a variety of reasons, are individually computed and then allocated to the eligibility categories based on experience. Those services are:

- Class I Nursing Facilities
- Class II Nursing Facilities

- Program of All-Inclusive Care for the Elderly (PACE)
- Supplemental Medicare Insurance Benefits
- Health Insurance Buy-In

### ***Summary of Long-Term Care and Insurance Request***

This exhibit summarizes the total requests from the worksheets within Exhibit H.

### ***Class I Nursing Facilities***

Class I Nursing Facility costs are a function of the application and interpretation of rate reimbursement methodology specified in detail in State statute, the utilization of the services by Medicaid clients, and the effect of cost offsets such as estate and income trust recoveries. The traditional strategy for estimating the cost of these services is to predict: 1) the costs driven by the estimated Medicaid reimbursement methodology (the weighted average per diem allowable Medicaid rate and the estimated average patient payment), 2) the estimated utilization by clients (patient days without hospital backup and out of state placement), and 3) the estimated cost offsets from refunds and recoveries and the expected adjustments due to legislative impacts.

Historically, patient days have declined since FY 1999-00, although caseload in the Department's Adults 65 and Older, Disabled Adults 60 to 64, and Disabled Individuals to 59 eligibility categories has increased by approximately 45.2% between FY 1999-00 and FY 2016-17. This is due to Department efforts to place clients in Home- and Community-Based Services (HCBS) and in the Department's Program of All-Inclusive Care for the Elderly (PACE). Recent history makes it difficult for the Department to anticipate the behavior of patient days; patient days had been trending upward but changed to a slight negative trend in FY 2011-12 through FY 2013-14. Most recently, patient days increased in FY 2014-15, and have continued to increase through FY 2016-17, while leveling off in FY 2017-18 and FY 2018-19 and FY 2019-20. However, patient days and expenditure significantly decreased in FY 2020-21 the Department is closely monitoring this growth.

Patient payment is primarily a function of client income. As clients receive cost-of-living adjustments in their supplemental security income, their patient payment has increased accordingly.

The methodology for the Class I request in Exhibit H is as follows<sup>5</sup>:

- The estimate starts with the estimated per diem allowable Medicaid rate for core components in claims that will be incurred in FY 2021-22.
- Using historic claims data from the Medicaid Management Information System (MMIS), the Department calculates the estimated patient payment for claims that will be incurred in FY 2021-22. The difference between the estimated per-diem rate for core components and the estimated patient payment is an estimate of the amount the Department will reimburse nursing facilities per day in FY 2021-22 for core components.
- Using the same data from above, the Department calculates the estimated number of patient days for FY 2021-22.
- The product of the estimated Medicaid per diem reimbursement rate for core components and the estimated number of patient days yields the estimated total reimbursement for core components in claims incurred in FY 2020-21.
- Of the estimated total reimbursement for claims incurred in FY 2021-22, only a portion of those claims will be paid in FY 2020-21. The remainder is assumed to be paid in FY 2021-22. The Department estimates that 93.41% of claims incurred in FY 2020-21 will also be paid during FY 2021-22. Footnote 4 details the calculation of the percentage of claims that will be incurred and paid in FY 2021-22.
- During FY 2021-22, the Department will also pay for some claims incurred during FY 2020-21 and prior years (“prior year claims”). In Footnote 5, the Department applies the percentages calculated in Footnote 4 to claims incurred during FY 2020-21 to calculate an estimate of outstanding claims to be paid in FY 2021-22.
- The sum of the current year claims and the prior year claims is the estimated expenditure in FY 2021-22, prior to adjustments.
- Other non-rate factors are then added or subtracted from this estimate. These include the hospital backup program, recoveries from Department overpayment reviews, and program reductions. Information and calculations regarding these adjustments are contained in Footnotes 6 and 7.
- Legislative impacts are added as bottom-line adjustments. For FY 2021-22, this includes HB 13-1152, which permanently continued the HB 12-1340 rate reduction effective July 1, 2013.
- Once the “non-rate” factors are estimated, the non-rate adjustments are added into the current estimate to yield the total estimated FY 2020-21 expenditure.

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<sup>5</sup> For clarity, FY 2020-21 is used as an example. The estimates for FY 2021-22 and FY 2022-23 are based on the estimate for FY 2020-21, and follow the same methodology.

### *Legislative Impacts and Bottom-Line Adjustments*

To account for programmatic changes that are not incorporated in the prior per capita or trend factors, the Department adds total-dollar bottom-line impacts to the projected expenditure. The following impacts have been included in the FY 2021-22, FY 2022-23, and FY 2023-24 calculations for Class I Nursing Facilities:

- Expenditure for the Hospital Backup Program are included as bottom-line adjustments for FY 2021-22 through FY 2023-24. Please refer to Footnote 6 on page EH-7 for more detail. The Department increased estimates from the November forecast based on YTD actuals and recent growth trends.
- The Department recovers funds from in-house audits of nursing facilities; the estimated amount of recoveries is included as a bottom-line impact for FY 2021-22, FY 2022-23, and FY 2023-24. Footnote 7 on page EH-7 contains additional detail about these recoveries.
- HB 13-1152 extended the 1.5% nursing facility per diem rate cut of HB 12-1340 permanently, effective July 1, 2013.
- The JBC appropriated funding for the Department of Local Affairs to increase housing vouchers for people transitioning from a nursing home to a community setting. The increase in housing vouchers is projected to decrease nursing home costs by lowering patient days and utilization of nursing home services. The savings from this increase in housing vouchers are included as bottom-line adjustments for FY 2021-22 and beyond.
- HB 20-1362 Limits annual increase in the general fund share of per diem rates to nursing facilities to 2% for 2020-21 and 2021-22 state fiscal years.
- SB 20-212: The bill expands Medicaid reimbursement for telehealth services and allowed for LTHH supervisory visits to be provided in a telehealth setting instead of in-person. The Department chose to incorporate the increase in utilization due to the rule change through trends in nursing services forecast instead of a bottom line impact.

### *Incurred-But-Not-Reported Adjustments*

As part of the estimates for the allowable per-diem rate, patient payment, and patient days, the Department utilizes the most recent five years of incurred claims to calculate estimates for the current year and the request year. However, because not all claims which have been incurred have been reported, the Department must adjust the incurred data for the expected incidence of claims which will be paid in the future for prior dates of service. Without such an adjustment, the claims data would appear to drop off at the end of the year, erroneously introducing a negative trend into the estimate.

The Department uses an extensive model that examines past claims by month of service and month of payment to estimate the claims that will be paid in the future. This is known as an “Incurred But Not Reported” (IBNR) adjustment. IBNR adjustments analyze the

prior pattern of expenditure (the lag between when past claims were incurred and when they were paid) and applies that pattern to the data. This enables the Department to use its most recent data, even where there is a significant volume of claims which have yet to be paid.

Separate IBNR adjustment factors are calculated for each month, based upon the number of months between the time claims in that month were incurred and the last month in the data set. These adjustments are applied to the collected data, and the Department calculates the estimate of nursing facility expenditure using the methodology described above. This adjustment is most apparent in the Department’s estimate of claims paid in the current year for current year dates of service, particularly Footnotes 4 and 5 of Exhibit H, page EH-6. In these footnotes, the Department uses the calculated monthly IBNR adjustment factors to estimate the percentage of claims in FY 2020-21 that will be paid in FY 2021-22 and the percentage of claims incurred in FY 2021-22 that will be paid in FY 2022-23 and subsequent years. The Department applies the same factor to the FY 2022-23 and FY 2023-24 estimates.

The Department uses the IBNR adjustment calculation for the November 2021 Request using paid claims data through April 2020. For reference, the following table lists IBNR factors calculated for previous Change Requests and compares them with the current IBNR factor.

<b>Date of Change Request:</b>	<b>IBNR Factor:</b>
February 2017	93.17%
November 2017	93.16%
February 2018	92.71%
November 2018	92.06%
February 2019	92.55%
November 2019	98.57%
February 2020	93.09%
November 2020	92.89%
February 2021	93.41%
November 2021	93.88

*Patient Days Forecast*

The Department observed a decrease in patient days in FY 2020-21 due to the COVID-19 pandemic. The Department lowered its assumptions in nursing facility utilization for the patient days forecast. The Department is continuing to expect slow to modest growth

in patient days based on a growing elderly population. The Department used fiscal year-to-date actual patient days to inform its forecast for the remainder of the year.

#### *Patient Payment Forecast Model*

The Department utilizes a seasonally adjusted model that accounts for cost of living adjustment (COLA). Neither the current period nor the previous period are relevant to this forecast. The only indicators of patient payment are the number of days in the month and the COLA increase for a given year. For this reason, neither a linear nor an autoregressive model was used, as they did not add value to the forecast.

The Department expects patient payments to increase steadily based on recent increases in COLA and updated patient payment information from FY 2020-21 YTD.

FY 2014-15 SB 14-130 raises the basic minimum payable for personal needs to any recipient admitted to a nursing facility or intermediate care facility for individuals with intellectual disabilities from \$50.00 to \$75.00 monthly; this increase was effective as of July 1, 2014. This amount increases by 3.0% annually on January 1<sup>st</sup> of each year.

#### *Class I Nursing Facilities – Cash-Based Actuals and Projections by Aid Category*

For comparison purposes to other service categories, this exhibit lists prior-year expenditure along with the projected expenditure from page EH-1. Estimated totals by aid category are split proportionally to the most recent year of actual expenditure. Additionally, the Department calculates per capita costs for each year. Supplemental payments made to Class I Nursing Facilities through the Nursing Facility Provider Fee program are not included in total expenditure.

Totals for each aid category are used to calculate total expenditure by aid category in Exhibit E, and total per capita by aid category in Exhibit C.

#### *Class II Nursing Facilities*

This service category is for specialized private nursing facility care for developmentally disabled clients, which was the focus of the Department of Human Services' initiative to deinstitutionalize these clients by placing them in appropriate care settings. The deinstitutionalization strategy was completed in April of FY 1997-98. There is currently one Class II Nursing Facility provider in



Colorado: Bethesda Lutheran Communities (Bethesda). Bethesda operates 5 facilities with a total of 27 beds. There are no plans to eliminate this facility, as it functions more like a group home than an institutional facility. Class II nursing facilities are authorized to receive an annual cost-based rate adjustment, like class I nursing facilities. Due to the opening of a new facility in July 2016, there was an increase in cost over FY 2016-17. For FY 2021-22 the Department increased the forecast due to higher than anticipated cost per utilizer and increased the forecast in each of the forecast years as the Department believes this growth will continue at a historical rate. The Department has kept this forecast the same as the November forecast as actuals are coming in close to the forecasted amount.

### ***Program of All-Inclusive Care for the Elderly (PACE)***

The Program of All-Inclusive Care for the Elderly (PACE) is a Medicare/Medicaid managed care system that provides health care and support services to persons 55 years of age and older. The goal of PACE is to assist frail individuals to live in their communities as independently as possible by providing comprehensive services depending on their needs. PACE is only used by Adults 65 and Older (OAP-A), Disabled Adults 60-64 (OAP-B), and Disabled individuals to 59 (AND/AB). PACE rates are amended once per year, generally on July 1 of each year.

Exhibit H6 contains two distinct summary measures by fiscal year: average monthly enrollment and average cost per enrollee. The average monthly enrollment is based on the number of distinct clients for whom capitations were paid to PACE providers in each fiscal year, as determined by claims information from the Medicaid Management Information System (MMIS). The average cost per enrollee is the total expenditure divided by the average monthly enrollment for each fiscal year.

The Department has added several PACE providers over the last ten years. Senior Community Care of Colorado (Volunteers of America) began serving clients on August 1, 2008, in Montrose and Delta counties. Rocky Mountain Health Care began serving clients on December 1, 2008, in El Paso County. InnovAge (formerly Total Long-Term Care), the Department's oldest PACE organization, opened a facility in late 2009 to serve clients in Pueblo, and another facility opened in Loveland in November 2015. TRU Community Care opened in February 2017 and serves Boulder and Weld counties. Most recently, Hope West, opened in Spring of 2021 and will serve clients in Mesa county.

Expenditure estimates for PACE in FY 2021-22, FY 2022-23, and FY 2023-24 are the product of two pieces: projected enrollment and cost per enrollee. PACE enrollment was estimated by taking actual enrollment census numbers reported by PACE facilities and applying the average change in monthly enrollment over the last year and applying that trend to FY 2021-22. For enrollment in FY 2022-23 and FY 2023-24, the average change in month-to-month enrollment from August 2019 to November 2019, was applied at the end of FY 2021-22 and continued. The Department assumes that monthly PACE enrollment will return to levels prior to the onset of COVID-19 in FY 2022-23. This method was used to estimate future enrollment on an aggregate-provider by-eligibility-type basis. Enrollment caps

are not anticipated to limit growth for the forecast period because of the way PACE services are provided: that is, clients are not full-time residents of PACE facilities. Systems issues since CY 2013 have resulted in clients who are eligible for Medicaid and receiving PACE services showing up in the MMIS as not having an enrollment span in the program, causing a delay in monthly capitation payments for these clients. The Department is closely monitoring these systems issues going forward. Actual enrollment in PACE programs was slightly lower than the enrollment forecasted in the February 2021-22 request, but the Department assumes that enrollment for FY 2021-22 will not grow as quickly due to client and provider concerns with COVID-19. As a result, the enrollment forecast in the November 2022-23 request was decreased in the request year and out year.

Per-enrollee costs for FY 2021-22 are determined by cross-walking the actual FY 2021-22 rates net of patient payment for PACE services with an eligibility-type distribution estimate derived from FY 2021-22 enrollment projections. Per enrollee costs only represent an estimate to the extent that the exact eligibility type and exact provider distributions for FY 2021-22 are unknown.

SB 19-209 repealed previous statute directing the Department to apply a grade of membership method in determining the upper payment limit methodology. It also requires the Department to meet with PACE organizations to negotiate an appropriate contracted rate for PACE program services for the FY 2021-22 fiscal year. Until the new rates are negotiated, the Department will continue to use the current rate setting methodology, without the Grade of Membership methodology.

The Department notes that the table showing the average cost per enrollee on page EH-15 represents the total net amount spent in a fiscal year on PACE programs divided by the average number of monthly capitations paid in that specific year. These figures include retroactive capitations and recoupments and do not completely reflect the cost of services received in that fiscal year. For example, the average cost per enrollee in FY 2014-15 factors in approximately \$12.9 million in retroactive payments, while the average cost per enrollee in FY 2015-16 encompasses approximately \$5.4 million in recoupments.

### ***Supplemental Medicare Insurance Benefit (SMIB)***

The Supplemental Medicare Insurance Benefit (SMIB) consists of two parts: Medicare Part A, the insurance premium for hospital care, and Medicare Part B, the insurance premium for Medicare-covered physician and ambulatory care services. Only premiums are paid in this service category; co-payments and deductibles are paid under Acute Care. Medicaid clients who are dual-eligible (clients who have both Medicaid and Medicare coverage) or Partial Dual Eligible receive payment for Medicare Part B and, in some cases, Medicare Part A. The Partial Dual Eligible aid category has two distinct groups: Qualified Medicare Beneficiaries and Specified Low-Income Medicare

Beneficiaries. The Part A premium payments are made for a small subset of the Qualified Medicare Beneficiary eligibility group only.<sup>6</sup> The Supplemental Medicare Insurance Benefit service category includes the estimate of payments for both Part B for all Medicare beneficiary client types and Part A payments for Qualified Medicare Beneficiary clients. Premium payments for Medicare clients who do not meet the Supplemental Security income limit do not receive a federal match.

The federal law that requires Medicaid to pay the Medicare Part B premium for qualifying individuals whose income is between 120% and 135% of the federal poverty level was scheduled to expire September 30, 2003. However, eligibility was extended. This population was referred to as “Medicare Qualified Individual (1).” Legislation for the second group, referred to as “Medicare Qualified Individual (2),” comprised of individuals whose income was between 135% and 175% of the federal poverty level and expired April 30, 2003. Formerly, Medicaid paid the portion of the increase in the Part B premium due to the shift of home health services from Medicare Part A to Part B insurance. Qualified Individuals are 100% federally funded, subject to an annual cap.

Supplemental Medicare Insurance Benefit (SMIB) expenditure is related to two primary factors: the number of dual-eligible clients and the increase in the Medicare premiums. For reference, the historical increases in the Medicare premiums are listed in the table below:<sup>7</sup>

**History of Medicare Premiums**

<b>Calendar Year</b>	<b>Part A</b>	<b>% Change</b>	<b>Part B</b>	<b>% Change</b>
2015	\$407.00	-4.46%	\$104.90	0.00%
2016	\$411.00	0.98%	\$123.70	17.92%
2017	\$413.00	0.49%	\$134.00	8.33%
2018	\$422.00	2.18%	\$134.00	0.00%
2019	\$437.00	3.55%	\$135.50	0.75%
2020	\$458.00	4.81%	\$144.60	6.72%
2021	\$478.00	4.37%	\$148.50	2.07%

<sup>6</sup> Most Medicare beneficiaries do not make a Part A payment, because they have contributed to Medicare for 40 or more quarters during their working life. The Department only subsidizes Part A payments for Qualified Medicare Beneficiaries who do not meet the 40-quarter requirement.

<sup>7</sup> Premium information taken from the Centers for Medicare and Medicaid Services, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2018.pdf> Tables V.E1 and IV.B1.

These premiums reflect the standard Medicare premiums paid by most Medicare recipients or by the Department on their behalf. Clients with between 30 and 39 work quarters of Medicare Covered Employment require a higher Part A premium. Additionally, some clients pay higher Part B premiums based on higher adjusted gross income; however, the Department is only required to pay the base premium cost.

To forecast FY 2021-22, FY 2022-23, and FY 2023-24, the Department estimated enrollment growth based on the forecasted growth in the relevant Medicaid populations and used the following projected premiums from the CMS 2020 Medicare Trustees Report: \$157.70 in CY 2022, \$166.70 in CY 2023, and 176.60 in CY 2024. Additionally, the Department assumed small amounts of retroactive payments and recoupments for newly added or disenrolled clients based on the most recent actuals.

### ***Health Insurance Buy-In (HIBI)***

The Medicaid program purchases the premiums for private health insurance for individuals eligible for Medicaid if it is cost-effective. This is known as the Health Insurance Buy-In (HIBI) program, permitted under 25.5-4-210, C.R.S. (2013). The Department found that, with rare exceptions, it was no longer cost effective to purchase commercial insurance for clients in the Adults 65 and Older (OAP-A) aid category. Instead, the majority of expenditure was shifted to Disabled Individuals to 59 (AND/AB) for clients who do not qualify for the Medicare Part D benefit.

The Department estimates expenditure based directly on the contractor's program enrollment estimates to calculate provider and premiums payments for clients enrolled in HIBI.

### **EXHIBIT I - SERVICE MANAGEMENT**

This service group includes administrative-like contract services within the Medical Services Premiums budget. The group is comprised of Single-Entry Point agencies, disease management, and administrative fees for prepaid inpatient health plans.

### ***Summary of Service Management***

This exhibit summarizes the total requests from the worksheets within Exhibit I.

### ***Single Entry Points***

Single entry point agencies (SEPs) were authorized by HB 91-1287. Statewide implementation was achieved July 1, 1995. The single-entry point system was established for the coordination of access to existing services and service delivery for all long-term care clients

to provide utilization of more appropriate services by long-term care clients over time and better information on the unmet service needs of clients, pursuant to section 25.5-6-105, C.R.S. (2013). A SEP is an agency in a local community through which persons 18 years or older can access needed long-term care services.

The SEP is required to serve clients of publicly funded long-term care programs including nursing facility care, HCBS-LTSS waivers, long-term home health care, home care allowance, alternative care facilities, adult foster care, and certain in-home services available pursuant to the federal Older Americans Act of 1965.

The major functions of SEPs include providing information, screening and referral, assessing clients' needs, developing plans of care, determining payment sources available, authorizing provision of long-term care services, determining eligibility for certain long-term care programs, delivering case management services, targeting outreach efforts to those most at risk of institutionalization, identifying resource gaps, coordinating resource development, recovering overpayment of benefits and maintaining fiscal accountability. SEPs also serve as the utilization review coordinator for all community based long-term care services.

The Department pays SEPs a case-management fee for each client admitted into a community-based service program. SEPs also receive payment for services provided in connection with the development and management of long-term home health prior authorization requests for work associated with client appeals and for utilization review services related to HCBS and nursing facilities.

Annual financial audits are conducted by the Department to verify expenditures were made according to the contract scope of work and to assure SEP compliance with general accounting principles and federal Office of Management and Budget (OMB) circulars. If the audit identifies misused funds, the amount misused is collected through a recovery order.

Effective with the July 1, 2020 the Department revised the methodology used to calculate this portion of the Request. Because of the administrative nature of the service, SEPs were paid through a fixed contract amount for each year. However, the Department has developed and implemented a rates methodology that pays the SEPs for administrative deliverables as well as for Case Management functions.

Effective with the approval of the Department's FY 2021-22 R-14, "Technical Adjustments," funding for SEP agencies and Community Centered Boards (CCBs) has been consolidated into a new line item. Both SEPs and CCBs provide case management and administrative functions for individuals in the Department's HCBS waiver programs. As of FY 2021-22, the Department will report estimates for SEP expenditure in the Department's R-5 Office of Community Living, alongside the forecast for CCB expenditure for services for individuals with intellectual or developmental disabilities (IDD). In effect, starting in FY 2021-22, there will be no fiscal impact of SEPs on R-1 Medical Services Premiums expenditures.

### ***Disease Management***

Beginning in July 2002, the Department implemented several targeted disease management pilot programs, as permitted by HB 02-1003. Specifically, the Department was authorized “to address over- or under-utilization or the inappropriate use of services or prescription drugs, and that may affect the total cost of health care utilization by a Medicaid recipient with a particular disease or combination of diseases” (25.5-5-316, C.R.S. (2013)). Initially, pilot programs were funded solely by pharmaceutical companies; the programs began and ended at different times between July 2002 and December 2004.

Because of the pilot programs, the Department entered into permanent contracts with two disease management companies for two health conditions: clients with asthma and clients with diabetes. Effective June 30, 2009, the Department discontinued the five specific Disease Management programs. The remaining funds were applied toward services related to the treatment of the health conditions specified in 24-22-117(2)(d)(V), C.R.S. (2013) (further described in Exhibit A).

The only remaining expenditure in the Disease Management program is for the tobacco quit line, administered by the Department of Public Health and Environment (DPHE). The Department pays for the share of costs for the quit line related to serving Medicaid members. The February 2021 request aligns the Department’s projected expenditure with the Reappropriated funds in DPHE’s budget that are funded by Medicaid.

### ***Accountable Care Collaborative***

In FY 2010-11, the Department implemented the Accountable Care Collaborative (ACC). The monthly management fees paid to the Regional Accountable Entities (RAEs) that receive service FMAP and that are incorporated in the ACC exhibit.

The ACC is a Department initiative requested originally in FY 2009-10 DI-6 “Medicaid Value Based Care Coordination Initiative” and revised in FY 2010-11 S-6/BA-5 “Accountable Care Collaborative.” The Department enrolled the first clients into the program in May 2011 and enrollment increased to 60,000 by December 2011. Enrollment expanded to 123,000 clients in May 2012, which was requested in FY 2011-12 BA-9 “Medicaid Budget Balancing Reductions.” The cost savings estimated for this program are included in Acute Care; please see Exhibit F for more information on its impact to Acute Care. The monthly management fees are estimated in the Accountable Care Collaborative exhibit.

The Department implemented Phase II of the ACC, which was requested in the FY 2017-18 R-6 “Delivery System and Payment Reforms” request approved in HB 17-1353 “Implement Medicaid Delivery & Payment Initiatives”. Phase II of the ACC includes mandatory enrollment of the Medicaid population into the ACC, which would only exclude clients enrolled in a managed care program

such as a health maintenance organization or the Program of All-Inclusive Care for the Elderly (PACE) and the Non-Citizens-Emergency Services and Partial Dual Eligibles eligibility categories. The ACC Phase II also combines the RCCOs and Behavioral Health Organizations (BHOs) into a single entity called a Regional Accountable Entity (RAE). RAEs will be responsible for further integrating behavioral and physical health care to achieve improved outcomes and cost reduction. PMPM for the RAEs increased from \$15.50 to \$15.76 in July 2021, with a portion of the PMPM pushed through from the RAEs to PCMPs. RAEs will receive capitated payments for managed Behavioral Health just as BHOs did.

#### *Legislative Impacts and Bottom-Line Adjustments*

The November 2016 request included a bottom-line impact to account for movement of clients from the PMPM-based ACC to the new Kaiser-Access health maintenance organization (HMO), a pilot payment reform initiative under HB 12-1281. This bottom-line impact was removed in the February 2017 forecast with the assumption that the shift of clients to Kaiser-Access was already accounted for in the base FY 2016-17 ACC enrollment trends. On June 30, 2017, the Kaiser-Access HMO ended. The impact of this change is accounted for directly in the forecast of expected ACC enrollment in FY 2017-18, and not as a bottom-line impact.

#### *Prepaid Inpatient Health Plan Administration*

Prepaid inpatient health plans (formerly known as Administrative Service Organizations) are an alternative to traditional health maintenance organizations. They offer the case management and care coordination services of a health maintenance organization for a fixed fee. The organizations do this by not taking on the risk traditionally assumed by health maintenance organizations. The Department began using this type of organization to deliver health care to Medicaid clients during FY 2003-04. In FY 2005-06, the Department ended its contract with Management Team Solutions. Until FY 2009-10, the Department contracted with only one prepaid inpatient health plan, Rocky Mountain Health Plans. The Department then contracted with three additional prepaid inpatient health plans in FY

2009-10. These included Colorado Access and Kaiser Foundation Health Plan, jointly part of the Colorado Regional Integrated Care Collaborative (CRICC), and Colorado Alliance and Health Independence (CAHI).

Currently, there are no prepaid inpatient health plans, as Rocky Mountain Health Plans ended in November of 2014. The exhibit contains historical information only.

**EXHIBIT J - HEALTHCARE AFFORDABILITY AND SUSTAINABILITY FEE FUNDED POPULATIONS**

***Summary of Cash Funded Expansion Populations***

These exhibits summarize the source of funding for the Health Care Affordability Act of 2009 cash-funded expansion populations. These estimates are incorporated into the Calculation of Fund Splits in Exhibit A.

***Healthcare Affordability and Sustainability Fee Fund***

HB 09-1293 originally established the Hospital Provider Fee Fund to provide for the costs of certain expansion populations on Medicaid, outlined below. SB 17-267 replaced the Hospital Provider Fee Fund with the Healthcare Affordability and Sustainability (HAS) Fee Fund, which provides for the costs of the following expansion populations that impact the Medical Services Premiums budget:

**MAGI Parents/Caretakers 69% to 133% FPL**

The Health Care Expansion Fund originally provided funding for parents of children enrolled in Medicaid from approximately 24% to at least 60% of the federal poverty level. This expansion population receives standard Medicaid benefits. SB 13-200 extended this eligibility through 133% FPL, effective July 1, 2013; the Hospital Provider Fee Fund had funded this population up to 100% FPL in the interim before the Affordable Care Act's 100% enhanced federal match began and the population expanded to 133% FPL on January 1, 2014. Beginning January 1, 2017, the enhanced federal match fell to 95%. On January 1, 2018, it fell to 94%, then on January 1, 2019, it fell to 93%, and on January 1, 2020 it fell to 90%, where it will remain. Effective July 1, 2017, this population is financed with the HAS Fee for the State share of expenditure.

For caseload estimates and methodology, please see the Acute Care and caseload sections of this narrative.

**MAGI Adults**

With the advent of SB 13-200, effective July 1, 2013, MAGI Adults are covered up to 133% FPL as of January 1, 2014. Similar to MAGI Parents/Caretakers 69% to 133% FPL, the Hospital Provider Fee Fund had funded this population in the interim before the



population expanded and the enhanced federal match began on January 1, 2014. Beginning January 1, 2017, the enhanced federal match fell to 95%. On January 1, 2018, it fell to 94%, and then to 93% on January 1, 2019 and 90% on January 1, 2020, where it will remain. However, the Public Health Emergency locked several members into this population who are not eligible for the enhanced match because they are over 65 years of age and receiving Medicare benefits. To account for this the Department dampened the assumed FMAP by less than 1%. Effective July 1, 2017, the State share of expenditure for this population is financed with the HAS Fee. Clients in this category are not eligible to receive HCBS Waiver services; in cases where it appears that these clients have received waiver services, this expenditure receives the standard match rate and not the expansion match rate. This incidence can occur for numerous reasons, including clients awaiting disability redeterminations that have caused them to be temporarily moved from their usual eligibility category to this one.

Currently, the Department uses historical actuals as a basis for projecting both caseload and per capita costs for this population.

#### Non-Newly Eligibles

Medicaid expansion clients who were eligible for Medicaid prior to 2009 are not eligible for the enhanced expansion federal medical assistance percentage (FMAP) that began January 1, 2014. Clients who may be eligible for Medicaid through Home- and Community-Based Services waivers due to a disability are required to provide asset information to be determined eligible for Medicaid waiver services. With Medicaid expansion, clients who may have been eligible but did not provide asset information can still be eligible under different eligibility categories, such as MAGI Adults. It is difficult for the State to prove whether these clients would have been eligible for Medicaid services prior to 2009, had they provided their asset information at that time. For this reason, some clients under expansion categories are not eligible for the full enhanced expansion FMAP. Instead, with the approval of a resource proxy for the non-newly eligibles, 75% of expenditure receives expansion FMAP while the remaining 25% receives the standard FMAP, funded from the HAS Fee Fund. The Department has incorporated the resource proxy in this request.

#### MAGI Parents/Caretakers 60% to 68% FPL

Historically, clients who fell under the Expansion Parents to 133% FPL eligibility category (any client over 60% FPL) were considered expansion clients and the State's share of funding was provided through the Hospital Provider Fee Fund. The MAGI conversion has resulted in some clients with over 60% FPL falling into the MAGI Parents/Caretakers 60% to 68% FPL category. The State share of funding for these clients comes from the HAS Fee Fund, effective July 1, 2017, in compliance with statute.

#### Continuous Eligibility for Children

HB 09-1293, the Colorado Health Care Affordability Act of 2009, established continuous eligibility for twelve months for children on Medicaid, even if the family experiences an income change during any given year, contingent on available funding. The Department implemented continuous eligibility for children in March 2014 and has the authority to use the HAS Fee Cash Fund to fund the state

share of continuous eligibility for Medicaid children. Because this population is not an expansion population, it receives standard FMAP. Previously, the Department showed this adjustment in funding as a General Fund offset under Cash Funds Financing. Effective with the November 2016 request, the Department breaks this population out in its respective service categories in Exhibit J to better show the impact of continuous eligibility for children.

### ***Medicaid Buy-in Fund***

This fund is administered by the Department to collect buy-in premiums and support expenditure for the Buy-in for Individuals with Disabilities expansion population, as authorized by HB 09-1293.

#### **Buy-in for Individuals with Disabilities**

This expansion allows for individuals with disabilities with income up to 450% of the federal poverty level to pay premiums to purchase Medicaid benefits. Eligibility for the working adults with disabilities with income up to 450% of the FPL began in March 2012, with eligibility to children with disabilities with income up to 300% of the FPL following in June 2012. The Department does not have an implementation timeframe for non-working adults with disabilities at this time. The premiums from the Medicaid Buy-in fund are applied first, and then the remaining expenditure is split at standard medical FMAP as federal funds and HAS Fee Cash Fund. For more information on the funding detail for this population, see Calculation of Fund Splits under Exhibit A. The Department has suspended collecting premiums from this population during the public health emergency.

The Department uses historical actuals as a basis for projecting both caseload and per capita costs for this population.

### ***Hospital Supplemental Payments***

The Department increases hospital payments for Medicaid hospital services through a total of five supplemental payments, three of which are paid out of Medical Services Premiums directly to hospitals, outside the Department's Medicaid Management Information System (MMIS). The purpose of these inpatient and outpatient Medicaid payments, Colorado Indigent Care Program (CICP) and Disproportionate Share Hospital (DSH) payments, and targeted payments is to reduce hospitals' uncompensated care costs for providing care for Medicaid clients and the uninsured and to ensure access to hospital services for Medicaid and CICP clients.

### *Cash Fund Financing*

An offset of \$15,700,000 is made from the HAS Fee to offset the loss of federal matching funds due to the decrease in certification of public expenditure for outpatient hospital services resulting from the authorization of the Hospital Provider Fee in HB 09-1293. The HAS Fee replaced the Hospital Provider Fee effective July 1, 2017, under SB 17-267.

### **EXHIBIT K - UPPER PAYMENT LIMIT FINANCING**

The Upper Payment Limit (UPL) financing methodology accomplishes the following:

- Increases the Medicaid payment up to the federally allowable percentage for all public government owned or operated home health agencies and nursing facilities without an increase in General Fund.
- Maximizes the use of federal funds available to the State under the Medicare upper payment limit using certification of public expenditure.
- Reduces the necessary General Fund cost by using the federal funds for a portion of the State's share of the expenditure.

The basic calculation for UPL financing incorporates the difference between Medicare and Medicaid reimbursement amounts, with slight adjustments made to account for different types of services and facilities. Because actual Medicare and Medicaid reimbursement amounts are not yet known for the current fiscal year, prior year's data for discharges, claims, and charges are incorporated into the current year calculation.

Funds received through the UPL for home health services and nursing facilities are used to offset General Fund expenditure. These offsets started in FY 2001-02. Nursing facilities account for the larger portion of Upper Payment Limit funding. Home health has expenditure that is less by comparison and will experience little impact related to changes in reimbursement rates.

During FY 2007-08, the Department was informed by the Centers for Medicare and Medicaid Services (CMS) it would no longer be permitted to certify public expenditure for nursing facilities. However, in FY 2008-09, CMS and the Department came to an agreement which allowed for a certification process if it included a reconciliation process to provider cost. Therefore, the Department has included expenditure for certification of public nursing facility expenditure. Where applicable, the Department's estimates will be adjusted for any reconciliation performed.

In prior fiscal years, the Department could utilize UPL financing for outpatient hospital services as well. However, FY 2010-11 was the last year the Department could certify public expenditure for Outpatient Hospital services. This was due to HB 09-1293, which allowed the Department to use other State funds to draw federal funds to the upper payment limit.

#### **EXHIBIT L - DEPARTMENT RECOVERIES**

This exhibit displays the Department's forecast for estate recoveries, trust recoveries, and tort/casualty recoveries. Prior to FY 2010-11, these recoveries were used as an offset to expenditure in Medical Services Premiums. In compliance with State Fiscal Rule 6-6, the Department now reports the recovery types listed above as revenue. A new line of recoveries, Credit Balance and Audits, was added in the re-procured contract effective July 1, 2017. Based on the Department's FY 2018-19 R-08 "Assorted Medicaid Savings Initiatives", the Department was appropriated two FTE to increase staffing to review trust compliance issues and identify additional recoveries for the Department.

In addition to anticipated recovery revenue, Exhibit L also shows the anticipated contingency fee to be paid to contractors for recovery efforts. The Department's revised forecast for the activity reflects changes to contingency fee paid to the contractor as the contract was re-procured in FY 2017-18. Total revenue used to offset General Fund and federal funds, as shown in Exhibit A, is the sum of all recoveries less contingency fee paid to contractors. Recoveries made for dates of service under periods where the State received an enhanced federal match are given the same federal match as was applicable when the services were rendered.

#### **EXHIBIT M - CASH-BASED ACTUALS**

Actual final expenditure data by service category for the past 9 years are included for historical purpose and comparison. This history is built around cash-based accounting, with a 12-month period for each fiscal year, based on paid date. This exhibit displays the estimated distribution of final service category expenditure by aid category from the estimated final expenditure by service categories. This is a necessary step because expenditure in the Colorado Operations Resource Engine (CORE) is not allocated to eligibility categories. The basis for this allocation is data obtained from the Department's Medicaid Management Information System (MMIS). This data provides detailed monthly data by eligibility category and by service category. From that step, the percent of the total represented by service-specific eligibility categories was computed and then applied to the final estimate of expenditure for each service category within each major service grouping: Acute Care, Community-Based Long-Term Care, Long-Term Care and Insurance (including subtotals for long-term care and insurance pieces separately), and Service Management.

The Colorado Operations Resource Engine (CORE) was implemented as a replacement for the Colorado Financial Reporting System (COFRS) in July 2014. Under COFRS, the previous fiscal year closed, and the data became final at the beginning of the current fiscal

year. Under CORE, the previous fiscal year may not close until December of the current fiscal year. This introduces a small degree of uncertainty regarding actuals that was not present previously. The data presented in this request is based on information available as of August 13, 2021.

**EXHIBIT N - EXPENDITURE HISTORY BY SERVICE CATEGORY**

Annual rates of change in medical services by service group from FY 2008-09 through FY 2020-21 final actual expenditure is included in this Budget Request for historical purpose and comparison.

Effective with the November 1, 2010 Budget Request, the Department included a second version of this exhibit that adjusts for the payment delays imposed in FY 2009-10.

**EXHIBIT O - COMPARISON OF BUDGET REQUESTS AND APPROPRIATIONS**

This exhibit displays the FY 2020-21 final actual total expenditure for Medical Services Premiums, including fund splits, the remaining balance of the FY 2020-21 appropriation, and the per capita cost per client. The per capita cost in this exhibit includes Upper Payment Limit and financing bills. This exhibit will not match Exhibit C due to these inclusions.

Additionally, this exhibit compares the Department's Budget Requests by broad service category to the Department's Long Bill and special bills appropriations for FY 2020-21 and 2021-22 in the chronological order of the requests/appropriations.

**EXHIBIT P - GLOBAL REASONABLENESS**

This exhibit displays several global reasonableness tests as a comparison to the projection in this Budget Request. This exhibit is a rough projection utilizing past expenditure patterns as a guide to future expenditure. The Cash Flow Pattern is one forecasting tool used to estimate final expenditure 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 expenditure.

In places where the Department does not expect the prior year cash flow pattern to be relevant to the current year, the Department has adjusted based on knowledge of current program trends.

**EXHIBIT Q - TITLE XIX AND TITLE XXI TOTAL COST OF CARE**

This exhibit details the total cost of Medicaid services, including lines outside of Medical Services Premiums, such as service expenses for Medicaid Behavioral Health, the Office of Community Living, Medicaid-funded Department of Human Services (DHS) services, and CHP+, separating Title XIX and Title XXI fund sources, to show the total services cost of providing care to clients. This exhibit also includes a total cost of care per capita exhibit for these combined services, including both Title XIX expenditure and Title XXI expenditure, by eligibility category. Effective with the November 2016 Budget Request, the Department added the request amounts for the current, request, and out years to this exhibit.

**EXHIBIT R - FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)**

This exhibit calculates expected FMAP for the current year, the request year, and the out year. CMS calculates FMAP using Bureau of Economic Analysis (BEA) personal income data and population data for the United States and each state. FMAP is calculated using the following formula:

$$\text{FMAP}_{\text{state}} = 1 - ((\text{Per capita income}_{\text{state}})^2 / (\text{Per capita income}_{\text{U.S.}})^2 * 0.45)$$

where per capita incomes are based on a rolling three-year average and the FMAP for a given year is taken from the calculation from two years prior.

Due to the nature of this calculation, federal fiscal year FMAP for 2015-16 is calculated using data for calendar year 2013 at the latest. Therefore, the FY 2021-22 FMAP estimate is calculated using historic data from the BEA. This FMAP calculation would only change if the BEA restates its historical data, which can sometimes occur. However, CMS has informed the Department of the FMAP the Department is eligible for beginning October 1, 2021. Therefore, FMAP for FY 2021-22 and past time periods is not subject to change, as CMS does not restate announced FMAP even in cases where the BEA's updated data results in different calculations. The FY 2022-23 FMAP estimate is based on data after calendar year 2018, which the BEA does not forecast. The forecasts for personal income come from the legislative council's most recent forecast for the U.S. and Colorado, and the population forecasts come from the U.S. census for U.S. data and the Department of Local Affairs' most recent forecasts for Colorado.

Forecasts throughout this request use these FMAP estimates rather than holding FMAP constant in the request and out years, as was previously done. In cases where a restatement of the BEA's data would result in a different FMAP than was previously anticipated, the Department would submit a supplemental funding request to account for the change in federal funds.

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**Exhibit A - Summary of Request**

<b>Calculation of Request</b>						
<b>FY 2021-22</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2021-22 Appropriation</b>						
SB 21-205 FY 2021-22 Long Bill	\$10,003,435,624	\$1,595,590,299	\$865,284,199	\$1,137,856,496	\$93,549,998	\$6,311,154,632
HB 21-1206 Medicaid Transportation Services	\$103,533	\$66,033	\$0	\$0	\$0	\$37,500
HB 21-1275 Medicaid Reimbursement for Services by Pharmacist	\$598,572	\$158,039	\$0	\$36,457	\$0	\$404,076
SB 21-137 Behavioral Health Recovery Act	\$156,438	\$78,219	\$0	\$0	\$0	\$78,219
SB 21-211 Adult Dental Benefit	\$5,565,000	\$0	\$0	\$1,522,875	\$0	\$4,042,125
SB 21-213 Use of Increase Medicaid Match	(\$23,358,871)	(\$57,330,334)	\$0	\$57,330,334	(\$10,231,185)	(\$13,127,686)
<b>FY 2021-22 Total Spending Authority</b>	<b>\$9,986,500,296</b>	<b>\$1,538,562,256</b>	<b>\$865,284,199</b>	<b>\$1,196,746,162</b>	<b>\$83,318,813</b>	<b>\$6,302,588,866</b>
Total Projected FY 2021-22 Expenditure	\$9,792,776,052	\$1,436,221,639	\$865,284,199	\$1,207,776,789	\$82,583,214	\$6,200,910,211
<b>FY 2021-22 Requested Change from Appropriation</b>	<b>(\$193,724,244)</b>	<b>(\$102,340,617)</b>	<b>\$0</b>	<b>\$11,030,627</b>	<b>(\$735,599)</b>	<b>(\$101,678,655)</b>
Percent Change	-1.94%	-6.65%	0.00%	0.92%	-0.88%	-1.61%
<b>Calculation of Request</b>						
<b>FY 2022-23</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2022-23 Appropriation Plus Special Bills</b>						
FY 2021-22 Appropriation Plus Special Bills	\$9,986,500,296	\$1,538,562,256	\$865,284,199	\$1,196,746,162	\$83,318,813	\$6,302,588,866
Bill Annualizations						
Annualization of SB 21-205 FY 2021-22 Long Bill	\$17,040,683	\$136,818,969	\$0	\$3,038,147	\$0	(\$122,816,433)
Annualization of SB 21-038 Expansion of Complementary and Alternative Medicine	\$686,039	\$199,980	\$0	\$143,039	\$0	\$343,020
Annualization of SB 21-039 Elimination of Subminimum Wage Employment	(\$5,751)	(\$119,913)	\$0	\$119,912	\$0	(\$5,750)
Annualization of HB 21-1275 Medicaid Reimbursement for Services by Pharmacists	\$3,167,493	\$836,302	\$0	\$192,919	\$0	\$2,138,272
Annualization of SB 21-025 Family Planning Service for Eligible Individuals	\$3,772,426	\$788,875	\$0	\$10,327	\$0	\$2,973,224
Annualization of HB 21-1085 Secure Transportation Behavioral Health Crisis	\$240,768	\$110,996	\$0	\$9,388	\$0	\$120,384
Annualization of SB 21-137 Behavioral Health Recovery Act	(\$24,358)	(\$12,179)	\$0	\$0	\$0	(\$12,179)
Annualization of SB 21-194 Maternal Health Providers	\$14,946,550	\$7,473,275	\$0	\$0	\$0	\$7,473,275
Annualization of SB 21-009 Reproductive Health Care Program	(\$1,550,078)	(\$775,039)	\$0	\$0	\$0	(\$775,039)
Annualization of SB 21-213 Use of Increased Medicaid Match	\$11,679,436	\$57,330,334	\$0	(\$57,330,334)	\$5,115,593	\$6,563,843
Annualization of SB 21-211 Adult Dental Benefit	(\$5,565,000)	\$0	\$0	(\$1,522,875)	\$0	(\$4,042,125)
Total Special Bills	\$44,388,208	\$202,651,600	\$0	(\$55,339,477)	\$5,115,593	(\$108,039,508)
<b>FY 2022-23 Total Spending Authority</b>	<b>\$10,030,888,504</b>	<b>\$1,741,213,856</b>	<b>\$865,284,199</b>	<b>\$1,141,406,685</b>	<b>\$88,434,406</b>	<b>\$6,194,549,358</b>
Total Projected FY 2022-23 Expenditure	\$9,996,539,270	\$1,944,425,711	\$865,284,199	\$1,180,728,338	\$87,649,207	\$5,918,451,815
<b>FY 2022-23 Requested Change from Appropriation</b>	<b>(\$34,349,234)</b>	<b>\$203,211,855</b>	<b>\$0</b>	<b>\$39,321,653</b>	<b>(\$785,199)</b>	<b>(\$276,097,543)</b>
Percent Change	-0.34%	11.67%	0.00%	3.45%	-0.89%	-4.46%
<b>Calculation of Request</b>						
<b>FY 2023-24</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2023-24 Appropriation Plus Special Bills</b>						
FY 2022-23 Appropriation Plus Special Bills	\$10,030,888,504	\$1,741,213,856	\$865,284,199	\$1,141,406,685	\$88,434,406	\$6,194,549,358
Bill Annualizations						
Annualization of SB 21-205 FY 2021-22 Long Bill	\$7,066,624	\$4,301,574	\$0	(\$8,888)	\$0	\$2,773,938
Annualization of HB 21-1085 Secure Transportation Behavioral Health Crisis	\$192,768	\$88,869	\$0	\$7,515	\$0	\$96,384
Annualization of SB 21-025 Family Planning Service for Eligible Individuals	\$1,494,888	\$237,051	\$0	\$5,560	\$0	\$1,252,277
Annualization of SB 21-038 Expansion of Complementary and Alternative Medicine	\$468,516	\$136,572	\$0	\$97,686	\$0	\$234,258
Annualization of SB 21-213 Use of Increased Medicaid Match	\$11,679,435	\$0	\$0	\$0	\$5,115,592	\$6,563,843
Total Annualizations	\$20,902,231	\$4,764,066	\$0	\$101,873	\$5,115,592	\$10,920,700
<b>FY 2023-24 Total Spending Authority</b>	<b>\$10,051,790,735</b>	<b>\$1,745,977,922</b>	<b>\$865,284,199</b>	<b>\$1,141,508,558</b>	<b>\$93,549,998</b>	<b>\$6,205,470,058</b>
Total Projected FY 2023-24 Expenditures	\$10,463,309,790	\$2,155,554,970	\$865,284,199	\$1,201,242,007	\$92,715,199	\$6,148,513,415
<b>FY 2023-24 Requested Change From Appropriation</b>	<b>\$411,519,055</b>	<b>\$409,577,048</b>	<b>\$0</b>	<b>\$59,733,449</b>	<b>(\$834,799)</b>	<b>(\$56,956,643)</b>
Percent Change	4.09%	23.46%	0.00%	5.23%	-0.89%	-0.92%



Exhibit A - Summary of Request

Calculation of Fund Splits FY 2021-22							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP <sup>(3)</sup>	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,568,243,884	\$1,204,506,382	\$0	\$0	\$1,363,737,502	53.10%	
Breast and Cervical Cancer Program	\$2,359,883	\$0	\$774,750	\$0	\$1,585,133	67.17%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$19,880,485	\$1,988,048	\$0	\$0	\$17,892,437	90.00%	
Indian Health Service	\$6,762,703	\$0	\$0	\$0	\$6,762,703	100.00%	
Affordable Care Act Drug Rebate Offset	(\$47,328,029)	\$0	\$0	\$0	(\$47,328,029)	100.00%	
Affordable Care Act Preventive Services	\$60,308,257	\$27,681,490	\$0	\$0	\$32,626,767	54.10%	
Non-Emergency Medical Transportation	\$0	\$103,429	\$0	\$0	(\$103,429)	N/A	CF: Breast and Cervical Cancer Prevention and Treatment Fund
HB 21-1206 Medicaid Transportation Services	\$103,533	\$66,033	\$0	\$0	\$37,500	36.22%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$115,094,149	\$37,785,409	\$0	\$0	\$77,308,740	67.17%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$26,755,825	\$8,783,937	\$0	\$0	\$17,971,888	67.17%	
MAGI Parents/Caretakers to 133% FPL	\$299,780,699	\$0	\$30,148,257	\$0	\$269,632,442	89.94%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$1,698,419,638	\$0	\$191,345,213	\$0	\$1,507,074,425	88.73%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$33,777,026	\$0	\$15,841,425	\$0	\$17,935,601	53.10%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$76,113,555	\$0	\$37,137,935	\$0	\$38,975,620	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$80,937,638	\$0	\$15,556,214	\$0	\$65,381,424	80.78%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$21,498,421	\$0	\$10,082,759	\$0	\$11,415,662	53.10%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$51,252,312	\$0	\$0	\$0	\$25,713,056	Variable	CF: Adult Dental Fund
Covid Vaccine Financing	\$9,874,613	\$0	\$0	\$0	\$9,874,613	100.00%	
Urban Indian Health Centers ARPA Financing	\$130,519	\$0	\$0	\$0	\$130,519	100.00%	
EPSDT Behavioral Therapies Financing	\$12,071,431	\$4,170,193	\$1,491,308	\$0	\$6,409,930	53.10%	CF: Colorado Autism Treatment Fund
<b>Acute Care Services Sub-Total</b>	<b>\$5,036,036,542</b>	<b>\$1,285,084,921</b>	<b>\$327,917,117</b>	<b>\$0</b>	<b>\$3,423,034,504</b>		
<b>Community Based Long-Term Care Services</b>							
Base Community Based Long-Term Care	\$1,459,934,679	\$575,214,264	\$0	\$0	\$884,720,415	60.60%	
Children with Autism Waiver Services	\$0	\$0	\$0	\$0	\$0	60.60%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$4,432,831	\$1,455,298	\$0	\$0	\$2,977,533	67.17%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	67.17%	
MAGI Parents/Caretakers to 133% FPL	\$594,559	\$0	\$37,160	\$0	\$557,399	93.75%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$9,941,830	\$0	\$621,364	\$0	\$9,320,466	93.75%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,487,925	\$0	\$980,242	\$0	\$1,507,683	60.60%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$17,030,098	\$0	\$7,077,733	\$0	\$9,952,365	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$473,651	\$0	\$68,869	\$0	\$404,782	80.78%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$59,831	\$0	\$23,573	\$0	\$36,258	60.60%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Community Based Long-Term Care Services Sub-Total</b>	<b>\$1,494,955,404</b>	<b>\$576,669,562</b>	<b>\$8,808,941</b>	<b>\$0</b>	<b>\$909,476,901</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$686,411,914	\$321,927,188	\$0	\$0	\$364,484,726	53.10%	
Class II Nursing Facilities	\$3,017,136	\$1,415,037	\$0	\$0	\$1,602,099	53.10%	
PACE	\$263,086,255	\$103,655,984	\$0	\$0	\$159,430,271	60.60%	
Supplemental Medicare Insurance Benefit (SMIB)	\$244,435,488	\$133,849,745	\$0	\$0	\$110,585,743	45.24%	Approximately 19.51% of Total is State-Only & approximately 05.33% is Federal-Only
Health Insurance Buy-In	\$2,605,077	\$1,221,781	\$0	\$0	\$1,383,296	53.10%	
MAGI Parents/Caretakers to 133% FPL	\$0	\$0	\$0	\$0	\$0	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$3,753,797	\$0	\$375,380	\$0	\$3,378,417	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$0	\$0	\$0	\$0	\$0	53.10%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$90,318	\$0	\$44,068	\$0	\$46,250	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$178,839	\$0	\$34,373	\$0	\$144,466	80.78%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$11,876	\$0	\$5,570	\$0	\$6,306	53.10%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$1,203,590,700</b>	<b>\$562,069,735</b>	<b>\$459,391</b>	<b>\$0</b>	<b>\$641,061,574</b>		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2021-22							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP <sup>(3)</sup>	Notes
<b>Service Management</b>							
Base Accountable Care Collaborative	\$98,392,819	\$46,146,232	\$0	\$0	\$52,246,587	53.10%	
Accountable Care Collaborative Incentive Payments	\$62,679,648	\$18,773,500	\$12,566,324	\$0	\$31,339,824	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$312,187	\$0	\$0	\$312,187	50.00%	
Tobacco Quit Line	\$1,285,726	\$0	\$857,151	\$0	\$428,575	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$12,520,535	\$4,110,492	\$0	\$0	\$8,410,043	67.17%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$680,439	\$223,388	\$0	\$0	\$457,051	67.17%	
MAGI Parents/Caretakers to 133% FPL	\$13,629,382	\$0	\$1,362,938	\$0	\$12,266,444	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$53,382,572	\$0	\$5,338,257	\$0	\$48,044,315	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,354,983	\$0	\$1,104,487	\$0	\$1,250,496	53.10%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$1,923,478	\$0	\$938,519	\$0	\$984,959	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$2,569,089	\$0	\$493,779	\$0	\$2,075,310	80.78%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$905,270	\$0	\$424,572	\$0	\$480,698	53.10%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Service Management Sub-Total</b>	<b>\$250,948,315</b>	<b>\$69,565,799</b>	<b>\$23,086,027</b>	<b>\$0</b>	<b>\$158,296,489</b>		
<b>FY 2021-22 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$7,985,530,961</b>	<b>\$2,493,390,017</b>	<b>\$360,271,476</b>	<b>\$0</b>	<b>\$5,131,869,468</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$3,479,241	(\$3,479,241)	\$3,479,241	\$0	\$3,479,241	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$30,978,883)	\$76,033,048	\$0	(\$45,054,165)	59.26%	CF: Department Recoveries
Denver Health Outstanding	\$2,532,862	\$889,860	\$0	\$0	\$1,643,002	64.87%	
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$1,401,767,707	\$0	\$516,937,300	\$0	\$884,830,407	63.12%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Nursing Facility Supplemental Payments	\$112,312,116	\$0	\$52,674,382	\$0	\$59,637,734	53.10%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$18,007,927	(\$2,271,270)	\$8,882,288	\$0	\$11,396,909	Variable	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$12,883,168	(\$1,376,011)	\$6,466,537	\$0	\$7,792,641	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$62,393,703)	\$62,393,703	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$5,603,728	(\$706,777)	\$2,764,001	\$0	\$3,546,504	63.29%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$189,648,800	\$0	\$11,488,599	\$71,577,576	\$106,582,625	56.20%	CF: Intergovernmental Transfer from Department of Higher Education RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs; includes SB 21-213
Emergency Transportation Provider Payments	\$59,684,541	(\$5,260,553)	\$30,459,249	\$0	\$34,485,845	53.10%	CF: Certification of Public Expenditure
Public School Health Services	(\$75,000)	(\$1,233,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
SB 21-213 Use of Increased Medicaid Match	\$0	(\$57,330,334)	\$57,330,334	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund; Medicaid Nursing Facility Provider Fee Cash Fund
Cash Funds Financing <sup>(1)</sup>	\$0	(\$27,744,094)	\$17,896,630	\$9,847,464	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$1,807,245,091</b>	<b>(\$191,884,179)</b>	<b>\$847,505,313</b>	<b>\$82,583,214</b>	<b>\$1,069,040,743</b>		
<b>Total Projected FY 2021-22 Expenditures<sup>(2)</sup></b>	<b>\$9,792,776,052</b>	<b>\$2,301,505,838</b>	<b>\$1,207,776,789</b>	<b>\$82,583,214</b>	<b>\$6,200,910,211</b>		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation							
<sup>(1)</sup> This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
<sup>(2)</sup> Of the General Fund total, \$865,284,199 is General Fund Exempt.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2022-23							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP <sup>(3)</sup>	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,669,690,477	\$1,334,845,238	\$0	\$0	\$1,334,845,239	50.00%	
Breast and Cervical Cancer Program	\$2,154,995	\$0	\$754,248	\$0	\$1,400,747	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$22,305,035	\$2,230,503	\$0	\$0	\$20,074,532	90.00%	
Indian Health Service	\$7,259,086	\$0	\$0	\$0	\$7,259,086	100.00%	
Affordable Care Act Drug Rebate Offset	(\$54,069,268)	\$0	\$0	\$0	(\$54,069,268)	100.00%	
Affordable Care Act Preventive Services	\$59,572,497	\$29,190,524	\$0	\$0	\$30,381,973	51.00%	
Non-Emergency Medical Transportation	\$0	\$81,393	\$0	\$0	(\$81,393)	N/A	CF: Breast and Cervical Cancer Prevention and Treatment Fund
HB 21-1206 Medicaid Transportation Services	\$103,533	\$66,033	\$0	\$0	\$37,500	36.22%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$102,680,297	\$35,938,104	\$0	\$0	\$66,742,193	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$27,301,128	\$9,555,395	\$0	\$0	\$17,745,733	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$245,408,916	\$0	\$24,673,559	\$0	\$220,735,357	89.95%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$1,616,686,583	\$0	\$167,909,777	\$0	\$1,448,776,806	89.61%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$35,420,129	\$0	\$17,710,064	\$0	\$17,710,065	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$70,811,236	\$0	\$38,088,966	\$0	\$32,722,270	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$77,143,329	\$0	\$15,428,666	\$0	\$61,714,663	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$22,640,729	\$0	\$11,320,364	\$0	\$11,320,365	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$50,945,831	\$0	\$25,417,502	\$0	\$25,528,329	Variable	CF: Adult Dental Fund
Covid Vaccine Financing	\$6,265,822	\$0	\$0	\$0	\$6,265,822	100.00%	
Urban Indian Health Centers ARPA Financing	\$97,889	\$0	\$0	\$0	\$97,889	100.00%	
EPSDT Behavioral Therapies Financing	\$12,071,431	\$4,544,341	\$1,491,374	\$0	\$6,035,716	50.00%	CF: Colorado Autism Treatment Fund
<b>Acute Care Services Sub-Total</b>	<b>\$4,974,489,675</b>	<b>\$1,416,451,531</b>	<b>\$302,794,520</b>	<b>\$0</b>	<b>\$3,255,243,624</b>		
<b>Community Based Long-Term Care Services</b>							
Base Community Based Long-Term Care	\$1,579,841,081	\$789,920,540	\$0	\$0	\$789,920,541	50.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$4,738,712	\$1,658,549	\$0	\$0	\$3,080,163	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$542,257	\$0	\$54,226	\$0	\$488,031	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$10,401,202	\$0	\$1,040,120	\$0	\$9,361,082	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,771,975	\$0	\$1,300,056	\$0	\$1,471,919	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$18,324,026	\$0	\$9,331,397	\$0	\$8,992,629	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$495,938	\$0	\$95,369	\$0	\$400,569	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$65,349	\$0	\$30,649	\$0	\$34,700	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Community Based Long-Term Care Sub-Total</b>	<b>\$1,617,180,540</b>	<b>\$791,579,089</b>	<b>\$11,851,817</b>	<b>\$0</b>	<b>\$813,749,634</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$760,869,443	\$380,434,721	\$0	\$0	\$380,434,722	50.00%	
Class II Nursing Facilities	\$3,179,156	\$1,589,578	\$0	\$0	\$1,589,578	50.00%	
PACE	\$286,156,364	\$143,078,182	\$0	\$0	\$143,078,182	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$252,829,629	\$144,336,895	\$0	\$0	\$108,492,734	42.91%	Approximately 19.51% of Total is State-Only & approximately 05.33% is Federal-Only
Health Insurance Buy-In	\$2,605,077	\$1,302,538	\$0	\$0	\$1,302,539	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$0	\$0	\$0	\$0	\$0	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$4,160,831	\$0	\$416,083	\$0	\$3,744,748	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$100,115	\$0	\$53,851	\$0	\$46,264	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$198,392	\$0	\$39,678	\$0	\$158,714	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$13,194	\$0	\$6,597	\$0	\$6,597	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$1,310,112,201</b>	<b>\$670,741,914</b>	<b>\$516,209</b>	<b>\$0</b>	<b>\$638,854,078</b>		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2022-23							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP <sup>(3)</sup>	Notes
<b>Service Management</b>							
Base Accountable Care Collaborative	\$91,892,858	\$45,946,429	\$0	\$0	\$45,946,429	50.00%	
Accountable Care Collaborative Incentive Payments	\$57,308,814	\$17,419,079	\$11,235,328	\$0	\$28,654,407	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$312,187	\$0	\$0	\$312,187	50.00%	
Tobacco Quit Line	\$1,285,726	\$0	\$857,151	\$0	\$428,575	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$10,666,189	\$3,733,166	\$0	\$0	\$6,933,023	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$482,325	\$168,814	\$0	\$0	\$313,511	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$10,624,603	\$0	\$1,062,460	\$0	\$9,562,143	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$48,628,163	\$0	\$4,862,816	\$0	\$43,765,347	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,191,073	\$0	\$1,095,536	\$0	\$1,095,537	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$1,759,861	\$0	\$946,619	\$0	\$813,242	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$2,344,481	\$0	\$468,896	\$0	\$1,875,585	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$907,952	\$0	\$453,976	\$0	\$453,976	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Service Management Sub-Total</b>	<b>\$228,716,419</b>	<b>\$67,579,675</b>	<b>\$20,982,782</b>	<b>\$0</b>	<b>\$140,153,962</b>		
<b>FY 2022-23 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$8,130,498,835</b>	<b>\$2,946,352,209</b>	<b>\$336,145,328</b>	<b>\$0</b>	<b>\$4,848,001,298</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$3,537,692	(\$3,537,693)	\$3,537,692	\$0	\$3,537,693	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$34,933,967)	\$79,677,927	\$0	(\$44,743,960)	56.16%	CF: Department Recoveries
Denver Health Outstationing	\$2,657,732	\$936,456	\$0	\$0	\$1,721,276	64.76%	
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$1,450,460,016	\$0	\$562,073,963	\$0	\$888,386,053	61.25%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Nursing Facility Supplemental Payments	\$121,164,793	\$0	\$60,582,396	\$0	\$60,582,397	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$18,938,769	(\$1,340,428)	\$9,813,130	\$0	\$10,466,067	Variable	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$13,286,395	(\$1,675,762)	\$6,553,424	\$0	\$8,408,732	Variable	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$59,172,210)	\$59,172,210	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$6,290,532	(\$331,081)	\$3,310,807	\$0	\$3,310,806	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$187,915,070	\$0	\$11,488,599	\$76,643,569	\$99,782,902	53.10%	CF: Intergovernmental Transfer from Department of Higher Education RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs; includes SB 21-213
Emergency Transportation Provider Payments	\$60,514,436	(\$7,632,451)	\$29,848,337	\$0	\$38,298,550	56.20%	CF: Certification of Public Expenditure
Public School Health Services	(\$125,000)	(\$1,283,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Cash Funds Financing <sup>(1)</sup>	\$0	(\$27,671,989)	\$17,824,525	\$9,847,464	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$1,866,040,435</b>	<b>(\$136,642,299)</b>	<b>\$844,583,010</b>	<b>\$87,649,207</b>	<b>\$1,070,450,517</b>		
<b>Total Projected FY 2022-23 Expenditures<sup>(2)</sup></b>	<b>\$9,996,539,270</b>	<b>\$2,809,709,910</b>	<b>\$1,180,728,338</b>	<b>\$87,649,207</b>	<b>\$5,918,451,815</b>		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation CHCBS: Children's Home- and Community-Based Services							
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$865,284,199 is General Fund Exempt.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2023-24							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,871,182,646	\$1,435,591,323	\$0	\$0	\$1,435,591,323	50.00%	
Breast and Cervical Cancer Program	\$2,300,234	\$0	\$805,082	\$0	\$1,495,152	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$24,822,853	\$2,482,285	\$0	\$0	\$22,340,568	90.00%	
Indian Health Service	\$7,791,903	\$0	\$0	\$0	\$7,791,903	100.00%	
Affordable Care Act Drug Rebate Offset	(\$61,770,705)	\$0	\$0	\$0	(\$61,770,705)	100.00%	
Affordable Care Act Preventive Services	\$62,461,763	\$30,606,264	\$0	\$0	\$31,855,499	51.00%	
Non-Emergency Medical Transportation	\$0	\$50,431	\$0	\$0	(\$50,431)	N/A	CF: Breast and Cervical Cancer Prevention and Treatment Fund
HB 21-1206 Medicaid Transportation Services	\$103,533	\$66,033	\$0	\$0	\$37,500	36.22%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$101,488,483	\$35,520,969	\$0	\$0	\$65,967,514	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$26,361,303	\$9,226,456	\$0	\$0	\$17,134,847	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$249,428,247	\$0	\$25,072,384	\$0	\$224,355,863	89.95%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$1,648,823,932	\$0	\$171,257,540	\$0	\$1,477,566,392	89.61%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$35,407,098	\$0	\$17,703,549	\$0	\$17,703,549	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$78,368,069	\$0	\$41,915,807	\$0	\$36,452,262	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$78,648,072	\$0	\$15,729,614	\$0	\$62,918,458	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$25,198,245	\$0	\$12,599,122	\$0	\$12,599,123	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$53,122,244	\$0	\$24,873,199	\$0	\$28,249,045	Variable	CF: Adult Dental Fund
EPSDT Behavioral Therapies Financing	\$12,071,431	\$4,544,340	\$1,491,375	\$0	\$6,035,716	50.00%	CF: Colorado Autism Treatment Fund
<b>Acute Care Services Sub-Total</b>	<b>\$5,215,809,351</b>	<b>\$1,518,088,101</b>	<b>\$311,447,672</b>	<b>\$0</b>	<b>\$3,386,273,578</b>		
<b>Community Based Long-Term Care Services</b>							
Base Community Based Long-Term Care	\$1,684,752,550	\$842,376,275	\$0	\$0	\$842,376,275	50.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$5,043,217	\$1,765,126	\$0	\$0	\$3,278,091	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$566,110	\$0	\$56,611	\$0	\$509,499	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$11,215,132	\$0	\$1,121,513	\$0	\$10,093,619	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,879,230	\$0	\$1,439,615	\$0	\$1,439,615	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$20,226,245	\$0	\$10,818,174	\$0	\$9,408,071	Variable	CF: Healthcare Affordability and Sustainability Fee and Medicaid Buy-In Fund
Non-Newly Eligibles	\$534,551	\$0	\$106,910	\$0	\$427,641	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$70,990	\$0	\$35,495	\$0	\$35,495	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Community Based Long-Term Care Sub-Total</b>	<b>\$1,725,288,025</b>	<b>\$844,141,401</b>	<b>\$13,578,318</b>	<b>\$0</b>	<b>\$867,568,306</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$816,349,985	\$408,174,992	\$0	\$0	\$408,174,993	50.00%	
Class II Nursing Facilities	\$3,349,877	\$1,674,938	\$0	\$0	\$1,674,939	50.00%	
PACE	\$314,491,192	\$157,245,596	\$0	\$0	\$157,245,596	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$275,228,559	\$157,124,131	\$0	\$0	\$118,104,428	42.91%	Approximately 19.51% of Total is State-Only & approximately 05.33% is Federal-Only
Health Insurance Buy-In	\$2,605,077	\$1,302,538	\$0	\$0	\$1,302,539	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$0	\$0	\$0	\$0	\$0	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$4,464,302	\$0	\$446,430	\$0	\$4,017,872	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$107,415	\$0	\$57,452	\$0	\$49,963	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$212,784	\$0	\$42,557	\$0	\$170,227	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$14,204	\$0	\$7,102	\$0	\$7,102	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$1,416,823,395</b>	<b>\$725,522,195</b>	<b>\$553,541</b>	<b>\$0</b>	<b>\$690,747,659</b>		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2023-24							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
<b>Service Management</b>							
Base Accountable Care Collaborative	\$92,857,410	\$46,428,705	\$0	\$0	\$46,428,705	50.00%	
Accountable Care Collaborative Incentive Payments	\$57,308,814	\$17,429,473	\$11,224,934	\$0	\$28,654,407	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$312,187	\$0	\$0	\$312,187	50.00%	
Tobacco Quit Line	\$1,285,726	\$0	\$857,151	\$0	\$428,575	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$10,482,043	\$3,668,715	\$0	\$0	\$6,813,328	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$448,833	\$157,092	\$0	\$0	\$291,741	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$10,375,638	\$0	\$1,037,564	\$0	\$9,338,074	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$49,673,758	\$0	\$4,967,376	\$0	\$44,706,382	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,115,026	\$0	\$1,057,513	\$0	\$1,057,513	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$1,878,630	\$0	\$1,004,800	\$0	\$873,830	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy in Fund
Non-Newly Eligibles	\$2,393,456	\$0	\$478,691	\$0	\$1,914,765	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$956,934	\$0	\$478,467	\$0	\$478,467	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
<b>Service Management Sub-Total</b>	<b>\$230,400,642</b>	<b>\$67,996,172</b>	<b>\$21,106,496</b>	<b>\$0</b>	<b>\$141,297,974</b>		
<b>FY 2023-24 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$8,588,321,413</b>	<b>\$3,155,747,869</b>	<b>\$346,686,027</b>	<b>\$0</b>	<b>\$5,085,887,517</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$3,597,126	(\$3,597,125)	\$3,597,126	\$0	\$3,597,125	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$36,607,304)	\$83,494,499	\$0	(\$46,887,195)	56.16%	CF: Department Recoveries
Denver Health Outstationing	\$2,788,759	\$982,625	\$0	\$0	\$1,806,134	64.76%	
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$1,450,460,016	\$0	\$562,073,963	\$0	\$888,386,053	61.25%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Nursing Facility Supplemental Payments	\$124,278,728	\$0	\$62,139,364	\$0	\$62,139,364	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$19,265,237	(\$1,013,960)	\$10,139,599	\$0	\$10,139,599	50.00%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$14,662,035	(\$1,037,756)	\$7,597,129	\$0	\$8,102,662	Variable	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$58,512,110)	\$58,512,110	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$6,600,656	(\$347,403)	\$3,474,030	\$0	\$3,474,029	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$186,396,320	\$0	\$11,488,599	\$81,709,561	\$93,198,160	50.00%	CF: Intergovernmental Transfer from Department of Higher Education RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs
Emergency Transportation Provider Payments	\$65,714,500	(\$5,792,029)	\$33,536,562	\$0	\$37,969,967	53.10%	CF: Certification of Public Expenditure
Public School Health Services	(\$175,000)	(\$1,333,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Cash Funds Financing <sup>(1)</sup>	\$0	(\$27,650,464)	\$17,803,000	\$9,847,464	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$1,874,988,377</b>	<b>(\$134,908,700)</b>	<b>\$854,555,980</b>	<b>\$92,715,199</b>	<b>\$1,062,625,898</b>		
<b>Total Projected FY 2023-24 Expenditures<sup>(2)</sup></b>	<b>\$10,463,309,790</b>	<b>\$3,020,839,169</b>	<b>\$1,201,242,007</b>	<b>\$92,715,199</b>	<b>\$6,148,513,415</b>		
<i>January 4, 1900</i>							
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$865,284,199 is General Fund Exempt.							

Exhibit B - Medicaid Caseload

Final Request

Official Medicaid Caseload Actuals and Projection without Retroactivity

Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	MAGI Eligible Children	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens Emergency Services	Partial Dual Eligibles	TOTAL
<b>FY 2003-04 Actuals</b>	34,329	5,548	46,789	-	47,562	-	-	105	195,279	-	14,914	8,398	-	4,793	9,842	367,559
<b>FY 2004-05 Actuals</b>	35,780	6,082	47,929	-	57,140	-	-	87	222,472	-	15,795	5,984	-	5,150	9,605	406,024
% Change from FY 2003-04	4.23%	9.63%	2.44%	-	20.14%	-	-	(0)	13.93%	-	5.91%	-28.74%	-	7.45%	-2.41%	10.46%
<b>FY 2005-06 Actuals</b>	36,207	6,042	47,855	-	58,885	-	-	188	214,158	-	16,460	5,119	-	6,212	11,092	402,218
% Change from FY 2004-05	1.19%	-0.66%	-0.15%	-	3.05%	-	-	1	-3.74%	-	4.21%	-14.46%	-	20.62%	15.48%	-0.94%
<b>FY 2006-07 Actuals</b>	35,888	6,059	48,799	-	55,850	-	-	228	205,390	-	16,724	5,182	-	5,201	12,908	392,229
% Change from FY 2005-06	-0.88%	0.28%	1.97%	-	-5.15%	-	-	21.28%	-4.09%	-	1.60%	1.23%	-	-16.27%	16.37%	-2.48%
<b>FY 2007-08 Actuals</b>	36,284	6,146	49,933	-	53,473	-	-	270	204,022	-	17,141	6,288	-	4,191	14,214	391,962
% Change from FY 2006-07	1.10%	1.44%	2.32%	-	-4.26%	-	-	18.42%	-0.67%	-	2.49%	21.34%	-	-19.42%	10.12%	-0.07%
<b>FY 2008-09 Actuals</b>	37,619	6,447	51,355	-	61,874	-	-	317	235,129	-	18,033	6,976	-	3,987	15,075	436,812
% Change from FY 2007-08	3.68%	4.90%	2.85%	-	15.71%	-	-	17.41%	15.25%	-	5.20%	10.94%	-	-4.87%	6.06%	11.44%
<b>FY 2009-10 Actuals</b>	38,487	7,049	53,264	-	74,839	3,238	-	425	275,672	-	18,381	7,830	-	3,693	15,919	498,797
% Change from FY 2008-09	2.31%	9.34%	3.72%	-	20.95%	-	-	34.07%	17.24%	-	1.93%	12.24%	-	-7.37%	5.60%	14.19%
<b>FY 2010-11 Actuals</b>	38,921	7,767	56,285	-	81,114	27,167	-	531	302,410	-	18,393	7,868	-	3,213	17,090	560,759
% Change from FY 2009-10	1.13%	10.19%	5.67%	-	8.38%	7	-	24.94%	9.70%	-	0.07%	0.49%	-	-13.00%	7.36%	12.42%
<b>FY 2011-12 Actuals</b>	39,740	8,383	59,434	52	93,224	35,461	1,134	597	334,633	-	18,034	7,630	-	2,770	18,871	619,963
% Change from FY 2010-11	2.10%	7.93%	5.59%	-	14.93%	0	-	12.43%	10.66%	-	-1.95%	-3.02%	-	-13.79%	10.42%	10.56%
<b>FY 2012-13 Actuals</b>	40,827	9,051	61,920	888	99,392	41,545	10,634	623	359,843	8,236	17,777	8,024	344	2,684	21,206	682,994
% Change from FY 2011-12	2.74%	7.97%	4.18%	16	6.62%	0	8	4.36%	7.53%	-	-1.43%	5.16%	-	-3.10%	12.37%	10.17%
<b>FY 2013-14 Actuals</b>	41,836	9,853	64,424	2,560	124,680	47,082	87,243	559	399,032	25,345	18,267	13,160	1,057	2,481	23,378	860,957
% Change from FY 2012-13	2.47%	8.86%	4.04%	2	25.44%	13.33%	7	-10.27%	10.89%	2	2.76%	64.01%	2	-7.56%	10.24%	26.06%
<b>FY 2014-15 Actuals</b>	41,817	10,466	66,548	3,627	161,682	71,989	241,392	351	445,723	50,113	20,036	14,897	1,749	2,722	28,045	1,161,157
% Change from FY 2013-14	-0.05%	6.22%	3.30%	0	29.68%	52.90%	2	-37.21%	11.70%	1	9.68%	13.20%	1	9.71%	19.96%	34.87%
<b>FY 2015-16 Actuals</b>	42,403	10,529	68,800	6,217	163,342	86,964	320,374	322	467,193	59,501	19,935	14,413	1,759	2,649	32,585	1,296,986
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	20.80%	32.72%	-8.26%	4.82%	0	-0.50%	-3.25%	0	-2.68%	16.19%	11.70%
<b>FY 2016-17 Actuals</b>	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	64,907	20,310	13,567	1,968	2,640	33,809	1,346,114
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	16.21%	8.58%	-27.02%	0.45%	9.09%	1.88%	-5.87%	11.88%	-0.34%	3.76%	3.79%
<b>FY 2017-18 Actuals</b>	45,907	11,797	67,531	8,175	179,853	74,610	352,607	155	438,772	64,346	21,473	10,125	2,229	2,809	34,828	1,315,217
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	-26.17%	1.37%	-34.04%	-6.50%	-0.86%	5.73%	-25.37%	13.26%	6.40%	3.01%	-2.30%
<b>FY 2018-19 Actuals</b>	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	1,261,365
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.67%	-4.22%	-7.72%	1.59%	20.45%	2.86%	-5.52%	-0.41%	-4.09%
<b>FY 2019-20 Actuals</b>	47,551	13,029	66,530	10,675	164,467	59,499	322,951	137	407,548	55,924	21,320	11,547	2,209	2,417	33,441	1,219,245
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-6.39%	-2.29%	-5.30%	-3.02%	-5.81%	-2.27%	-5.32%	-3.65%	-8.93%	-3.59%	-3.34%
<b>FY 2020-21 Actuals</b>	48,248	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	66,833	20,742	13,609	3,609	7,016	35,302	1,404,955
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	48.62%	24.74%	1.46%	10.65%	19.51%	-2.71%	17.86%	63.38%	190.28%	5.57%	15.23%
<b>FY 2021-22 Projection</b>	48,706	13,809	66,089	15,116	177,899	110,811	464,992	125	478,177	71,804	20,374	13,931	4,097	13,509	36,260	1,535,699
% Change from FY 2020-21	0.95%	1.98%	-0.15%	5.36%	2.74%	25.31%	15.43%	-10.07%	6.04%	7.44%	-1.77%	2.37%	13.52%	92.55%	2.71%	9.31%
<b>FY 2022-23 Projection</b>	47,663	13,652	66,469	13,830	178,019	86,381	423,613	115	427,113	61,125	20,307	11,483	2,896	5,287	34,864	1,392,817
% Change from FY 2021-22	-2.14%	-1.14%	0.58%	-8.51%	0.07%	-22.05%	-8.90%	-8.00%	-10.68%	-14.87%	-0.33%	-17.57%	-29.31%	-60.86%	-3.85%	-9.30%
<b>FY 2023-24 Projection</b>	48,686	14,131	67,714	14,764	187,079	84,358	432,710	114	422,703	59,715	20,624	11,891	2,625	2,803	35,099	1,405,016
% Change from FY 2022-23	2.15%	3.51%	1.87%	6.75%	5.09%	-2.34%	2.15%	-0.87%	-1.03%	-2.31%	1.56%	3.55%	-9.36%	-46.98%	0.67%	0.88%
<b>FY 2021-22 Appropriation</b>	49,719	14,038	68,233	14,896	182,422	104,356	446,242	145	468,576	73,436	21,013	14,360	4,497	8,895	36,583	1,507,411
Difference between the Total FY 2021-22 Projection and Appropriation	(1,013)	(229)	(2,144)	220	(4,523)	6,455	18,750	(20)	9,601	(1,632)	(639)	(429)	(400)	4,614	(323)	28,288

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2010-11																		
FY 2010-11	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2010	39,382	7,395	54,740	-	73,769	21,446	-	471	287,674	-	18,628	7,909	-	3,492	16,539	531,445	4,669	0.89%
August 2010	38,648	7,492	55,032	-	75,863	24,193	-	493	290,871	-	18,455	8,014	-	3,378	16,634	539,073	7,628	1.44%
September 2010	38,774	7,562	55,223	-	76,255	25,071	-	503	291,592	-	18,451	7,971	-	3,231	16,652	541,285	2,212	0.41%
October 2010	38,901	7,602	55,508	-	77,291	26,016	-	505	294,155	-	18,464	7,985	-	3,080	16,794	546,301	5,016	0.93%
November 2010	39,009	7,682	55,804	-	78,278	26,924	-	511	296,482	-	18,597	7,891	-	3,049	16,941	551,168	4,867	0.89%
December 2010	38,769	7,721	55,937	-	79,773	27,596	-	526	299,499	-	18,510	7,764	-	3,023	17,002	556,120	4,952	0.90%
January 2011	38,813	7,781	56,417	-	82,824	27,188	-	532	304,042	-	18,386	7,806	-	3,116	17,210	564,115	7,995	1.44%
February 2011	38,823	7,870	56,671	-	83,547	28,323	-	535	307,032	-	18,200	7,677	-	3,161	17,249	569,088	4,973	0.88%
March 2011	38,939	7,966	57,103	-	85,574	28,968	-	556	312,300	-	18,244	7,881	-	3,271	17,390	578,192	9,104	1.60%
April 2011	38,861	7,987	57,385	-	85,763	29,451	-	569	312,603	-	18,280	7,864	-	3,274	17,399	579,436	1,244	0.22%
May 2011	38,981	8,051	57,608	-	86,596	30,102	-	587	315,116	-	18,279	7,830	-	3,255	17,546	583,951	4,515	0.78%
June 2011	39,154	8,089	57,986	-	87,827	30,724	-	589	317,551	-	18,221	7,828	-	3,229	17,727	588,925	4,974	0.85%
<b>Year-to-Date Average</b>	<b>38,921</b>	<b>7,767</b>	<b>56,285</b>	<b>-</b>	<b>81,114</b>	<b>27,167</b>	<b>-</b>	<b>531</b>	<b>302,410</b>	<b>-</b>	<b>18,393</b>	<b>7,868</b>	<b>-</b>	<b>3,213</b>	<b>17,090</b>	<b>560,759</b>	<b>5,179</b>	<b>0.94%</b>
Medicaid Caseload FY 2011-12																		
FY 2011-12	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2011	39,341	8,133	58,294	-	87,556	31,920	-	587	319,065	-	18,125	7,810	-	3,089	17,923	591,843	2,918	0.50%
August 2011	39,537	8,222	58,712	-	88,518	32,462	-	586	322,779	-	18,084	7,786	-	2,973	18,046	597,705	5,862	0.99%
September 2011	39,600	8,280	58,937	-	90,001	33,152	-	590	325,673	-	18,119	7,628	-	2,774	18,156	602,910	5,205	0.87%
October 2011	39,697	8,328	59,159	-	91,662	33,838	-	592	328,632	-	18,096	7,558	-	2,657	18,314	608,533	5,623	0.93%
November 2011	39,789	8,343	59,298	-	92,441	34,915	-	602	332,183	-	18,077	7,371	-	2,543	18,584	614,146	5,613	0.92%
December 2011	39,843	8,355	59,384	-	94,778	34,886	-	606	336,053	-	18,172	7,333	-	2,591	18,798	620,799	6,653	1.08%
January 2012	39,742	8,373	59,709	-	93,523	35,481	-	603	336,096	-	17,968	7,445	-	2,617	18,985	620,542	(257)	-0.04%
February 2012	39,800	8,401	59,635	-	94,868	35,962	-	604	339,523	-	17,863	7,594	-	2,636	19,220	626,106	5,564	0.90%
March 2012	39,849	8,445	59,847	51	97,318	37,141	-	604	341,274	-	17,930	7,734	-	2,852	19,466	632,511	6,405	1.02%
April 2012	39,837	8,507	59,970	133	94,317	37,902	-	596	341,546	-	17,944	7,705	-	2,846	19,396	630,699	(1,812)	-0.29%
May 2012	39,924	8,600	60,167	202	95,581	38,955	5,860	597	344,523	-	18,012	7,744	-	2,844	19,640	642,649	11,950	1.89%
June 2012	39,923	8,605	60,091	240	98,120	38,921	7,753	601	348,253	-	18,022	7,846	-	2,818	19,929	651,122	8,473	1.32%
<b>Year-to-Date Average</b>	<b>39,740</b>	<b>8,383</b>	<b>59,434</b>	<b>52</b>	<b>93,224</b>	<b>35,461</b>	<b>1,134</b>	<b>597</b>	<b>334,633</b>	<b>-</b>	<b>18,034</b>	<b>7,630</b>	<b>-</b>	<b>2,770</b>	<b>18,871</b>	<b>619,963</b>	<b>5,183</b>	<b>0.84%</b>
Medicaid Caseload FY 2012-13																		
FY 2012-13	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2012	40,117	8,689	60,389	338	93,088	38,961	9,652	607	348,510	-	17,959	7,824	-	2,764	20,117	649,015	(2,107)	-0.32%
August 2012	40,460	8,771	60,680	445	94,777	39,881	9,675	612	351,537	-	17,932	7,864	-	2,744	20,418	655,796	6,781	1.04%
September 2012	40,468	8,777	60,934	539	95,151	39,689	9,880	610	355,312	-	18,004	7,677	-	2,609	20,615	660,365	4,569	0.70%
October 2012	40,773	8,949	61,303	640	96,113	40,302	9,969	615	353,524	-	18,000	7,691	-	2,569	20,766	661,214	849	0.13%
November 2012	41,059	8,997	61,571	753	98,333	41,895	9,972	615	356,897	-	17,967	7,600	-	2,546	20,998	669,203	7,989	1.21%
December 2012	41,034	9,077	61,699	857	97,784	40,442	9,798	616	361,446	-	17,898	7,466	-	2,541	21,221	671,879	2,676	0.40%
January 2013	41,066	9,096	61,803	988	99,404	40,895	9,777	613	361,220	5,223	17,720	8,250	437	2,655	21,366	680,513	8,634	1.29%
February 2013	41,093	9,152	62,245	1,056	101,305	42,236	9,959	608	362,024	13,463	17,673	8,322	531	2,666	21,532	693,865	13,352	1.96%
March 2013	40,697	9,130	62,485	1,125	100,247	42,110	9,621	618	363,012	18,263	17,619	8,311	636	2,733	21,530	698,137	4,272	0.62%
April 2013	40,898	9,222	62,976	1,232	101,576	42,997	12,076	639	364,317	20,016	17,598	8,477	730	2,798	21,738	707,290	9,153	1.31%
May 2013	41,108	9,295	63,416	1,318	106,147	45,535	12,462	659	366,710	21,546	17,257	8,346	938	2,848	22,000	719,585	12,295	1.74%
June 2013	41,153	9,358	63,540	1,368	108,773	43,600	14,772	659	373,604	20,327	17,691	8,457	863	2,739	22,170	729,074	9,489	1.32%
<b>Year-to-Date Average</b>	<b>40,827</b>	<b>9,051</b>	<b>61,920</b>	<b>888</b>	<b>99,392</b>	<b>41,545</b>	<b>10,634</b>	<b>623</b>	<b>359,843</b>	<b>8,236</b>	<b>17,777</b>	<b>8,024</b>	<b>344</b>	<b>2,684</b>	<b>21,206</b>	<b>682,994</b>	<b>6,496</b>	<b>0.95%</b>



Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2013-14																		
FY 2013-14	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2013	41,243	9,466	63,919	1,494	105,843	43,321	16,073	660	379,057	11,487	17,652	9,053	334	2,754	22,368	724,724	(4,350)	-0.60%
August 2013	41,540	9,538	64,281	1,616	106,672	45,336	17,388	648	382,925	8,984	17,659	9,219	186	2,562	22,539	731,093	6,369	0.88%
September 2013	41,696	9,641	64,309	1,692	110,929	43,247	20,951	645	394,462	4,348	17,619	9,240	105	2,511	22,690	744,085	12,992	1.78%
October 2013	41,861	9,709	64,151	2,200	111,274	37,094	19,168	639	382,709	11,153	17,675	13,079	549	2,392	22,299	735,952	(8,133)	-1.09%
November 2013	42,098	9,748	64,396	2,749	112,290	41,332	17,976	547	386,326	18,980	17,712	13,740	1,022	2,352	22,539	753,807	17,855	2.43%
December 2013	42,265	9,797	64,478	2,690	119,836	40,228	17,092	540	389,900	28,057	17,793	14,140	1,293	2,311	22,534	772,954	19,147	2.54%
January 2014	41,861	9,838	64,838	2,217	122,548	40,659	120,068	543	398,421	29,967	17,684	14,582	1,390	2,309	22,740	889,665	116,711	15.10%
February 2014	42,003	9,919	64,798	3,146	129,759	51,272	125,369	527	403,888	33,263	17,744	14,691	1,471	2,374	23,302	923,526	33,861	3.81%
March 2014	42,145	10,027	64,312	3,188	138,165	53,923	157,246	498	408,290	38,398	17,704	14,991	1,596	2,426	24,063	976,972	53,446	5.79%
April 2014	41,762	10,129	64,148	3,288	144,089	55,524	171,950	492	415,666	39,128	19,526	15,093	1,559	2,467	24,662	1,009,483	32,511	3.33%
May 2014	41,991	10,162	64,492	3,257	145,211	54,497	176,827	488	420,786	39,624	20,168	15,086	1,549	2,487	25,120	1,021,745	12,262	1.21%
June 2014	41,564	10,263	64,968	3,186	149,545	58,549	186,802	477	425,952	40,754	20,268	15,007	1,634	2,821	25,676	1,047,466	25,721	2.52%
<b>Year-to-Date Average</b>	<b>41,836</b>	<b>9,853</b>	<b>64,424</b>	<b>2,560</b>	<b>124,680</b>	<b>47,082</b>	<b>87,243</b>	<b>559</b>	<b>399,032</b>	<b>25,345</b>	<b>18,267</b>	<b>13,160</b>	<b>1,057</b>	<b>2,481</b>	<b>23,378</b>	<b>860,957</b>	<b>26,533</b>	<b>3.14%</b>
Medicaid Caseload FY 2014-15																		
FY 2014-15	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2014	41,551	10,346	65,459	3,065	153,837	60,981	194,454	472	431,203	41,550	20,190	15,038	1,672	2,551	25,963	1,068,332	20,866	1.99%
August 2014	42,513	10,350	65,785	2,971	156,343	62,711	202,825	463	436,077	42,750	20,213	15,436	1,800	2,494	26,347	1,089,078	20,746	1.94%
September 2014	42,643	10,362	66,054	2,925	159,740	63,847	210,970	439	438,991	44,001	20,124	15,386	1,854	2,474	26,787	1,106,597	17,519	1.61%
October 2014	41,763	10,355	66,009	2,927	160,707	65,552	218,403	424	442,075	45,249	20,187	14,938	1,769	2,533	27,229	1,120,120	13,523	1.22%
November 2014	41,918	10,341	66,343	3,023	158,375	66,811	222,465	425	442,141	46,654	20,140	14,691	1,733	2,444	27,601	1,125,105	4,985	0.45%
December 2014	41,927	10,404	66,441	3,556	162,727	70,288	237,045	396	446,354	47,275	20,056	14,542	1,675	2,541	27,944	1,153,171	28,066	2.49%
January 2015	41,392	10,395	66,758	3,772	160,406	76,807	247,056	379	444,669	53,548	19,951	14,590	1,772	2,811	28,226	1,172,532	19,361	1.68%
February 2015	41,334	10,532	66,651	4,112	161,480	78,910	261,108	368	446,886	55,445	19,932	14,643	1,795	2,775	28,158	1,194,129	21,597	1.84%
March 2015	41,518	10,615	66,974	4,226	163,641	80,068	267,714	368	450,778	56,155	19,925	14,804	1,810	2,984	28,332	1,209,912	15,783	1.32%
April 2015	41,621	10,690	67,110	4,161	165,835	79,437	273,043	361	455,223	55,565	19,982	14,954	1,743	3,096	29,170	1,221,991	12,079	1.00%
May 2015	41,778	10,703	67,261	4,279	167,183	79,417	278,709	358	456,426	56,104	19,945	14,914	1,694	3,070	30,224	1,232,065	10,074	0.82%
June 2015	41,849	10,503	67,726	4,509	169,912	79,036	282,910	352	457,855	57,059	19,791	14,822	1,665	2,885	30,560	1,241,434	9,369	0.76%
<b>Year-to-Date Average</b>	<b>41,817</b>	<b>10,466</b>	<b>66,548</b>	<b>3,627</b>	<b>161,682</b>	<b>71,989</b>	<b>241,392</b>	<b>400</b>	<b>445,723</b>	<b>50,113</b>	<b>20,036</b>	<b>14,897</b>	<b>1,749</b>	<b>2,722</b>	<b>28,045</b>	<b>1,161,206</b>	<b>16,164</b>	<b>1.43%</b>
Medicaid Caseload FY 2015-16																		
FY 2015-16	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2015	41,661	10,437	72,760	5,670	169,316	79,502	287,183	344	454,996	56,220	19,578	14,627	1,596	2,774	30,877	1,247,541	6,107	0.49%
August 2015	41,909	10,423	71,167	9,733	169,140	81,001	293,155	342	457,343	57,355	19,676	14,466	1,615	2,699	31,244	1,261,268	13,727	1.10%
September 2015	42,134	10,348	68,765	10,175	169,127	82,010	297,680	342	461,317	58,330	19,776	14,204	1,614	2,635	31,278	1,269,735	8,467	0.67%
October 2015	41,817	10,190	68,576	6,030	167,734	82,642	302,362	336	466,623	58,336	19,814	13,139	1,568	2,491	31,293	1,272,951	3,216	0.25%
November 2015	42,456	10,429	69,113	5,539	162,975	85,784	310,294	324	466,734	59,640	19,936	14,428	1,743	2,605	31,903	1,283,903	10,952	0.86%
December 2015	42,628	10,451	68,813	5,717	163,088	87,548	320,093	318	469,009	59,867	19,975	14,252	1,846	2,616	32,143	1,298,364	14,461	1.13%
January 2016	42,301	10,462	67,571	5,311	162,764	88,891	327,653	314	470,109	59,934	19,987	14,399	1,811	2,593	33,921	1,308,021	9,657	0.74%
February 2016	42,504	10,531	67,298	5,393	162,650	89,610	331,622	310	470,758	59,950	19,963	14,381	1,846	2,631	33,939	1,313,386	5,365	0.41%
March 2016	42,733	10,664	67,979	5,424	163,417	90,244	335,451	311	472,221	60,614	20,028	14,619	1,856	2,722	33,442	1,321,725	8,339	0.63%
April 2016	42,778	10,749	67,828	5,192	161,967	90,644	340,862	308	472,964	60,790	20,133	14,675	1,846	2,675	33,478	1,326,889	5,164	0.39%
May 2016	42,900	10,788	67,842	5,152	155,252	92,385	347,731	308	472,199	61,169	20,196	14,884	1,870	2,707	33,693	1,329,076	2,187	0.16%
June 2016	43,015	10,876	67,891	5,265	152,679	93,307	350,396	304	472,050	61,808	20,162	14,883	1,893	2,635	33,813	1,330,977	1,901	0.14%
<b>Year-to-Date Average</b>	<b>42,403</b>	<b>10,529</b>	<b>68,800</b>	<b>6,217</b>	<b>163,342</b>	<b>86,964</b>	<b>320,374</b>	<b>322</b>	<b>467,193</b>	<b>59,501</b>	<b>19,935</b>	<b>14,413</b>	<b>1,759</b>	<b>2,649</b>	<b>32,585</b>	<b>1,296,986</b>	<b>7,462</b>	<b>0.58%</b>

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2016-17																		
FY 2016-17	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2016	43,104	10,931	67,836	5,334	150,888	90,622	351,908	313	470,963	62,982	20,118	14,896	1,883	2,630	33,512	1,327,920	(3,057)	-0.23%
August 2016	43,374	11,011	67,906	5,452	150,673	91,044	359,971	310	471,980	63,715	20,203	14,911	1,872	2,634	33,636	1,338,692	10,772	0.81%
September 2016	43,633	11,039	68,043	5,598	151,271	90,010	356,125	311	471,754	64,431	20,296	14,401	1,797	2,571	33,623	1,334,903	(3,789)	-0.28%
October 2016	43,725	11,131	67,951	5,825	153,579	88,537	353,370	312	471,116	64,454	20,260	14,168	1,790	2,455	33,461	1,332,134	(2,769)	-0.21%
November 2016	43,913	11,233	67,914	5,918	155,687	90,158	358,986	306	473,863	61,650	20,306	13,876	1,738	2,434	33,416	1,341,398	9,264	0.70%
December 2016	43,481	11,181	66,509	6,114	157,155	90,730	362,193	303	472,054	62,524	20,296	13,608	1,736	2,430	33,390	1,343,704	2,306	0.17%
January 2017	43,888	11,405	68,174	6,267	158,234	87,555	362,098	295	469,992	64,732	20,297	13,527	1,816	2,526	33,173	1,343,979	275	0.02%
February 2017	43,649	11,363	67,879	6,382	158,909	86,966	361,837	285	467,770	64,616	20,235	12,860	1,765	2,406	33,167	1,340,089	(3,890)	-0.29%
March 2017	44,261	11,397	67,558	6,964	164,569	156,205	296,427	285	465,588	68,165	20,034	12,813	2,392	2,789	34,322	1,353,769	13,680	1.02%
April 2017	44,637	11,381	67,367	7,018	174,085	141,660	309,197	279	466,511	67,508	20,433	12,786	2,321	2,868	34,407	1,362,458	8,689	0.64%
May 2017	44,816	11,401	67,183	7,042	179,878	116,609	333,778	274	467,044	67,596	20,681	12,727	2,276	2,992	34,806	1,369,103	6,645	0.49%
June 2017	44,814	11,420	67,109	7,102	182,132	82,613	368,291	264	462,931	66,503	20,557	12,236	2,229	2,941	34,798	1,365,940	(3,163)	-0.23%
<b>Year-to-Date Average</b>	<b>43,941</b>	<b>11,241</b>	<b>67,619</b>	<b>6,251</b>	<b>161,422</b>	<b>101,059</b>	<b>347,848</b>	<b>295</b>	<b>469,297</b>	<b>64,907</b>	<b>20,310</b>	<b>13,567</b>	<b>1,968</b>	<b>2,640</b>	<b>33,809</b>	<b>1,346,174</b>	<b>2,914</b>	<b>0.22%</b>
Medicaid Caseload FY 2017-18																		
FY 2017-18	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2017	44,896	11,410	67,009	7,274	181,640	82,329	370,674	150	457,780	65,467	20,651	11,545	2,177	2,925	34,833	1,360,760	(5,180)	-0.38%
August 2017	45,233	11,486	67,079	7,366	182,123	83,011	374,722	145	457,326	66,362	20,804	11,069	2,119	2,957	35,078	1,366,880	6,120	0.45%
September 2017	45,431	11,509	66,918	7,462	181,352	82,088	376,011	132	452,116	66,778	20,941	10,343	2,105	2,831	35,157	1,361,174	(5,706)	-0.42%
October 2017	45,606	11,558	66,985	7,797	179,385	73,998	350,968	139	444,507	67,110	21,093	9,948	2,197	2,842	34,883	1,319,016	(42,158)	-3.10%
November 2017	45,824	11,643	67,142	7,980	179,750	71,489	350,249	149	441,219	66,946	21,305	9,601	2,222	2,716	34,999	1,313,234	(5,782)	-0.44%
December 2017	45,985	11,718	67,066	8,204	179,877	72,942	356,175	151	439,244	66,517	21,485	9,138	2,154	2,677	35,001	1,318,334	5,100	0.39%
January 2018	46,005	11,812	67,365	8,438	180,335	69,709	345,699	157	437,341	66,260	21,576	9,238	2,202	2,704	34,842	1,303,683	(14,651)	-1.11%
February 2018	46,038	11,860	67,688	8,663	180,744	70,071	345,064	165	433,460	64,494	21,701	9,067	2,219	2,707	34,868	1,298,809	(4,874)	-0.37%
March 2018	46,038	11,968	67,875	8,689	176,469	74,829	344,991	163	429,162	63,156	21,926	9,198	2,216	2,763	34,817	1,294,260	(4,549)	-0.35%
April 2018	46,302	12,054	67,963	8,698	177,031	73,217	337,958	169	423,241	59,499	21,947	9,967	2,316	2,823	34,553	1,277,738	(16,522)	-1.28%
May 2018	46,534	12,138	68,152	8,842	177,139	72,831	338,829	165	421,753	58,572	22,153	10,082	2,363	2,930	34,463	1,276,946	(792)	-0.06%
June 2018	46,991	12,411	69,127	8,690	182,397	68,816	339,937	169	428,112	60,990	22,094	12,298	2,463	2,831	34,444	1,291,770	14,824	1.16%
<b>Year-to-Date Average</b>	<b>45,907</b>	<b>11,797</b>	<b>67,531</b>	<b>8,175</b>	<b>179,853</b>	<b>74,610</b>	<b>352,607</b>	<b>155</b>	<b>438,772</b>	<b>64,346</b>	<b>21,473</b>	<b>10,125</b>	<b>2,229</b>	<b>2,809</b>	<b>34,828</b>	<b>1,315,217</b>	<b>(6,181)</b>	<b>-0.46%</b>
Medicaid Caseload FY 2018-19																		
FY 2018-19	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2018	47,275	12,499	69,243	8,791	183,930	68,773	336,317	160	429,605	60,022	22,059	12,567	2,395	2,868	34,656	1,291,160	(610)	-0.05%
August 2018	47,463	12,559	69,221	8,734	183,083	69,297	340,105	158	429,302	60,233	21,913	12,450	2,243	2,796	34,802	1,294,359	3,199	0.25%
September 2018	47,564	12,647	69,235	8,667	182,792	68,226	342,428	154	429,176	60,450	21,826	12,375	2,190	2,654	35,434	1,295,818	1,459	0.11%
October 2018	47,546	12,681	68,963	8,606	178,102	66,710	341,696	155	423,792	61,197	21,804	12,319	2,412	2,583	35,294	1,283,860	(11,958)	-0.92%
November 2018	47,544	12,696	68,776	8,641	176,139	64,480	334,945	148	420,435	61,569	21,741	12,138	2,366	2,533	35,078	1,269,229	(14,631)	-1.14%
December 2018	47,622	12,683	68,468	8,819	175,299	63,665	333,858	138	417,916	60,273	22,127	11,881	2,323	2,495	34,728	1,262,295	(6,934)	-0.55%
January 2019	48,091	12,746	69,053	9,147	175,180	61,152	327,637	142	416,568	60,891	21,696	12,073	2,347	2,604	34,657	1,253,984	(8,311)	-0.66%
February 2019	47,571	12,675	68,711	9,249	173,809	61,050	327,212	148	416,362	60,720	21,794	11,977	2,312	2,580	34,608	1,250,778	(3,206)	-0.26%
March 2019	47,704	12,773	68,259	9,213	171,958	60,326	325,645	140	415,610	59,487	21,720	12,097	2,312	2,650	34,426	1,244,320	(6,458)	-0.52%
April 2019	47,704	12,818	67,927	9,255	170,750	59,944	317,866	131	414,766	56,610	21,706	12,220	2,184	2,706	34,273	1,230,860	(13,460)	-1.08%
May 2019	48,018	12,880	67,913	9,305	169,791	59,887	318,368	131	415,174	55,887	21,693	12,140	2,190	2,713	34,284	1,230,374	(486)	-0.04%
June 2019	48,125	12,994	67,901	9,415	169,089	59,246	320,219	131	414,330	55,169	21,705	12,112	2,239	2,665	33,999	1,229,339	(1,035)	-0.08%
<b>Year to date Average</b>	<b>47,686</b>	<b>12,721</b>	<b>68,639</b>	<b>8,987</b>	<b>175,827</b>	<b>63,563</b>	<b>330,525</b>	<b>145</b>	<b>420,253</b>	<b>59,376</b>	<b>21,815</b>	<b>12,196</b>	<b>2,293</b>	<b>2,654</b>	<b>34,687</b>	<b>1,261,365</b>	<b>(5,203)</b>	<b>-0.41%</b>

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2019-20																		
FY 2019-20	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2019	48,316	13,013	67,860	9,613	168,544	58,061	316,042	127	412,451	54,796	21,628	12,333	2,201	2,720	33,847	1,221,552	(8,822)	-0.72%
August 2019	48,446	12,992	67,557	9,583	167,960	57,931	318,314	131	410,883	54,394	21,674	11,967	2,127	2,531	34,059	1,220,549	(1,003)	-0.08%
September 2019	48,386	13,012	67,382	9,644	167,359	57,640	320,213	136	409,522	54,464	21,595	11,716	2,094	2,376	33,890	1,219,429	(1,120)	-0.09%
October 2019	48,434	12,986	67,105	9,740	165,851	58,277	319,577	146	407,413	55,221	21,599	11,490	2,075	2,386	33,914	1,216,214	(3,215)	-0.26%
November 2019	47,574	12,898	66,382	9,841	164,578	58,658	320,755	144	405,220	56,378	21,579	11,081	2,146	2,274	33,566	1,213,074	(3,140)	-0.26%
December 2019	47,575	12,914	66,059	10,140	161,286	59,126	319,312	136	404,097	56,938	21,585	10,832	2,129	2,219	33,218	1,207,566	(5,508)	-0.45%
January 2020	47,095	12,981	66,551	10,244	160,061	58,152	315,372	136	400,649	57,319	21,458	10,842	2,191	2,270	33,011	1,198,332	(9,234)	-0.76%
February 2020	46,391	13,005	66,189	10,277	159,654	57,851	315,302	131	398,833	56,886	20,978	10,763	2,187	2,249	32,739	1,193,435	(4,897)	-0.41%
March 2020	46,567	12,976	65,220	11,546	159,152	56,350	313,931	139	398,268	56,165	20,896	11,088	2,190	2,376	32,749	1,189,613	(3,822)	-0.32%
April 2020	46,928	13,042	65,016	13,004	164,601	58,902	327,329	136	406,330	53,847	20,928	11,807	2,112	2,374	33,080	1,219,436	29,823	2.51%
May 2020	47,372	13,205	66,253	12,220	167,303	63,964	340,281	141	415,595	56,473	20,955	12,221	2,417	2,495	33,409	1,254,304	34,868	2.86%
June 2020	47,528	13,325	66,783	12,252	167,257	69,076	348,982	144	421,306	58,208	20,960	12,424	2,639	2,732	33,815	1,277,431	23,127	1.84%
<b>Year to date Average</b>	<b>47,553</b>	<b>13,002</b>	<b>66,507</b>	<b>10,532</b>	<b>164,214</b>	<b>58,628</b>	<b>320,584</b>	<b>137</b>	<b>406,296</b>	<b>55,716</b>	<b>21,352</b>	<b>11,467</b>	<b>2,170</b>	<b>2,388</b>	<b>33,407</b>	<b>1,213,955</b>	<b>2,175</b>	<b>0.18%</b>

Medicaid Caseload FY 2020-21																		
FY 2020-21	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2020	47,686	13,413	67,064	12,259	166,034	74,285	357,091	141	424,878	60,922	20,814	12,667	2,908	2,949	34,313	1,297,424	77,988	6.40%
August 2020	47,952	13,310	65,677	14,063	167,283	77,629	366,450	144	430,134	63,267	20,809	12,830	3,139	3,203	34,486	1,320,376	22,952	1.77%
September 2020	48,151	13,376	65,712	14,398	169,873	79,159	373,840	141	435,629	64,954	20,796	12,852	3,302	3,861	34,759	1,340,803	20,427	1.55%
October 2020	48,496	13,433	65,825	14,484	170,593	83,760	382,671	141	440,714	67,223	20,852	13,123	3,546	5,442	34,951	1,365,254	24,451	1.82%
November 2020	48,621	13,481	65,995	14,355	171,651	86,094	391,656	140	445,544	67,632	20,862	13,290	3,679	6,029	35,190	1,384,219	18,965	1.39%
December 2020	48,614	13,584	66,113	14,535	172,340	89,059	401,547	143	450,341	67,793	20,829	13,445	3,749	6,610	35,518	1,404,220	20,001	1.44%
January 2021	48,277	13,587	66,434	14,508	174,619	90,560	411,226	140	454,650	68,914	20,765	13,740	3,912	7,272	35,647	1,424,251	20,031	1.43%
February 2021	48,044	13,619	66,421	14,489	177,036	91,158	418,052	138	460,428	66,987	20,792	13,950	3,713	8,559	35,620	1,439,006	14,755	1.04%
March 2021	48,051	13,632	66,433	14,608	177,776	92,781	424,627	137	464,277	66,932	20,758	14,463	3,675	9,169	35,716	1,453,035	14,029	0.97%
April 2021	48,192	13,653	66,355	14,695	177,431	95,604	430,160	132	466,374	68,197	20,539	14,510	3,849	9,808	35,764	1,465,263	12,228	0.84%
May 2021	48,348	13,723	66,356	14,767	177,618	97,968	435,288	135	468,211	69,448	20,571	14,597	3,960	10,396	35,833	1,477,219	11,956	0.82%
June 2021	48,544	13,678	65,863	15,005	175,547	103,093	441,550	134	470,288	69,730	20,521	13,837	3,872	10,898	35,828	1,488,388	11,169	0.76%
<b>Year to date Average</b>	<b>48,221</b>	<b>13,528</b>	<b>66,217</b>	<b>14,287</b>	<b>172,932</b>	<b>87,096</b>	<b>399,328</b>	<b>139</b>	<b>449,198</b>	<b>66,570</b>	<b>20,762</b>	<b>13,588</b>	<b>3,585</b>	<b>6,663</b>	<b>35,254</b>	<b>1,397,370</b>	<b>23,435</b>	<b>1.77%</b>

Notes:

1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.

**Exhibit C - History and Projections of Per Capita Costs**

**Per Capita Costs - Cash Based**

<b>Fiscal Year</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
<b>FY 2000-01</b>	\$15,548.92	\$12,003.09	\$9,720.35	-	\$3,774.54	-	-	-	\$1,762.52	-	\$2,464.84	\$5,102.62	-	\$4,073.91	\$1,029.73	\$5,593.34
<b>FY 2001-02</b>	\$16,971.24	\$11,883.75	\$10,099.20	-	\$3,848.75	-	-	-	\$1,790.01	-	\$2,539.49	\$5,173.99	-	\$3,162.19	\$995.28	\$5,580.33
% Change from FY 2000-01	9.15%	-0.99%	3.90%	-	1.97%	-	-	-	3.03%	-	1.40%	-	-	-22.38%	-3.35%	-0.23%
<b>FY 2003-04</b>	\$17,945.57	\$13,629.55	\$11,928.04	-	\$3,858.31	-	-	\$25,417.70	\$1,187.37	-	\$3,037.79	\$7,621.82	-	\$11,504.23	\$961.96	\$5,010.73
% Change from FY 2001-02	5.74%	14.69%	18.11%	-	0.25%	-	-	-	-33.67%	-	19.62%	47.31%	-	263.81%	-3.35%	-10.21%
<b>FY 2004-05</b>	\$17,743.75	\$13,289.25	\$11,185.17	-	\$3,358.68	-	-	\$28,627	\$1,361.10	-	\$2,944.32	\$7,040.94	-	\$8,682.52	\$1,137.98	\$4,662.99
% Change from FY 2003-04	-1.12%	-2.50%	-6.23%	-	-12.95%	-	-	-	14.63%	-	-3.08%	-7.62%	-	-24.53%	18.30%	-6.94%
<b>FY 2005-06</b>	\$18,260.97	\$14,352.34	\$11,548.70	-	\$3,390.82	-	-	\$36,225.53	\$1,476.94	-	\$2,993.56	\$8,031.97	-	\$8,904.59	\$1,204.47	\$4,928.66
% Change from FY 2004-05	2.91%	8.00%	3.25%	-	0.96%	-	-	-	8.51%	-	1.67%	14.08%	-	2.56%	5.84%	5.70%
<b>FY 2006-07</b>	\$18,736.83	\$14,870.06	\$11,712.50	-	\$3,664.68	-	-	\$24,376.09	\$1,608.92	-	\$3,210.70	\$9,371.52	-	\$10,470.57	\$1,313.15	\$5,222.55
% Change from FY 2005-06	2.61%	3.61%	1.42%	-	8.08%	-	-	-32.71%	8.94%	-	7.25%	16.68%	-	17.59%	9.02%	5.96%
<b>FY 2007-08</b>	\$19,419.11	\$16,382.42	\$13,078.77	-	\$3,872.69	-	-	\$26,305.08	\$1,780.61	-	\$3,739.87	\$8,670.42	-	\$12,797.32	\$1,333.66	\$5,681.77
% Change from FY 2006-07	3.64%	10.17%	11.67%	-	5.68%	-	-	7.91%	10.67%	-	16.48%	-7.48%	-	22.22%	1.56%	8.79%
<b>FY 2008-09</b>	\$20,680.43	\$17,762.70	\$14,251.48	-	\$3,858.15	-	-	\$22,261.37	\$1,836.99	-	\$3,748.13	\$8,702.15	-	\$14,858.01	\$1,254.95	\$5,742.83
% Change from FY 2007-08	6.50%	8.43%	8.97%	-	-0.38%	-	-	-15.37%	3.17%	-	0.22%	-0.37%	-	16.10%	-5.90%	1.07%
<b>FY 2009-10</b>	\$19,455.97	\$15,862.64	\$13,373.23	-	\$3,355.09	\$689.29	-	\$20,511.28	\$1,632.88	-	\$3,536.01	\$8,401.86	-	\$12,655.02	\$1,213.77	\$4,975.87
% Change from FY 2008-09	-5.92%	-10.70%	-6.16%	-	-13.04%	-	-	-7.86%	-11.11%	-	-5.66%	-3.45%	-	-14.83%	-3.28%	-13.36%
<b>FY 2010-11</b>	\$20,336.39	\$17,105.76	\$14,635.16	-	\$3,519.43	\$2,316.20	-	\$19,033.37	\$1,711.49	-	\$4,014.76	\$8,894.53	-	\$14,661.32	\$1,428.00	\$5,063.72
% Change from FY 2009-10	4.53%	7.84%	9.44%	-	4.90%	236.03%	-	-7.21%	4.81%	-	13.54%	5.86%	-	15.85%	17.65%	1.77%
<b>FY 2011-12</b>	\$20,300.66	\$16,955.03	\$14,209.99	\$8,877.60	\$3,311.46	\$2,423.80	\$2,185.53	\$17,216.60	\$1,569.28	-	\$3,783.82	\$8,354.70	-	\$15,148.44	\$1,298.38	\$4,717.85
% Change from FY 2010-11	-0.18%	-0.88%	-2.91%	-	-5.91%	4.65%	-	-9.55%	-8.31%	-	-5.75%	-6.07%	-	3.32%	-9.08%	-6.83%
<b>FY 2012-13</b>	\$20,575.23	\$16,956.24	\$14,026.17	\$13,583.69	\$3,305.17	\$2,332.34	\$5,389.53	\$15,345.22	\$1,589.28	\$1,829.27	\$3,794.33	\$9,068.38	\$8,340.08	\$16,302.95	\$1,196.39	\$4,634.75
% Change from FY 2011-12	1.35%	0.01%	-1.29%	53.01%	-0.19%	-3.77%	146.60%	-10.87%	1.27%	-	0.28%	8.54%	-	7.62%	-7.86%	-1.76%
<b>FY 2013-14</b>	\$21,409.29	\$17,530.57	\$15,039.24	\$11,481.79	\$2,976.47	\$2,399.40	\$3,765.62	\$15,885.67	\$1,708.01	\$1,560.48	\$4,167.05	\$9,367.38	\$8,228.78	\$15,522.95	\$1,313.55	\$4,514.26
% Change from FY 2012-13	4.05%	3.39%	7.22%	-15.47%	-9.95%	2.88%	-30.13%	3.52%	7.47%	-14.69%	9.82%	3.30%	-1.33%	-4.78%	9.79%	-2.60%
<b>FY 2014-15</b>	\$22,964.00	\$18,735.69	\$15,295.11	\$7,186.24	\$3,015.26	\$2,473.13	\$3,874.08	\$14,511.89	\$1,807.89	\$1,478.91	\$4,193.20	\$10,491.56	\$9,453.25	\$14,894.00	\$1,112.16	\$4,318.64
% Change from FY 2013-14	7.26%	6.87%	1.70%	-37.41%	1.30%	3.07%	2.88%	-8.65%	5.85%	-5.23%	0.63%	12.00%	14.88%	-4.05%	-15.33%	-4.33%
<b>FY 2015-16</b>	\$24,168.32	\$19,636.21	\$16,194.70	\$6,650.61	\$3,029.23	\$2,535.22	\$3,785.54	\$12,069.41	\$1,869.77	\$1,587.21	\$4,278.39	\$10,893.62	\$9,738.80	\$14,863.53	\$1,221.39	\$4,337.47
% Change from FY 2014-15	5.24%	4.81%	5.88%	-7.45%	0.46%	2.51%	-2.29%	-16.83%	3.42%	7.32%	2.03%	3.83%	3.02%	-0.20%	9.82%	0.44%
<b>FY 2016-17</b>	\$26,590.86	\$18,293.22	\$15,841.14	\$6,440.25	\$2,610.67	\$2,251.49	\$3,369.48	\$16,424.67	\$1,781.22	\$1,469.20	\$4,006.46	\$9,776.69	\$7,846.10	\$15,432.19	\$1,214.58	\$4,125.14
% Change from FY 2015-16	10.02%	-6.84%	-2.18%	-3.16%	-13.82%	-11.19%	-10.99%	36.09%	-4.74%	-7.44%	-6.36%	-10.25%	-19.43%	3.83%	-0.56%	-4.90%
<b>FY 2017-18</b>	\$27,845.82	\$19,876.85	\$18,599.03	\$7,571.35	\$3,060.26	\$2,838.12	\$3,832.79	\$19,630.33	\$2,087.71	\$1,733.99	\$4,700.88	\$12,038.30	\$9,280.43	\$18,361.84	\$1,253.68	\$4,800.53
% Change from FY 2016-17	4.72%	8.66%	17.41%	17.56%	17.22%	26.06%	13.75%	19.52%	17.21%	18.02%	17.33%	23.13%	18.28%	18.98%	3.22%	16.37%
<b>FY 2018-19</b>	\$27,525.19	\$21,266.49	\$19,903.71	\$7,802.56	\$2,878.96	\$2,638.53	\$3,810.41	\$15,422.56	\$2,137.19	\$1,659.56	\$4,900.22	\$11,331.48	\$8,840.10	\$16,078.00	\$1,392.66	\$5,000.93
% Change from FY 2017-18	-1.15%	6.99%	7.01%	3.05%	-5.92%	-7.03%	-0.58%	-21.44%	2.37%	-4.29%	4.24%	-5.87%	-4.74%	-12.44%	11.09%	4.17%
<b>FY 2019-20</b>	\$30,297.59	\$22,756.65	\$21,661.06	\$8,097.34	\$3,087.73	\$2,975.72	\$4,294.36	\$19,506.51	\$2,238.66	\$1,776.46	\$5,150.72	\$11,923.98	\$9,120.40	\$17,521.91	\$1,485.77	\$5,503.85
% Change from FY 2018-19	10.07%	7.01%	8.83%	3.78%	7.25%	12.78%	12.70%	26.48%	4.75%	7.04%	5.11%	5.23%	3.17%	8.98%	6.69%	10.06%
<b>FY 2020-21</b>	\$29,409.20	\$23,107.61	\$22,990.81	\$6,967.66	\$2,997.84	\$2,840.07	\$3,936.64	\$19,601.24	\$2,075.96	\$1,756.30	\$6,611.09	\$9,049.14	\$6,636.37	\$8,605.03	\$1,507.02	\$5,098.85
% Change from FY 2019-20	-2.93%	1.54%	6.14%	-13.95%	-2.91%	-4.56%	-8.33%	0.49%	-7.27%	-1.13%	28.35%	-24.11%	-27.24%	-50.89%	1.43%	-7.36%
<b>FY 2021-22 Projection</b>	\$29,532.17	\$23,407.95	\$25,618.11	\$6,339.71	\$3,203.75	\$2,875.47	\$4,019.80	\$19,618.09	\$2,263.97	\$1,839.00	\$7,171.90	\$9,051.53	\$6,696.67	\$4,135.52	\$2,882.96	\$5,199.86
% Change from FY 2020-21	0.42%	1.30%	11.43%	-6.99%	3.78%	1.25%	2.11%	0.09%	9.06%	4.71%	8.48%	0.03%	0.91%	-51.94%	91.30%	1.98%
<b>FY 2022-23 Projection</b>	\$33,038.90	\$25,543.66	\$27,050.43	\$6,625.08	\$3,354.23	\$3,012.38	\$4,197.17	\$19,549.83	\$2,530.53	\$1,931.86	\$7,321.13	\$12,229.56	\$9,593.73	\$10,470.96	\$3,114.76	\$5,837.38
% Change from FY 2021-22	11.87%	9.12%	5.59%	4.50%	4.70%	4.76%	4.41%	-0.35%	11.77%	5.05%	2.08%	35.11%	43.26%	153.20%	8.04%	12.26%
<b>FY 2023-24 Projection</b>	\$34,803.40	\$26,535.20	\$28,710.82	\$6,855.19	\$3,528.95	\$3,129.60	\$4,191.91	\$21,028.48	\$2,621.50	\$1,959.54	\$7,550.03	\$12,996.41	\$10,213.39	\$19,232.27	\$3,330.56	\$6,112.54
% Change from FY 2022-23	5.34%	3.88%	6.14%	3.47%	5.21%	3.89%	-0.13%	7.56%	3.59%	1.43%	3.13%	6.27%	6.46%	83.67%	6.93%	4.71%

Notes:  
 1. This exhibit does not include supplemental payments, outstationing payments, or upper payment limit financing.  
 2. See narrative for a description of events that alter trends.

**Exhibit C - History and Projections of Per Capita Costs**

**Per Capita Costs - Adjusted for Payment Delays**

<b>Fiscal Year</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens-Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
<b>FY 2000-01</b>	\$15,548.92	\$12,003.09	\$9,720.35	-	\$3,774.54	-	-	-	\$1,762.52	-	\$2,464.84	\$5,102.62	-	\$4,073.91	\$1,029.73	\$5,593.34
<b>FY 2001-02</b>	\$16,971.24	\$11,883.75	\$10,099.20	-	\$3,848.75	-	-	-	\$1,790.01	-	\$2,539.49	\$5,173.99	-	\$3,162.19	\$995.28	\$5,580.33
% Change from FY 2000-01	9.15%	-0.99%	3.90%	-	1.97%	-	-	-	1.56%	-	3.03%	1.40%	-	-22.38%	-3.35%	-0.23%
<b>FY 2003-04</b>	\$17,945.57	\$13,629.55	\$11,928.04	-	\$3,858.31	-	-	25,417.70	\$1,187.37	-	\$3,037.79	\$7,621.82	-	\$11,504.23	\$961.96	\$5,010.73
% Change from FY 2001-02	5.74%	14.69%	18.11%	-	0.25%	-	-	-	-33.67%	-	19.62%	47.31%	-	263.81%	-3.35%	-10.21%
<b>FY 2004-05</b>	\$17,743.75	\$13,289.25	\$11,185.17	-	\$3,358.68	-	-	28,627.25	\$1,361.10	-	\$2,944.32	\$7,040.94	-	\$8,682.52	\$1,137.98	\$4,662.99
% Change from FY 2003-04	-1.12%	-2.50%	-6.23%	-	-12.95%	-	-	0.13	14.63%	-	-3.08%	-7.62%	-	-24.53%	18.30%	-6.94%
<b>FY 2005-06</b>	\$18,260.97	\$14,352.34	\$11,548.70	-	\$3,390.82	-	-	\$36,225.53	\$1,476.94	-	\$2,993.56	\$8,031.97	-	\$8,904.59	\$1,204.47	\$4,928.66
% Change from FY 2004-05	2.91%	8.00%	3.25%	-	0.96%	-	-	0.27	8.51%	-	1.67%	14.08%	-	2.56%	5.84%	5.70%
<b>FY 2006-07</b>	\$18,736.83	\$14,870.06	\$11,712.50	-	\$3,664.68	-	-	\$24,376.09	\$1,608.92	-	\$3,210.70	\$9,371.52	-	\$10,470.57	\$1,313.15	\$5,222.55
% Change from FY 2005-06	2.61%	3.61%	1.42%	-	8.08%	-	-	-32.71%	8.94%	-	7.25%	16.68%	-	17.59%	9.02%	5.96%
<b>FY 2007-08</b>	\$19,419.11	\$16,382.42	\$13,078.77	-	\$3,872.69	-	-	\$26,305.08	\$1,780.61	-	\$3,739.87	\$8,670.42	-	\$12,797.32	\$1,333.66	\$5,681.77
% Change from FY 2006-07	3.64%	10.17%	11.67%	-	5.68%	-	-	7.91%	10.67%	-	16.48%	-7.48%	-	22.22%	1.56%	8.79%
<b>FY 2008-09</b>	\$20,680.43	\$17,762.70	\$14,251.48	-	\$3,858.15	-	-	\$22,261.37	\$1,836.99	-	\$3,748.13	\$8,702.15	-	\$14,858.01	\$1,254.95	\$5,742.83
% Change from FY 2007-08	6.50%	8.43%	8.97%	-	-0.38%	-	-	-15.37%	3.17%	-	0.22%	0.37%	-	16.10%	-5.90%	1.07%
<b>FY 2009-10 (DA)</b>	\$19,767.99	\$16,303.29	\$13,773.18	-	\$3,484.92	\$952.90	-	\$21,192.52	\$1,691.68	-	\$3,669.73	\$8,704.60	-	\$13,125.32	\$1,225.15	\$5,116.67
% Change from FY 2008-09	-4.41%	-8.22%	-3.36%	-	-9.67%	-	-	-4.80%	-7.91%	-	-2.09%	0.03%	-	-11.66%	-2.37%	-10.90%
<b>FY 2010-11 (DA)</b>	\$20,027.85	\$16,705.85	\$14,256.68	-	\$3,399.65	\$2,284.78	-	\$18,488.13	\$1,657.89	-	\$3,881.13	\$8,593.25	-	\$14,120.76	\$1,417.39	\$4,938.48
% Change from FY 2009-10 (DA)	1.31%	2.47%	3.51%	-	-2.45%	139.77%	-	-12.76%	-2.00%	-	5.76%	-1.28%	-	7.58%	15.69%	-3.48%
<b>FY 2011-12</b>	\$20,300.66	\$16,955.03	\$14,209.99	\$8,877.60	\$3,311.46	\$2,423.80	\$2,185.53	\$17,216.60	\$1,569.28	-	\$3,783.82	\$8,354.70	-	\$15,148.44	\$1,298.38	\$4,717.85
% Change from FY 2010-11 (DA)	1.36%	1.49%	-0.33%	-	-2.59%	6.08%	-	-6.88%	-5.34%	-	-2.51%	-2.78%	-	7.28%	-8.40%	-4.47%
<b>FY 2012-13</b>	\$20,575.23	\$16,956.24	\$14,026.17	\$13,583.69	\$3,305.17	\$2,332.34	\$5,389.53	\$15,345.22	\$1,589.28	\$1,829.27	\$3,794.33	\$9,068.38	\$8,340.08	\$16,302.95	\$1,196.39	\$4,634.75
% Change from FY 2011-12	1.35%	0.01%	-1.29%	53.01%	-0.19%	-3.77%	146.60%	-10.87%	1.27%	-	0.28%	8.54%	-	7.62%	-7.86%	-1.76%
<b>FY 2013-14</b>	\$21,409.29	\$17,530.57	\$15,039.24	\$11,481.79	\$2,976.47	\$2,399.40	\$3,765.62	\$15,885.67	\$1,708.01	\$1,560.48	\$4,167.05	\$9,367.38	\$8,228.78	\$15,522.95	\$1,313.55	\$4,514.26
% Change from FY 2012-13	4.05%	3.39%	7.22%	-15.47%	-9.95%	2.88%	-30.13%	3.52%	7.47%	-14.69%	9.82%	3.30%	-1.33%	-4.78%	9.79%	-2.60%
<b>FY 2014-15</b>	\$22,964.00	\$18,735.69	\$15,295.11	\$7,186.24	\$3,015.26	\$2,473.13	\$3,874.08	\$14,511.89	\$1,807.89	\$1,478.91	\$4,193.20	\$10,491.56	\$9,453.25	\$14,894.00	\$1,112.16	\$4,318.64
% Change from FY 2013-14	7.26%	6.87%	1.70%	-37.41%	1.30%	3.07%	2.88%	-8.65%	5.85%	-5.23%	0.63%	12.00%	14.88%	-4.05%	-15.33%	-4.33%
<b>FY 2015-16</b>	\$24,168.32	\$19,636.21	\$16,194.70	\$6,650.61	\$3,029.23	\$2,535.22	\$3,785.54	\$12,069.41	\$1,869.77	\$1,587.21	\$4,278.39	\$10,893.62	\$9,738.80	\$14,863.53	\$1,221.39	\$4,337.47
% Change from FY 2014-15	5.24%	4.81%	5.88%	-7.45%	0.46%	2.51%	-2.29%	-16.83%	3.42%	7.32%	2.03%	3.83%	3.02%	-0.20%	9.82%	0.44%
<b>FY 2016-17</b>	\$26,590.86	\$18,293.22	\$15,841.14	\$6,440.25	\$2,610.67	\$2,251.49	\$3,369.48	\$16,424.67	\$1,781.22	\$1,469.20	\$4,006.46	\$9,776.69	\$7,846.10	\$15,432.19	\$1,214.58	\$4,125.14
% Change from FY 2015-16	10.02%	-6.84%	-2.18%	-3.16%	-13.82%	-11.19%	-10.99%	36.09%	-4.74%	-7.44%	-6.36%	-10.25%	-19.43%	3.83%	-0.56%	-4.90%
<b>FY 2017-18</b>	\$27,845.82	\$19,876.85	\$18,599.03	\$7,571.35	\$3,060.26	\$2,838.12	\$3,832.79	\$19,630.33	\$2,087.71	\$1,733.99	\$4,700.88	\$12,038.30	\$9,280.43	\$18,361.84	\$1,253.68	\$4,800.53
% Change from FY 2016-17	4.72%	8.66%	17.41%	17.56%	17.22%	26.06%	13.75%	19.52%	17.21%	18.02%	17.33%	23.13%	18.28%	18.98%	3.22%	16.37%
<b>FY 2018-19</b>	\$27,525.19	\$21,266.49	\$19,903.71	\$7,802.56	\$2,878.96	\$2,638.53	\$3,810.41	\$15,422.56	\$2,137.19	\$1,659.56	\$4,900.22	\$11,331.48	\$8,840.10	\$16,078.00	\$1,392.66	\$5,000.93
% Change from FY 2017-18	-1.15%	6.99%	7.01%	3.05%	-5.92%	-7.03%	-0.58%	-21.44%	2.37%	-4.29%	4.24%	-5.87%	-4.74%	-12.44%	11.09%	4.17%
<b>FY 2019-20</b>	\$30,297.59	\$22,756.65	\$21,661.06	\$8,097.34	\$3,087.73	\$2,975.72	\$4,294.36	\$19,506.51	\$2,238.66	\$1,776.46	\$5,150.72	\$11,923.98	\$9,120.40	\$17,521.91	\$1,485.77	\$5,503.85
% Change from FY 2018-19	10.07%	7.01%	8.83%	3.78%	7.25%	12.78%	12.70%	26.48%	4.75%	7.04%	5.11%	5.23%	3.17%	8.98%	6.69%	10.06%
<b>FY 2020-21</b>	\$29,409.20	\$23,107.61	\$22,990.81	\$6,967.66	\$2,997.84	\$2,840.07	\$3,936.64	\$19,601.24	\$2,075.96	\$1,756.30	\$6,611.09	\$9,049.14	\$6,636.37	\$8,605.03	\$1,507.02	\$5,098.85
% Change from FY 2019-20	-2.93%	1.54%	6.14%	-13.95%	-2.91%	-4.56%	-8.33%	0.49%	-7.27%	-1.13%	28.35%	-24.11%	-27.24%	-50.89%	1.43%	-7.36%
<b>FY 2021-22 Projection</b>	\$29,532.17	\$23,407.95	\$25,618.11	\$6,339.71	\$3,203.75	\$2,875.47	\$4,019.80	\$19,618.09	\$2,263.97	\$1,839.00	\$7,171.90	\$9,051.53	\$6,696.67	\$4,135.52	\$2,882.96	\$5,199.86
% Change from FY 2020-21	0.42%	1.30%	11.43%	-9.01%	6.87%	1.25%	2.11%	0.09%	9.06%	4.71%	8.48%	0.03%	0.91%	-51.94%	91.30%	1.98%
<b>FY 2022-23 Projection</b>	\$33,038.90	\$25,543.66	\$27,050.43	\$6,625.08	\$3,354.23	\$3,012.38	\$4,197.17	\$19,549.83	\$2,530.53	\$1,931.86	\$7,321.13	\$12,229.56	\$9,593.73	\$10,470.96	\$3,114.76	\$5,837.38
% Change from FY 2021-22	11.87%	9.12%	5.59%	4.50%	4.70%	4.76%	4.41%	-0.35%	11.77%	5.05%	2.08%	35.11%	43.26%	153.20%	8.04%	12.26%
<b>FY 2023-24 Projection</b>	\$34,803.40	\$26,535.20	\$28,710.82	\$6,855.19	\$3,528.95	\$3,129.60	\$4,191.91	\$21,028.48	\$2,621.50	\$1,959.54	\$7,550.03	\$12,996.41	\$10,213.39	\$19,232.27	\$3,330.56	\$6,112.54
% Change from FY 2022-23	5.34%	3.88%	6.14%	3.47%	5.21%	3.89%	-0.13%	7.56%	3.59%	1.43%	3.13%	6.27%	6.46%	83.67%	6.93%	4.71%

Notes:

1. This exhibit does not include supplemental payments, outstationing payments, or upper payment limit financing.
2. See narrative for a description of events that alter trends.
3. The per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.

**Exhibit D - Cash Funds Report**

<b>Cash Funds Report</b>									
Cash Fund	FY 2021-22			FY 2022-23			FY 2023-24		
	Spending Authority	Request	Change	Base Spending Authority	Request	Change	Base Spending Authority	Request	Change
<i>Cash Funds</i>									
Certified Funds	\$67,330,885	\$63,539,916	(\$3,790,969)	\$67,330,885	\$64,551,989	(\$2,778,896)	\$67,330,885	\$69,833,044	\$2,502,159
Healthcare Affordability and Sustainability Fee Cash Fund	\$896,196,885	\$914,548,627	\$18,351,742	\$843,121,619	\$878,502,598	\$35,380,979	\$843,223,492	\$889,421,074	\$46,197,582
Medicaid Buy-In Fund	\$2,545,187	\$3,391,977	\$846,790	\$2,812,207	\$6,896,418	\$4,084,211	\$2,812,207	\$7,012,109	\$4,199,902
Tobacco Tax Cash Fund	\$2,027,445	\$1,996,170	(\$31,275)	\$2,027,445	\$1,924,065	(\$103,380)	\$2,027,445	\$1,902,540	(\$124,905)
Health Care Expansion Fund	\$62,174,980	\$62,393,703	\$218,723	\$62,174,980	\$59,172,210	(\$3,002,770)	\$62,174,980	\$58,512,110	(\$3,662,870)
Breast and Cervical Cancer Fund	\$1,103,297	\$774,750	(\$328,547)	\$1,103,521	\$754,248	(\$349,273)	\$1,103,521	\$805,082	(\$298,439)
Colorado Autism Treatment Fund	\$1,541,757	\$1,491,308	(\$50,449)	\$1,541,757	\$1,491,374	(\$50,383)	\$1,541,757	\$1,491,375	(\$50,382)
Nursing Facility Fund	\$58,645,826	\$56,310,423	(\$2,335,403)	\$55,009,785	\$60,582,396	\$5,572,611	\$55,009,785	\$62,139,364	\$7,129,579
Nursing Home Penalty Cash Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCPF Cash Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$857,151	\$857,151	\$0	\$857,151	\$857,151	\$0	\$857,151	\$857,151	\$0
Department Recoveries Fund	\$72,663,833	\$76,033,048	\$3,369,215	\$72,663,833	\$79,677,927	\$7,014,094	\$72,663,833	\$83,494,499	\$10,830,666
ICF-IID Provider Fee	\$200,460	\$200,460	\$0	\$200,460	\$200,460	\$0	\$200,460	\$200,460	\$0
Adult Dental Fund	\$30,758,456	\$25,539,256	(\$5,219,200)	\$31,863,042	\$25,417,502	(\$6,445,540)	\$31,863,042	\$24,873,199	(\$6,989,843)
Transfer from Denver Health	\$700,000	\$700,000	\$0	\$700,000	\$700,000	\$0	\$700,000	\$700,000	\$0
<b>Total Cash Funds</b>	<b>\$1,196,746,162</b>	<b>\$1,207,776,789</b>	<b>\$11,030,627</b>	<b>\$1,141,406,685</b>	<b>\$1,180,728,338</b>	<b>\$39,321,653</b>	<b>\$1,141,508,558</b>	<b>\$1,201,242,007</b>	<b>\$59,733,449</b>
<i>Reappropriated Funds</i>									
(6) Other Medical Services; (B) Old Age Pension State Medical Program	\$9,882,263	\$9,847,464	(\$34,799)	\$9,882,263	\$9,847,464	(\$34,799)	\$9,882,263	\$9,847,464	(\$34,799)
Public School Health Services	\$1,158,174	\$1,158,174	\$0	\$1,158,174	\$1,158,174	\$0	\$1,158,174	\$1,158,174	\$0
Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs	\$72,278,376	\$71,577,576	(\$700,800)	\$77,393,969	\$76,643,569	(\$750,400)	\$82,509,561	\$81,709,561	(\$800,000)
<b>Total Reappropriated Funds</b>	<b>\$83,318,813</b>	<b>\$82,583,214</b>	<b>(\$735,599)</b>	<b>\$88,434,406</b>	<b>\$87,649,207</b>	<b>(\$785,199)</b>	<b>\$93,549,998</b>	<b>\$92,715,199</b>	<b>(\$834,799)</b>

Note: Calculation of letternote changes for FY 2021-22 can be found on page ED-2. Request amounts shown above for FY 2021-22 and FY 2022-23 represent the total letternote amount that would appear in the Long Bill.

Exhibit D - Cash Funds Report

Cash Funds Spending Authority by Source of Authority  
FY 2021-22

Spending Authority	SB 21-205 FY 2021-22 Long Bill	HB 21-1206 Medicaid Transportation Services	HB 21-1275 Medicaid Reimbursement for Services by Pharmacist	SB 21-137 Behavioral Health Recovery Act	SB 21-211 Adult Dental Benefit	SB 21-213 Use of Increase Medicaid Match	Total
Certified Funds	\$67,330,885	\$0	\$0	\$0	\$0	\$0	\$67,330,885
Healthcare Affordability and Sustainability Fee Cash Fund	\$842,130,412	\$0	\$36,457	\$0	\$335,723	\$53,694,293	\$896,196,885
Medicaid Buy-In Fund	\$2,545,187	\$0	\$0	\$0	\$0	\$0	\$2,545,187
Tobacco Tax Cash Fund	\$2,027,445	\$0	\$0	\$0	\$0	\$0	\$2,027,445
Health Care Expansion Fund	\$62,174,980	\$0	\$0	\$0	\$0	\$0	\$62,174,980
Breast and Cervical Cancer Fund	\$1,103,297	\$0	\$0	\$0	\$0	\$0	\$1,103,297
Colorado Autism Treatment Fund	\$1,541,757	\$0	\$0	\$0	\$0	\$0	\$1,541,757
Nursing Facility Fund	\$55,009,785	\$0	\$0	\$0	\$0	\$3,636,041	\$58,645,826
Nursing Home Penalty Cash Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$857,151	\$0	\$0	\$0	\$0	\$0	\$857,151
Department Recoveries Fund	\$72,663,833	\$0	\$0	\$0	\$0	\$0	\$72,663,833
ICF-IID Provider Fee	\$200,460	\$0	\$0	\$0	\$0	\$0	\$200,460
Adult Dental Fund	\$29,571,304	\$0	\$0	\$0	\$1,187,152	\$0	\$30,758,456
Transfer from Denver Health	\$700,000	\$0	\$0	\$0	\$0	\$0	\$700,000
HCPF Cash Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Cash Funds</b>	<b>\$1,137,856,496</b>	<b>\$0</b>	<b>\$36,457</b>	<b>\$0</b>	<b>\$1,522,875</b>	<b>\$57,330,334</b>	<b>\$1,196,746,162</b>

Exhibit D - Cash Funds Report

Revised Totals for Letternotes and Appropriation Clauses  
FY 2021-22

FY 2021-22 Request	SB 21-205 FY 2021-22 Long Bill	HB 21-1206 Medicaid Transportation Services	HB 21-1275 Medicaid Reimbursement for Services by Pharmacist	SB 21-137 Behavioral Health Recovery Act	SB 21-211 Adult Dental Benefit	SB 21-213 Use of Increase Medicaid Match	Total
Certified Funds	<u>\$63,539,916</u>	\$0	\$0	\$0	\$0	\$0	\$63,539,916
Healthcare Affordability and Sustainability Fee Cash Fund	<u>\$860,482,154</u>	\$0	\$36,457	\$0	\$335,723	\$53,694,293	\$914,548,627
Medicaid Buy-In Fund	<u>\$3,391,977</u>	\$0	\$0	\$0	\$0	\$0	\$3,391,977
Tobacco Tax Cash Fund	<u>\$1,996,170</u>	\$0	\$0	\$0	\$0	\$0	\$1,996,170
Health Care Expansion Fund	<u>\$62,393,703</u>	\$0	\$0	\$0	\$0	\$0	\$62,393,703
Breast and Cervical Cancer Fund	<u>\$774,750</u>	\$0	\$0	\$0	\$0	\$0	\$774,750
Colorado Autism Treatment Fund	<u>\$1,491,308</u>	\$0	\$0	\$0	\$0	\$0	\$1,491,308
Nursing Facility Fund	<u>\$52,674,382</u>	\$0	\$0	\$0	\$0	\$3,636,041	\$56,310,423
Nursing Home Penalty Cash Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$857,151	\$0	\$0	\$0	\$0	\$0	\$857,151
Department Recoveries Fund	<u>\$76,033,048</u>	\$0	\$0	\$0	\$0	\$0	\$76,033,048
ICF-IID Provider Fee	\$200,460	\$0	\$0	\$0	\$0	\$0	\$200,460
Adult Dental Fund	<u>\$24,352,104</u>	\$0	\$0	\$0	\$1,187,152	\$0	\$25,539,256
Transfer from Denver Health	\$700,000	\$0	\$0	\$0	\$0	\$0	\$700,000
HCPF Cash Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Cash Funds</b>	<b>\$1,148,887,123</b>	<b>\$0</b>	<b>\$36,457</b>	<b>\$0</b>	<b>\$1,522,875</b>	<b>\$57,330,334</b>	<b>\$1,207,776,789</b>

Cells in **bold and underline** font indicate a requested change from the appropriation. The font in the "Total" columns is intentionally left unchanged. Please note, this table shows the total change required to the letternotes and appropriation clauses and includes the incremental amounts from prior budget requests, if applicable.



Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2021-22	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
<b>Acute Care</b>	<b>\$150,640,996</b>	<b>\$131,439,739</b>	<b>\$708,176,387</b>	<b>\$76,113,555</b>	<b>\$531,602,313</b>	<b>\$299,780,699</b>	<b>\$1,779,357,276</b>	<b>\$2,359,883</b>	<b>\$932,084,230</b>	<b>\$115,094,149</b>	<b>\$84,096,495</b>	<b>\$123,719,851</b>	<b>\$26,755,825</b>	<b>\$55,866,761</b>	<b>\$18,844,850</b>	<b>\$5,035,933,009</b>
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$350,345,391	\$69,705,816	\$383,606,867	\$4,980,215	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$808,638,289
<i>Hospice</i>	\$46,752,266	\$5,063,419	\$6,358,336	\$576,160	\$444,751	\$496,081	\$6,230,179	\$68,892	\$104,292	\$11,979	\$66,794	\$0	\$0	\$0	\$0	\$66,173,149
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$63,142,064	\$16,490,226	\$394,802,269	\$11,473,723	\$1,034,016	\$98,478	\$4,185,302	\$0	\$66,357,751	\$4,420,852	\$58,090,047	\$0	\$0	\$0	\$49,238	\$620,143,966
<b>Subtotal CBLTC</b>	<b>\$460,239,721</b>	<b>\$91,259,461</b>	<b>\$784,767,472</b>	<b>\$17,030,098</b>	<b>\$1,478,767</b>	<b>\$594,559</b>	<b>\$10,415,481</b>	<b>\$68,892</b>	<b>\$66,462,043</b>	<b>\$4,432,831</b>	<b>\$58,156,841</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$49,238</b>	<b>\$1,494,955,404</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$512,914,359	\$56,511,046	\$116,638,460	\$90,318	\$293,521	\$0	\$3,932,636	\$0	\$0	\$0	\$58,622	\$7,782	\$0	\$0	\$0	\$690,446,744
<i>Class II Nursing Facilities</i>	\$350,519	\$125,050	\$2,541,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,017,136
<i>PACE</i>	\$220,354,706	\$30,242,377	\$12,489,172	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$263,086,255
<b>Subtotal Long-Term Care</b>	<b>\$733,619,584</b>	<b>\$86,878,473</b>	<b>\$131,669,199</b>	<b>\$90,318</b>	<b>\$293,521</b>	<b>\$0</b>	<b>\$3,932,636</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$58,622</b>	<b>\$7,782</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$956,550,135</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$86,013,510	\$11,511,973	\$54,620,667	\$0	\$6,647,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,641,878	\$244,435,488
<i>Health Insurance Buy-In</i>	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$0	\$5,792	\$0	\$0	\$0	\$2,605,077
<b>Subtotal Insurance</b>	<b>\$86,021,796</b>	<b>\$11,526,319</b>	<b>\$57,023,852</b>	<b>\$0</b>	<b>\$6,657,000</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,641,878</b>	<b>\$247,040,565</b>
<b>Service Management</b>																
<i>Disease Management</i>	\$7,360	\$27,509	\$246,165	\$28,245	\$213,153	\$102,253	\$542,100	\$0	\$0	\$0	\$52,200	\$58,837	\$7,904	\$0	\$0	\$1,285,726
<i>ACC and PHIP Administration</i>	\$6,033,768	\$1,574,666	\$8,349,783	\$1,923,478	\$22,161,140	\$13,629,382	\$55,951,661	\$17,616	\$62,910,645	\$9,388,825	\$2,803,932	\$1,731,360	\$506,685	\$0	\$0	\$186,982,941
<i>ACC Incentive Payment</i>	\$1,830,494	\$534,210	\$2,842,136	\$645,330	\$7,538,715	\$4,513,615	\$18,856,204	\$5,870	\$21,090,052	\$3,131,710	\$952,228	\$573,234	\$165,850	\$0	\$0	\$62,679,648
<b>Subtotal Service Management</b>	<b>\$7,871,622</b>	<b>\$2,136,385</b>	<b>\$11,438,084</b>	<b>\$2,597,053</b>	<b>\$29,913,008</b>	<b>\$18,245,250</b>	<b>\$75,349,965</b>	<b>\$23,486</b>	<b>\$84,000,697</b>	<b>\$12,520,535</b>	<b>\$3,808,360</b>	<b>\$2,363,431</b>	<b>\$680,439</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,948,315</b>
<b>Medical Services Total</b>	<b>\$1,438,393,719</b>	<b>\$323,240,377</b>	<b>\$1,693,074,994</b>	<b>\$95,831,024</b>	<b>\$569,944,609</b>	<b>\$318,633,376</b>	<b>\$1,869,173,844</b>	<b>\$2,452,261</b>	<b>\$1,082,579,544</b>	<b>\$132,047,515</b>	<b>\$146,120,318</b>	<b>\$126,096,856</b>	<b>\$27,436,264</b>	<b>\$55,866,761</b>	<b>\$104,535,966</b>	<b>\$7,985,427,428</b>
<i>Caseload</i>	48,706	13,809	66,089	15,116	177,899	110,811	464,992	125	478,177	71,804	20,374	13,931	4,097	13,509	36,260	1,535,699
<i>Medical Services Per Capita</i>	\$29,532.17	\$23,407.95	\$25,618.11	\$6,339.71	\$3,203.75	\$2,875.47	\$4,019.80	\$19,618.09	\$2,263.97	\$1,839.00	\$7,171.90	\$9,051.53	\$6,696.67	\$4,135.52	\$2,882.96	\$5,199.86
<i>Financing</i>	\$210,028,146	\$49,822,252	\$251,284,698	\$14,623,910	\$189,635,052	\$77,671,267	\$561,904,557	\$479,163	\$278,222,918	\$23,817,992	\$19,699,658	\$85,225,516	\$9,205,845	\$35,624,117	\$0	\$1,807,245,091
<b>Grand Total Medical Services Premiums</b>	<b>\$1,648,421,865</b>	<b>\$373,062,629</b>	<b>\$1,944,359,692</b>	<b>\$110,454,934</b>	<b>\$759,579,661</b>	<b>\$396,304,643</b>	<b>\$2,431,078,401</b>	<b>\$2,931,424</b>	<b>\$1,360,802,462</b>	<b>\$155,865,507</b>	<b>\$165,819,976</b>	<b>\$211,322,372</b>	<b>\$36,642,109</b>	<b>\$91,490,878</b>	<b>\$104,535,966</b>	<b>\$9,792,672,519</b>
<i>Total Per Capita</i>	\$33,844.33	\$27,015.90	\$29,420.32	\$7,307.15	\$4,269.72	\$3,576.40	\$5,228.22	\$23,451.39	\$2,845.81	\$2,170.71	\$8,138.80	\$15,169.22	\$8,943.64	\$6,772.59	\$2,882.96	\$6,376.69

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2022-23	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
<b>Acute Care</b>	<b>\$168,919,108</b>	<b>\$140,218,840</b>	<b>\$730,663,054</b>	<b>\$70,811,236</b>	<b>\$558,111,187</b>	<b>\$245,408,916</b>	<b>\$1,693,829,912</b>	<b>\$2,154,995</b>	<b>\$934,589,592</b>	<b>\$102,680,297</b>	<b>\$83,672,989</b>	<b>\$138,450,264</b>	<b>\$27,301,128</b>	<b>\$55,359,942</b>	<b>\$22,214,682</b>	<b>\$4,974,386,142</b>
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$379,415,874	\$75,347,236	\$421,802,179	\$5,474,033	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$882,039,322
<i>Hospice</i>	\$53,638,092	\$5,652,195	\$7,220,590	\$595,206	\$502,515	\$436,644	\$6,408,606	\$71,564	\$105,183	\$11,514	\$75,170	\$0	\$0	\$0	\$0	\$74,717,279
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$67,477,778	\$17,652,882	\$420,513,282	\$12,254,787	\$1,108,932	\$105,613	\$4,488,534	\$0	\$70,985,042	\$4,727,198	\$61,057,086	\$0	\$0	\$0	\$52,805	\$660,423,939
<b>Subtotal CBLTC</b>	<b>\$500,531,744</b>	<b>\$98,652,313</b>	<b>\$849,536,051</b>	<b>\$18,324,026</b>	<b>\$1,611,447</b>	<b>\$542,257</b>	<b>\$10,897,140</b>	<b>\$71,564</b>	<b>\$71,090,225</b>	<b>\$4,738,712</b>	<b>\$61,132,256</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,805</b>	<b>\$1,617,180,540</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$568,552,016	\$62,641,002	\$129,290,651	\$100,115	\$325,361	\$0	\$4,359,223	\$0	\$0	\$0	\$64,981	\$8,626	\$0	\$0	\$0	\$765,341,975
<i>Class II Nursing Facilities</i>	\$369,342	\$131,765	\$2,678,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,179,156
<i>PACE</i>	\$239,677,673	\$32,894,339	\$13,584,352	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$286,156,364
<b>Subtotal Long-Term Care</b>	<b>\$808,599,031</b>	<b>\$95,667,106</b>	<b>\$145,553,052</b>	<b>\$100,115</b>	<b>\$325,361</b>	<b>\$0</b>	<b>\$4,359,223</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,981</b>	<b>\$8,626</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,054,677,495</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$89,022,683	\$12,065,570	\$58,349,590	\$0	\$7,066,171	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,325,615	\$252,829,629
<i>Health Insurance Buy-In</i>	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$0	\$5,792	\$0	\$0	\$0	\$2,605,077
<b>Subtotal Insurance</b>	<b>\$89,030,969</b>	<b>\$12,079,916</b>	<b>\$60,752,775</b>	<b>\$0</b>	<b>\$7,075,711</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,325,615</b>	<b>\$255,434,706</b>
<b>Service Management</b>																
<i>Disease Management</i>	\$7,360	\$27,509	\$246,165	\$28,245	\$213,153	\$102,253	\$542,100	\$0	\$0	\$0	\$52,200	\$58,837	\$7,904	\$0	\$0	\$1,285,726
<i>ACC and PHIP Administration</i>	\$5,862,275	\$1,547,778	\$8,397,848	\$1,759,861	\$22,176,056	\$10,624,603	\$50,972,644	\$16,182	\$56,192,381	\$7,992,325	\$2,794,611	\$1,427,182	\$358,133	\$0	\$0	\$170,121,879
<i>ACC Incentive Payment</i>	\$1,782,386	\$528,570	\$2,866,142	\$601,413	\$7,603,823	\$3,521,564	\$17,256,053	\$5,489	\$18,918,862	\$2,673,864	\$953,068	\$481,292	\$116,288	\$0	\$0	\$57,308,814
<b>Subtotal Service Management</b>	<b>\$7,652,021</b>	<b>\$2,103,857</b>	<b>\$11,510,155</b>	<b>\$2,389,519</b>	<b>\$29,993,032</b>	<b>\$14,248,420</b>	<b>\$68,770,797</b>	<b>\$21,671</b>	<b>\$75,111,243</b>	<b>\$10,666,189</b>	<b>\$3,799,879</b>	<b>\$1,967,311</b>	<b>\$482,325</b>	<b>\$0</b>	<b>\$0</b>	<b>\$228,716,419</b>
<b>Medical Services Total</b>	<b>\$1,574,732,873</b>	<b>\$348,722,032</b>	<b>\$1,798,015,087</b>	<b>\$91,624,896</b>	<b>\$597,116,738</b>	<b>\$260,212,461</b>	<b>\$1,777,975,558</b>	<b>\$2,248,230</b>	<b>\$1,080,823,634</b>	<b>\$118,085,198</b>	<b>\$148,670,105</b>	<b>\$140,431,993</b>	<b>\$27,783,453</b>	<b>\$55,359,942</b>	<b>\$108,593,102</b>	<b>\$8,130,395,302</b>
<i>Caseload</i>	47,663	13,652	66,469	13,830	178,019	86,381	423,613	115	427,113	61,125	20,307	11,483	2,896	5,287	34,864	1,392,817
<i>Medical Services Per Capita</i>	\$33,038.90	\$25,543.66	\$27,050.43	\$6,625.08	\$3,354.23	\$3,012.38	\$4,197.17	\$19,549.83	\$2,530.53	\$1,931.86	\$7,321.13	\$12,229.56	\$9,593.73	\$10,470.96	\$3,114.76	\$5,837.38
<i>Financing</i>	\$216,460,688	\$51,502,716	\$259,566,225	\$15,114,928	\$195,747,642	\$80,239,739	\$580,338,575	\$559,812	\$287,183,623	\$24,631,734	\$20,339,841	\$88,077,109	\$9,516,806	\$36,760,997	\$0	\$1,866,040,435
<b>Grand Total Medical Services Premiums</b>	<b>\$1,791,193,561</b>	<b>\$400,224,748</b>	<b>\$2,057,581,312</b>	<b>\$106,739,824</b>	<b>\$792,864,380</b>	<b>\$340,452,200</b>	<b>\$2,358,314,133</b>	<b>\$2,808,042</b>	<b>\$1,368,007,257</b>	<b>\$142,716,932</b>	<b>\$169,009,946</b>	<b>\$228,509,102</b>	<b>\$37,300,259</b>	<b>\$92,120,939</b>	<b>\$108,593,102</b>	<b>\$9,996,435,737</b>
Total Per Capita	\$37,580.38	\$29,316.20	\$30,955.50	\$7,717.99	\$4,453.82	\$3,941.29	\$5,567.14	\$24,417.76	\$3,202.92	\$2,334.84	\$8,322.74	\$19,899.77	\$12,879.92	\$17,424.05	\$3,114.76	\$7,177.14

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2023-24	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<b>Acute Care</b>	<b>\$184,132,496</b>	<b>\$151,005,829</b>	<b>\$801,148,459</b>	<b>\$78,368,069</b>	<b>\$619,068,118</b>	<b>\$249,428,247</b>	<b>\$1,727,472,004</b>	<b>\$2,300,234</b>	<b>\$957,863,999</b>	<b>\$101,488,483</b>	<b>\$87,652,877</b>	<b>\$152,507,270</b>	<b>\$26,361,303</b>	<b>\$53,908,041</b>	<b>\$23,000,389</b>	<b>\$5,215,705,818</b>
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$403,212,917	\$79,917,584	\$455,624,579	\$6,519,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$945,274,820
<i>Hospice</i>	\$56,477,073	\$6,221,168	\$7,821,863	\$675,659	\$561,547	\$453,434	\$6,960,964	\$75,436	\$110,692	\$11,961	\$81,180	\$0	\$0	\$0	\$0	\$79,450,977
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$71,783,450	\$18,805,672	\$446,129,593	\$13,030,846	\$1,183,095	\$112,676	\$4,788,719	\$0	\$75,576,049	\$5,031,256	\$64,064,535	\$0	\$0	\$0	\$56,337	\$700,562,228
<b>Subtotal CBLTC</b>	<b>\$531,473,440</b>	<b>\$104,944,424</b>	<b>\$909,576,035</b>	<b>\$20,226,245</b>	<b>\$1,744,642</b>	<b>\$566,110</b>	<b>\$11,749,683</b>	<b>\$75,436</b>	<b>\$75,686,741</b>	<b>\$5,043,217</b>	<b>\$64,145,715</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$56,337</b>	<b>\$1,725,288,025</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$610,009,328	\$67,208,618	\$138,718,184	\$107,415	\$349,085	\$0	\$4,677,086	\$0	\$0	\$0	\$69,719	\$9,255	\$0	\$0	\$0	\$821,148,690
<i>Class II Nursing Facilities</i>	\$389,176	\$138,841	\$2,821,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,349,877
<i>PACE</i>	\$263,410,242	\$36,151,494	\$14,929,456	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$314,491,192
<b>Subtotal Long-Term Care</b>	<b>\$873,808,746</b>	<b>\$103,498,953</b>	<b>\$156,469,500</b>	<b>\$107,415</b>	<b>\$349,085</b>	<b>\$0</b>	<b>\$4,677,086</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$69,719</b>	<b>\$9,255</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,138,989,759</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$97,276,969	\$13,350,309	\$62,859,609	\$0	\$7,899,209	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,842,463	\$275,228,559
<i>Health Insurance Buy-In</i>	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$0	\$5,792	\$0	\$0	\$0	\$2,605,077
<b>Subtotal Insurance</b>	<b>\$97,285,255</b>	<b>\$13,364,655</b>	<b>\$65,262,794</b>	<b>\$0</b>	<b>\$7,908,749</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$93,842,463</b>	<b>\$277,833,636</b>
<b>Service Management</b>																
<i>Disease Management</i>	\$7,360	\$27,509	\$246,165	\$28,245	\$213,153	\$102,253	\$542,100	\$0	\$0	\$0	\$52,200	\$58,837	\$7,904	\$0	\$0	\$1,285,726
<i>ACC and PHIP Administration</i>	\$5,948,440	\$1,598,983	\$8,555,101	\$1,878,630	\$23,304,681	\$10,375,638	\$52,067,214	\$16,088	\$55,612,399	\$7,808,179	\$2,838,280	\$1,477,828	\$324,641	\$0	\$0	\$171,806,102
<i>ACC Incentive Payment</i>	\$1,782,386	\$528,570	\$2,866,142	\$601,413	\$7,603,823	\$3,521,564	\$17,256,053	\$5,489	\$18,918,862	\$2,673,864	\$953,068	\$481,292	\$116,288	\$0	\$0	\$57,308,814
<b>Subtotal Service Management</b>	<b>\$7,738,186</b>	<b>\$2,155,062</b>	<b>\$11,667,408</b>	<b>\$2,508,288</b>	<b>\$31,121,657</b>	<b>\$13,999,455</b>	<b>\$69,865,367</b>	<b>\$21,577</b>	<b>\$74,531,261</b>	<b>\$10,482,043</b>	<b>\$3,843,548</b>	<b>\$2,017,957</b>	<b>\$448,833</b>	<b>\$0</b>	<b>\$0</b>	<b>\$230,400,642</b>
<b>Medical Services Total</b>	<b>\$1,694,438,123</b>	<b>\$374,968,923</b>	<b>\$1,944,124,196</b>	<b>\$101,210,017</b>	<b>\$660,192,251</b>	<b>\$264,006,680</b>	<b>\$1,813,882,626</b>	<b>\$2,397,247</b>	<b>\$1,108,114,575</b>	<b>\$117,013,743</b>	<b>\$155,711,859</b>	<b>\$154,540,274</b>	<b>\$26,810,136</b>	<b>\$53,908,041</b>	<b>\$116,899,189</b>	<b>\$8,588,217,880</b>
Caseload	48,686	14,131	67,714	14,764	187,079	84,358	432,710	114	422,703	59,715	20,624	11,891	2,625	2,803	35,099	1,405,016
Medical Services Per Capita	\$34,803.40	\$26,535.20	\$28,710.82	\$6,855.19	\$3,528.95	\$3,129.60	\$4,191.91	\$21,028.48	\$2,621.50	\$1,959.54	\$7,550.03	\$12,996.41	\$10,213.39	\$19,232.27	\$3,330.56	\$6,112.54
Financing	\$217,498,652	\$51,749,679	\$260,810,883	\$15,187,406	\$196,686,281	\$80,624,500	\$583,121,385	\$562,497	\$288,560,711	\$24,749,847	\$20,437,373	\$88,499,451	\$9,562,441	\$36,937,271	\$0	\$1,874,988,377
<b>Grand Total Medical Services Premiums</b>	<b>\$1,911,936,775</b>	<b>\$426,718,602</b>	<b>\$2,204,935,079</b>	<b>\$116,397,423</b>	<b>\$856,878,532</b>	<b>\$344,631,180</b>	<b>\$2,397,004,011</b>	<b>\$2,959,744</b>	<b>\$1,396,675,286</b>	<b>\$141,763,590</b>	<b>\$176,149,232</b>	<b>\$243,039,725</b>	<b>\$36,372,577</b>	<b>\$90,845,312</b>	<b>\$116,899,189</b>	<b>\$10,463,206,257</b>
Total Per Capita	\$39,270.77	\$30,197.34	\$32,562.47	\$7,883.87	\$4,580.30	\$4,085.34	\$5,539.52	\$25,962.67	\$3,304.15	\$2,374.00	\$8,540.98	\$20,438.96	\$13,856.22	\$32,410.03	\$3,330.56	\$7,447.04





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

		Out Year Projection															
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	
Percentage Selected to Modify Per Capita <sup>(1)</sup>	6.44%	4.12%	7.76%	3.79%	5.82%	4.35%	0.00%	7.96%	4.02%	1.61%	3.42%	6.65%	6.65%	1.23%	2.90%		
Estimated FY 2023-24 Base Per Capita	\$3,772.34	\$10,693.59	\$11,845.47	\$5,314.17	\$3,317.58	\$2,964.59	\$3,998.53	\$20,230.72	\$2,276.11	\$1,706.89	\$4,261.11	\$12,488.77	\$10,054.10	\$10,599.75	\$655.66	\$3,702.82	
Estimated FY 2023-24 Eligibles	48,686	14,131	67,714	14,764	187,079	84,358	432,710	114	422,703	99,713	20,624	11,891	2,625	2,803	33,091	1,405,016	
Estimated FY 2023-24 Base Expenditures	\$183,660,145	\$151,111,120	\$802,104,156	\$78,458,406	\$620,649,549	\$250,086,883	\$1,730,203,916	\$2,306,302	\$962,118,525	\$101,926,936	\$87,881,133	\$152,903,634	\$26,392,013	\$29,711,099	\$23,013,010	\$5,202,526,827	
<b>Bottom Line Impacts</b>																	
Annualization of Estimated Impact of Increasing PACE Enrollment	\$558,928	\$79,134	\$39,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$677,629	
FY 2020-21 Budget Request: R-15 Medicaid Recovery and Third Party Liability Modernization	(\$96,356)	(\$74,005)	(\$420,261)	(\$49,186)	(\$371,414)	(\$116,113)	(\$971,072)	(\$1,836)	(\$546,386)	(\$60,062)	(\$43,783)	(\$94,277)	(\$13,767)	(\$29,377)	(\$12,621)	(\$2,822,418)	
Reimbursement for Telehealth Services	(\$17,640)	(\$15,654)	(\$494,340)	(\$32,334)	(\$1,167,321)	(\$312,668)	(\$1,655,216)	(\$3,885)	(\$3,360,475)	(\$351,645)	(\$158,492)	(\$276,347)	(\$12,239)	(\$7,075)	(\$8,165,304)		
FY 2021-22 BA-15 Implement eConsult Program	(\$3,405)	(\$12,228)	(\$104,468)	(\$12,987)	(\$97,203)	(\$32,001)	(\$207,972)	(\$366)	(\$256,168)	(\$27,192)	(\$22,682)	(\$27,871)	(\$4,795)	(\$7,194)	\$0	(\$812,532)	
Estimated Increase in Respiratory Syncytial Virus	\$0	\$0	(\$25,359)	\$0	\$0	\$0	\$0	\$0	(\$101,402)	\$0	\$0	(\$4,877)	\$0	\$0	\$0	(\$131,638)	
HB 21-1085 Secure Transportation for Behavioral Health Crisis	\$30,824	\$17,462	\$59,164	\$4,170	\$12,507	\$2,146	(\$8)	\$9,005	\$446	\$1,580	\$2,131	\$91	\$0	\$0	\$0	\$192,769	
Per Capita Damper for New Enrollees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,240,486	\$0	
<b>Total Bottom Line Impacts</b>	\$473,351	(\$105,201)	(\$955,697)	(\$90,337)	(\$1,581,431)	(\$658,636)	(\$2,711,912)	(\$6,088)	(\$4,254,526)	(\$48,453)	(\$28,756)	(\$396,364)	(\$30,710)	\$24,196,912	(\$12,621)	\$13,178,991	
Estimated FY 2023-24 Expenditures	\$184,132,496	\$151,005,829	\$801,148,459	\$78,368,069	\$619,068,118	\$249,428,247	\$1,727,472,004	\$2,300,214	\$957,863,999	\$101,488,483	\$87,652,877	\$152,507,270	\$26,261,263	\$30,008,011	\$23,000,389	\$5,215,706,818	
Estimated FY 2023-24 Per Capita	\$3,782.04	\$10,686.14	\$11,831.36	\$5,308.05	\$3,309.13	\$2,956.78	\$3,992.17	\$20,177.49	\$2,266.04	\$1,699.85	\$4,259.04	\$12,455.44	\$10,042.40	\$10,605.30	\$655.30	\$3,717.20	
% Change over FY 2023-23 Per Capita	6.32%	4.04%	7.63%	3.67%	5.55%	4.07%	-0.16%	7.68%	3.56%	1.17%	3.15%	6.37%	6.53%	83.67%	2.84%	3.94%	
(1) Percentage selected to modify Per Capita amounts for Estimated FY 2021-22	OAP-A	The Department kept the trend from the February request based on the average growth rate from FY 2015-16 to FY 2018-19.						MAGI Parents/ Caretakers 69% to 133% FPL	The Department kept the trend from the February request based on the average growth rate from FY 2015-16 to FY 2018-19.				Foster Care	The Department kept the trend from the February request based on half of the average growth rate from FY 2014-15 to FY 2018-19.			
	OAP-B	The Department kept the trend from the February request based a quarter of the average growth rate from FY 2013-14 to FY 2017-18.						MAGI Adults	The Department kept the trend from the February request based on double the average growth rate from FY 2015-16 to FY 2018-19.				MAGI Pregnant Adults	The Department kept the trend from the February request based on half of the average growth rate from FY 2016-17 to FY 2018-19.			
	AND/AB	The Department kept the trend from the February request based on the average growth rate from FY 2014-15 to FY 2018-19.						BCCP	See Narrative				SB 11-250 Eligible Pregnant Adults	The Department kept the trend from the February request. The trend for this category is tied to MAGI Pregnant Adults, as the Department assumes similar utilization within these populations.			
	Disabled Buy-In	The Department kept the trend from the February request based on the average growth rate from FY 2017-18 to FY 2018-19.						Eligible Children (AFDC-C/BC)	The Department kept the trend from the February request based on a quarter of the average growth rate from FY 2016-17 to FY 2018-19.				Non-Citizens Emergency Services	The Department kept the trend from the February request based on the average growth rate from FY 2014-15 to FY 2018-19.			
	MAGI Parents/ Caretakers to 68% FPL	The Department decreased the trend from the February request based on half the average growth rate from FY 2015-16 to FY 2017-18.						SB 11-008 Eligible Children	The Department kept the trend from the February request based on the average growth rate from FY 2016-17 to FY 2018-19.				Partial Dual Eligibles	The Department kept the trend from the February request based on the average growth rate from FY 2014-15 to FY 2017-18.			
(2) Percentage selected to modify Per Capita amounts for Estimated FY 2022-23	OAP-A	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.						MAGI Parents/ Caretakers 69% to 133% FPL	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.				Foster Care	The Department decreased the trend from the February request to 0.00%.			
	OAP-B	The Department kept the trend from the February request based on the average growth rate from FY 2013-14 to FY 2018-19.						MAGI Adults	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.				MAGI Pregnant Adults	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.			
	AND/AB	The Department kept the trend from the February request based on the average growth rate from FY 2014-15 to FY 2018-19.						BCCP	See Narrative				SB 11-250 Eligible Pregnant Adults	The Department kept the trend from the February request. The trend for this category is tied to MAGI Pregnant Adults, as the Department assumes similar utilization within these populations.			
	Disabled Buy-In	The Department increased the trend from the February request based on the average growth rate from FY 2015-16 to FY 2019-20.						Eligible Children (AFDC-C/BC)	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.				Non-Citizens Emergency Services	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.			
	MAGI Parents/ Caretakers to 68% FPL	The Department kept the trend from the February request based on the average growth rate from FY 2015-16 to FY 2017-18.						SB 11-008 Eligible Children	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.				Partial Dual Eligibles	The Department increased the FY 2020-21 growth trend from the February request based on estimated decrease in per capita costs from FY 2019-20 to FY 2020-21.			
(3) Percentage selected to modify Per Capita amounts for Estimated FY 2023-24	OAP-A	The Department selected a trend based on the average growth rate from FY 2015-16 to FY 2018-19.						MAGI Parents/ Caretakers 69% to 133% FPL	The Department selected a trend based on the average growth rate from FY 2015-16 to FY 2018-19.				Foster Care	The Department selected a trend based on the average growth rate from FY 2014-15 to FY 2018-19.			
	OAP-B	The Department selected a trend based on the average growth rate from FY 2013-14 to FY 2017-18.						MAGI Adults	The Department selected a trend based on double the average growth rate from FY 2015-16 to FY 2018-19.				MAGI Pregnant Adults	The Department selected a trend based on half of the average growth rate from FY 2016-17 to FY 2018-19.			
	AND/AB	The Department selected a trend based on the average growth rate from FY 2014-15 to FY 2018-19.						BCCP	See Narrative				SB 11-250 Eligible Pregnant Adults	The trend for this category is tied to MAGI Pregnant Adults, as the Department assumes similar utilization within these populations.			
	Disabled Buy-In	The Department selected a trend based on the growth rate from FY 2017-18 to FY 2018-19.						Eligible Children (AFDC-C/BC)	The Department selected a trend based on half of the average growth rate from FY 2016-17 to FY 2018-19.				Non-Citizens Emergency Services	The Department selected a trend based on the average growth rate from FY 2014-15 to FY 2018-19.			
	MAGI Parents/ Caretakers to 68% FPL	The Department selected a trend based on the average growth rate from FY 2015-16 to FY 2017-18.						SB 11-008 Eligible Children	The Department selected a trend based on the average growth rate from FY 2016-17 to FY 2018-19.				Partial Dual Eligibles	The Department selected a trend based on the average growth rate from FY 2014-15 to FY 2017-18.			

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

**Breast and Cervical Cancer Program Costs**

<b>Fiscal Year</b>	<b>Total</b>	<b>Caseload</b>	<b>Per Capita</b>	<b>Percent Change</b>
FY 2014-15	\$5,087,139	351	\$14,493.27	
FY 2015-16	\$3,847,398	322	\$11,948.44	-17.56%
FY 2016-17	\$3,829,098	235	\$16,294.03	36.37%
FY 2017-18	\$2,946,908	155	\$19,012.31	16.68%
FY 2018-19	\$2,202,429	145	\$15,224.16	-19.92%
FY 2019-20	\$2,628,918	137	\$19,189.18	26.04%
FY 2020-21	\$2,628,819	139	\$18,912.37	-1.44%
<b>FY 2021-22 Estimate<sup>(1)</sup></b>	\$2,359,883	125	\$18,879.06	<b>-0.18%</b>
<b>FY 2022-23 Estimate<sup>(1)</sup></b>	\$2,154,995	115	\$18,739.09	<b>-0.74%</b>
<b>FY 2023-24 Estimate<sup>(1)</sup></b>	\$2,300,234	114	\$20,177.49	<b>7.68%</b>

(1) The FY 2021-22 through FY 2023-24 totals are calculated on page EF-2 and include bottom line impacts. Caseload totals are taken from Exhibit B.

<b>Fiscal Year</b>	<b>Per Capita</b>	<b>Caseload</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds<sup>(1)</sup></b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FFP</b>
FY 2021-22 Estimate	\$18,879.06	125	\$2,359,883	\$0	\$825,959	\$0	\$1,533,924	65.00%
FY 2022-23 Estimate	\$18,739.09	115	\$2,154,995	\$0	\$754,248	\$0	\$1,400,747	65.00%
FY 2023-24 Estimate	\$20,177.49	114	\$2,300,234	\$0	\$805,082	\$0	\$1,495,152	65.00%

(1) 25.5-5-308 (9) (g), C.R.S. (2014). 100% of the State share is from the Breast and Cervical Cancer Prevention and Treatment Fund, 65.00% federal financial participation beginning October 1, 2016.

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

Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2013-14	\$1,724,207	\$535,633	\$3,064,480	\$0	\$7,673,356	\$0	\$0	\$0	\$0	\$0	\$0	\$515,132	\$37,738	\$0	\$0	\$13,550,546
FY 2014-15	\$7,169,838	\$2,544,922	\$11,692,964	\$0	\$27,021,394	\$0	\$0	\$0	\$0	\$124,035	\$1,715,917	\$224,850	\$0	\$0	\$0	\$50,493,920
FY 2015-16	\$9,640,672	\$3,286,270	\$15,550,126	\$0	\$30,998,068	\$0	\$0	\$0	\$0	\$157,955	\$2,237,470	\$244,911	\$0	\$0	\$0	\$62,115,472
FY 2016-17	\$9,626,404	\$3,310,233	\$15,679,512	\$0	\$29,215,409	\$0	\$0	\$0	\$0	\$236,132	\$2,163,344	\$318,121	\$0	\$0	\$0	\$60,549,155
FY 2017-18	\$10,149,574	\$3,420,176	\$16,218,317	\$0	\$31,055,704	\$0	\$0	\$0	\$0	\$162,853	\$1,488,264	\$300,308	\$0	\$0	\$0	\$62,795,196
FY 2018-19	\$10,249,854	\$3,497,187	\$16,200,905	\$0	\$22,136,356	\$0	\$0	\$0	\$0	\$155,386	\$1,950,505	\$335,014	\$0	\$0	\$0	\$54,525,206
FY 2019-20	\$8,111,894	\$2,978,002	\$13,565,945	\$0	\$27,531,825	\$0	\$0	\$0	\$0	\$165,221	\$1,951,946	\$311,840	\$0	\$0	\$0	\$54,616,673
FY 2020-21	\$7,790,543	\$2,897,405	\$13,208,248	\$0	\$27,531,825	\$0	\$0	\$0	\$0	\$165,221	\$1,951,946	\$311,840	\$0	\$0	\$0	\$53,857,028
Estimated FY 2021-22	\$8,323,855	\$3,404,195	\$13,704,215	\$0	\$29,495,968	\$0	\$0	\$0	\$0	\$167,267	\$2,377,882	\$594,270	\$0	\$0	\$0	\$58,047,769
Estimated FY 2022-23	\$8,145,607	\$3,365,491	\$13,987,072	\$0	\$29,495,968	\$0	\$0	\$0	\$0	\$186,074	\$1,984,262	\$431,099	\$0	\$0	\$0	\$57,595,573
Estimated FY 2023-24	\$8,320,438	\$3,483,574	\$14,460,325	\$0	\$30,997,120	\$0	\$0	\$0	\$0	\$210,809	\$2,080,093	\$401,021	\$0	\$0	\$0	\$59,953,380
Percent Change in Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2014-15	315.83%	375.12%	281.56%	0.00%	252.15%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	233.10%	495.82%	0.00%	0.00%	272.63%
FY 2015-16	34.46%	29.13%	32.99%	0.00%	14.72%	0.00%	0.00%	0.00%	0.00%	0.00%	27.35%	30.40%	8.92%	0.00%	0.00%	23.02%
FY 2016-17	-0.15%	0.73%	0.83%	0.00%	-5.75%	0.00%	0.00%	0.00%	0.00%	0.00%	49.49%	-3.31%	29.89%	0.00%	0.00%	-2.52%
FY 2017-18	5.43%	3.32%	3.44%	0.00%	6.30%	0.00%	0.00%	0.00%	0.00%	0.00%	-31.03%	-31.21%	-5.60%	0.00%	0.00%	3.71%
FY 2018-19	0.99%	2.25%	-0.11%	0.00%	-28.72%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.59%	31.06%	11.56%	0.00%	0.00%	-13.17%
FY 2019-20	-20.86%	-14.85%	-16.26%	0.00%	24.37%	0.00%	0.00%	0.00%	0.00%	0.00%	6.33%	0.07%	-6.92%	0.00%	0.00%	0.17%
FY 2020-21	-3.96%	-2.71%	-2.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.39%
Estimated FY 2021-22	6.85%	17.49%	3.75%	0.00%	7.06%	0.00%	0.00%	0.00%	0.00%	0.00%	1.24%	21.82%	90.57%	0.00%	0.00%	7.78%
Estimated FY 2022-23	-2.14%	-1.14%	2.06%	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	11.24%	-16.55%	-27.46%	0.00%	0.00%	-0.78%
Estimated FY 2023-24	2.15%	3.51%	3.38%	0.00%	5.09%	0.00%	0.00%	0.00%	0.00%	0.00%	13.29%	4.83%	-6.98%	0.00%	0.00%	4.09%
Per Capita Cost for Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2013-14	\$41.21	\$54.36	\$47.57	\$0.00	\$61.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39.14	\$35.70	\$0.00	\$0.00	\$52.96
FY 2014-15	\$171.46	\$243.16	\$175.71	\$0.00	\$167.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.91	\$115.19	\$128.56	\$0.00	\$0.00	\$168.90
FY 2015-16	\$227.36	\$312.12	\$226.02	\$0.00	\$189.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$94.70	\$155.24	\$139.23	\$0.00	\$0.00	\$205.06
FY 2016-17	\$219.08	\$294.48	\$231.88	\$0.00	\$180.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$152.94	\$159.46	\$161.65	\$0.00	\$0.00	\$200.96
FY 2017-18	\$221.09	\$289.92	\$240.16	\$0.00	\$172.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$116.32	\$146.99	\$134.73	\$0.00	\$0.00	\$196.95
FY 2018-19	\$214.95	\$274.92	\$236.03	\$0.00	\$125.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.01	\$159.93	\$146.12	\$0.00	\$0.00	\$170.00
FY 2019-20	\$170.59	\$228.57	\$203.91	\$0.00	\$167.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$118.78	\$169.04	\$141.17	\$0.00	\$0.00	\$178.06
FY 2020-21	\$163.37	\$227.77	\$192.43	\$0.00	\$156.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.16	\$160.05	\$136.01	\$0.00	\$0.00	\$167.92
Estimated FY 2021-22	\$170.90	\$246.52	\$207.36	\$0.00	\$165.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122.72	\$170.69	\$145.05	\$0.00	\$0.00	\$178.12
Estimated FY 2022-23	\$170.90	\$246.52	\$210.43	\$0.00	\$165.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$136.92	\$172.80	\$148.86	\$0.00	\$0.00	\$179.12
Estimated FY 2023-24	\$170.90	\$246.52	\$213.55	\$0.00	\$165.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$152.76	\$174.93	\$152.77	\$0.00	\$0.00	\$179.77
Percent Change in Per Capita Cost for Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2014-15	316.06%	347.31%	269.37%	0.00%	171.58%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	194.30%	260.11%	0.00%	0.00%	218.92%
FY 2015-16	32.60%	28.36%	33.55%	0.00%	13.55%	0.00%	0.00%	0.00%	0.00%	0.00%	37.43%	34.77%	8.30%	0.00%	0.00%	21.41%
FY 2016-17	-3.64%	-5.65%	2.59%	0.00%	-4.63%	0.00%	0.00%	0.00%	0.00%	0.00%	61.50%	2.72%	16.10%	0.00%	0.00%	-2.00%
FY 2017-18	0.92%	-1.55%	3.57%	0.00%	-4.60%	0.00%	0.00%	0.00%	0.00%	0.00%	-23.94%	-7.82%	-16.65%	0.00%	0.00%	-2.00%
FY 2018-19	-2.78%	-5.17%	-1.72%	0.00%	-27.09%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.85%	8.80%	8.45%	0.00%	0.00%	-13.68%
FY 2019-20	-20.64%	-16.86%	-13.61%	0.00%	32.96%	0.00%	0.00%	0.00%	0.00%	0.00%	5.11%	5.70%	-3.39%	0.00%	0.00%	4.74%
FY 2020-21	-4.23%	-0.35%	-5.63%	0.00%	-6.46%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	-5.32%	-3.66%	0.00%	0.00%	-5.69%
Estimated FY 2021-22	4.61%	8.23%	7.76%	0.00%	5.82%	0.00%	0.00%	0.00%	0.00%	0.00%	2.13%	6.65%	6.65%	0.00%	0.00%	6.07%
Estimated FY 2022-23	0.00%	0.00%	1.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.57%	1.24%	2.63%	0.00%	0.00%	0.56%
Estimated FY 2023-24	0.00%	0.00%	1.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.57%	1.23%	2.63%	0.00%	0.00%	0.36%



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

Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2013-14	\$1,523,204	\$458,063	\$2,565,198	\$0	\$5,329,502	\$0	\$0	\$0	\$0	\$0	\$0	\$363,972	\$27,898	\$0	\$0	\$10,267,837
FY 2014-15	\$1,293,858	\$414,266	\$2,251,111	\$0	\$5,933,070	\$0	\$0	\$0	\$0	\$0	\$40,559	\$350,446	\$39,318	\$0	\$0	\$10,322,628
FY 2015-16	\$918,640	\$291,759	\$1,629,371	\$0	\$4,196,565	\$0	\$0	\$0	\$0	\$0	\$26,261	\$237,239	\$27,681	\$0	\$0	\$7,327,516
FY 2016-17	\$902,830	\$295,832	\$1,522,771	\$0	\$3,898,656	\$0	\$0	\$0	\$0	\$0	\$24,636	\$209,906	\$29,324	\$0	\$0	\$6,883,956
FY 2017-18	\$932,793	\$306,643	\$1,500,822	\$0	\$4,347,059	\$0	\$0	\$0	\$0	\$0	\$20,708	\$156,727	\$32,995	\$0	\$0	\$7,297,747
FY 2018-19	\$961,345	\$328,195	\$1,515,555	\$0	\$4,205,776	\$0	\$0	\$0	\$0	\$0	\$20,112	\$186,839	\$33,566	\$0	\$0	\$7,251,387
FY 2019-20	\$949,118	\$333,026	\$1,455,673	\$0	\$3,894,579	\$0	\$0	\$0	\$0	\$0	\$20,011	\$175,054	\$31,985	\$0	\$0	\$6,859,445
FY 2020-21	\$951,002	\$350,996	\$1,389,213	\$0	\$3,799,065	\$0	\$0	\$0	\$0	\$0	\$19,994	\$194,093	\$49,839	\$0	\$0	\$6,754,201
Estimated FY 2021-22	\$961,456	\$377,124	\$1,324,424	\$0	\$3,805,260	\$0	\$0	\$0	\$0	\$0	\$19,614	\$219,413	\$88,167	\$0	\$0	\$6,795,458
Estimated FY 2022-23	\$931,335	\$369,150	\$1,318,745	\$0	\$3,770,442	\$0	\$0	\$0	\$0	\$0	\$19,366	\$179,020	\$61,685	\$0	\$0	\$6,649,743
Estimated FY 2023-24	\$941,587	\$378,287	\$1,329,903	\$0	\$3,923,047	\$0	\$0	\$0	\$0	\$0	\$19,472	\$183,478	\$55,361	\$0	\$0	\$6,831,135
Percent Change in Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2014-15	-15.06%	-9.56%	-12.24%	0.00%	11.33%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-3.72%	40.93%	0.00%	0.00%	0.53%
FY 2015-16	-29.00%	-29.57%	-27.62%	0.00%	-29.27%	0.00%	0.00%	0.00%	0.00%	0.00%	-35.25%	-32.30%	-29.60%	0.00%	0.00%	-29.02%
FY 2016-17	-1.72%	1.40%	-6.54%	0.00%	-7.10%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.19%	-11.52%	5.93%	0.00%	0.00%	-6.05%
FY 2017-18	3.32%	3.65%	-1.44%	0.00%	11.50%	0.00%	0.00%	0.00%	0.00%	0.00%	-15.95%	-25.33%	12.52%	0.00%	0.00%	6.01%
FY 2018-19	3.06%	7.03%	0.98%	0.00%	-3.25%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.88%	19.21%	1.73%	0.00%	0.00%	-0.64%
FY 2019-20	-1.27%	1.47%	-3.95%	0.00%	-7.40%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.50%	-6.31%	-4.71%	0.00%	0.00%	-5.41%
FY 2020-21	0.20%	5.40%	-4.57%	0.00%	-2.45%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.09%	10.88%	55.82%	0.00%	0.00%	-1.53%
Estimated FY 2021-22	1.10%	7.44%	-4.66%	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.90%	13.05%	76.90%	0.00%	0.00%	0.61%
Estimated FY 2022-23	-3.13%	-2.11%	-0.43%	0.00%	-0.91%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.26%	-18.41%	-30.04%	0.00%	0.00%	-2.14%
Estimated FY 2023-24	1.10%	2.48%	0.85%	0.00%	4.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.55%	2.49%	-10.25%	0.00%	0.00%	2.73%
Per Capita Cost for Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2013-14	\$36.41	\$46.49	\$39.82	\$0.00	\$42.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.66	\$26.39	\$0.00	\$0.00	\$40.13
FY 2014-15	\$30.94	\$39.58	\$33.83	\$0.00	\$36.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.53	\$23.52	\$22.48	\$0.00	\$0.00	\$34.53
FY 2015-16	\$21.66	\$27.71	\$23.68	\$0.00	\$25.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.74	\$16.46	\$15.74	\$0.00	\$0.00	\$24.19
FY 2016-17	\$20.55	\$26.32	\$22.52	\$0.00	\$24.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.96	\$15.47	\$14.90	\$0.00	\$0.00	\$22.85
FY 2017-18	\$20.32	\$25.99	\$22.22	\$0.00	\$24.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.79	\$15.48	\$14.80	\$0.00	\$0.00	\$22.89
FY 2018-19	\$20.16	\$25.80	\$22.08	\$0.00	\$23.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.63	\$15.32	\$14.64	\$0.00	\$0.00	\$22.61
FY 2019-20	\$19.96	\$25.56	\$21.88	\$0.00	\$23.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.39	\$15.16	\$14.48	\$0.00	\$0.00	\$22.36
FY 2020-21	\$19.94	\$27.59	\$20.24	\$0.00	\$21.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.54	\$15.91	\$21.74	\$0.00	\$0.00	\$21.06
Estimated FY 2021-22	\$19.74	\$27.31	\$20.04	\$0.00	\$21.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.39	\$15.75	\$21.52	\$0.00	\$0.00	\$20.85
Estimated FY 2022-23	\$19.54	\$27.04	\$19.84	\$0.00	\$21.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.25	\$15.59	\$21.30	\$0.00	\$0.00	\$20.68
Estimated FY 2023-24	\$19.34	\$26.77	\$19.64	\$0.00	\$20.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.11	\$15.43	\$21.09	\$0.00	\$0.00	\$20.48
Percent Change in Per Capita Cost for Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2014-15	-15.02%	-14.86%	-15.04%	0.00%	-14.15%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-14.97%	-14.82%	0.00%	0.00%	-13.95%
FY 2015-16	-29.99%	-29.99%	-30.00%	0.00%	-30.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-30.14%	-30.02%	-29.98%	0.00%	0.00%	-29.94%
FY 2016-17	-5.12%	-5.02%	-4.90%	0.00%	-5.99%	0.00%	0.00%	0.00%	0.00%	0.00%	1.40%	-6.01%	-5.34%	0.00%	0.00%	-5.54%
FY 2017-18	-1.12%	-1.25%	-1.33%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	-7.33%	0.06%	-0.67%	0.00%	0.00%	0.18%
FY 2018-19	-0.79%	-0.73%	-0.63%	0.00%	-1.03%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.08%	-1.03%	-1.08%	0.00%	0.00%	-1.22%
FY 2019-20	-0.99%	-0.93%	-0.91%	0.00%	-1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.64%	-1.04%	-1.09%	0.00%	0.00%	-1.11%
FY 2020-21	-0.10%	7.94%	-7.50%	0.00%	-8.74%	0.00%	0.00%	0.00%	0.00%	0.00%	1.04%	4.95%	50.14%	0.00%	0.00%	-5.81%
Estimated FY 2021-22	-1.00%	-0.99%	-1.02%	0.00%	-1.02%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.03%	-1.01%	-1.01%	0.00%	0.00%	-1.00%
Estimated FY 2022-23	-1.01%	-0.99%	-1.00%	0.00%	-0.98%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.97%	-1.02%	-1.02%	0.00%	0.00%	-0.82%
Estimated FY 2023-24	-1.02%	-1.00%	-1.01%	0.00%	-0.99%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.98%	-1.03%	-0.99%	0.00%	0.00%	-0.97%

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

Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2013-14	\$201,003	\$77,570	\$499,282	\$0	\$2,343,854	\$0	\$0	\$0	\$0	\$0	\$0	\$151,160	\$9,840	\$0	\$0	\$3,282,709
FY 2014-15	\$5,875,980	\$2,130,656	\$9,441,853	\$0	\$21,088,324	\$0	\$0	\$0	\$0	\$83,476	\$1,365,471	\$185,532	\$0	\$0	\$0	\$40,171,292
FY 2015-16	\$8,722,032	\$2,994,511	\$13,920,755	\$0	\$26,801,503	\$0	\$0	\$0	\$0	\$131,694	\$2,000,231	\$217,230	\$0	\$0	\$0	\$54,787,956
FY 2016-17	\$8,723,574	\$3,014,401	\$14,156,741	\$0	\$25,316,753	\$0	\$0	\$0	\$0	\$211,496	\$1,953,438	\$288,797	\$0	\$0	\$0	\$53,665,199
FY 2017-18	\$9,216,781	\$3,113,533	\$14,717,495	\$0	\$26,708,645	\$0	\$0	\$0	\$0	\$142,145	\$1,331,537	\$267,313	\$0	\$0	\$0	\$55,497,449
FY 2018-19	\$9,288,509	\$3,168,991	\$14,685,350	\$0	\$17,930,580	\$0	\$0	\$0	\$0	\$135,274	\$1,763,666	\$301,448	\$0	\$0	\$0	\$47,273,819
FY 2019-20	\$7,162,776	\$2,644,976	\$12,110,272	\$0	\$23,637,247	\$0	\$0	\$0	\$0	\$145,210	\$1,776,892	\$279,855	\$0	\$0	\$0	\$47,757,228
FY 2020-21	\$6,839,541	\$2,546,409	\$11,819,035	\$0	\$23,732,761	\$0	\$0	\$0	\$0	\$145,227	\$1,757,853	\$262,002	\$0	\$0	\$0	\$47,102,827
Estimated FY 2021-22	\$7,362,399	\$3,027,071	\$12,379,791	\$0	\$25,670,826	\$0	\$0	\$0	\$0	\$147,654	\$2,158,469	\$506,102	\$0	\$0	\$0	\$51,252,312
Estimated FY 2022-23	\$7,214,272	\$2,996,341	\$12,668,327	\$0	\$25,725,526	\$0	\$0	\$0	\$0	\$166,709	\$1,805,242	\$369,414	\$0	\$0	\$0	\$50,945,831
Estimated FY 2023-24	\$7,378,850	\$3,105,287	\$13,130,422	\$0	\$27,074,073	\$0	\$0	\$0	\$0	\$191,337	\$1,896,615	\$345,660	\$0	\$0	\$0	\$53,122,244
Percent Change in Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2014-15	2823.33%	2646.75%	1791.09%	0.00%	799.73%	0.00%	0.00%	0.00%	0.00%	100.00%	803.33%	1785.49%	0.00%	0.00%	0.00%	1123.72%
FY 2015-16	48.44%	40.54%	47.44%	0.00%	27.09%	0.00%	0.00%	0.00%	0.00%	57.76%	46.49%	17.08%	0.00%	0.00%	0.00%	36.39%
FY 2016-17	0.02%	0.66%	1.70%	0.00%	-5.54%	0.00%	0.00%	0.00%	0.00%	60.60%	-2.34%	32.95%	0.00%	0.00%	0.00%	-2.05%
FY 2017-18	5.65%	3.29%	3.96%	0.00%	5.50%	0.00%	0.00%	0.00%	0.00%	-32.79%	-31.84%	-7.44%	0.00%	0.00%	0.00%	3.41%
FY 2018-19	0.78%	1.78%	-0.22%	0.00%	-32.87%	0.00%	0.00%	0.00%	0.00%	-4.83%	32.45%	12.77%	0.00%	0.00%	0.00%	-14.82%
FY 2019-20	-22.89%	-16.54%	-17.54%	0.00%	31.83%	0.00%	0.00%	0.00%	0.00%	7.34%	0.75%	-7.16%	0.00%	0.00%	0.00%	1.02%
FY 2020-21	-4.51%	-3.73%	-2.40%	0.00%	0.40%	0.00%	0.00%	0.00%	0.00%	0.01%	-1.07%	-6.38%	0.00%	0.00%	0.00%	-1.37%
Estimated FY 2021-22	7.64%	18.88%	4.74%	0.00%	8.17%	0.00%	0.00%	0.00%	0.00%	1.67%	22.79%	93.17%	0.00%	0.00%	0.00%	8.81%
Estimated FY 2022-23	-2.01%	-1.02%	2.33%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	12.91%	-16.36%	-27.01%	0.00%	0.00%	0.00%	-0.60%
Estimated FY 2023-24	2.28%	3.64%	0.00%	0.00%	5.24%	0.00%	0.00%	0.00%	0.00%	14.77%	5.06%	-6.43%	0.00%	0.00%	0.00%	4.27%
Per Capita Cost for Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2013-14	\$4.80	\$7.87	\$7.75	\$0.00	\$18.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46.38	\$91.66	\$9.31	\$0.00	\$0.00	\$12.83
FY 2014-15	\$140.52	\$203.58	\$141.88	\$0.00	\$130.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.38	\$91.66	\$106.08	\$0.00	\$0.00	\$134.37
FY 2015-16	\$205.69	\$284.41	\$202.34	\$0.00	\$164.08	\$0.00	\$0.00	\$0.00	\$0.00	\$78.95	\$138.78	\$123.50	\$0.00	\$0.00	\$0.00	\$180.87
FY 2016-17	\$198.53	\$268.16	\$209.36	\$0.00	\$156.84	\$0.00	\$0.00	\$0.00	\$0.00	\$136.98	\$143.98	\$146.75	\$0.00	\$0.00	\$0.00	\$178.11
FY 2017-18	\$200.77	\$263.93	\$217.94	\$0.00	\$148.50	\$0.00	\$0.00	\$0.00	\$0.00	\$101.53	\$131.51	\$119.92	\$0.00	\$0.00	\$0.00	\$174.06
FY 2018-19	\$194.79	\$249.12	\$213.95	\$0.00	\$101.98	\$0.00	\$0.00	\$0.00	\$0.00	\$98.38	\$144.61	\$131.48	\$0.00	\$0.00	\$0.00	\$147.39
FY 2019-20	\$150.63	\$203.01	\$182.03	\$0.00	\$143.72	\$0.00	\$0.00	\$0.00	\$0.00	\$104.39	\$153.88	\$126.69	\$0.00	\$0.00	\$0.00	\$155.70
FY 2020-21	\$143.43	\$200.17	\$172.19	\$0.00	\$134.98	\$0.00	\$0.00	\$0.00	\$0.00	\$105.62	\$144.14	\$114.27	\$0.00	\$0.00	\$0.00	\$146.86
Estimated FY 2021-22	\$151.16	\$219.21	\$187.32	\$0.00	\$144.30	\$0.00	\$0.00	\$0.00	\$0.00	\$108.33	\$154.94	\$123.53	\$0.00	\$0.00	\$0.00	\$157.27
Estimated FY 2022-23	\$151.36	\$219.48	\$190.59	\$0.00	\$144.51	\$0.00	\$0.00	\$0.00	\$0.00	\$122.67	\$157.21	\$127.56	\$0.00	\$0.00	\$0.00	\$158.44
Estimated FY 2023-24	\$151.56	\$219.75	\$193.91	\$0.00	\$144.72	\$0.00	\$0.00	\$0.00	\$0.00	\$138.65	\$159.50	\$131.68	\$0.00	\$0.00	\$0.00	\$159.28
Percent Change in Per Capita Cost for Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2014-15	2827.50%	2486.79%	1730.71%	0.00%	593.78%	0.00%	0.00%	0.00%	0.00%	100.00%	697.74%	1059.42%	0.00%	0.00%	0.00%	947.31%
FY 2015-16	46.38%	39.70%	42.61%	0.00%	25.80%	0.00%	0.00%	0.00%	0.00%	70.22%	51.41%	16.42%	0.00%	0.00%	0.00%	34.61%
FY 2016-17	-3.48%	-5.71%	3.47%	0.00%	-4.41%	0.00%	0.00%	0.00%	0.00%	73.50%	3.75%	18.83%	0.00%	0.00%	0.00%	-1.53%
FY 2017-18	1.13%	-1.58%	4.10%	0.00%	-5.32%	0.00%	0.00%	0.00%	0.00%	-25.88%	-8.66%	-18.28%	0.00%	0.00%	0.00%	-2.27%
FY 2018-19	-2.98%	-5.61%	-1.83%	0.00%	-31.33%	0.00%	0.00%	0.00%	0.00%	-3.10%	9.96%	9.64%	0.00%	0.00%	0.00%	-15.32%
FY 2019-20	-22.67%	-18.51%	-14.92%	0.00%	-40.93%	0.00%	0.00%	0.00%	0.00%	6.11%	6.41%	-3.64%	0.00%	0.00%	0.00%	5.64%
FY 2020-21	-4.78%	-1.40%	-5.41%	0.00%	-6.08%	0.00%	0.00%	0.00%	0.00%	1.18%	-6.33%	-9.80%	0.00%	0.00%	0.00%	-5.68%
Estimated FY 2021-22	5.39%	6.90%	8.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.57%	7.49%	8.10%	0.00%	0.00%	0.00%	7.09%
Estimated FY 2022-23	0.13%	0.12%	1.75%	0.00%	0.15%	0.00%	0.00%	0.00%	0.00%	13.24%	1.47%	3.26%	0.00%	0.00%	0.00%	0.74%
Estimated FY 2023-24	0.13%	0.12%	1.74%	0.00%	0.15%	0.00%	0.00%	0.00%	0.00%	13.03%	1.46%	3.23%	0.00%	0.00%	0.00%	0.53%

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

Current Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
<i>Total Dental</i>																	
Total Dental Per Capita Trend Factor	4.61%	8.23%	7.76%	0.00%	5.82%	0.00%	0.00%	0.00%	0.00%	0.00%	2.13%	6.65%	6.65%	0.00%	0.00%		
Estimated FY 2020-21 Total Dental Per Capita	\$170.90	\$246.52	\$207.36	\$0.00	\$165.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122.72	\$170.69	\$145.05	\$0.00	\$0.00	\$178.12	
Estimated FY 2020-21 Eligible Caseload	48,706	13,809	66,089	-	177,899	-	-	-	-	-	1,363	13,931	4,097	-	-	325,894	
<b>Estimated FY 2020-21 Total Dental Expenditure</b>	<b>\$8,323,855</b>	<b>\$3,404,195</b>	<b>\$13,704,215</b>	<b>\$0</b>	<b>\$29,476,085</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$167,267</b>	<b>\$2,377,882</b>	<b>\$594,270</b>	<b>\$0</b>	<b>\$0</b>	<b>\$58,047,769</b>	
<i>Emergency and Co-Occurring Dental</i>																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	-1.00%	-1.00%	-1.00%	0.00%	-1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.00%	-1.00%	-1.00%	0.00%	0.00%		
Estimated FY 2020-21 Emergency and Co-Occurring Dental Per Capita	\$19.74	\$27.31	\$20.04	\$0.00	\$21.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.39	\$15.75	\$21.52	\$0.00	\$0.00	\$20.85	
Estimated FY 2020-21 Eligible Caseload	48,706	13,809	66,089	-	177,899	-	-	-	-	-	1,363	13,931	4,097	-	-	325,894	
<b>Estimated FY 2020-21 Emergency and Co-Occurring Dental Expenditure</b>	<b>\$961,456</b>	<b>\$377,124</b>	<b>\$1,324,424</b>	<b>\$0</b>	<b>\$3,805,260</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,614</b>	<b>\$219,413</b>	<b>\$88,167</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,795,458</b>	
<i>Bottom Line Impacts</i>																	
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<i>Adult Dental Benefit</i>																	
Estimated FY 2020-21 Adult Dental Benefit Per Capita	\$151.16	\$219.21	\$187.32	\$0.00	\$144.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108.33	\$154.94	\$123.53	\$0.00	\$0.00	\$157.27	
Estimated FY 2020-21 Eligible Caseload	48,706	13,809	66,089	-	177,899	-	-	-	-	-	1,363	13,931	4,097	-	-	325,894	
<b>Estimated FY 2020-21 Adult Dental Benefit Expenditure</b>	<b>\$7,362,399</b>	<b>\$3,027,071</b>	<b>\$12,379,791</b>	<b>\$0</b>	<b>\$25,670,826</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$147,654</b>	<b>\$2,158,469</b>	<b>\$506,102</b>	<b>\$0</b>	<b>\$0</b>	<b>\$51,252,312</b>	
Request Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
<i>Total Dental</i>																	
Total Dental Per Capita Trend Factor	0.00%	0.00%	1.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.57%	1.23%	2.63%	0.00%	0.00%		
Estimated FY 2021-22 Total Dental Per Capita	\$170.90	\$246.52	\$210.43	\$0.00	\$165.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$136.92	\$172.80	\$148.86	\$0.00	\$0.00	\$179.12	
Estimated FY 2021-22 Eligible Caseload	47,663	13,652	66,469	-	178,019	-	-	-	-	-	1,359	11,483	2,896	-	-	321,541	
<b>Estimated FY 2021-22 Total Dental Expenditure</b>	<b>\$8,145,607</b>	<b>\$3,365,491</b>	<b>\$13,987,072</b>	<b>\$0</b>	<b>\$29,495,968</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$186,074</b>	<b>\$1,984,262</b>	<b>\$431,099</b>	<b>\$0</b>	<b>\$0</b>	<b>\$57,595,573</b>	
<i>Emergency and Co-Occurring Dental</i>																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	-1.00%	-1.00%	-1.00%	0.00%	-1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.00%	-1.00%	-1.00%	0.00%	0.00%		
Estimated FY 2021-22 Emergency and Co-Occurring Dental Per Capita	\$19.54	\$27.04	\$19.84	\$0.00	\$21.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.25	\$15.59	\$21.30	\$0.00	\$0.00	\$20.68	
Estimated FY 2021-22 Eligible Caseload	47,663	13,652	66,469	-	178,019	-	-	-	-	-	1,359	11,483	2,896	-	-	321,541	
<b>Estimated FY 2021-22 Emergency and Co-Occurring Dental Expenditure</b>	<b>\$931,335</b>	<b>\$369,150</b>	<b>\$1,318,745</b>	<b>\$0</b>	<b>\$3,770,442</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,366</b>	<b>\$179,020</b>	<b>\$61,685</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,649,743</b>	
<i>Bottom Line Impacts</i>																	
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<i>Adult Dental Benefit</i>																	
Estimated FY 2021-22 Adult Dental Benefit Per Capita	\$151.36	\$219.48	\$190.59	\$0.00	\$144.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122.67	\$157.21	\$127.56	\$0.00	\$0.00	\$158.44	
Estimated FY 2021-22 Eligible Caseload	47,663	13,652	66,469	-	178,019	-	-	-	-	-	1,359	11,483	2,896	-	-	321,541	
<b>Estimated FY 2021-22 Adult Dental Benefit Expenditure</b>	<b>\$7,214,272</b>	<b>\$2,996,341</b>	<b>\$12,668,327</b>	<b>\$0</b>	<b>\$25,725,526</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$166,709</b>	<b>\$1,805,242</b>	<b>\$369,414</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,945,831</b>	
Out Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
<i>Total Dental</i>																	
Total Dental Per Capita Trend Factor	0.00%	0.00%	1.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.57%	1.23%	2.63%	0.00%	0.00%		
Estimated FY 2022-23 Total Dental Per Capita	\$170.90	\$246.52	\$213.55	\$0.00	\$165.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$152.76	\$174.93	\$152.77	\$0.00	\$0.00	\$179.77	
Estimated FY 2022-23 Eligible Caseload	48,686	14,131	67,714	-	187,079	-	-	-	-	-	1,380	11,891	2,625	-	-	333,506	
<b>Estimated FY 2022-23 Total Dental Expenditure</b>	<b>\$8,320,438</b>	<b>\$3,483,574</b>	<b>\$14,460,325</b>	<b>\$0</b>	<b>\$30,997,120</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$210,809</b>	<b>\$2,080,093</b>	<b>\$401,021</b>	<b>\$0</b>	<b>\$0</b>	<b>\$59,953,380</b>	
<i>Emergency and Co-Occurring Dental</i>																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	-1.00%	-1.00%	-1.00%	0.00%	-1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.00%	-1.00%	-1.00%	0.00%	0.00%		
Estimated FY 2022-23 Emergency and Co-Occurring Dental Per Capita	\$19.34	\$26.77	\$19.64	\$0.00	\$20.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.11	\$15.43	\$21.09	\$0.00	\$0.00	\$20.48	
Estimated FY 2022-23 Eligible Caseload	48,686	14,131	67,714	-	187,079	-	-	-	-	-	1,380	11,891	2,625	-	-	333,506	
<b>Estimated FY 2022-23 Emergency and Co-Occurring Dental Expenditure</b>	<b>\$941,587</b>	<b>\$378,287</b>	<b>\$1,329,903</b>	<b>\$0</b>	<b>\$3,923,047</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,472</b>	<b>\$183,478</b>	<b>\$55,361</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,831,135</b>	
<i>Bottom Line Impacts</i>																	
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<i>Adult Dental Benefit</i>																	
Estimated FY 2022-23 Adult Dental Benefit Per Capita	\$151.56	\$219.75	\$193.91	\$0.00	\$144.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$138.65	\$159.50	\$131.68	\$0.00	\$0.00	\$159.28	
Estimated FY 2022-23 Eligible Caseload	48,686	14,131	67,714	-	187,079	-	-	-	-	-	1,380	11,891	2,625	-	-	333,506	
<b>Estimated FY 2022-23 Adult Dental Benefit Expenditure</b>	<b>\$7,378,850</b>	<b>\$3,105,287</b>	<b>\$13,130,422</b>	<b>\$0</b>	<b>\$27,074,073</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$191,337</b>	<b>\$1,896,615</b>	<b>\$345,660</b>	<b>\$0</b>	<b>\$0</b>	<b>\$53,122,244</b>	

Adult Dental Cash Fund - Fund Splits							
FY 2021-22							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds <sup>(1)</sup>	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	48,706	\$151.16	50.00%	\$7,362,399	\$0	\$3,681,199	\$3,681,200
Disabled Adults 60 to 64 (OAP-B)	13,809	\$219.21	50.00%	\$3,027,071	\$0	\$1,513,535	\$1,513,536
Disabled Individuals to 59 (AND/AB)	66,089	\$187.32	50.00%	\$12,379,791	\$0	\$6,189,895	\$6,189,896
MAGI Parents/Caretakers to 68% FPL	177,899	\$144.30	50.00%	\$25,670,826	\$0	\$12,835,413	\$12,835,413
Foster Care	1,363	\$108.33	50.00%	\$147,654	\$0	\$73,827	\$73,827
MAGI Pregnant Adults	13,931	\$154.94	50.00%	\$2,158,469	\$0	\$1,079,234	\$1,079,235
SB 11-250 Eligible Pregnant Adults	4,097	\$123.53	67.17%	\$506,102	\$0	\$166,153	\$339,949
<b>Total</b>	<b>325,894</b>	<b>\$157.27</b>		<b>\$51,252,312</b>	<b>\$0</b>	<b>\$25,539,256</b>	<b>\$25,713,056</b>
FY 2022-23							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds <sup>(1)</sup>	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	47,663	\$151.36	50.00%	\$7,214,272	\$0	\$3,607,136	\$3,607,136
Disabled Adults 60 to 64 (OAP-B)	13,652	\$219.48	50.00%	\$2,996,341	\$0	\$1,498,170	\$1,498,171
Disabled Individuals to 59 (AND/AB)	66,469	\$190.59	50.00%	\$12,668,327	\$0	\$6,334,163	\$6,334,164
MAGI Parents/Caretakers to 68% FPL	178,019	\$144.51	50.00%	\$25,725,526	\$0	\$12,862,763	\$12,862,763
Foster Care	1,359	\$122.67	50.00%	\$166,709	\$0	\$83,354	\$83,355
MAGI Pregnant Adults	11,483	\$157.21	50.00%	\$1,805,242	\$0	\$902,621	\$902,621
SB 11-250 Eligible Pregnant Adults	2,896	\$127.56	65.00%	\$369,414	\$0	\$129,295	\$240,119
<b>Total</b>	<b>321,541</b>	<b>\$158.44</b>		<b>\$50,945,831</b>	<b>\$0</b>	<b>\$25,417,502</b>	<b>\$25,528,329</b>
FY 2023-24							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds <sup>(1)</sup>	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	48,686	\$151.56	53.10%	\$7,378,850	\$0	\$3,460,681	\$3,918,169
Disabled Adults 60 to 64 (OAP-B)	14,131	\$219.75	53.10%	\$3,105,287	\$0	\$1,456,380	\$1,648,907
Disabled Individuals to 59 (AND/AB)	67,714	\$193.91	53.10%	\$13,130,422	\$0	\$6,158,168	\$6,972,254
MAGI Parents/Caretakers to 68% FPL	187,079	\$144.72	53.10%	\$27,074,073	\$0	\$12,697,740	\$14,376,333
Foster Care	1,380	\$138.65	53.10%	\$191,337	\$0	\$89,737	\$101,600
MAGI Pregnant Adults	11,891	\$159.50	53.10%	\$1,896,615	\$0	\$889,512	\$1,007,103
SB 11-250 Eligible Pregnant Adults	2,625	\$131.68	65.00%	\$345,660	\$0	\$120,981	\$224,679
<b>Total</b>	<b>333,506</b>	<b>\$159.28</b>		<b>\$53,122,244</b>	<b>\$0</b>	<b>\$24,873,199</b>	<b>\$28,249,045</b>

(1) Figures may not sum due to rounding.

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

<b>Cash Based Actuals</b>																
<b>ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/B/C)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens- Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
FY 2012-13	\$227,134	\$1,750,998	\$19,898,570	\$84,657	\$3,831,667	\$1,085,249	\$1,625,465	\$45,947	\$3,866,964	\$0	\$5,970,754	\$34,100	\$0	\$0	\$0	\$38,421,504
FY 2013-14	\$282,005	\$1,757,115	\$20,280,399	\$245,383	\$5,504,911	\$1,214,763	\$6,440,111	\$27,008	\$5,079,647	\$0	\$5,561,277	\$127,504	\$0	\$0	\$0	\$46,520,123
FY 2014-15	\$354,548	\$1,913,420	\$23,170,439	\$350,257	\$7,994,048	\$2,036,423	\$18,380,238	\$8,559	\$5,759,480	\$1,439,830	\$5,512,907	\$246,279	\$14,280	\$0	\$0	\$67,180,708
FY 2015-16	\$254,768	\$2,138,042	\$26,384,820	\$512,151	\$8,948,318	\$1,193,397	\$25,881,859	\$1,859	\$6,520,516	\$1,328,294	\$5,079,981	\$234,283	\$12,260	\$0	\$0	\$78,490,548
FY 2016-17	\$259,232	\$2,010,465	\$23,818,224	\$503,378	\$7,886,521	\$2,413,652	\$25,638,231	\$399	\$5,604,379	\$1,062,480	\$3,824,278	\$241,380	\$19,282	\$0	\$0	\$73,281,900
FY 2017-18	\$201,496	\$1,323,004	\$16,755,858	\$506,658	\$4,990,697	\$1,434,034	\$15,046,293	\$269	\$1,432,537	\$292,790	\$1,104,068	\$102,622	\$13,953	\$0	\$0	\$43,204,278
FY 2018-19	\$179,281	\$1,204,921	\$16,828,944	\$499,396	\$4,160,594	\$1,074,259	\$14,588,981	\$8,509	\$1,203,837	\$227,192	\$886,389	\$125,888	\$546	\$0	\$0	\$40,988,737
FY 2019-20	\$95,420	\$1,581,346	\$18,115,296	\$655,328	\$4,485,683	\$1,156,944	\$15,597,667	\$13,430	\$1,306,954	\$239,288	\$967,758	\$131,379	\$2,338	\$0	\$28	\$44,348,860
FY 2020-21	\$243,870	\$1,917,757	\$18,029,960	\$1,146,923	\$4,628,990	\$2,130,006	\$18,242,402	\$14,081	\$1,182,675	\$324,606	\$904,496	\$106,952	\$30,872	\$1,866	\$19,874	\$48,925,328
<b>Percent Change in Cash Based Actuals</b>																
<b>ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/B/C)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens- Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
FY 2013-14	24.16%	0.35%	1.92%	189.86%	43.67%	11.93%	296.20%	-41.22%	31.36%	0.00%	-6.86%	273.92%	0.00%	0.00%	0.00%	21.08%
FY 2014-15	25.72%	8.90%	14.25%	42.74%	45.22%	67.64%	185.40%	-68.31%	13.38%	100.00%	-0.87%	93.15%	100.00%	0.00%	0.00%	44.41%
FY 2015-16	-28.14%	11.74%	13.87%	46.22%	11.94%	-41.40%	40.81%	-78.28%	13.21%	-7.75%	-7.85%	-4.87%	-14.15%	0.00%	0.00%	16.83%
FY 2016-17	1.75%	-5.97%	-9.73%	-1.71%	-11.87%	102.25%	-0.94%	-78.53%	-14.05%	-20.01%	-24.72%	3.03%	57.28%	0.00%	0.00%	-6.64%
FY 2017-18	-22.27%	-34.19%	-29.65%	0.65%	-36.72%	-40.59%	-41.31%	-32.54%	-74.44%	-72.44%	-71.13%	-57.49%	-27.64%	0.00%	0.00%	-41.04%
FY 2018-19	-11.03%	-8.93%	0.44%	-1.43%	-16.63%	-25.09%	-3.04%	3060.38%	-15.96%	-22.40%	-19.72%	22.67%	-96.09%	0.00%	0.00%	-5.13%
FY 2019-20	-46.78%	31.24%	7.64%	31.22%	7.81%	7.70%	6.91%	57.83%	8.57%	5.32%	9.18%	4.36%	328.21%	0.00%	100.00%	8.20%
FY 2020-21	155.57%	21.27%	-0.47%	75.02%	3.19%	84.11%	16.96%	4.85%	-9.51%	35.65%	-6.54%	-18.59%	1220.18%	-	70374.54%	10.32%
<b>Per Capita Cost</b>																
<b>ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/B/C)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens- Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
FY 2012-13	\$5.56	\$193.46	\$321.36	\$95.33	\$38.55	\$26.12	\$152.86	\$73.75	\$10.75	\$0.00	\$335.87	\$4.25	\$0.00	\$0.00	\$0.00	\$56.25
FY 2013-14	\$6.74	\$178.33	\$314.80	\$95.85	\$44.15	\$25.80	\$73.82	\$48.31	\$12.73	\$0.00	\$304.44	\$9.69	\$0.00	\$0.00	\$0.00	\$54.03
FY 2014-15	\$8.48	\$182.82	\$348.18	\$96.57	\$49.44	\$28.29	\$76.14	\$24.38	\$12.92	\$28.73	\$275.15	\$16.53	\$8.16	\$0.00	\$0.00	\$57.86
FY 2015-16	\$6.01	\$203.06	\$383.50	\$82.38	\$54.78	\$13.72	\$80.79	\$5.77	\$13.96	\$22.32	\$254.83	\$16.25	\$6.97	\$0.00	\$0.00	\$60.52
FY 2016-17	\$5.90	\$178.85	\$352.24	\$80.53	\$48.86	\$23.88	\$73.71	\$1.70	\$11.94	\$16.37	\$188.30	\$17.79	\$9.80	\$0.00	\$0.00	\$54.44
FY 2017-18	\$4.39	\$112.15	\$248.12	\$61.98	\$27.75	\$19.22	\$42.67	\$1.74	\$3.26	\$4.55	\$51.42	\$10.14	\$6.26	\$0.00	\$0.00	\$32.85
FY 2018-19	\$3.76	\$94.72	\$245.18	\$55.57	\$23.66	\$16.90	\$44.14	\$58.82	\$2.86	\$3.83	\$40.63	\$10.32	\$0.24	\$0.00	\$0.00	\$32.50
FY 2019-20	\$2.01	\$121.37	\$272.29	\$61.39	\$27.27	\$19.44	\$48.30	\$98.03	\$3.21	\$4.28	\$45.39	\$11.38	\$1.06	\$0.00	\$0.00	\$36.37
FY 2020-21	\$5.05	\$141.63	\$272.41	\$79.94	\$26.73	\$24.09	\$45.28	\$101.30	\$2.62	\$4.86	\$43.61	\$7.86	\$8.55	\$0.27	\$0.56	\$34.82
<b>Percent Change in Per Capita Cost</b>																
<b>ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/B/C)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens- Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
FY 2013-14	21.22%	-7.82%	-2.04%	0.55%	14.53%	-1.23%	-51.71%	-34.49%	18.42%	0.00%	-9.36%	128.00%	0.00%	0.00%	0.00%	-3.95%
FY 2014-15	25.82%	2.52%	10.60%	0.75%	11.98%	9.65%	3.14%	-49.53%	1.49%	100.00%	-9.62%	70.59%	100.00%	0.00%	0.00%	7.09%
FY 2015-16	-29.13%	11.07%	10.14%	-14.69%	10.80%	-51.50%	6.11%	-76.33%	8.05%	-22.31%	-7.39%	-1.69%	-14.58%	0.00%	0.00%	4.60%
FY 2016-17	-1.83%	-11.92%	-8.15%	-2.25%	-10.81%	74.05%	-8.76%	-70.54%	-14.47%	-26.66%	-26.11%	9.48%	40.60%	0.00%	0.00%	-10.05%
FY 2017-18	-25.59%	-37.29%	-29.56%	-23.03%	-43.21%	-19.51%	-42.11%	2.35%	-72.70%	-72.21%	-72.69%	-43.00%	-36.12%	0.00%	0.00%	-39.66%
FY 2018-19	-14.35%	-15.54%	-1.18%	-10.34%	-14.74%	-12.07%	3.45%	3280.46%	-12.27%	-15.82%	-20.98%	1.78%	-96.17%	0.00%	0.00%	-1.07%
FY 2019-20	-46.54%	28.14%	11.06%	10.47%	15.26%	15.03%	9.42%	66.66%	12.24%	11.75%	11.72%	10.27%	341.67%	0.00%	0.00%	11.91%
FY 2020-21	151.24%	16.69%	0.04%	30.22%	-1.98%	23.92%	-6.25%	3.34%	-18.38%	13.55%	-3.92%	-30.93%	706.60%	-	-	-4.26%

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

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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$169,043	\$1,303,163	\$14,809,319	\$63,005	\$2,851,682	\$807,686	\$1,209,737	\$34,195	\$2,877,951	\$0	\$4,443,676	\$25,378	\$0	\$0	\$0	\$28,594,835
FY 2013-14	\$171,192	\$1,066,665	\$12,311,309	\$148,961	\$3,341,781	\$737,427	\$3,909,499	\$16,395	\$3,083,623	\$0	\$3,375,999	\$77,402	\$0	\$0	\$0	\$28,240,253
FY 2014-15	\$197,985	\$1,068,482	\$12,938,717	\$195,589	\$4,463,995	\$1,137,169	\$10,263,798	\$4,779	\$3,216,179	\$804,022	\$3,078,489	\$137,526	\$7,974	\$0	\$0	\$37,514,704
FY 2015-16	\$132,997	\$1,116,124	\$13,773,688	\$267,359	\$4,671,297	\$622,990	\$13,511,127	\$970	\$3,403,910	\$693,410	\$2,651,906	\$122,303	\$6,400	\$0	\$0	\$40,974,481
FY 2016-17	\$133,339	\$1,034,102	\$12,251,139	\$258,917	\$4,056,510	\$1,241,486	\$13,187,277	\$205	\$2,882,667	\$546,497	\$1,967,055	\$124,156	\$9,918	\$0	\$0	\$37,693,268
FY 2017-18	\$88,534	\$581,305	\$7,362,238	\$222,617	\$2,192,827	\$630,090	\$6,611,085	\$118	\$629,432	\$128,647	\$485,109	\$45,090	\$6,131	\$0	\$0	\$18,983,223
FY 2018-19	\$98,727	\$663,532	\$9,267,441	\$275,009	\$2,291,175	\$591,578	\$8,033,928	\$4,686	\$662,935	\$125,111	\$488,121	\$69,324	\$301	\$0	\$0	\$22,571,868
FY 2019-20	\$51,730	\$857,298	\$9,820,879	\$355,274	\$2,431,832	\$627,216	\$8,455,991	\$7,281	\$708,541	\$129,726	\$524,652	\$71,225	\$1,268	\$0	\$15	\$24,042,928
FY 2020-21	\$124,367	\$978,005	\$9,194,794	\$584,900	\$2,360,660	\$1,086,246	\$9,303,134	\$7,181	\$603,133	\$165,540	\$461,268	\$54,543	\$15,744	\$951	\$10,135	\$24,950,601
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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	1.27%	-18.15%	-16.87%	136.43%	17.19%	-8.70%	223.17%	-52.05%	7.15%	0.00%	-24.03%	205.00%	0.00%	0.00%	0.00%	-1.24%
FY 2014-15	15.65%	0.17%	5.10%	31.30%	33.58%	54.21%	162.53%	-70.85%	4.30%	100.00%	-8.81%	77.68%	100.00%	0.00%	0.00%	32.84%
FY 2015-16	-32.82%	4.46%	6.45%	4.64%	4.64%	-45.22%	31.64%	-79.70%	5.84%	-13.76%	-13.86%	-11.07%	-19.74%	0.00%	0.00%	9.22%
FY 2016-17	0.26%	-7.35%	-11.05%	-3.16%	-13.16%	99.28%	-2.40%	-78.87%	-15.31%	-21.19%	-25.82%	1.52%	54.97%	0.00%	0.00%	-8.01%
FY 2017-18	-33.60%	-43.79%	-39.91%	-14.02%	-45.94%	-49.25%	-49.87%	-42.44%	-78.16%	-76.46%	-75.34%	-63.68%	-38.18%	0.00%	0.00%	-49.64%
FY 2018-19	-11.51%	14.15%	25.88%	23.53%	4.48%	-6.11%	21.52%	3871.19%	5.32%	-2.75%	0.62%	53.75%	-95.09%	0.00%	0.00%	18.90%
FY 2019-20	-47.60%	29.20%	5.97%	29.19%	6.14%	6.02%	5.25%	55.38%	6.88%	3.69%	7.48%	321.26%	0.00%	0.00%	100.00%	6.52%
FY 2020-21	140.42%	14.08%	-6.38%	64.63%	-2.93%	73.19%	10.02%	-1.37%	-14.88%	27.61%	-12.08%	-23.42%	1141.64%	-	67466.67%	3.78%
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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$4.14	\$143.98	\$239.17	\$70.95	\$28.69	\$19.44	\$113.76	\$54.89	\$8.00	\$0.00	\$249.97	\$3.16	\$0.00	\$0.00	\$0.00	\$41.87
FY 2013-14	\$4.09	\$108.26	\$191.10	\$58.19	\$26.80	\$15.66	\$44.81	\$29.33	\$7.73	\$0.00	\$184.81	\$5.88	\$0.00	\$0.00	\$0.00	\$32.80
FY 2014-15	\$4.73	\$102.09	\$194.43	\$53.93	\$27.61	\$15.80	\$42.52	\$13.62	\$7.22	\$16.04	\$153.65	\$9.23	\$4.56	\$0.00	\$0.00	\$32.31
FY 2015-16	\$3.14	\$106.00	\$200.20	\$43.00	\$28.60	\$7.16	\$42.17	\$3.01	\$7.29	\$11.65	\$133.03	\$8.49	\$3.64	\$0.00	\$0.00	\$31.59
FY 2016-17	\$3.03	\$91.99	\$181.18	\$41.42	\$25.13	\$12.28	\$37.91	\$0.87	\$6.14	\$8.42	\$96.85	\$9.15	\$5.04	\$0.00	\$0.00	\$28.00
FY 2017-18	\$1.93	\$49.28	\$109.02	\$27.23	\$12.19	\$8.45	\$18.75	\$0.76	\$1.43	\$2.00	\$22.59	\$4.45	\$2.75	\$0.00	\$0.00	\$14.43
FY 2018-19	\$2.07	\$52.16	\$135.02	\$30.60	\$13.03	\$9.31	\$24.31	\$32.39	\$1.58	\$2.11	\$22.38	\$5.68	\$0.13	\$0.00	\$0.00	\$17.89
FY 2019-20	\$1.09	\$65.80	\$147.62	\$33.28	\$14.79	\$10.54	\$26.18	\$53.15	\$1.74	\$2.32	\$24.61	\$6.17	\$0.57	\$0.00	\$0.00	\$19.72
FY 2020-21	\$2.58	\$72.23	\$138.92	\$40.77	\$13.63	\$12.28	\$23.09	\$51.66	\$1.34	\$2.48	\$22.24	\$4.01	\$4.36	\$0.14	\$0.29	\$17.76
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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	-1.21%	-24.81%	-20.10%	-17.98%	-6.59%	-19.44%	-60.61%	-46.57%	-3.37%	0.00%	-26.07%	86.08%	0.00%	0.00%	0.00%	-21.66%
FY 2014-15	15.65%	-5.70%	1.74%	-7.32%	3.02%	0.89%	-5.11%	-53.56%	-6.60%	100.00%	-16.86%	56.97%	100.00%	0.00%	0.00%	-1.49%
FY 2015-16	-33.62%	3.83%	2.97%	-20.27%	3.59%	-54.68%	-0.82%	-77.90%	0.97%	-27.37%	-13.42%	-8.02%	-20.18%	0.00%	0.00%	-2.23%
FY 2016-17	-3.50%	-13.22%	-9.50%	-3.67%	-12.13%	71.51%	-10.10%	-71.10%	-15.78%	-27.73%	-27.20%	7.77%	38.46%	0.00%	0.00%	-11.36%
FY 2017-18	-36.30%	-46.43%	-39.83%	-34.26%	-51.49%	-31.19%	-50.54%	-12.64%	-76.71%	-76.25%	-76.68%	-51.37%	-45.44%	0.00%	0.00%	-48.46%
FY 2018-19	7.25%	5.84%	23.85%	12.38%	6.89%	10.18%	29.65%	4161.84%	10.49%	5.50%	-0.93%	27.64%	-95.27%	0.00%	0.00%	23.98%
FY 2019-20	-47.34%	26.15%	9.33%	8.76%	13.51%	13.21%	7.69%	64.09%	10.13%	9.95%	9.96%	8.63%	338.46%	0.00%	0.00%	10.23%
FY 2020-21	136.70%	9.77%	-5.89%	22.51%	-7.84%	16.51%	-11.80%	-2.80%	-22.99%	6.90%	-9.63%	-35.01%	664.91%	-	-	-9.94%

(1) Totals for FY 2010-11 are adjusted to account for the June 2010 payment delays.

(2) Antipsychotic expenditures decreased significantly in FY 2017-18 due to the brand name preference of Abilify being removed in April 2017, as well as a significant decrease in the unit price of aripiprazole (the generic version of Abilify).

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

<b>Estimated Increase in Rebates Attributable to the Affordable Care Act</b>						
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>	<b>Percentage Change<sup>(1)</sup></b>
FY 2012-13	\$2,844,435	\$2,078,580	\$3,217,760	\$1,876,367	\$12,597,547	-
FY 2013-14	\$3,665,910	\$3,333,782	\$2,724,407	\$3,309,038	\$13,033,137	3.46%
FY 2014-15	\$3,163,574	\$3,658,125	\$3,515,812	\$5,159,840	\$15,497,352	18.91%
FY 2015-16	\$4,276,352	\$4,184,873	\$4,358,848	(\$1,453,415)	\$11,366,658	-26.65%
FY 2016-17	\$7,000,143	\$9,556,025	\$8,774,817	\$6,069,395	\$31,400,380	176.25%
FY 2017-18	\$4,151,969	\$6,248,080	\$5,152,235	\$8,844,886	\$24,397,170	-22.30%
FY 2018-19	\$14,504,107	\$2,799,166	\$3,733,360	\$11,996,889	\$33,033,522	35.40%
FY 2019-20	\$5,831,641	\$6,904,987	\$4,175,006	\$7,978,285	\$24,889,919	-24.65%
FY 2020-21	\$15,058,208	\$9,718,927	\$7,040,276	\$10,129,843	\$41,947,255	68.53%
FY 2021-22 <sup>(1)</sup>	\$13,927,119	\$11,161,373	\$9,828,427	\$12,411,110	\$47,328,029	12.83%
FY 2022-23 <sup>(1)</sup>	\$15,910,849	\$12,751,160	\$11,228,353	\$14,178,905	\$54,069,268	12.83%
FY 2023-24 <sup>(1)</sup>	\$18,177,135	\$14,567,391	\$12,827,681	\$16,198,499	\$61,770,705	12.83%

(1) The estimated growth rate for FY 2021-22 through FY 2023-24 is based on the average growth rate from FY 2017-18 to FY 2020-21.

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

<b>Total Family Planning Expenditure</b>						
<b>Fiscal Year</b>	<b>Total Reported Expenditures</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Federal Funds (90% FMAP)</b>	<b>Change</b>	<b>% Change</b>
FY 2007-08	\$9,682,728	\$968,273	\$0	\$8,714,455	-	-
FY 2008-09	\$13,069,942	\$1,306,994	\$0	\$11,762,948	\$3,387,215	34.98%
FY 2009-10	\$11,628,243	\$1,162,825	\$0	\$10,465,418	(\$1,441,700)	-11.03%
FY 2010-11	\$11,529,927	\$1,152,993	\$0	\$10,376,934	(\$98,316)	-0.85%
FY 2011-12	\$9,616,143	\$961,614	\$0	\$8,654,529	(\$1,913,784)	-16.60%
FY 2012-13	\$7,948,469	\$794,847	\$0	\$7,153,622	(\$1,667,674)	-17.34%
FY 2013-14	\$9,583,635	\$958,363	\$0	\$8,625,272	\$1,635,166	20.57%
FY 2014-15	\$11,582,466	\$1,158,247	\$0	\$10,424,219	\$1,998,831	20.86%
FY 2015-16	\$11,741,307	\$1,174,131	\$0	\$10,567,176	\$158,841	1.37%
FY 2016-17	\$4,933,998	\$493,400	\$0	\$4,440,598	(\$6,807,309)	-57.98%
FY 2017-18	\$16,066,065	\$1,587,703	\$18,903	\$14,459,459	\$11,132,067	225.62%
FY 2018-19	\$21,547,443	\$2,135,452	\$19,292	\$19,392,699	\$5,481,378	34.12%
FY 2019-20	\$17,101,730	\$1,690,881	\$19,292	\$15,391,557	(\$4,445,713)	-20.63%
FY 2020-21	\$17,539,025	\$1,734,611	\$19,292	\$15,785,122	\$437,295	2.56%
FY 2021-22 Estimate	\$19,880,485	\$1,988,049	\$0	\$17,892,436	\$2,341,460	13.35%
FY 2022-23 Estimate	\$22,305,035	\$2,230,504	\$0	\$20,074,531	\$2,424,550	12.20%
FY 2023-24 Estimate	\$24,822,853	\$2,482,285	\$0	\$22,340,568	\$2,517,818	11.29%

1. FY 2016-17 actuals are currently understated as a result of an over payment of drug rebates.
2. Total reported expenditures for FY 2017-18 are restated due to previous reporting errors.
3. FY 2021-22 and FY 2022-23 Expenditure includes costs associated with SB 21-025 "Family Planning Services for Eligible Individuals"



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

<b>Total Expenditure for Indian Health Service</b>			
<b>Fiscal Year</b>	<b>Total Reported Expenditures: 100% FF</b>	<b>Change</b>	<b>% Change</b>
FY 2006-07	\$899,521	-	-
FY 2007-08	\$1,061,989	\$162,468	18.06%
FY 2008-09	\$1,534,327	\$472,338	44.48%
FY 2009-10 (DA)	\$1,536,532	\$2,205	0.14%
FY 2010-11 (DA)	\$1,672,353	\$135,821	8.84%
FY 2011-12	\$1,434,711	(\$237,642)	-14.21%
FY 2012-13	\$1,238,524	(\$196,187)	-13.67%
FY 2013-14	\$1,450,187	\$211,663	17.09%
FY 2014-15	\$4,281,827	\$2,831,640	195.26%
FY 2015-16	\$4,286,478	\$4,651	0.11%
FY 2016-17	\$3,571,625	(\$714,853)	-16.68%
FY 2017-18	\$5,983,465	\$2,411,840	67.53%
FY 2018-19	\$5,184,197	(\$799,268)	-13.36%
FY 2019-20	\$5,464,611	\$280,414	5.41%
FY 2020-21	\$6,300,264	\$835,653	15.29%
FY 2021-22 Estimated Total	\$6,762,703	\$462,439	7.34%
FY 2022-23 Estimated Total	\$7,259,086	\$496,382	7.34%
FY 2023-24 Estimated Total	\$7,791,903	\$532,817	7.34%

1. Increase in expenditure in FY 2017-18 is primarily due to better tracking of Indian Health Services expenditure in the interChange.
2. Expenditure estimate includes anticipated savings to Acute Care from better coordination of services for clients eligible under Indian Health Services, which results in higher expenditure available for 100% federal match.











**Exhibit G - COMMUNITY-BASED LONG-TERM CARE  
Summary**

<b>FY 2021-22 Community-Based Long-Term Care Request</b>																
<b>FY 2021-22</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens-Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
HCBS Waivers	\$350,345,391	\$69,705,816	\$383,606,867	\$4,980,215	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$808,638,289
Private Duty Nursing	\$6,566,635	\$881,513	\$79,476,725	\$1,379,760	\$0	\$0	\$0	\$0	\$4,956,915	\$383,267	\$34,110,731	\$0	\$0	\$0	\$0	\$127,755,546
Long-Term Home Health	\$56,575,429	\$15,608,713	\$315,325,544	\$10,093,963	\$1,034,016	\$98,478	\$4,185,302	\$0	\$61,400,836	\$4,037,585	\$23,979,316	\$0	\$0	\$0	\$49,238	\$492,388,420
Hospice	\$46,752,266	\$5,063,419	\$6,358,336	\$576,160	\$444,751	\$496,081	\$6,230,179	\$68,892	\$104,292	\$11,979	\$66,794	\$0	\$0	\$0	\$0	\$66,173,149
<b>Total Community-Based Long-Term Care</b>	<b>\$460,239,721</b>	<b>\$91,259,461</b>	<b>\$784,767,472</b>	<b>\$17,030,098</b>	<b>\$1,478,767</b>	<b>\$594,559</b>	<b>\$10,415,481</b>	<b>\$68,892</b>	<b>\$66,462,043</b>	<b>\$4,432,831</b>	<b>\$58,156,841</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$49,238</b>	<b>\$1,494,955,404</b>
<b>FY 2022-23 Community-Based Long-Term Care Request</b>																
<b>FY 2022-23</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens-Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
HCBS Waivers	\$379,415,874	\$75,347,236	\$421,802,179	\$5,474,033	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$882,039,322
Private Duty Nursing	\$6,803,364	\$913,292	\$82,341,875	\$1,429,500	\$0	\$0	\$0	\$0	\$5,135,613	\$397,083	\$35,340,428	\$0	\$0	\$0	\$0	\$132,361,155
Long-Term Home Health	\$60,674,414	\$16,739,590	\$338,171,407	\$10,825,287	\$1,108,932	\$105,613	\$4,488,534	\$0	\$65,849,429	\$4,330,115	\$25,716,658	\$0	\$0	\$0	\$52,805	\$528,062,784
Hospice	\$53,638,092	\$5,652,195	\$7,220,590	\$595,206	\$502,515	\$436,644	\$6,408,606	\$71,564	\$105,183	\$11,514	\$75,170	\$0	\$0	\$0	\$0	\$74,717,279
<b>Total Community-Based Long-Term Care</b>	<b>\$500,531,744</b>	<b>\$98,652,313</b>	<b>\$849,536,051</b>	<b>\$18,324,026</b>	<b>\$1,611,447</b>	<b>\$542,257</b>	<b>\$10,897,140</b>	<b>\$71,564</b>	<b>\$71,090,225</b>	<b>\$4,738,712</b>	<b>\$61,132,256</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,805</b>	<b>\$1,617,180,540</b>
<b>FY 2023-24 Community-Based Long-Term Care Request</b>																
<b>FY 2023-24</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens-Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
HCBS Waivers	\$403,212,917	\$79,917,584	\$455,624,579	\$6,519,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$945,274,820
Private Duty Nursing	\$7,051,232	\$946,566	\$85,341,846	\$1,481,582	\$0	\$0	\$0	\$0	\$5,322,719	\$411,550	\$36,627,990	\$0	\$0	\$0	\$0	\$137,183,485
Long-Term Home Health	\$64,732,218	\$17,859,106	\$360,787,747	\$11,549,264	\$1,183,095	\$112,676	\$4,788,719	\$0	\$70,253,330	\$4,619,706	\$27,436,545	\$0	\$0	\$0	\$56,337	\$563,378,743
Hospice	\$56,477,073	\$6,221,168	\$7,821,863	\$675,659	\$561,547	\$453,434	\$6,960,964	\$75,436	\$110,692	\$11,961	\$81,180	\$0	\$0	\$0	\$0	\$79,450,977
<b>Total Community-Based Long-Term Care</b>	<b>\$531,473,440</b>	<b>\$104,944,424</b>	<b>\$909,576,035</b>	<b>\$20,226,245</b>	<b>\$1,744,642</b>	<b>\$566,110</b>	<b>\$11,749,683</b>	<b>\$75,436</b>	<b>\$75,686,741</b>	<b>\$5,043,217</b>	<b>\$64,145,715</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$56,337</b>	<b>\$1,725,288,025</b>

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS  
Cash Based Actuals and Projections by Eligibility**

Cash Based Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$125,361,271	\$24,829,149	\$143,882,126	\$47,542	\$16,956	\$39,770	\$7,746	\$0	\$17,013	\$0	\$69,174	\$0	\$0	\$0	\$221,261	\$293,492,008
FY 2013-14	\$144,155,003	\$29,761,079	\$162,371,250	\$771,736	\$205,171	\$30,048	\$339,106	\$0	\$264,157	\$0	\$169,103	\$35	\$0	\$0	\$888,063	\$338,954,751
FY 2014-15	\$153,115,211	\$33,092,989	\$171,907,988	\$1,583,713	\$665,480	\$106,562	\$1,396,432	\$0	\$593,001	\$963	\$289,231	\$0	\$0	\$11,164	\$984,351	\$364,321,450
FY 2015-16	\$166,057,738	\$36,756,794	\$184,963,859	\$2,098,863	\$352,648	\$42,235	\$1,216,796	\$0	\$1,008,304	\$2,152	\$157,427	\$34,132	\$0	\$0	\$888,293	\$394,019,725
FY 2016-17	\$18,180,559	\$37,057,401	\$185,020,240	\$2,510,368	\$333,517	\$32,557	\$1,404,076	\$0	\$742,570	\$5,742	\$82,643	\$2,552	\$0	\$0	\$545,091	\$442,917,216
FY 2017-18	\$260,493,211	\$41,694,537	\$309,860,034	\$3,369,832	\$0	\$0	\$1,570	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2018-19	\$280,473,263	\$52,277,681	\$326,088,510	\$3,626,762	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2019-20	\$320,316,137	\$66,439,236	\$379,673,905	\$4,731,206	\$0	\$0	\$77,210	\$0	\$0	\$0	\$36,392	\$0	\$0	\$0	\$0	\$0
FY 2020-21	\$340,914,233	\$70,606,787	\$388,992,466	\$4,766,886	\$0	\$0	\$3,486	\$0	\$0	\$0	\$137,265	\$0	\$0	\$0	\$0	\$0
Estimated FY 2021-22	\$350,345,391	\$69,705,816	\$388,666,867	\$4,980,215	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2022-23	\$379,415,874	\$75,447,236	\$421,902,719	\$5,474,033	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2023-24	\$403,212,917	\$79,917,584	\$485,623,679	\$6,519,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Percent Change in Cash Based Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	14.99%	19.68%	13.68%	1523.27%	1110.02%	-24.45%	4277.82%	0.00%	1452.68%	0.00%	144.46%	100.00%	0.00%	0.00%	301.35%	15.40%
FY 2014-15	6.22%	11.20%	5.80%	105.21%	223.38%	-261.36%	311.21%	0.00%	725.91%	0.00%	8317.14%	100.00%	100.00%	100.00%	10.88%	7.45%
FY 2015-16	8.45%	11.07%	7.53%	32.53%	-46.85%	-60.83%	23.12%	0.00%	1.54%	125.81%	-45.36%	17.40%	0.00%	-100.00%	-9.76%	8.18%
FY 2016-17	29.58%	0.82%	0.06%	19.60%	-5.42%	-23.46%	-18.22%	0.00%	-26.35%	166.82%	-47.50%	-92.56%	0.00%	0.00%	-38.64%	12.41%
FY 2017-18	21.06%	12.51%	13.43%	34.24%	-100.00%	-100.00%	-99.96%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	16.37%
FY 2018-19	40.01%	25.38%	24.85%	7.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.22%
FY 2019-20	22.97%	26.71%	4.07%	30.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	14.81%
FY 2020-21	6.43%	6.59%	13.32%	212.12%	0.00%	0.00%	-95.36%	0.00%	0.00%	0.00%	277.18%	0.00%	0.00%	0.00%	0.00%	10.74%
Estimated FY 2021-22	2.77%	-1.28%	-24.15%	-66.27%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	9.96%
Estimated FY 2022-23	8.30%	8.09%	9.96%	9.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.08%
Estimated FY 2023-24	6.27%	6.07%	8.02%	19.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.17%
Per Capita Cost																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$3,070.55	\$2,743.25	\$2,307.53	\$53.54	\$0.17	\$0.96	\$0.73	\$0.00	\$0.05	\$0.00	\$3.89	\$0.00	\$0.00	\$0.00	\$10.43	\$4,871.11
FY 2013-14	\$3,445.72	\$3,020.51	\$2,520.35	\$301.46	\$1.65	\$0.64	\$3.89	\$0.00	\$0.66	\$0.00	\$9.26	\$0.00	\$0.00	\$0.00	\$37.59	\$393,701.00
FY 2014-15	\$3,601.66	\$3,361.94	\$2,583.97	\$436.65	\$4.10	\$1.51	\$5.78	\$0.00	\$2.23	\$0.02	\$14.38	\$1.96	\$0.00	\$0.43	\$35.10	\$313,673.00
FY 2015-16	\$3,916.18	\$3,491.01	\$2,687.56	\$337.60	\$2.16	\$0.49	\$5.36	\$0.00	\$2.16	\$0.04	\$7.90	\$2.38	\$0.00	\$0.00	\$27.26	\$303,801.00
FY 2016-17	\$4,897.03	\$3,296.63	\$2,736.22	\$401.58	\$2.07	\$0.32	\$4.04	\$0.00	\$1.58	\$0.09	\$4.07	\$0.19	\$0.00	\$0.00	\$16.12	\$329,031.00
FY 2017-18	\$5,674.37	\$3,534.33	\$3,107.61	\$412.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$391,891.00
FY 2018-19	\$5,462.11	\$4,109.58	\$3,817.19	\$403.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$438,841.00
FY 2019-20	\$6,736.26	\$5,083.99	\$4,098.51	\$443.20	\$0.00	\$0.00	\$0.24	\$0.00	\$0.00	\$0.00	\$1.71	\$0.00	\$0.00	\$0.00	\$0.00	\$544,661.00
FY 2020-21	\$7,065.87	\$5,214.30	\$4,668.48	\$1,029.27	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$6.62	\$0.00	\$0.00	\$0.00	\$0.00	\$523,451.00
Estimated FY 2021-22	\$7,193.06	\$5,047.85	\$5,804.40	\$329.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$526,561.00
Estimated FY 2022-23	\$7,840.39	\$5,519.14	\$6,345.83	\$393.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$613,323.00
Estimated FY 2023-24	\$8,281.91	\$5,655.48	\$6,728.66	\$441.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$672,750.00
Percent Change in Per Capita Cost																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	12.22%	10.11%	9.25%	463.06%	-870.59%	-53.33%	432.88%	0.00%	1220.00%	0.00%	138.05%	0.00%	0.00%	0.00%	264.24%	-8.38%
FY 2014-15	6.27%	4.68%	148.48%	44.85%	188.48%	135.94%	48.59%	0.00%	237.88%	100.00%	55.29%	100.00%	0.00%	100.00%	-7.61%	-20.33%
FY 2015-16	6.95%	10.41%	4.01%	-22.68%	-47.25%	-67.55%	-7.27%	0.00%	-2.14%	100.00%	-45.06%	21.43%	0.00%	-100.00%	-22.54%	-3.15%
FY 2016-17	24.99%	-5.57%	1.81%	18.95%	-41.7%	-34.69%	-24.63%	0.00%	-26.83%	0.00%	-48.48%	-92.02%	0.00%	0.00%	-40.87%	8.30%
FY 2017-18	15.87%	7.21%	13.57%	2.65%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	19.10%
FY 2018-19	-3.74%	16.28%	22.85%	-2.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.01%
FY 2019-20	23.32%	23.71%	7.37%	9.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	18.76%
FY 2020-21	4.89%	2.56%	13.91%	132.24%	0.00%	0.00%	-95.83%	0.00%	0.00%	0.00%	287.13%	0.00%	0.00%	0.00%	0.00%	-3.89%
Estimated FY 2021-22	1.80%	-3.19%	24.33%	-67.99%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.99%
Estimated FY 2022-23	10.67%	9.34%	9.33%	20.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.27%
Estimated FY 2023-24	4.04%	2.47%	6.03%	11.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.24%



Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS  
Cash Based Actuals and Projections by Eligibility

Current Year Projections by Eligibility Category																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Elderly, Blind and Disabled Waiver	\$331,394,219	\$58,814,841	\$229,028,980	\$3,800,555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$623,038,575
Community Mental Health Supports Waiver	\$11,811,742	\$7,627,387	\$35,407,770	\$65,395	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,912,794
Children's Home and Community-Based Waiver	\$0	\$0	\$84,579,250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,579,250
Consumer Directed Attendant Support-State Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Brain Injury Waiver	\$5,801,579	\$2,935,993	\$26,445,060	\$21,122	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,203,754
Children with Autism Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children with Life Limiting Illness Waiver	\$0	\$0	\$730,146	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$730,146
Spinal Cord Injury Waiver	\$1,337,851	\$327,595	\$7,415,661	\$1,092,663	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,173,770
<b>Estimated FY 2021-22 Total Expenditure</b>	<b>\$350,345,391</b>	<b>\$69,705,816</b>	<b>\$383,606,867</b>	<b>\$4,900,215</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$808,638,289</b>
Request Year Projections by Eligibility Category																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Elderly, Blind and Disabled Waiver	\$359,049,277	\$65,722,978	\$248,141,595	\$4,117,692	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$675,031,542
Community Mental Health Supports Waiver	\$12,325,499	\$7,999,124	\$36,947,756	\$69,761	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$57,301,110
Children's Home and Community-Based Waiver	\$0	\$0	\$97,658,706	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,658,706
Consumer Directed Attendant Support-State Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Brain Injury Waiver	\$6,493,569	\$3,286,188	\$29,599,331	\$23,642	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,402,730
Children with Autism Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children with Life Limiting Illness Waiver	\$0	\$0	\$876,725	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$876,725
Spinal Cord Injury Waiver	\$1,547,559	\$378,946	\$8,578,066	\$1,263,938	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,768,509
<b>Estimated FY 2022-23 Total Expenditure</b>	<b>\$379,415,874</b>	<b>\$75,347,236</b>	<b>\$421,802,179</b>	<b>\$5,474,033</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$882,039,322</b>
Out Year Projections by Eligibility Category																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Elderly, Blind and Disabled Waiver	\$381,130,108	\$67,641,816	\$263,401,818	\$4,370,923	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$716,544,664
Community Mental Health Supports Waiver	\$12,578,934	\$8,122,799	\$37,707,564	\$70,175	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,479,472
Children's Home and Community-Based Waiver	\$0	\$0	\$107,758,761	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$107,758,761
Consumer Directed Attendant Support-State Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Brain Injury Waiver	\$6,989,956	\$3,537,393	\$31,869,985	\$25,449	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,414,783
Children with Autism Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children with Life Limiting Illness Waiver	\$0	\$0	\$959,881	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$959,881
Spinal Cord Injury Waiver	\$2,513,919	\$615,576	\$13,934,570	\$2,083,194	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,117,259
<b>Estimated FY 2023-24 Total Expenditure</b>	<b>\$403,212,917</b>	<b>\$79,317,584</b>	<b>\$455,624,579</b>	<b>\$6,519,740</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$945,274,820</b>

Definitions: HCBS, Home and Community-Based Services.

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS**  
**Cash Based Actuals and Projections by Waiver**

Cash Based Actuals by Waiver									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(1)</sup>	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver	TOTAL
FY 2012-13	\$242,975,488	\$28,309,412	\$5,350,385	\$2,661,977	\$12,849,682	\$885,424	\$207,131	\$252,509	\$295,492,008
FY 2013-14	\$279,658,298	\$31,018,228	\$8,101,381	\$2,331,371	\$14,164,077	\$764,302	\$221,472	\$1,773,432	\$338,954,761
FY 2014-15	\$297,151,243	\$33,989,393	\$10,912,003	\$2,572,697	\$16,649,510	\$710,058	\$473,674	\$1,759,072	\$364,217,450
FY 2015-16	\$321,321,224	\$35,721,561	\$12,558,473	\$2,081,957	\$19,460,548	\$558,848	\$642,990	\$1,974,424	\$394,019,725
FY 2016-17	\$364,380,354	\$38,195,913	\$16,895,299	\$1,224,402	\$20,667,950	\$566,699	\$717,215	\$2,718,188	\$442,917,216
FY 2017-18	\$418,506,536	\$41,334,782	\$25,354,895	\$1,088,619	\$22,155,840	\$559,235	\$760,772	\$3,655,424	\$515,418,984
FY 2018-19	\$460,036,072	\$45,292,226	\$37,791,586	\$1,573,249	\$26,179,750	\$28,071	\$670,649	\$6,814,633	\$578,386,256
FY 2019-20	\$524,508,159	\$50,043,198	\$52,318,816	(\$12,221)	\$28,048,466	\$34,785	\$691,671	\$8,441,234	\$664,074,108
FY 2020-21	\$570,076,575	\$51,795,158	\$71,659,568	(\$57,721)	\$31,990,425	(\$87)	\$592,036	\$9,365,269	\$735,421,223
Estimated FY 2021-22	\$623,038,575	\$54,912,794	\$84,579,250	\$0	\$35,203,754	\$0	\$730,146	\$10,173,700	\$808,638,289
Estimated FY 2022-23	\$675,031,542	\$57,301,110	\$97,658,706	\$0	\$39,402,730	\$0	\$876,725	\$11,768,509	\$882,039,322
Estimated FY 2023-24	\$716,544,664	\$58,479,472	\$107,758,761	\$0	\$42,414,783	\$0	\$959,881	\$19,117,259	\$945,274,820
Percent Change in Cash Based Actuals									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver	TOTAL
FY 2013-14	15.10%	12.75%	51.42%	-12.42%	10.38%	-13.68%	7.00%	602.38%	15.49%
FY 2014-15	6.25%	6.49%	34.69%	10.36%	17.38%	-7.10%	113.72%	-8.2%	7.45%
FY 2015-16	8.13%	5.10%	15.09%	-19.07%	15.08%	-21.34%	35.75%	12.24%	8.18%
FY 2016-17	13.40%	6.93%	34.33%	-158.81%	7.87%	1.46%	11.54%	37.67%	12.41%
FY 2017-18	14.85%	8.22%	80.07%	-188.91%	7.20%	-1.27%	6.07%	108.17%	16.37%
FY 2018-19	9.92%	9.57%	49.05%	-44.52%	18.16%	-94.98%	-11.85%	20.43%	12.22%
FY 2019-20	14.01%	10.49%	38.44%	-100.78%	7.14%	23.92%	-3.13%	23.87%	14.81%
FY 2020-21	8.69%	3.50%	36.97%	372.31%	14.05%	-100.25%	-14.40%	10.95%	10.74%
Estimated FY 2021-22	9.39%	6.02%	18.03%	-100.00%	10.00%	-100.00%	23.33%	6.63%	9.96%
Estimated FY 2022-23	8.35%	4.35%	15.46%	0.00%	11.93%	0.00%	20.08%	15.68%	9.08%
Estimated FY 2023-24	6.15%	2.06%	10.34%	0.00%	7.64%	0.00%	9.48%	62.44%	7.17%
HCBS Waiver Enrollment <sup>(2)</sup>									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(3)</sup>	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver <sup>(4)</sup>	TOTAL
FY 2012-13	19,237	2,688	1,125	33	237	50	171	10	23,551
FY 2013-14	20,500	2,908	1,040	31	258	48	166	51	25,002
FY 2014-15	21,558	3,019	1,100	27	307	49	130	53	26,043
FY 2015-16	21,625	3,049	1,186	25	336	42	131	49	26,443
FY 2016-17	22,770	3,277	1,369	25	371	46	152	77	28,087
FY 2017-18	23,827	3,399	1,492	22	427	35	157	109	29,468
FY 2018-19	24,424	3,498	1,645	N/A	498	N/A	169	156	30,390
FY 2019-20	24,805	3,477	1,726	N/A	508	N/A	171	178	30,865
FY 2020-21	26,407	3,685	1,948	N/A	570	N/A	192	198	33,003
Estimated FY 2021-22	27,169	3,763	2,110	0	602	0	211	211	34,066
Estimated FY 2022-23	27,957	3,839	2,271	0	647	0	237	233	35,184
Estimated FY 2023-24	28,768	3,916	2,331	0	695	0	253	379	36,342
Percent Change in Enrollment									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(3)</sup>	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver <sup>(4)</sup>	TOTAL
FY 2013-14	6.57%	8.18%	-7.56%	-6.06%	8.86%	-4.00%	-2.92%	N/A	N/A
FY 2014-15	4.19%	3.82%	-5.77%	-12.90%	18.99%	2.08%	-21.69%	3.92%	4.16%
FY 2015-16	1.25%	0.99%	7.82%	-7.41%	9.45%	-14.29%	0.77%	N/A	1.54%
FY 2016-17	5.29%	7.48%	15.43%	0.00%	10.42%	9.52%	16.03%	57.14%	6.22%
FY 2017-18	4.64%	3.72%	8.98%	-12.00%	15.09%	-23.91%	3.29%	41.56%	4.92%
FY 2018-19	2.51%	2.91%	10.35%	N/A	16.63%	N/A	7.64%	43.12%	3.13%
FY 2019-20	1.56%	-0.60%	4.92%	N/A	2.01%	N/A	1.18%	14.10%	1.56%
FY 2020-21	6.46%	6.07%	12.86%	N/A	12.20%	N/A	12.28%	11.24%	6.93%
Estimated FY 2021-22	2.89%	2.03%	8.32%	N/A	5.61%	N/A	9.90%	6.57%	3.22%
Estimated FY 2022-23	2.89%	2.02%	7.63%	0.00%	7.48%	0.00%	12.52%	10.43%	3.28%
Estimated FY 2023-24	2.90%	-2.01%	2.64%	0.00%	7.42%	0.00%	6.75%	62.66%	3.29%
HCBS Waiver Utilizers									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(5)</sup>	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver <sup>(6)</sup>	TOTAL
FY 2012-13	18,432	2,524	938	33	225	36	90	N/A	22,285
FY 2013-14	19,485	2,652	965	31	240	35	88	51	23,546
FY 2014-15	19,795	2,719	1,065	N/A	273	34	81	53	24,046
FY 2015-16	20,567	2,835	1,136	N/A	319	319	N/A	107	25,065
FY 2016-17	19,885	2,788	1,136	N/A	303	303	126	55	24,343
FY 2017-18	22,641	3,095	1,376	N/A	390	N/A	141	103	27,768
FY 2018-19	22,285	3,127	1,378	N/A	442	N/A	137	130	27,499
FY 2019-20	22,744	3,133	1,485	N/A	459	N/A	141	166	28,128
FY 2020-21	25,099	3,306	1,736	N/A	511	N/A	153	186	31,003
Estimated FY 2021-22	25,180	3,273	1,819	0	544	0	168	197	31,181
Estimated FY 2022-23	25,911	3,340	1,958	0	596	0	189	217	32,211
Estimated FY 2023-24	26,662	3,407	2,010	0	640	0	202	353	33,274

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS  
Cash Based Actuals and Projections by Waiver

Percent Change in Utilizers										
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(b)</sup>	Brain Injury Waiver	Children with Autism Waiver <sup>(b)</sup>	Children with Life Limiting Illness Waiver <sup>(b)</sup>	Spinal Cord Injury Waiver <sup>(b)</sup>	TOTAL	
FY 2013-14	5.71%	-5.03%	-2.88%	-6.06%	6.66%	-2.20%	-2.22%	N/A	N/A	
FY 2014-15	1.59%	2.55%	10.36%	N/A	13.69%	-2.54%	3.92%	N/A	N/A	
FY 2015-16	3.90%	4.28%	6.67%	N/A	16.99%	N/A	-7.55%	N/A	N/A	
FY 2016-17	-3.31%	-4.67%	0.00%	N/A	-5.04%	N/A	12.24%	N/A	N/A	
FY 2017-18	13.86%	11.01%	21.13%	N/A	28.71%	N/A	87.27%	N/A	N/A	
FY 2018-19	-1.57%	1.03%	0.15%	N/A	13.33%	N/A	26.21%	N/A	N/A	
FY 2019-20	2.06%	0.19%	7.76%	N/A	3.85%	N/A	2.92%	27.69%	2.29%	
FY 2020-21	10.84%	-5.59%	16.90%	N/A	11.33%	N/A	8.51%	12.05%	10.58%	
Estimated FY 2021-22	-0.12%	-1.06%	4.78%	N/A	6.46%	N/A	9.80%	5.91%	0.25%	
Estimated FY 2022-23	2.90%	2.05%	7.64%	N/A	9.56%	N/A	12.50%	10.15%	3.30%	
Estimated FY 2023-24	2.90%	2.01%	2.66%	N/A	7.38%	N/A	6.88%	62.67%	3.30%	
Per Utilizer Cost										
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(b)</sup>	Brain Injury Waiver	Children with Autism Waiver <sup>(b)</sup>	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver <sup>(b)</sup>	TOTAL	
FY 2012-13	\$13,182.26	\$11,214.24	\$5,704.04	\$80,665.97	\$57,130.86	\$24,883.11	\$2,301.46	N/A	\$13,169.94	
FY 2013-14	\$14,352.45	\$12,038.18	\$8,395.63	\$75,201.19	\$59,124.96	\$21,962.70	\$2,518.55	\$34,775.92	\$14,395.43	
FY 2014-15	\$15,011.68	\$12,500.31	\$10,246.01	N/A	\$61,042.38	\$20,935.37	\$5,847.83	\$33,190.04	\$15,146.70	
FY 2015-16	\$15,625.46	\$12,599.35	\$11,054.99	N/A	\$60,048.73	N/A	\$6,009.25	\$40,294.37	\$15,719.92	
FY 2016-17	\$18,324.38	\$13,700.11	\$14,872.62	N/A	\$68,211.06	N/A	\$5,692.18	\$49,421.60	\$18,194.85	
FY 2017-18	\$18,484.45	\$13,355.34	\$18,426.52	N/A	\$56,808.82	N/A	\$5,395.55	\$54,936.17	\$18,561.62	
FY 2018-19	\$20,643.31	\$14,481.24	\$27,424.95	N/A	\$59,230.20	N/A	\$4,895.25	\$52,420.23	\$21,032.99	
FY 2019-20	\$22,061.39	\$15,972.93	\$35,231.53	N/A	\$61,107.77	N/A	\$4,965.47	\$50,850.81	\$23,609.01	
FY 2020-21	\$22,806.98	\$16,377.30	\$41,278.55	N/A	\$60,568.42	N/A	\$4,082.45	\$50,543.33	\$23,644.70	
Estimated FY 2021-22	\$24,743.39	\$16,777.51	\$46,497.66	N/A	\$64,712.78	N/A	\$4,346.11	\$51,643.50	\$25,933.69	
Estimated FY 2022-23	\$26,051.93	\$17,156.02	\$49,876.77	N/A	\$66,111.96	N/A	\$4,638.76	\$54,232.76	\$27,383.17	
Estimated FY 2023-24	\$26,875.13	\$17,164.51	\$53,611.32	N/A	\$66,273.10	N/A	\$4,751.89	\$54,156.54	\$28,408.81	
Percent Change in Per Utilizer Cost										
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(b)</sup>	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver <sup>(b)</sup>	Spinal Cord Injury Waiver <sup>(b)</sup>	TOTAL	
FY 2013-14	8.88%	7.35%	47.19%	N/A	3.49%	-11.74%	N/A	N/A	N/A	
FY 2014-15	4.59%	3.84%	22.04%	N/A	3.24%	-4.88%	N/A	-4.56%	N/A	
FY 2015-16	4.08%	0.78%	7.90%	N/A	-1.63%	N/A	2.76%	21.41%	N/A	
FY 2016-17	17.29%	8.75%	34.53%	N/A	13.59%	N/A	-5.28%	22.65%	N/A	
FY 2017-18	0.87%	-2.52%	23.90%	N/A	-16.72%	N/A	-5.21%	11.16%	N/A	
FY 2018-19	11.68%	8.45%	48.83%	N/A	4.26%	N/A	-9.27%	-4.58%	N/A	
FY 2019-20	11.71%	10.28%	28.47%	N/A	3.17%	N/A	0.21%	-2.99%	12.25%	
FY 2020-21	-1.10%	2.53%	17.16%	N/A	-0.88%	N/A	-16.78%	-0.60%	0.15%	
Estimated FY 2021-22	8.49%	2.44%	12.64%	N/A	6.84%	N/A	6.46%	2.17%	9.68%	
Estimated FY 2022-23	5.29%	2.26%	7.27%	N/A	2.16%	N/A	6.73%	5.01%	5.59%	
Estimated FY 2023-24	3.16%	0.05%	7.49%	N/A	0.24%	N/A	2.44%	-0.14%	3.75%	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS  
Cash Based Actuals and Projections by Waiver

Current Year Projection									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(5)(6)</sup>	Brain Injury Waiver	Children with Autism Waiver <sup>(7)</sup>	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver	TOTAL
FY 2019-20 Enrollment <sup>(2)</sup>	26,407	3,688	1,948	N/A	570	N/A	192	198	33,003
Enrollment Trend Selected <sup>(3)</sup>	2.89%	2.03%	8.29%	0.00%	5.61%	0.00%	9.90%	6.48%	3.22%
FY 2021-22 Estimated Enrollment	27,169	3,763	2,110	0	602	0	211	211	34,066
<b>Bottom Line Impacts</b>									
<b>Total Bottom Line Impacts</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
FY 2021-22 Enrollment	27,169	3,763	2,110	0	602	0	211	211	34,066
FY 2021-22 Conversion Factor	92.68%	86.99%	86.23%		90.35%		79.69%	93.26%	91.53%
<b>Estimated FY 2021-22 Average Monthly Utilizers</b>	<b>25,180</b>	<b>3,273</b>	<b>1,819</b>	<b>0</b>	<b>544</b>	<b>0</b>	<b>168</b>	<b>197</b>	<b>31,181</b>
FY 2020-21 Cost Per Utilizer	\$22,806.98	\$16,377.30	\$41,278.55	N/A	\$60,568.42	N/A	\$4,082.45	\$50,547.33	\$23,644.70
Percentage Selected to Modify Cost Per Utilizer <sup>(5)</sup>	6.37%	0.00%	10.65%	0.00%	4.38%	0.00%	4.48%	0.27%	7.51%
<b>FY 2021-22 Estimated Cost Per Utilizer</b>	<b>\$24,258.85</b>	<b>\$16,377.30</b>	<b>\$45,674.72</b>	<b>\$0.00</b>	<b>\$63,221.31</b>	<b>\$0.00</b>	<b>\$4,265.34</b>	<b>\$50,683.81</b>	<b>\$25,419.86</b>
<b>Estimated FY 2021-22 Base Expenditure</b>	<b>\$610,837,843</b>	<b>\$53,602,903</b>	<b>\$83,082,316</b>	<b>\$0</b>	<b>\$34,392,393</b>	<b>\$0</b>	<b>\$716,577</b>	<b>\$9,984,711</b>	<b>\$792,616,743</b>
<b>Bottom Line Impacts</b>									
Colorado Choice Transitions	(\$1,280,302)	(\$120,681)	\$0	\$0	(\$67,689)	\$0	\$0	(\$20,316)	(\$1,488,988)
SB 20-212 Telehealth	\$643,068	\$63,312	\$52,828	\$0	\$36,596	\$0	\$0	\$9,526	\$805,330
COVID Emergency Spending	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Local Minimum Wage	\$5,179,419	\$509,933	\$0	\$0	\$294,250	\$0	\$0	\$76,724	\$6,069,826
FY 2020-21 1% ATB Provider Rate Increase	(\$338,778)	(\$32,323)	(\$33,792)	\$0	(\$18,116)	\$0	(\$447)	(\$5,452)	(\$428,908)
R-13 Long-Term Care Utilization Management CDASS	(\$1,029,769)	(\$97,065)	\$0	\$0	(\$54,444)	\$0	\$0	(\$16,340)	(\$1,197,619)
R-13 Long-Term Care Utilization Management IHSS	(\$2,255,844)	\$0	(\$218,636)	\$0	\$0	\$0	\$0	(\$55,795)	(\$2,510,275)
FY 2021-22 2.5% ATB Rate Increase (IBC Action)	\$13,496,516	\$1,226,246	\$1,696,334	\$0	\$73,371	\$0	\$14,016	\$221,722	\$17,112,405
R-6 Remote Supports for HCBS Programs	(\$849,593)	(\$49,934)	\$0	\$0	(\$30,841)	\$0	\$0	(\$9,029)	(\$939,397)
SB 21-038 (Expansion of Complementary and Alternative Medicine)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS Enhanced Payments	(\$1,987,187)	(\$189,597)	\$0	\$0	(\$106,266)	\$0	\$0	(\$31,981)	(\$2,315,031)
IBC Action 667 DD Enrollments	(\$951,239)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$951,239)
CDASS Sick Time Provision	\$1,274,441	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,274,441
<b>Total Bottom Line Impacts</b>	<b>\$12,200,732</b>	<b>\$1,309,891</b>	<b>\$1,496,934</b>	<b>\$0</b>	<b>\$811,361</b>	<b>\$0</b>	<b>\$13,569</b>	<b>\$189,059</b>	<b>\$16,021,545</b>
<b>Estimated FY 2021-22 Expenditure</b>	<b>\$623,038,575</b>	<b>\$54,912,794</b>	<b>\$84,579,250</b>	<b>\$0</b>	<b>\$35,203,754</b>	<b>\$0</b>	<b>\$730,146</b>	<b>\$10,173,770</b>	<b>\$808,638,289</b>
Estimated FY 2021-22 Per Utilizer	\$24,743.39	\$16,777.51	\$46,497.66	N/A	\$64,712.78	N/A	\$4,346.11	\$51,643.50	\$25,933.69
% Change over FY 2020-21 Utilizer	8.49%	-2.44%	12.64%	N/A	6.84%	N/A	6.46%	2.17%	9.68%

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS**  
**Cash Based Actuals and Projections by Waiver**

Request Year Projection									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home- and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(1)</sup>	Brain Injury Waiver	Children with Autism Waiver <sup>(7)</sup>	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver	TOTAL
Estimated FY 2021-22 Enrollment	27,169	3,763	2,110	0	602	0	211	211	34,066
Enrollment Trend Selected <sup>(4)</sup>	2.90%	2.01%	7.61%	0.00%	7.48%	0.00%	12.28%	10.43%	3.28%
FY 2022-23 Estimated Enrollment	27,957	3,839	2,271	0	647	0	237	237	35,184
<i>Bottom Line Impacts</i>									
<b>Total Bottom Line Impacts</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
FY 2023-24 Enrollment	27,957	3,839	2,271	0	647	0	237	237	35,184
Estimated FY 2023-24 Conversion Factor	92.68%	86.99%	86.23%	0	92.11%	0	79.69%	93.26%	91.55%
<b>FY 2022-23 Average Monthly Utilizers</b>	<b>25,911</b>	<b>3,340</b>	<b>1,958</b>	<b>0</b>	<b>596</b>	<b>0</b>	<b>189</b>	<b>217</b>	<b>32,211</b>
FY 2021-22 Cost per Utilizer	\$24,743.39	\$16,777.51	\$46,497.66	N/A	\$64,712.78	N/A	\$4,346.11	\$51,643.50	\$25,933.69
Percentage Selected to Modify Cost Per Utilizer <sup>(5)</sup>	4.47%	1.33%	7.14%	0.00%	1.39%	0.00%	6.67%	-1.79%	4.76%
<b>FY 2022-23 Estimated Cost Per Utilizer</b>	<b>\$25,849.42</b>	<b>\$17,000.65</b>	<b>\$49,817.59</b>	<b>N/A</b>	<b>\$65,612.29</b>	<b>N/A</b>	<b>\$4,636.00</b>	<b>\$50,119.08</b>	<b>\$27,167.63</b>
<b>Estimated FY 2022-23 Base Expenditures</b>	<b>\$669,784,322</b>	<b>\$56,782,171</b>	<b>\$97,542,841</b>	<b>\$0</b>	<b>\$39,104,925</b>	<b>\$0</b>	<b>\$876,204</b>	<b>\$11,006,040</b>	<b>\$875,096,503</b>
<i>Bottom Line Impacts</i>									
SB 20-212 Telehealth	\$643,068	\$63,312	\$52,828	\$0	\$36,596	\$0	\$0	\$9,526	\$805,330
COVID Emergency Spending	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Local Minimum Wage	\$5,179,419	\$509,933	\$0	\$0	\$294,750	\$0	\$0	\$76,724	\$6,060,826
FY 2020-21 1% ATB Provider Rate Decrease	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R-13 Long-Term Care Utilization Management CDASS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R-13 Long-Term Care Utilization Management IHSS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0
FY 2021-22 2.5% ATB Rate Increase (JBC Action)	\$501,481	\$45,563	\$63,037	\$0	\$28,141	\$0	\$521	\$8,238.00	\$646,981
R-6 Remote Supports for HCBS Programs	(\$1,099,192)	(\$99,869)	\$0	\$0	(\$61,682)	\$0	(\$18,058)	(\$178,801)	(\$1,278,801)
SB 21-038 (Expansion of Complementary and Alternative Medicine)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$686,039.00	\$686,039
JBC Action 667 DD Enrollments	(\$1,251,997)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,251,997)
CDASS Sick Time Provision	\$1,274,441	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,274,441
<b>Total Bottom Line Impacts</b>	<b>\$5,247,230</b>	<b>\$518,939</b>	<b>\$115,865</b>	<b>\$0</b>	<b>\$297,805</b>	<b>\$0</b>	<b>\$521</b>	<b>\$762,469</b>	<b>\$6,042,819</b>
<b>Estimated FY 2023-24 Expenditures</b>	<b>\$675,031,542</b>	<b>\$57,301,110</b>	<b>\$97,658,706</b>	<b>\$0</b>	<b>\$39,402,730</b>	<b>\$0</b>	<b>\$876,725</b>	<b>\$11,768,499</b>	<b>\$882,039,322</b>
Estimated FY 2022-23 Per Utilizer	\$26,051.93	\$17,156.02	\$49,876.77	N/A	\$66,111.96	N/A	\$4,638.76	\$54,232.76	\$27,383.17
% Change over FY 2021-22 Per Utilizer	5.29%	2.26%	7.27%	N/A	2.16%	N/A	6.73%	5.01%	5.59%
Out Year Projection									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home- and Community-Based Waiver	Consumer Directed Attendant Support-State Plan <sup>(1)</sup>	Brain Injury Waiver	Children with Autism Waiver <sup>(7)</sup>	Children with Life Limiting Illness Waiver	Spinal Cord Injury Waiver	TOTAL
Estimated FY 2023-23 Enrollment	27,957	3,839	2,271	0	647	0	237	237	35,184
Enrollment Trend Selected <sup>(4)</sup>	2.90%	2.01%	7.64%	0.00%	7.42%	0.00%	6.73%	63.09%	3.29%
FY 2023-24 Estimated Enrollment	28,768	3,916	2,331	0	695	0	253	379	36,342
<i>Bottom Line Impacts</i>									
<b>Total Bottom Line Impacts</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
FY 2023-24 Enrollment	28,768	3,916	2,331	0	695	0	253	379	36,342
Estimated FY 2023-24 Conversion Factor	92.68%	86.99%	86.23%	0	92.11%	0	79.69%	93.26%	91.56%
<b>FY 2023-24 Estimated Utilizers</b>	<b>26,862</b>	<b>3,407</b>	<b>2,010</b>	<b>0</b>	<b>640</b>	<b>0</b>	<b>202</b>	<b>253</b>	<b>33,274</b>
FY 2022-23 Cost per Utilizer	\$26,051.93	\$17,156.02	\$49,876.77	N/A	\$66,111.96	N/A	\$4,638.76	\$54,232.76	\$27,383.17
Percentage Selected to Modify Per Utilizer <sup>(5)</sup>	4.47%	1.33%	7.19%	0.00%	1.39%	0.00%	3.99%	-1.79%	-5.01%
<b>FY 2023-24 Estimated Cost Per Utilizer</b>	<b>\$27,216.45</b>	<b>\$17,384.20</b>	<b>\$54,460.45</b>	<b>\$0.00</b>	<b>\$67,030.92</b>	<b>\$0.00</b>	<b>\$4,823.85</b>	<b>\$53,261.99</b>	<b>\$26,010.53</b>
<b>Estimated FY 2023-24 Base Expenditures</b>	<b>\$725,644,990</b>	<b>\$59,227,969</b>	<b>\$109,465,505</b>	<b>\$0</b>	<b>\$42,899,789</b>	<b>\$0</b>	<b>\$974,418</b>	<b>\$18,801,482</b>	<b>\$957,014,153</b>
<i>Bottom Line Impacts</i>									
SB 20-212 Telehealth	\$643,068	\$63,312	\$52,828	\$0	\$36,596	\$0	\$0	\$9,526	\$805,330
COVID Emergency Spending	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Local Minimum Wage	\$5,179,419	\$509,933	\$0	\$0	\$294,750	\$0	\$0	\$76,724	\$6,060,826
FY 2021-22 2.5% ATB Rate Increase (JBC Action)	(\$13,997,997)	(\$1,271,809)	(\$1,759,572)	\$0	(\$785,512)	\$0	(\$14,537)	(\$229,960)	(\$18,059,387)
R-6 Remote Supports for HCBS Programs	(\$549,384)	(\$49,933)	\$0	\$0	(\$30,840)	\$0	(\$9,029)	(\$639,386)	(\$639,386)
SB 21-038 (Expansion of Complementary and Alternative Medicine)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$468,516	\$468,516
JBC Action 667 DD Enrollments	(\$375,232)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$375,232)
<b>Total Bottom Line Impacts</b>	<b>(\$9,100,326)</b>	<b>(\$748,497)</b>	<b>(\$1,706,744)</b>	<b>\$0</b>	<b>(\$485,006)</b>	<b>\$0</b>	<b>(\$14,537)</b>	<b>\$315,777</b>	<b>(\$11,739,333)</b>
<b>Estimated FY 2023-24 Total Expenditures</b>	<b>\$716,544,664</b>	<b>\$58,479,472</b>	<b>\$107,758,761</b>	<b>\$0</b>	<b>\$42,414,783</b>	<b>\$0</b>	<b>\$959,881</b>	<b>\$19,117,259</b>	<b>\$945,274,820</b>
Estimated FY 2023-24 Per Utilizer	\$26,375.13	\$17,164.51	\$53,611.32	N/A	\$66,373.10	N/A	\$4,751.89	\$54,156.51	\$28,408.81
% Change over FY 2022-23 Per Utilizer	3.16%	0.05%	7.49%	N/A	0.24%	N/A	2.44%	-0.14%	3.75%

*Definitions: HCBS, Home- and Community-Based Services*

(1) Adjusted CORE value due to billing issues. 1915(i) program paid from invoices and other claims were hitting program expenditure incorrectly.  
 (2) Presented information regarding the enrolled clients in each waiver is derived from the average number of monthly PARs (Prior Authorization Requests) for the waiver.  
 (3) N/A - Data cannot be displayed due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).  
 (4) Percentage selected to modify enrollment for FY 2021-22 through FY 2023-24  
 (5) Percentage selected to modify per enrollee costs for FY 2021-22 through FY 2023-24  
 (6) Enrollment in 1915(i) waiver ended in FY 2018-19 due to members transferring to the SLS waiver.  
 (7) Waiver operation ended 6/30/2018.

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS**  
Average Monthly Enrollment Utilization Adjustment

HCBS Waivers Average Monthly Enrollment vs. Average Monthly Waiver Utilizers									
Fiscal Year		Elderly, Blind and Disabled Waiver (HCBS-EBD)	Community Mental Health Supports Waiver (HCBS-CMHS)	Children's Home- and Community-Based Waiver (HCBS - CHCBS)	Consumer Directed Attendant Support-State Plan (HCBS-1915(i) CDASS) <sup>(4)</sup>	Brain Injury Waiver (HCBS-BI)	Children with Autism Waiver (HCBS-CWA) <sup>(4) (5)</sup>	Children with Life Limiting Illness Waiver (HCBS-CLLI)	Spinal Cord Injury Waiver (HCBS-SCI) <sup>(4)</sup>
FY 2013-14	Average Monthly Enrollment <sup>(1)</sup>	20,500	2,908	1,040	31	258	48	166	N/A
	Average Monthly Waiver Utilizers <sup>(2)</sup>	19,485	2,652	965	31	240	35	88	N/A
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.05%	91.18%	92.79%	100.00%	92.98%	72.50%	53.01%	70.00%
FY 2014-15	Average Monthly Enrollment <sup>(1)</sup>	21,358	3,019	1,100	27	307	49	130	53
	Average Monthly Waiver Utilizers <sup>(2)</sup>	19,795	2,719	1,065	27	273	34	81	53
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	92.68%	90.07%	96.82%	100.00%	88.84%	69.22%	62.31%	100.00%
FY 2015-16	Average Monthly Enrollment <sup>(1)</sup>	21,625	3,049	1,186	N/A	336	42	131	49
	Average Monthly Waiver Utilizers <sup>(2)</sup>	20,567	2,835	1,136	N/A	319	27	107	49
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.11%	92.99%	95.78%	100.00%	94.97%	64.68%	81.68%	100.00%
FY 2016-17	Average Monthly Enrollment <sup>(1)</sup>	22,770	3,277	1,369	N/A	371	46	152	77
	Average Monthly Waiver Utilizers <sup>(2)</sup>	19,885	2,788	1,136	N/A	303	N/A	126	55
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	87.33%	85.08%	82.98%	100.00%	81.67%	64.68%	82.89%	71.43%
FY 2017-18	Average Monthly Enrollment <sup>(1)</sup>	23,827	3,399	1,492	N/A	427	35	157	109
	Average Monthly Waiver Utilizers <sup>(2)</sup>	22,641	3,095	1,376	N/A	390	N/A	141	103
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.02%	91.06%	92.23%	100.00%	91.33%	54.35%	89.81%	94.50%
FY 2018-19	Average Monthly Enrollment <sup>(1)</sup>	24,424	3,498	1,645	N/A	498	N/A	169	156
	Average Monthly Waiver Utilizers <sup>(2)</sup>	22,285	3,127	1,378	N/A	442	N/A	137	130
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	91.24%	89.39%	83.77%	100.00%	88.76%	N/A	81.07%	83.33%
FY 2019-20	Average Monthly Enrollment <sup>(1)</sup>	24,805	3,477	1,726	N/A	508	N/A	171	178
	Average Monthly Waiver Utilizers <sup>(2)</sup>	22,744	3,133	1,485	N/A	459	N/A	141	166
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	91.69%	90.11%	86.04%	N/A	90.35%	N/A	82.46%	93.26%
FY 2020-21	Average Monthly Enrollment <sup>(1)</sup>	26,407	3,688	1,948	N/A	570	N/A	192	198
	Average Monthly Waiver Utilizers <sup>(2)</sup>	25,209	3,308	1,736	N/A	511	N/A	153	186
	Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.46%	89.70%	89.12%	N/A	89.65%	N/A	79.69%	82.36%
	<b>FY 2020-21 Selected Average Monthly Utilizers Conversion Factor <sup>(3)</sup></b>	<b>92.68%</b>	<b>86.99%</b>	<b>86.23%</b>	<b>N/A</b>	<b>90.35%</b>	<b>N/A</b>	<b>79.69%</b>	<b>93.26%</b>
	<b>FY 2021-22 Selected Average Monthly Utilizers Conversion Factor <sup>(3)</sup></b>	<b>92.68%</b>	<b>86.99%</b>	<b>86.23%</b>	<b>N/A</b>	<b>92.11%</b>	<b>N/A</b>	<b>79.69%</b>	<b>93.26%</b>
	<b>FY 2022-23 Selected Average Monthly Utilizers Conversion Factor <sup>(3)</sup></b>	<b>92.68%</b>	<b>86.99%</b>	<b>86.23%</b>	<b>N/A</b>	<b>92.11%</b>	<b>N/A</b>	<b>79.69%</b>	<b>93.26%</b>

*Definitions:* HCBS: Home- and Community-Based Services; PAR: Prior Authorization; HIPAA: Health Insurance Portability and Accountability Act of 1996

(1) Average Monthly Enrollment is defined by the average number of active PARs, for each waiver, per month.

(2) Average Monthly Waiver Utilizers is defined by the average number of clients with a paid claim, for each waiver, per month of service.

(3) The selected FY 2021-22, FY 2022-23, FY 2023-24 Average Monthly Utilizer Conversion Factor for all waivers is an average of the two previous fiscal year actuals. See narrative for more detail.

(4) N/A - Waiver ended operation on 1/1/2019.

(5) Waiver ended operation 6/30/2018

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS**  
6 Month Cash Based Actuals by Eligibility

FY 2016-17 July - December CORE Total Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS - Elderly, Blind, and Disabled	\$87,300,379	\$16,962,573	\$68,978,227	\$1,154,334	\$237,051	\$21,206	\$820,984	\$0	\$21,663	\$0	\$53,046	\$2,552	\$0	\$0	\$334,329	\$175,886,344
HCBS - Community Mental Health Services	\$3,234,032	\$2,673,943	\$13,062,242	\$50,086	\$10,695	\$0	\$114,245	\$0	\$0	\$0	\$8,181	\$0	\$0	\$0	\$79,681	\$19,233,105
Children's Home and Community-Based Waiver	\$0	\$0	\$7,192,996	\$38,925	\$0	\$0	\$0	\$0	\$502,686	\$2,422	\$475	\$0	\$0	\$0	\$0	\$7,737,504
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$303,521	\$58,974	\$239,819	\$4,014	\$824	\$74	\$2,854	\$0	\$75	\$0	\$184	\$9	\$0	\$0	\$1,162	\$611,510
HCBS - Brain Injury	\$447,254	\$997,491	\$8,192,375	\$9,893	\$1,619	\$0	\$9,468	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,124	\$9,679,224
HCBS - Children with Autism	\$0	\$0	\$219,026	\$3,784	\$0	\$0	\$0	\$0	\$47,445	\$1,446	\$448	\$0	\$0	\$0	\$0	\$272,149
HCBS - Children with Life Limiting Illness	\$0	\$0	\$327,761	\$780	\$0	\$0	\$0	\$0	\$21,738	\$1,107	\$5,428	\$0	\$0	\$0	\$0	\$356,814
HCBS - Spinal Cord Injury	\$174,899	\$27,332	\$1,195,123	\$11,564	\$0	\$0	\$32,897	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,441,815
<b>Total</b>	\$91,460,085	\$20,720,313	\$99,407,569	\$1,273,380	\$250,189	\$21,280	\$980,448	\$0	\$593,607	\$4,975	\$67,762	\$2,561	\$0	\$0	\$436,296	\$215,218,465
<b>Caseload</b>	43,538	11,088	67,693	5,707	153,209	90,184	357,092	309	471,955	63,293	20,247	14,310	1,803	2,526	33,506	1,336,459
<b>Half -Year Per Capita</b>	\$2,100.68	\$1,868.77	\$1,468.50	\$223.13	\$1.63	\$0.24	\$2.75	\$0.00	\$1.26	\$0.08	\$3.35	\$0.18	\$0.00	\$0.00	\$13.02	\$161.04
FY 2016-17 January - June CORE Total Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS - Elderly, Blind, and Disabled	\$112,381,662	\$14,033,617	\$60,388,671	\$1,177,315	\$72,529	\$11,176	\$325,733	\$0	\$665	\$0	\$13,480	\$0	\$0	\$0	\$89,162	\$188,494,010
HCBS - Community Mental Health Services	\$8,201,096	\$1,776,096	\$8,863,803	\$62,896	\$11,654	\$175	\$31,947	\$0	\$0	\$0	(\$1)	\$0	\$0	\$0	\$15,142	\$18,962,808
Children's Home and Community-Based Waiver	\$0	\$0	\$9,019,731	\$1,297	\$0	\$0	\$0	\$0	\$135,267	\$800	\$700	\$0	\$0	\$0	\$0	\$9,157,795
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	(\$1,201,560)	(\$106,711)	(\$510,519)	(\$11,940)	(\$824)	(\$74)	(\$2,854)	\$0	(\$75)	\$0	(\$184)	(\$9)	\$0	\$0	(\$1,162)	(\$1,835,912)
HCBS - Brain Injury	\$3,926,227	\$622,421	\$6,378,978	\$1,638	(\$31)	\$0	\$53,840	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,653	\$10,988,726
HCBS - Children with Autism	\$0	\$0	\$284,658	\$3,710	\$0	\$0	\$0	\$0	\$6,225	(\$33)	(\$10)	\$0	\$0	\$0	\$0	\$294,550
HCBS - Children with Life Limiting Illness	\$0	\$0	\$352,435	\$189	\$0	\$0	\$0	\$0	\$6,881	\$0	\$896	\$0	\$0	\$0	\$0	\$360,401
HCBS - Spinal Cord Injury	\$413,049	\$11,665	\$834,914	\$1,783	\$0	\$0	\$14,962	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,276,373
<b>Total</b>	\$123,720,474	\$16,337,088	\$85,612,671	\$1,236,888	\$83,328	\$11,277	\$423,628	\$0	\$148,963	\$767	\$14,881	(\$9)	\$0	\$0	\$108,795	\$227,698,751
<b>Caseload</b>	44,344	11,395	67,545	6,796	169,635	111,935	338,605	280	466,639	66,520	20,373	12,825	2,133	2,754	34,112	1,355,890
<b>Half -Year Per Capita</b>	\$2,790.01	\$1,433.77	\$1,267.49	\$182.01	\$0.49	\$0.10	\$1.25	\$0.00	\$0.32	\$0.01	\$0.73	(\$0.00)	\$0.00	\$0.00	\$3.19	\$167.93

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS**  
6 Month Cash Based Actuals by Eligibility

FY 2017-18 July - December CORE Total Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS - Elderly, Blind, and Disabled	\$115,943,555	\$17,629,254	\$68,501,594	\$1,440,188	\$0	\$0	\$1,363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$203,515,954
HCBS - Community Mental Health Services	\$5,455,617	\$2,553,240	\$12,225,164	\$58,549	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,292,570
Children's Home-and Community-Based Waiver	\$0	\$0	\$11,271,816	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,271,816
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$380,823	\$57,904	\$224,997	\$4,730	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$668,454
HCBS - Brain Injury	\$3,620,029	\$365,176	\$5,739,664	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,724,869
HCBS - Children with Autism	\$0	\$0	\$316,174	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$316,174
HCBS - Children with Life Limiting Illness	\$0	\$0	\$392,137	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$392,137
HCBS - Spinal Cord Injury	\$667,906	\$63,038	\$2,134,968	\$3,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,869,801
<b>Total</b>	\$126,067,930	\$20,668,612	\$100,806,514	\$1,507,356	\$0	\$0	\$1,363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$249,051,775
<b>Caseload</b>	45,496	11,554	67,033	7,681	180,688	77,643	363,133	144	448,699	66,530	21,047	10,274	2,162	2,825	34,992	1,339,900
<b>Half -Year Per Capita</b>	\$2,770.98	\$1,788.87	\$1,503.83	\$196.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$185.87
FY 2017-18 January - June CORE Total Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS - Elderly, Blind, and Disabled	\$126,872,589	\$17,141,065	\$69,487,751	\$1,489,160	\$0	\$0	\$7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$214,990,572
HCBS - Community Mental Health Services	\$5,009,776	\$2,718,150	\$13,250,125	\$64,161	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,042,212
Children's Home-and Community-Based Waiver	\$0	\$0	\$14,083,079	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,083,079
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$250,792	\$32,541	\$133,942	\$2,890	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$420,165
HCBS - Brain Injury	\$1,759,536	\$1,093,349	\$9,522,937	\$54,749	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,430,571
HCBS - Children with Autism	\$0	\$0	\$243,351	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,351
HCBS - Children with Life Limiting Illness	\$0	\$0	\$368,635	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$368,635
HCBS - Spinal Cord Injury	\$532,588	\$40,820	\$1,963,700	\$251,516	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,788,624
<b>Total</b>	\$134,425,281	\$21,025,925	\$109,053,520	\$1,862,476	\$0	\$0	\$7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$266,367,209
<b>Caseload</b>	46,318	12,041	68,028	8,670	179,019	71,579	342,080	165	428,845	62,162	21,900	9,975	2,297	2,793	34,665	1,290,534
<b>Half -Year Per Capita</b>	\$2,902.23	\$1,746.27	\$1,603.06	\$214.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$206.40





**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS**  
6 Month Cash Based Actuals by Eligibility

FY 2020-21 July - December CORE Total Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS - Elderly, Blind, and Disabled	\$156,759,290	\$29,584,363	\$99,866,016	\$3,450,622	\$0	\$0	\$86	\$0	\$0	\$0	\$64,318	\$0	\$0	\$0	\$0	\$289,724,695
HCBS - Community Mental Health Services	\$5,324,797	\$4,375,081	\$16,282,880	\$1,088,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,071,358
Children's Home-and Community-Based Waiver	\$0	\$0	\$32,472,936	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$813	\$0	\$0	\$0	\$0	\$32,473,749
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Brain Injury	\$1,488,811	\$1,672,681	\$11,744,815	\$771,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,678,116
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children with Life Limiting Illness	\$0	\$0	\$389,884	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,171	\$0	\$0	\$0	\$0	\$400,055
HCBS - Spinal Cord Injury	\$489,447	\$204,779	\$3,055,517	\$910,594	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,660,337
<b>Total</b>	\$164,062,345	\$35,836,904	\$163,812,048	\$6,221,625	\$0	\$0	\$86	\$0	\$0	\$0	\$75,302	\$0	\$0	\$0	\$0	\$370,008,310
<b>Caseload</b>	48,253	13,433	66,064	14,016	169,629	81,664	378,876	142	437,873	65,299	20,827	13,035	3,387	4,682	34,870	1,352,049
<b>Half -Year Per Capita</b>	\$3,400.02	\$2,667.86	\$2,479.58	\$443.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.62	\$0.00	\$0.00	\$0.00	\$0.00	\$273.66
FY 2021-22 January - June CORE Total Actuals																
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS - Elderly, Blind, and Disabled	\$169,748,681	\$28,931,762	\$76,120,551	\$5,485,562	\$0	\$0	\$3,500	\$0	\$0	\$0	\$61,824	\$0	\$0	\$0	\$0	\$280,351,880
HCBS - Community Mental Health Services	\$5,063,271	\$3,878,499	\$14,649,777	\$1,132,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,723,800
Children's Home-and Community-Based Waiver	\$0	\$0	\$39,185,716	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103	\$0	\$0	\$0	\$0	\$39,185,819
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	(\$33,067)	(\$5,926)	(\$17,823)	(\$905)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$57,721)
HCBS - Brain Injury	\$1,548,838	\$1,808,507	\$11,966,100	\$988,864	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,312,309
HCBS - Children with Autism	\$0	\$0	\$0	(\$87)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$87)
HCBS - Children with Life Limiting Illness	\$0	\$0	\$191,945	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36	\$0	\$0	\$0	\$0	\$191,981
HCBS - Spinal Cord Injury	\$524,165	\$157,041	\$3,084,152	\$939,574	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,704,932
<b>Total</b>	\$176,851,888	\$34,769,883	\$145,180,418	\$8,545,261	\$0	\$0	\$3,500	\$0	\$0	\$0	\$61,963	\$0	\$0	\$0	\$0	\$365,412,913
<b>Caseload</b>	48,243	13,649	66,310	14,679	176,671	95,194	426,817	136	464,038	68,368	20,658	14,183	3,830	9,350	35,735	1,457,860
<b>Half -Year Per Capita</b>	\$3,665.88	\$2,547.49	\$2,189.41	\$582.16	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.65

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING  
Cash Based Actuals and Projections by Eligibility

Private Duty Nursing Total Expenditure by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$2,364,123	\$557,116	\$24,342,047	\$18,478	\$0	\$0	\$0	\$0	\$1,069,272	\$5,806	\$8,490,119	\$0	\$0	\$0	\$0	\$36,846,961
FY 2013-14	\$3,039,698	\$734,755	\$35,345,893	\$280,781	\$0	\$0	\$43,544	\$0	\$3,373,711	\$400	\$10,310,507	\$0	\$0	\$0	\$25,614	\$53,154,903
FY 2014-15	\$2,110,022	\$441,354	\$39,608,590	\$300,436	\$0	\$0	\$41,377	\$0	\$7,416,333	\$27,251	\$11,553,619	\$0	\$0	\$0	\$0	\$61,498,982
FY 2015-16	\$2,646,578	\$602,061	\$49,469,896	\$559,463	\$0	\$0	\$40,514	\$0	\$7,627,484	\$192,885	\$11,470,454	\$0	\$0	\$0	\$0	\$72,609,335
FY 2016-17	\$3,241,076	\$380,219	\$38,445,725	\$526,916	\$0	\$0	\$0	\$0	\$5,795,549	\$168,244	\$9,341,763	\$0	\$0	\$0	\$0	\$87,079,492
FY 2017-18	\$5,391,820	\$358,028	\$60,179,523	\$1,258,040	\$30,548	\$27,613	\$131,192	\$0	\$7,996,591	\$226,716	\$14,081,374	\$0	\$0	\$0	\$0	\$90,576,446
FY 2018-19	\$5,348,458	\$453,590	\$65,990,518	\$660,025	\$12,589	\$2,063	\$88,260	\$0	\$4,410,211	\$3,378	\$18,984,512	\$0	\$0	\$0	\$0	\$95,953,404
FY 2019-20	\$4,958,904	\$747,100	\$70,623,359	\$343,970	\$15,885	(\$6,217)	(\$54,204)	\$0	\$2,880,338	\$174,629	\$22,611,257	\$0	\$0	\$0	\$0	\$102,263,351
FY 2020-21	\$5,598,770	\$757,042	\$67,936,742	\$1,174,542	\$0	\$0	\$1,820	\$0	\$4,237,533	\$332,608	\$29,160,075	\$0	\$0	\$0	\$0	\$109,199,132
Estimated FY 2021-22	\$6,566,635	\$881,513	\$79,476,725	\$1,379,760	\$0	\$0	\$0	\$0	\$4,956,915	\$383,267	\$34,110,731	\$0	\$0	\$0	\$0	\$127,755,546
Estimated FY 2022-23	\$6,803,364	\$913,292	\$82,341,875	\$1,429,500	\$0	\$0	\$0	\$0	\$5,155,613	\$397,083	\$35,340,428	\$0	\$0	\$0	\$0	\$132,961,155
Estimated FY 2023-24	\$7,051,232	\$946,566	\$85,341,846	\$1,481,582	\$0	\$0	\$0	\$0	\$5,322,719	\$411,550	\$36,627,990	\$0	\$0	\$0	\$0	\$137,183,485
Private Duty Nursing Total Expenditure Percent Change by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	28.58%	31.89%	45.21%	1419.54%	0.00%	0.00%	100.00%	0.00%	215.51%	-93.11%	21.44%	0.00%	0.00%	0.00%	100.00%	44.26%
FY 2014-15	-30.58%	-39.93%	12.06%	7.00%	0.00%	0.00%	-4.98%	0.00%	119.83%	6712.75%	12.06%	0.00%	0.00%	0.00%	-100.00%	15.70%
FY 2015-16	25.43%	36.41%	24.90%	86.22%	0.00%	0.00%	-2.09%	0.00%	607.81%	-0.72%	0.00%	0.00%	0.00%	0.00%	0.00%	18.07%
FY 2016-17	1125.02%	-36.85%	-22.28%	-5.82%	0.00%	0.00%	-100.00%	0.00%	-24.02%	-12.77%	-18.56%	0.00%	0.00%	0.00%	0.00%	19.93%
FY 2017-18	-83.37%	-5.84%	56.53%	138.76%	100.00%	100.00%	100.00%	0.00%	37.98%	34.75%	60.37%	0.00%	0.00%	0.00%	0.00%	4.02%
FY 2018-19	-0.80%	26.63%	9.66%	-47.54%	-58.79%	-90.38%	-32.72%	0.00%	-44.85%	-98.51%	26.72%	0.00%	0.00%	0.00%	0.00%	5.94%
FY 2019-20	-7.28%	64.78%	7.02%	-47.89%	-226.18%	-401.36%	-161.41%	0.00%	-34.69%	5069.60%	19.10%	0.00%	0.00%	0.00%	0.00%	6.58%
FY 2020-21	1.33%	-3.80%	-100.00%	-103.36%	-100.00%	-103.36%	0.00%	0.00%	-47.12%	90.47%	28.96%	0.00%	0.00%	0.00%	0.00%	6.78%
Estimated FY 2021-22	17.29%	16.44%	16.99%	17.47%	0.00%	0.00%	-100.00%	0.00%	16.98%	15.23%	16.98%	0.00%	0.00%	0.00%	0.00%	16.99%
Estimated FY 2022-23	3.61%	3.61%	3.61%	3.61%	0.00%	0.00%	0.00%	0.00%	3.61%	3.60%	3.61%	0.00%	0.00%	0.00%	0.00%	3.61%
Estimated FY 2023-24	3.64%	3.64%	3.64%	3.64%	0.00%	0.00%	0.00%	0.00%	3.64%	3.64%	3.64%	0.00%	0.00%	0.00%	0.00%	3.64%
Private Duty Nursing Per Capita Costs by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$57.91	\$61.55	\$393.12	\$20.81	\$0.00	\$0.00	\$0.00	\$0.00	\$2.97	\$0.70	\$477.59	\$0.00	\$0.00	\$0.00	\$0.00	\$53.95
FY 2013-14	\$72.66	\$74.57	\$548.64	\$109.68	\$0.00	\$0.00	\$0.50	\$0.00	\$8.45	\$0.02	\$564.43	\$0.00	\$0.00	\$0.00	\$1.10	\$61.74
FY 2014-15	\$50.46	\$42.17	\$595.19	\$82.83	\$0.00	\$0.00	\$0.17	\$0.00	\$16.64	\$0.54	\$575.64	\$0.00	\$0.00	\$0.00	\$0.00	\$52.96
FY 2015-16	\$62.41	\$57.18	\$719.04	\$89.99	\$0.00	\$0.00	\$0.13	\$0.00	\$16.33	\$3.24	\$575.39	\$0.00	\$0.00	\$0.00	\$0.00	\$55.98
FY 2016-17	\$737.83	\$33.82	\$568.56	\$84.29	\$0.00	\$0.00	\$0.00	\$0.00	\$12.35	\$2.59	\$459.96	\$0.00	\$0.00	\$0.00	\$0.00	\$64.69
FY 2017-18	\$117.45	\$30.35	\$891.14	\$153.89	\$0.17	\$0.30	\$0.37	\$0.00	\$18.22	\$3.52	\$697.68	\$0.00	\$0.00	\$0.00	\$0.00	\$68.87
FY 2018-19	\$112.16	\$33.64	\$961.41	\$73.44	\$0.07	\$0.11	\$0.27	\$0.00	\$10.49	\$0.06	\$870.24	\$0.00	\$0.00	\$0.00	\$0.00	\$75.07
FY 2019-20	\$104.29	\$57.34	\$1,061.53	\$32.22	(\$0.10)	(\$0.10)	(\$0.17)	\$0.00	\$7.07	\$3.12	\$1,060.57	\$0.00	\$0.00	\$0.00	\$0.00	\$83.87
FY 2020-21	\$116.04	\$55.91	\$1,026.44	\$81.87	\$0.00	\$0.00	\$0.00	\$0.00	\$9.40	\$4.98	\$1,405.85	\$0.00	\$0.00	\$0.00	\$0.00	\$77.72
Estimated FY 2021-22	\$134.82	\$63.84	\$1,202.57	\$91.28	\$0.00	\$0.00	\$0.00	\$0.00	\$10.37	\$5.34	\$1,674.23	\$0.00	\$0.00	\$0.00	\$0.00	\$83.19
Estimated FY 2022-23	\$142.74	\$66.90	\$1,238.80	\$103.36	\$0.00	\$0.00	\$0.00	\$0.00	\$12.02	\$6.50	\$1,740.31	\$0.00	\$0.00	\$0.00	\$0.00	\$95.03
Estimated FY 2023-24	\$144.83	\$66.99	\$1,260.53	\$100.55	\$0.00	\$0.00	\$0.00	\$0.00	\$12.59	\$6.89	\$1,775.99	\$0.00	\$0.00	\$0.00	\$0.00	\$97.64
Private Duty Nursing Per Capita Cost Percent Change by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	25.47%	21.15%	39.56%	427.05%	0.00%	0.00%	100.00%	0.00%	184.51%	-97.14%	18.18%	0.00%	0.00%	0.00%	100.00%	14.44%
FY 2014-15	-30.55%	-43.45%	8.48%	-24.48%	0.00%	0.00%	-66.00%	0.00%	96.92%	2600.00%	2.16%	0.00%	0.00%	0.00%	-100.00%	-14.22%
FY 2015-16	23.68%	35.59%	20.81%	8.64%	0.00%	0.00%	-23.53%	0.00%	-1.86%	500.00%	-0.22%	0.00%	0.00%	0.00%	0.00%	5.70%
FY 2016-17	1082.23%	-40.83%	-20.93%	-6.33%	0.00%	0.00%	-100.00%	0.00%	-24.37%	-20.06%	-20.06%	0.00%	0.00%	0.00%	0.00%	15.56%
FY 2017-18	-84.08%	-10.26%	56.74%	82.57%	100.00%	100.00%	100.00%	0.00%	47.53%	35.91%	51.68%	0.00%	0.00%	0.00%	0.00%	6.46%
FY 2018-19	-4.50%	-7.89%	-7.89%	-52.28%	-58.82%	-90.00%	-27.03%	0.00%	-42.43%	-98.30%	24.73%	0.00%	0.00%	0.00%	0.00%	10.45%
FY 2019-20	-7.02%	60.89%	10.41%	-56.13%	-242.86%	-432.33%	-162.96%	0.00%	-32.60%	5100.00%	21.87%	0.00%	0.00%	0.00%	0.00%	10.25%
FY 2020-21	11.27%	-2.49%	-3.31%	154.10%	-100.00%	-100.00%	-100.00%	0.00%	32.96%	59.62%	32.56%	0.00%	0.00%	0.00%	0.00%	-7.33%
Estimated FY 2021-22	16.18%	14.18%	17.16%	11.49%	0.00%	0.00%	0.00%	0.00%	10.32%	7.23%	19.09%	0.00%	0.00%	0.00%	0.00%	7.04%
Estimated FY 2022-23	5.87%	4.79%	3.01%	13.23%	0.00%	0.00%	0.00%	0.00%	15.91%	21.72%	3.95%	0.00%	0.00%	0.00%	0.00%	14.23%
Estimated FY 2023-24	1.46%	0.13%	1.74%	-2.91%	0.00%	0.00%	0.00%	0.00%	4.74%	6.00%	2.05%	0.00%	0.00%	0.00%	0.00%	2.75%

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING**  
Cash Based Actuals and Projections by Service

Private Duty Nursing (PDN) Cost Per Service Per Fiscal Year					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)</sup>	TOTAL	
FY 2012-13	\$24,122,140	\$7,345,451	\$5,379,370	\$36,846,961	
FY 2013-14	\$35,604,519	\$10,618,602	\$6,931,782	\$53,154,903	
FY 2014-15	\$41,159,263	\$12,091,100	\$8,248,619	\$61,498,982	
FY 2015-16	\$50,697,452	\$13,281,784	\$8,630,098	\$72,609,334	
FY 2016-17	\$59,525,854	\$16,479,472	\$11,074,166	\$87,079,492	
FY 2017-18	\$61,916,304	\$17,141,257	\$11,518,885	\$90,576,446	
FY 2018-19	\$66,486,113	\$15,352,545	\$14,114,746	\$95,953,404	
FY 2019-20	\$69,963,731	\$15,349,173	\$16,950,447	\$102,263,351	
FY 2020-21	\$75,908,090	\$14,384,847	\$18,906,197	\$109,199,134	
Estimated FY 2021-22	\$87,814,720	\$16,862,985	\$23,077,841	\$127,755,546	
Estimated FY 2022-23	\$90,775,542	\$17,496,201	\$24,089,412	\$132,361,155	
Estimated FY 2023-24	\$93,901,931	\$18,154,148	\$25,127,406	\$137,183,485	
Private Duty Nursing (PDN) Percent Change in Cost Per Service Per Fiscal Year					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)</sup>	TOTAL	
FY 2013-14	47.60%	44.56%	28.86%	44.26%	
FY 2014-15	15.60%	13.87%	19.00%	15.70%	
FY 2015-16	23.17%	9.85%	4.62%	18.07%	
FY 2016-17	17.41%	24.08%	28.32%	19.93%	
FY 2017-18	4.02%	-4.02%	-4.02%	4.02%	
FY 2018-19	7.38%	-10.44%	22.54%	5.94%	
FY 2019-20	5.23%	-0.02%	20.09%	6.58%	
FY 2020-21	8.50%	-6.28%	11.54%	6.78%	
Estimated FY 2021-22	15.69%	17.23%	22.06%	16.99%	
Estimated FY 2022-23	3.37%	3.76%	4.38%	3.61%	
Estimated FY 2023-24	3.44%	3.76%	4.31%	3.64%	
Private Duty Nursing (PDN) Average Utilizers Per Month Per Service Per Fiscal Year <sup>(2)</sup>					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)(3)</sup>	TOTAL <sup>(4)</sup>	
FY 2012-13	223	126	51	268	
FY 2013-14	315	181	57	369	
FY 2014-15	398	225	66	458	
FY 2015-16	416	240	68	504	
FY 2016-17	474	258	72	569	
FY 2017-18	515	292	81	637	
FY 2018-19	554	267	97	680	
FY 2019-20	559	251	110	696	
FY 2020-21	606	230	131	756	
Estimated FY 2021-22	640	230	149	838	
Estimated FY 2022-23	658	230	153	848	
Estimated FY 2023-24	677	230	156	858	
Private Duty Nursing (PDN) Percent Change Average Utilizers Per Month Per Service Per Fiscal Year					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)(3)</sup>	TOTAL <sup>(4)</sup>	
FY 2013-14	41.26%	43.65%	N/A	37.41%	
FY 2014-15	26.35%	24.31%	N/A	24.40%	
FY 2015-16	4.52%	6.67%	N/A	9.98%	
FY 2016-17	13.99%	7.67%	5.88%	12.83%	
FY 2017-18	8.60%	13.00%	12.50%	11.98%	
FY 2018-19	7.57%	-8.56%	19.75%	6.75%	
FY 2019-20	0.90%	-5.99%	13.40%	2.35%	
FY 2020-21	8.41%	-8.37%	19.09%	8.58%	
Estimated FY 2021-22	5.61%	0.00%	13.74%	10.88%	
Estimated FY 2022-23	2.81%	0.00%	2.68%	1.19%	
Estimated FY 2023-24	2.89%	0.00%	1.96%	1.18%	

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING**  
Cash Based Actuals and Projections by Service

Private Duty Nursing (PDN) Cost Per Utilizer Per Service Per Fiscal Year					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)(3)</sup>	TOTAL	
FY 2012-13	\$108,171	\$58,297	N/A	\$137,403	
FY 2013-14	\$113,030	\$58,666	N/A	\$144,247	
FY 2014-15	\$103,415	\$53,738	N/A	\$134,155	
FY 2015-16	\$121,869	\$55,341	\$126,913	\$144,019	
FY 2016-17	\$125,529	\$63,775	\$153,808	\$153,084	
FY 2017-18	\$120,226	\$58,703	\$142,208	\$142,192	
FY 2018-19	\$120,011	\$57,500	\$145,513	\$141,108	
FY 2019-20	\$125,159	\$61,152	\$154,095	\$146,930	
FY 2020-21	\$125,261	\$62,543	\$144,322	\$144,491	
Estimated FY 2021-22	\$137,211	\$73,317	\$154,885	\$152,453	
Estimated FY 2022-23	\$137,957	\$76,070	\$157,447	\$156,086	
Estimated FY 2023-24	\$138,703	\$78,931	\$161,073	\$159,888	
Private Duty Nursing (PDN) Percent Change in Cost Per Utilizer Per Service Per Fiscal Year					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)(3)</sup>	TOTAL	
FY 2013-14	4.49%	0.63%	N/A	4.98%	
FY 2014-15	-8.51%	-8.40%	N/A	-7.00%	
FY 2015-16	17.84%	2.98%	N/A	7.35%	
FY 2016-17	3.00%	15.24%	21.19%	6.29%	
FY 2017-18	-4.22%	-7.95%	-7.54%	-7.12%	
FY 2018-19	-0.18%	-2.05%	2.32%	-0.76%	
FY 2019-20	4.29%	6.35%	5.90%	4.13%	
FY 2020-21	0.08%	2.27%	-6.34%	-1.66%	
Estimated FY 2021-22	9.54%	17.23%	7.32%	5.51%	
Estimated FY 2022-23	0.54%	3.76%	1.65%	2.38%	
Estimated FY 2023-24	0.54%	3.76%	2.30%	2.44%	
Private Duty Nursing (PDN) Units Per Utilizer Per Service Per Fiscal Year					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)</sup>	TOTAL	
FY 2012-13	3,001	2,519		4,918	
FY 2013-14	2,943	2,202		4,721	
FY 2014-15	2,953	2,118		3,757	
FY 2015-16	2,853	1,969		3,919	
FY 2016-17	2,553	1,773		4,147	
FY 2017-18	2,901	1,968		4,094	
FY 2018-19	2,618	1,744		3,689	
FY 2019-20	2,758	1,856		4,070	
FY 2020-21	2,729	1,877		3,621	
Estimated FY 2021-22	2,758	1,948		3,777	
Estimated FY 2022-23	2,773	2,021		3,908	
Estimated FY 2023-24	2,788	2,097		4,090	
Private Duty Nursing (PDN) Percent Change in Units Per Utilizer Per Service Per Fiscal Year					
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)</sup>	TOTAL	
FY 2013-14	-1.93%	-12.58%		-3.99%	
FY 2014-15	0.34%	-3.81%		-20.43%	
FY 2015-16	-3.39%	-7.03%		-4.33%	
FY 2016-17	-10.52%	-9.95%		-5.82%	
FY 2017-18	13.63%	10.99%		-1.28%	
FY 2018-19	-9.76%	-11.37%		-9.89%	
FY 2019-20	5.35%	6.42%		10.33%	
FY 2020-21	-1.05%	1.13%		-11.03%	
Estimated FY 2021-22	1.06%	3.78%		4.30%	
Estimated FY 2022-23	0.50%	3.80%		3.47%	
Estimated FY 2023-24	0.54%	3.80%		4.64%	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING  
Cash Based Actuals and Projections by Service

Current Year Projection				
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)</sup>	TOTAL
FY 2020-21 Estimated Average Paid Utilizers Per Month	606	230	131	756
Utilizer Trend Selected <sup>(5)</sup>	5.61%	0.00%	13.74%	10.92%
Estimated FY 2021-22 Average Paid Utilizers Per Month	640	230	149	838
<b>Total Bottom Line Impacts</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Estimated FY 2021-22 Average Paid Utilizers Per Month</b>	<b>640</b>	<b>230</b>	<b>149</b>	<b>838</b>
FY 2020-21 Average Paid Units Per Utilizer Per Year	2,729	1,877	3,621	
Percentage Selected to Modify Per Client Utilization <sup>(6)</sup>	1.06%	3.78%	4.30%	
<b>Estimated FY 2021-22 Average Paid Units Per Utilizer</b>	<b>2,758</b>	<b>1,948</b>	<b>3,777</b>	
FY 2020-21 Average Paid Rate Per Unit	45.91	\$33.31	\$31.57	
Unit Average Paid Rate Trend Selected	8.36%	13.00%	2.50%	
<b>Estimated FY 2021-22 Average Paid Rate Per Unit</b>	<b>\$49.75</b>	<b>\$37.64</b>	<b>\$32.36</b>	
<b>Estimated FY 2021-22 Base Expenditure</b>	<b>\$87,814,720</b>	<b>\$16,862,985</b>	<b>\$23,077,841</b>	<b>\$127,755,546</b>
<i>Bottom Line Impacts</i>				
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2021-22 Expenditure</b>	<b>\$87,814,720</b>	<b>\$16,862,985</b>	<b>\$23,077,841</b>	<b>\$127,755,546</b>
Estimated FY 2021-22 Per Utilizer Cost	\$137,210.50	\$73,317.33	\$154,884.84	\$152,452.92
% Change Over FY 2020-21 Per Utilizer Cost	9.54%	17.23%	7.32%	5.51%
Request Year Projection				
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)</sup>	TOTAL
Estimated FY 2021-22 Average Paid Utilizers Per Month	640	230	149	838
Utilizer Trend Selected <sup>(5)</sup>	2.81%	0.00%	2.68%	1.21%
FY 2022-23 Estimated Average Paid Utilizers Per Month	658	230	153	848
<i>Bottom Line Impacts</i>				
<b>Total Bottom Line Impacts</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FY 2022-23 Estimated Average Paid Utilizers Per Month</b>	<b>658</b>	<b>230</b>	<b>153</b>	<b>848</b>
Estimated FY 2021-22 Average Paid Units Per Utilizer	2,758	1,948	3,777	
Percentage Selected to Modify Per Client Utilization <sup>(6)</sup>	0.54%	3.76%	3.47%	
<b>FY 2022-23 Estimated Average Paid Units Per Utilizer</b>	<b>2,773</b>	<b>2,021</b>	<b>3,908</b>	
Estimated FY 2021-22 Average Paid Rate Per Unit	\$49.75	\$37.64	\$32.36	
Adjustment to Increase Average Paid Rate to Actual Rate	0.00%	0.00%	0.00%	
<b>FY 2022-23 Estimated Average Paid Rate Per Unit</b>	<b>\$49.75</b>	<b>\$37.64</b>	<b>\$32.36</b>	
<b>Estimated FY 2022-23 Base Expenditure</b>	<b>\$90,775,542</b>	<b>\$17,496,201</b>	<b>\$24,089,412</b>	<b>\$132,361,155</b>
<i>Bottom Line Impacts</i>				
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2022-23 Expenditure</b>	<b>\$90,775,542</b>	<b>\$17,496,201</b>	<b>\$24,089,412</b>	<b>\$132,361,155</b>
Estimated FY 2022-23 Per Utilizer Cost	\$137,956.75	\$76,070.44	\$157,447.14	\$156,086.27
% Change Over FY 2020-21 Per Utilizer Cost	0.54%	3.76%	1.65%	2.38%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING  
Cash Based Actuals and Projections by Service

Out Year Projection				
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN <sup>(1)</sup>	TOTAL
FY 2022-23 Estimated Average Paid Utilizers Per Month	658	230	153	848
Utilizer Trend Selected <sup>(5)</sup>	2.89%	0.00%	1.96%	1.13%
FY 2023-24 Estimated Average Paid Utilizers Per Month	677	230	156	858
<i>Bottom Line Impacts</i>				
<b>Total Bottom Line Impacts</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FY 2023-24 Estimated Average Paid Utilizers Per Month</b>	<b>677</b>	<b>230</b>	<b>156</b>	<b>858</b>
FY 2022-23 Average Paid Units Per Utilizer Per Year	2,773	2,021	3,908	
Percentage Selected to Modify Per Client Utilization <sup>(6)</sup>	0.54%	3.76%	4.64%	
<b>FY 2023-24 Estimated Average Paid Units Per Client</b>	<b>2,788</b>	<b>2,097</b>	<b>4,090</b>	
FY 2022-23 Average Paid Rate Per Unit	\$49.75	\$37.64	\$32.36	
Unit Paid Rate Trend Selected	0.00%	0.00%	0.00%	
<b>FY 2023-24 Estimated Average Paid Rate Per Unit</b>	<b>\$49.75</b>	<b>\$37.64</b>	<b>\$32.36</b>	
<b>Estimated FY 2023-24 Base Expenditure</b>	<b>\$93,901,931</b>	<b>\$18,154,148</b>	<b>\$25,127,406</b>	<b>\$137,183,485</b>
<i>Bottom Line Impacts</i>				
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2023-24 Expenditure</b>	<b>\$93,901,931</b>	<b>\$18,154,148</b>	<b>\$25,127,406</b>	<b>\$137,183,485</b>
Estimated FY 2023-24 Per Utilizer Cost	\$138,703.00	\$78,931.08	\$161,073.12	\$159,887.51
% Change Over FY 2022-23 Per Utilizer Cost	0.54%	3.76%	2.30%	2.44%
(1) RN Group/LPN Group and Blended RN/LPN Services are forecasted individually, but due to small cells sizes, the three services are grouped together. The rate is weighted across the three services based on utilization. The unit of service (hour) is constant across the three services.				
(2) Presented information regarding the utilizer per service is derived from the average number of clients with a paid claim per month. The Department believes this to be an accurate representation of utilizers for PDN services as clients typically continue services once a need is identified.				
(3) N/A - Rows cannot be displayed due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).				
(4) Since clients can access multiple services, the total average utilizers per month does not reflect the sum of the services but rather the total average utilizers per month for PDN as a benefit.				
(5) Percentages Selected to Modify Utilizers for FY 2021-22 through FY 2023-24	RN			5.61%, 2.81%, 2.89%
	LPN			0.00%, 0.00%, 0.00%
	Blended & Group			13.74%, 2.68%, 1.96%
	Total PDN Utilizers			10.92%, 1.21%, 1.13%
(6) Percentages Selected to Modify Units Per Utilizer for FY 2021-22 through FY 2023-24	RN			1.06%, 0.54%, 0.54%
	LPN			3.78%, 3.76%, 3.76%
	Blended & Group			4.30%, 3.47%, 4.64%





Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH  
Cash Actuals and Projections by Service

Long-Term Home Health (LTHH) Cost Per Service Per Fiscal Year											
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth <sup>(1)</sup>	Total	
FY 2012-13	\$3,071,740	\$3,817,229	\$3,511,343	\$23,313,471	\$7,554,316	\$7,883,991	\$6,436,688	\$3,134,840	\$8,204	\$158,630,512	\$186,315,195
FY 2013-14	\$5,478,356	\$5,769,444	\$5,772,910	\$30,691,689	\$41,228,516	\$41,228,516	\$6,162,682	\$2,167,516	\$15,260	\$312,871,851	\$398,365,098
FY 2014-15	\$4,624,151	\$7,070,775	\$8,909,669	\$33,134,289	\$99,866,641	\$46,736,728	\$7,699,746	\$2,760,829	\$19,793	\$516,544,293	\$632,404,635
FY 2015-16	\$7,082,199	\$8,236,854	\$10,558,321	\$35,763,694	\$115,697,949	\$50,231,200	\$8,713,140	\$3,056,070	\$6,742	\$734,312,149	\$909,383,281
FY 2016-17	\$7,566,256	\$10,175,849	\$16,371,130	\$37,740,979	\$135,690,548	\$84,661,018	\$8,766,019	\$2,677,266	\$319	\$871,639,403	\$1,058,975,838
FY 2017-18	\$8,774,284	\$11,800,553	\$18,994,993	\$43,766,815	\$157,353,501	\$101,846,054	\$63,388,357	\$3,104,749	\$370	\$1,129,279,479	\$1,374,339,820
FY 2018-19	\$10,184,592	\$14,433,159	\$23,474,359	\$54,835,369	\$204,404,713	\$130,645,713	\$80,855,973	\$4,015,685	\$78	\$1,384,098,710	\$1,652,934,997
FY 2019-20	\$12,681,087	\$19,434,087	\$28,433,221	\$68,433,221	\$266,780,057	\$173,516,744	\$112,457,366	\$5,631,377	\$5,824	\$1,617,337,831	\$1,919,003,831
FY 2020-21	\$16,069,970	\$26,814,661	\$40,501,630	\$95,271,162	\$379,901,379	\$272,721,122	\$173,527,122	\$13,820,795	\$0	\$1,945,616,719	\$2,344,616,719
Estimated FY 2021-22	\$17,816,543	\$29,556,953	\$45,734,401	\$103,711,213	\$425,577,381	\$313,531,381	\$194,499,511	\$15,382,440	\$10,767	\$2,132,136,441	\$2,554,682,882
Estimated FY 2022-23	\$19,981,431	\$34,148,492	\$51,484,631	\$57,712,121	\$265,833,783	\$166,257,772	\$125,944,463	\$17,962,440	\$10,848	\$2,328,062,784	\$2,809,962,784
Estimated FY 2023-24	\$21,199,248	\$36,835,344	\$57,926,930	\$57,731,215	\$287,731,251	\$183,526,022	\$130,622,440	\$18,848	\$10,848	\$2,563,378,713	\$3,086,757,426
LTHH Percent Change in Cost Per Service Per Fiscal Year											
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth	Total	
FY 2013-14	37.9%	51.14%	64.41%	37.15%	15.17%	8.83%	-4.20%	-30.80%	86.01%	17.58%	
FY 2014-15	47.20%	22.62%	54.34%	4.86%	11.76%	13.86%	24.94%	27.56%	29.20%	13.97%	
FY 2015-16	10.21%	16.43%	18.50%	7.91%	15.92%	7.58%	13.10%	10.73%	-65.84%	12.63%	
FY 2016-17	6.83%	23.54%	55.05%	5.53%	17.26%	8.62%	12.96%	-12.99%	14.28%	14.28%	
FY 2017-18	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	
FY 2018-19	17.55%	21.00%	31.03%	24.2%	11.76%	2.2%	2.2%	0.0%	-78.83%	12.47%	
FY 2019-20	22.94%	32.81%	21.02%	8.04%	14.57%	7.68%	19.66%	16.93%	7366.67%	14.03%	
FY 2020-21	26.67%	32.83%	34.54%	6.67%	7.9%	-1.07%	-8.70%	-100.00%	6.01%	9.40%	
Estimated FY 2021-22	10.88%	14.49%	12.91%	10.45%	11.17%	7.02%	4.89%	2.91%	0.00%	10.49%	
Estimated FY 2022-23	12.19%	15.60%	11.37%	11.37%	3.07%	0.88%	0.88%	0.88%	0.88%	7.55%	
Estimated FY 2023-24	6.09%	8.14%	12.58%	0.00%	8.25%	3.60%	0.87%	0.00%	0.00%	6.69%	
LTHH Average Utilizes Per Month Per Service Per Fiscal Year <sup>(2)</sup>											
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Total <sup>(3)</sup>		
FY 2012-13	655	691	556	2,723	3,093	2,132	368	152	5,933		
FY 2013-14	913	1,015	899	3,092	3,524	2,285	428	116	6,863		
FY 2014-15	1,080	1,429	1,352	3,253	3,641	2,931	499	232	7,693		
FY 2015-16	1,176	1,451	1,616	3,117	3,869	2,734	414	155	8,290		
FY 2016-17	1,366	1,774	2,192	3,372	4,201	3,023	426	174	9,299		
FY 2017-18	1,533	2,134	2,901	3,929	4,799	3,577	499	201	10,877		
FY 2018-19	1,725	2,399	3,526	3,642	5,103	3,839	454	182	11,829		
FY 2019-20	2,000	3,046	4,287	4,581	5,372	4,038	507	185	12,947		
FY 2020-21	2,399	3,748	5,278	5,663	5,581	4,196	556	202	14,148		
Estimated FY 2021-22	2,991	4,311	6,150	6,150	5,969	4,310	607	202	15,141		
Estimated FY 2022-23	3,019	4,009	6,930	6,374	6,170	4,468	572	202	16,061		
Estimated FY 2023-24	3,203	3,400	7,802	3,674	6,488	4,611	577	202	16,781		
LTHH Percent Change Average Utilizes Per Month Per Service Per Fiscal Year											
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Total <sup>(3)</sup>		
FY 2013-14	39.9%	46.89%	61.69%	11.55%	7.47%	7.18%	7.88%	-23.68%	15.65%		
FY 2014-15	18.29%	29.35%	50.36%	6.47%	13.95%	5.18%	15.1%	22.41%	12.11%		
FY 2015-16	8.89%	16.17%	19.53%	2.53%	6.17%	5.93%	5.34%	9.15%	7.76%		
FY 2016-17	16.16%	22.26%	35.64%	1.66%	8.58%	10.57%	2.90%	12.25%	12.06%		
FY 2017-18	12.19%	20.30%	32.01%	16.82%	14.23%	18.33%	17.21%	15.42%	17.55%		
FY 2018-19	12.56%	12.42%	21.84%	7.55%	6.58%	7.53%	9.60%	-9.17%	7.95%		
FY 2019-20	15.95%	26.96%	21.60%	-1.67%	5.27%	5.19%	11.65%	1.42%	9.45%		
FY 2020-21	19.95%	23.05%	23.12%	2.29%	3.89%	3.91%	9.66%	9.16%	9.28%		
Estimated FY 2021-22	12.17%	15.61%	16.64%	0.36%	5.4%	3.9%	1.9%	0.8%	6.88%		
Estimated FY 2022-23	12.20%	15.60%	12.57%	0.00%	5.14%	3.19%	0.88%	0.00%	6.22%		
Estimated FY 2023-24	6.10%	7.81%	12.58%	0.00%	5.15%	3.20%	0.87%	0.00%	4.48%		
LTHH Cost Per Utilizer Per Service Per Fiscal Year											
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Total		
FY 2012-13	\$6,063.73	\$5,524.21	\$6,315.37	\$8,194.08	\$25,074.14	\$17,769.23	\$17,490.92	\$20,622.54	\$36,786.23		
FY 2013-14	\$6,000.37	\$5,684.18	\$6,321.48	\$9,897.65	\$26,703.65	\$18,045.11	\$18,799.00	\$18,683.76	\$37,182.53		
FY 2014-15	\$5,980.14	\$5,664.35	\$6,589.99	\$10,242.47	\$27,389.31	\$18,111.68	\$19,392.23	\$19,436.82	\$37,633.18		
FY 2015-16	\$6,022.28	\$5,633.61	\$10,781.94	\$10,903.84	\$29,003.84	\$18,405.75	\$21,046.23	\$19,176.58	\$38,882.73		
FY 2016-17	\$5,538.97	\$5,736.10	\$7,468.58	\$11,192.46	\$32,499.58	\$18,081.71	\$20,554.08	\$15,386.70	\$29,566.32		
FY 2017-18	\$5,755.47	\$5,529.35	\$6,500.88	\$11,110.68	\$32,791.46	\$17,721.10	\$20,335.32	\$15,499.33	\$28,960.69		
FY 2018-19	\$5,979.76	\$6,099.27	\$7,056.12	\$12,309.03	\$35,367.75	\$17,786.04	\$22,872.39	\$17,021.94	\$30,172.79		
FY 2019-20	\$6,340.54	\$6,380.48	\$7,022.64	\$13,234.78	\$38,492.19	\$18,206.23	\$24,511.57	\$19,629.06	\$31,437.67		
FY 2020-21	\$6,685.69	\$6,887.80	\$7,674.24	\$14,701.61	\$39,980.67	\$17,334.68	\$24,586.32	\$19,960.67	\$31,498.74		
Estimated FY 2021-22	\$6,618.56	\$6,821.36	\$7,429.24	\$15,713.45	\$41,850.27	\$17,975.80	\$24,990.32	\$19,616.04	\$32,563.22		
Estimated FY 2022-23	\$6,618.56	\$6,821.36	\$7,429.24	\$15,713.45	\$43,080.03	\$18,045.16	\$24,990.32	\$19,616.04	\$32,878.57		
Estimated FY 2023-24	\$6,618.56	\$6,821.36	\$7,429.24	\$15,713.45	\$44,348.23	\$18,114.82	\$24,990.32	\$19,616.04	\$33,572.42		
LTHH Percent Change in Cost Per Utilizer Per Service Per Fiscal Year											
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Total		
FY 2013-14	-1.04%	2.90%	1.68%	20.78%	7.17%	1.54%	3.93%	9.40%	1.67%		
FY 2014-15	-0.84%	-0.35%	2.62%	3.49%	1.93%	0.38%	7.77%	4.03%	1.60%		
FY 2015-16	-0.21%	-0.86%	-0.86%	-5.27%	9.18%	1.62%	7.42%	1.44%	4.52%		
FY 2016-17	-8.03%	1.05%	14.31%	3.81%	8.01%	1.76%	-2.34%	-21.96%	12.99%		
FY 2017-18	3.37%	-3.60%	-12.15%	-1.85%	1.53%	-1.06%	11.06%	0.47%	-1.68%		
FY 2018-19	10.31%	10.31%	10.79%	10.79%	7.80%	12.48%	7.80%	10.11%	4.19%		
FY 2019-20	6.03%	4.61%	-0.47%	9.88%	8.83%	2.36%	7.17%	15.32%	4.19%		
FY 2020-21	7.98%	6.60%	9.28%	5.4%	4.79%	0.8%	4.9%	0.8%	2.90%		
Estimated FY 2021-22	-1.15%	-0.96%	-3.19%	10.11%	5.73%	7.70%	2.80%	2.91%	-3.88%		
Estimated FY 2022-23	0.00%	0.00%	0.00%	0.00%	2.94%	0.39%	0.00%	0.00%	0.97%		
Estimated FY 2023-24	0.00%	0.00%	0.00%	0.00%	2.94%	0.38%	0.00%	0.00%	2.11%		

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH**  
**Cash Based Actuals and Projections by Service**

LTHH Units Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day		
FY 2013-13	60	55	58	88	757	1,795	268	451		
FY 2013-14	56	52	55	90	753	1,690	259	381		
FY 2014-15	64	61	64	100	749	1,664	273	386		
FY 2015-16	54	51	54	104	813	1,679	291	389		
FY 2016-17	55	52	52	109	864	1,724	301	377		
FY 2017-18	51	48	53	107	903	1,684	285	308		
FY 2018-19	51	51	55	115	982	1,881	309	324		
FY 2019-20	52	53	53	122	1,007	1,593	326	375		
FY 2020-21	58	58	50	131	1,060	1,543	328	369		
Estimated FY 2021-22	52	52	52	131	1,089	1,558	328	369		
Estimated FY 2022-23	52	52	52	131	1,121	1,561	328	369		
Estimated FY 2023-24	52	52	52	131	1,154	1,567	328	369		
LTHH Percent Change in Units Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day		
FY 2013-14	-6.67%	-5.45%	-5.17%	12.50%	-0.53%	-5.85%	-3.36%	-15.52%		
FY 2014-15	-5.57%	-1.92%	-4.82%	1.01%	-0.57%	-5.62%	-5.02%	-1.31%		
FY 2015-16	0.00%	0.00%	0.00%	4.00%	8.54%	0.90%	6.99%	0.78%		
FY 2016-17	1.85%	1.96%	-3.70%	4.81%	6.27%	2.68%	3.44%	-3.08%		
FY 2017-18	-7.27%	82.69%	1.92%	53.21%	4.51%	-4.06%	-5.32%	-18.30%		
FY 2018-19	0.00%	-46.32%	3.77%	-11.14%	4.32%	-4.41%	8.42%	5.19%		
FY 2019-20	1.96%	3.92%	-3.64%	6.09%	6.90%	0.76%	5.50%	15.74%		
FY 2020-21	11.54%	9.43%	11.32%	7.38%	5.26%	-3.14%	1.67%	-1.67%		
Estimated FY 2021-22	-10.34%	-10.34%	-11.86%	0.00%	2.74%	0.78%	0.00%	0.00%		
Estimated FY 2022-23	0.00%	0.00%	0.00%	0.00%	2.94%	0.39%	0.00%	0.00%		
Estimated FY 2023-24	0.00%	0.00%	0.00%	0.00%	2.94%	0.38%	0.00%	0.00%		
Current Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth <sup>(1)</sup>	Total
FY 2020-21 Average Utilizers Per Month	2,399	3,748	5,278	3,663	5,581	4,196	566	202	N/A	14,148
Utilizer Trend Selected <sup>(6)</sup>	12.17%	15.61%	16.64%	0.30%	5.14%	3.19%	1.98%	0.00%	N/A	6,888
Estimated FY 2021-22 Average Utilizers Per Month	2,691	4,333	6,156	3,674	5,868	4,330	567	202	N/A	15,121
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2021-22 Average Utilizers Per Year	2,691	4,333	6,156	3,674	5,868	4,330	567	202	N/A	15,121
FY 2020-21 Average Units Per Utilizer Per Year	52	52	52	131	1,060	1,543	328	369	N/A	
Percentage Selected to Modify Units Per Utilizer <sup>(9)</sup>	-10.34%	-10.34%	-11.86%	0.00%	2.74%	0.78%	0.00%	0.00%	N/A	
Estimated FY 2021-22 Average Units Per Utilizer	52	52	52	131	1,089	1,558	328	369	N/A	
FY 2020-21 Average Paid Rate Per Unit	\$115.01	\$119.42	\$130.07	\$109.19	\$37.49	\$11.38	\$74.33	\$81.56	N/A	
Unit Average Paid Rate Trend Selected	9.81%	9.85%	9.84%	9.85%	2.50%	2.50%	2.50%	2.50%	N/A	
Estimated FY 2021-22 Average Paid Rate Per Unit	\$127.28	\$131.18	\$142.87	\$119.95	\$38.43	\$11.56	\$76.19	\$53.16	N/A	
Estimated FY 2021-22 Base Expenditure	\$17,810,545	\$29,556,953	\$45,734,401	\$57,731,215	\$245,577,384	\$77,835,214	\$14,169,511	\$3,962,440	\$6,732	\$492,384,395
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telehealth Expenditure Adjustment <sup>(8)</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
Estimated FY 2021-22 Expenditure	\$17,810,545	\$29,556,953	\$45,734,401	\$57,731,215	\$245,577,384	\$77,835,214	\$14,169,511	\$3,962,440	\$10,757	\$492,388,420
Estimated FY 2021-22 Per Utilizer Cost	\$6,618.56	\$6,821.36	\$7,429.24	\$15,713.45	\$41,850.27	\$17,975.80	\$24,990.32	\$19,616.04	N/A	\$32,563.22
% Change Over FY 2020-21 Per Utilizer Cost	-1.15%	-0.96%	-3.19%	-10.11%	-5.75%	-3.70%	-2.86%	-2.91%	N/A	-3.28%
Request Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth <sup>(1)</sup>	Total
Estimated FY 2021-22 Average Utilizers Per Month	2,691	4,333	6,156	3,674	5,868	4,330	567	202	N/A	15,121
Utilizer Trend Selected <sup>(6)</sup>	12.19%	15.60%	12.57%	0.00%	5.15%	3.19%	0.88%	0.12%	N/A	6,216
FY 2021-22 Estimated Average Utilizers Per Month	3,019	5,009	6,930	3,674	6,170	4,468	572	202	N/A	16,061
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2021-22 Estimated Average Utilizers Per Year	3,019	5,009	6,930	3,674	6,170	4,468	572	202	N/A	16,061
FY 2021-22 Average Units Per Utilizer Per Year	52	52	52	131	1,089	1,555	328	369	N/A	
Percentage Selected to Modify Units Per Utilizer <sup>(9)</sup>	0.00%	0.00%	0.00%	0.00%	2.94%	0.39%	0.00%	0.00%	N/A	
FY 2021-22 Estimated Average Units Per Utilizer	52	52	52	131	1,121	1,561	328	369	N/A	
FY 2021-22 Average Paid Rate Per Unit	\$127.28	\$131.18	\$142.87	\$119.95	\$38.43	\$11.56	\$76.19	\$53.16	N/A	
Adjustment to Increase Average Paid Rate to Actual Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	
FY 2021-22 Average Paid Rate Per Unit	\$127.28	\$131.18	\$142.87	\$119.95	\$38.43	\$11.56	\$76.19	\$53.16	N/A	
Estimated FY 2021-22 Base Expenditure	\$19,981,433	\$34,168,192	\$51,484,633	\$57,731,215	\$245,803,785	\$80,625,775	\$14,294,463	\$3,962,440	\$6,823	\$528,058,759
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telehealth Expenditure Adjustment <sup>(8)</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
Estimated FY 2021-22 Expenditure	\$19,981,433	\$34,168,192	\$51,484,633	\$57,731,215	\$245,803,785	\$80,625,775	\$14,294,463	\$3,962,440	\$10,848	\$528,062,784
Estimated FY 2021-22 Per Utilizer Cost	\$6,618.56	\$6,821.36	\$7,429.24	\$15,713.45	\$43,080.03	\$18,045.16	\$24,990.32	\$19,616.04	N/A	\$32,878.57
% Change Over FY 2021-22 Per Utilizer Cost	0.00%	0.00%	0.00%	0.00%	2.94%	0.39%	0.00%	0.00%	N/A	0.97%

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH**  
Cash Based Actuals and Projections by Service

Out Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth <sup>(1)</sup>	Total
FY 2022-23 Estimated Average Utilizers Per Month	3,019	5,009	6,930	3,674	6,170	4,468	572	202	N/A	16,061
Utilizer Trend Selected <sup>(5)</sup>	6.09%	7.81%	12.58%	0.00%	5.15%	3.20%	0.87%	0.12%	N/A	4.48%
FY 2023-24 Estimated Average Utilizers Per Month	3,203	5,400	7,802	3,674	6,488	4,611	577	202	N/A	16,781
<i>Bottom Line Impacts</i>										
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>FY 2023-24 Estimated Average Utilizers Per Month</b>	<b>3,203</b>	<b>5,400</b>	<b>7,802</b>	<b>3,674</b>	<b>6,488</b>	<b>4,611</b>	<b>577</b>	<b>202</b>	<b>N/A</b>	<b>16,781</b>
FY 2022-23 Average Units Per Utilizer Per Year	\$2	\$2	\$2	131	1,121	1,561	328	309	N/A	
Percentage Selected to Modify Units Per Utilizer <sup>(6)</sup>	0.00%	0.00%	0.00%	0.00%	2.94%	0.38%	0.00%	0.00%	N/A	
<b>FY 2023-24 Estimated Average Units Per Utilizer</b>	<b>\$2</b>	<b>\$2</b>	<b>\$2</b>	<b>131</b>	<b>1,154</b>	<b>1,567</b>	<b>328</b>	<b>309</b>	<b>N/A</b>	
FY 2022-23 Average Paid Rate Per Unit	\$127.28	\$131.18	\$142.87	\$119.95	\$38.43	\$11.56	\$76.19	\$53.16	N/A	
Unit Paid Rate Trend Selected	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	
<b>FY 2023-24 Average Paid Rate Per Unit</b>	<b>\$127.28</b>	<b>\$131.18</b>	<b>\$142.87</b>	<b>\$119.95</b>	<b>\$38.43</b>	<b>\$11.56</b>	<b>\$76.19</b>	<b>\$53.16</b>	<b>N/A</b>	
<b>Estimated FY 2023-24 Base Expenditure</b>	<b>\$21,199,248</b>	<b>\$36,835,344</b>	<b>\$57,962,930</b>	<b>\$57,731,215</b>	<b>\$287,731,251</b>	<b>\$83,526,052</b>	<b>\$14,419,415</b>	<b>\$3,962,440</b>	<b>\$6,823</b>	<b>\$563,374,718</b>
<i>Bottom Line Impacts</i>										
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Telehealth Expenditure Adjustment<sup>(7)</sup></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,025</b>
<b>Estimated FY 2023-24 Expenditure</b>	<b>\$21,199,248</b>	<b>\$36,835,344</b>	<b>\$57,962,930</b>	<b>\$57,731,215</b>	<b>\$287,731,251</b>	<b>\$83,526,052</b>	<b>\$14,419,415</b>	<b>\$3,962,440</b>	<b>\$10,848</b>	<b>\$563,378,743</b>
Estimated FY 2023-24 Per Utilizer Cost	\$6,818.55	\$6,821.35	\$7,429.24	\$15,713.45	\$44,248.22	\$18,114.52	\$24,990.32	\$19,616.04	N/A	\$33,572.42
% Change Over FY 2022-23 Per Utilizer Cost	0.00%	0.00%	0.00%	0.00%	2.94%	0.38%	0.00%	0.00%	N/A	2.11%
(1) Due to cell sizes, the Telehealth forecast is done at the total expenditure level. Telehealth is not a widely utilized service and displaying utilization figures would violate The Health Insurance Portability and Accountability Act of 1996 (HIPAA). (2) Presented information regarding the utilizers per service is derived from the average number of clients with a paid claim per month. The Department believes this to be an accurate representation of utilizers for LTHH services as clients typically continue services once a need is identified. (3) Since clients can access multiple services, the average utilizers does not reflect the sum of the services but rather the total Average Utilizers Per Month for LTHH as a benefit. (4) Physical Therapy (for 0-21 years LTHH) 12.17%, 12.19%, 6.00% Registered Nursing/Licensed Practical Nurse 0.30%, 0.00%, 0.00% Registered Nursing Brief First Visit of Day 1.98%, 0.88%, 0.87% Occupational Therapy (for 0-21 years LTHH) 15.61%, 15.60%, 7.81% Home Health Aid Basic 5.14%, 5.15%, 5.15% Registered Nursing Brief Second or More Visit of Day 0.00%, 0.12%, 0.12% Speech and Language Therapy (for 0-21 years LTHH) 16.64%, 12.57%, 12.58% Home Health Aid Extended 3.19%, 3.19%, 3.20% Physical Therapy (for 0-21 years LTHH) -10.34%, 0.60%, 0.00% Registered Nursing/Licensed Practical Nurse 0.00%, 0.00%, 0.00% Registered Nursing Brief First Visit of Day 0.00%, 0.00%, 0.00% Occupational Therapy (for 0-21 years LTHH) -10.34%, 0.00%, 0.00% Home Health Aid Basic 2.74%, 2.94%, 2.94% Registered Nursing Brief Second or More Visit of Day 0.00%, 0.00%, 0.00% Speech and Language Therapy (for 0-21 years LTHH) -11.86%, 0.00%, 0.00% Home Health Aid Extended 0.78%, 0.39%, 0.38% (5) Percentages Selected to Modify Utilizers for FY 2021-22 through FY 2023-24 (6) Percentages Selected to Modify Units Per Utilizer for FY 2021-22 through FY 2023-24 (7) Due to small cell sizes that prevent the Telehealth forecast from using the same methodology as the other LTHH services, expenditure for Telehealth is adjusted via bottom line impact. See (1) for more information.										

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE**

**Hospice Calculations for FY 2021-22, FY 2022-23, FY 2023-24**

**FY 2021-22 Calculation**

**Nursing Facility Room and Board**

<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Estimate of FY 2021-22 Per Diem Rate	\$193.28	Footnote 1
Estimate of Patient Days	249,709	Footnote 2
Total Estimated Costs for FY 2021-22 Days of Service	\$48,263,756	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	97.53%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$47,071,641	
Estimated Expenditure for FY 2020-21 Dates of Service	\$1,034,242	Footnote 5
<b>Estimated Nursing Facility Room and Board Expenditure in FY 2021-22 Prior to Adjustments</b>	<b>\$48,105,883</b>	
<u>Bottom Line Adjustments:</u>		
Savings from days incurred in FY 2020-21 and paid in FY 2021-22 under HB 13-1152	(\$15,736)	Footnote 6
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$706,269)	Footnote 6
<b>Total Bottom Line Adjustments:</b>	<b>(\$722,005)</b>	
<b>Total Estimated Nursing Facility Room and Board FY 2021-22 Total Fund Expenditure</b>	<b>\$47,383,878</b>	
Percentage Change in Core Component Expenditure Over Prior Year	16.74%	

**Hospice Services**

<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Hospice Routine Home Care	\$16,119,277	Footnote 7
Hospice General Inpatient	\$2,389,014	Footnote 7
Other Services	\$156,548	Footnote 7
<b>Estimated Hospice Services Expenditure in FY 2021-22 Prior to Adjustments</b>	<b>\$18,664,839</b>	
<u>Bottom Line Adjustments:</u>		
FY 2019-20 1.00% Across the Board Rate Increase	\$124,432	See narrative
<b>Total Bottom Line Adjustments:</b>	<b>\$124,432</b>	
<b>Total Estimated Hospice Services FY 2021-22 Total Fund Expenditure</b>	<b>\$18,789,271</b>	
Percentage Change in Expenditure Over Prior Year	6.84%	
<b>Total Estimated FY 2021-22 Expenditure</b>	<b>\$66,173,149</b>	

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE**

**FY 2022-23 Calculation**

**Nursing Facility Room and Board**

<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Estimate of FY 2022-23 Per Diem Rate	\$199.08	Footnote 1
Estimate of Patient Days	281,409	Footnote 2
Total Estimated Costs for FY 2022-23 Days of Service	\$56,022,904	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	97.53%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$54,639,138	
Estimated Expenditure for FY 2021-22 Dates of Service	\$1,192,115	Footnote 5
<b>Estimated Nursing Facility Room and Board Expenditure in FY 2022-23 Prior to Adjustments</b>	<b>\$55,831,253</b>	
<u>Bottom Line Adjustments:</u>		
Savings from days incurred in FY 2021-22 and paid in FY 2022-23 under HB 13-1152	(\$17,887)	Footnote 6
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$817,885)	Footnote 6
<b>Total Bottom Line Adjustments:</b>	<b>(\$835,772)</b>	
<b>Total Estimated Nursing Facility Room and Board FY 2022-23 Total Fund Expenditure</b>	<b>\$54,995,481</b>	
Percentage Change in Core Component Expenditure Over Prior Year	16.06%	
<b>Hospice Services</b>		
<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Hospice Routine Home Care	\$16,806,543	Footnote 7
Hospice General Inpatient	\$2,547,787	Footnote 7
Other Services	\$172,203	Footnote 7
<b>Estimated Hospice Services Expenditure in FY 2022-23 Prior to Adjustments</b>	<b>\$19,526,533</b>	
<u>Bottom Line Adjustments:</u>		
FY 2020-21 1.00% Across the Board Rate Increase	\$195,265	See narrative
<b>Total Bottom Line Adjustments:</b>	<b>\$195,265</b>	
<b>Total Estimated Hospice Services FY 2022-23 Total Fund Expenditure</b>	<b>\$19,721,798</b>	
Percentage Change in Expenditure Over Prior Year	4.96%	
<b>Total Estimated FY 2022-23 Expenditure</b>	<b>\$74,717,279</b>	

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE**

**FY 2023-24 Calculation**

**Nursing Facility Room and Board**

<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Estimate of FY 2023-24 Per Diem Rate	\$205.06	Footnote 1
Estimate of Patient Days	290,781	Footnote 2
Total Estimated Costs for FY 2023-24 Days of Service	\$59,627,552	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	97.53%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$58,154,751	
Estimated Expenditure for FY 2022-23 Dates of Service	\$1,383,766	Footnote 5
<b>Estimated Nursing Facility Room and Board Expenditure in FY 2023-24 Prior to Adjustments</b>	<b>\$59,538,517</b>	
<u>Bottom Line Adjustments:</u>		
Savings from days incurred in FY 2022-23 and paid in FY 2023-24 under HB 13-1152	(\$20,714)	Footnote 6
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$873,485)	Footnote 6
<b>Total Bottom Line Adjustments:</b>	<b>(\$894,199)</b>	
<b>Total Estimated Nursing Facility Room and Board FY 2023-24 Total Fund Expenditure</b>	<b>\$58,644,318</b>	
Percentage Change in Core Component Expenditure Over Prior Year	6.63%	

**Hospice Services**

<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Hospice Routine Home Care	\$17,792,850	Footnote 7
Hospice General Inpatient	\$2,618,379	Footnote 7
Other Services	\$189,423	Footnote 7
<b>Estimated Hospice Services Expenditure in FY 2023-24 Prior to Adjustments</b>	<b>\$20,600,652</b>	
<u>Bottom Line Adjustments:</u>		
FY 2021-22 1.00% Across the Board Rate Increase	\$206,007	
<b>Total Bottom Line Adjustments:</b>	<b>\$206,007</b>	
<b>Total Estimated Hospice Services FY 2023-24 Total Fund Expenditure</b>	<b>\$20,806,659</b>	
Percentage Change in Expenditure Over Prior Year	5.50%	
<b>Total Estimated FY 2023-24 Expenditure</b>	<b>\$79,450,977</b>	

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE**  
Footnotes

**Hospice Nursing Facility Room and Board FY 2021-22, FY 2022-23 and FY 2023-24 Footnotes:**

- (1) Fiscal year per diems are the quotient of annual IBNR-adjusted expenditure and patient days, by first-date-of-service. Estimates for FY 2021-22, FY 2022-23, and FY 2023-24 are computed by applying rate reductions where appropriate and projecting the maximum-allowable-growth (2%) in General Fund expenditure. See footnote (4) for a detailed discussion of incurred-but-not-reported analysis.

Year	Per Diem After Reductions	Maximum Allowable Growth in General Fund Portion	Rate Reduction	Paid Rate Before Reductions	Percentage Change in Core Rate Before Reductions
FY 2012-13	\$144.61	3.00%	1.50%	\$146.81	3.15%
FY 2013-14	\$151.64	3.00%	1.50%	\$153.95	4.86%
FY 2014-15	\$158.02	3.00%	1.50%	\$160.43	4.21%
FY 2015-16	\$163.39	3.00%	1.50%	\$165.88	3.40%
FY 2016-17	\$168.03	3.00%	1.50%	\$170.59	2.84%
FY 2017-18	\$173.76	3.00%	1.50%	\$176.41	3.41%
FY 2018-19	\$180.20	3.00%	1.50%	\$182.94	3.70%
FY 2019-20	\$186.91	3.00%	1.50%	\$189.76	3.73%
FY 2020-21	\$186.65	3.00%	1.50%	\$189.49	-0.14%
Estimated FY 2021-22	\$190.38	2.00%	1.50%	\$193.28	2.00%
Estimated FY 2022-23	\$196.10	2.00%	1.50%	\$199.08	3.00%
Estimated FY 2023-24	\$201.98	3.00%	1.50%	\$205.06	3.00%

- (2) The Department estimated patient days based on a trend and seasonality model for FY 2021-22, FY 2022-23 and FY 2023-24.

Fiscal Year	Patient Days	Percentage Change	Full Time Equivalent Clients	Percentage Change
FY 2012-13	237,794	-	651	-
FY 2013-14	216,196	-9.08%	592	-9.06%
FY 2014-15	219,651	1.60%	602	1.69%
FY 2015-16	226,856	3.28%	620	2.99%
FY 2016-17	238,694	5.22%	654	5.48%
FY 2017-18	259,967	8.91%	712	8.87%
FY 2018-19	261,062	0.42%	715	0.42%
FY 2019-20	273,917	4.92%	748	4.62%
FY 2020-21	224,334	-18.10%	615	-17.78%
Estimated FY 2021-22	249,709	11.31%	684	11.22%
Estimated FY 2022-23	281,409	12.69%	771	12.72%
Estimated FY 2023-24	290,781	3.33%	794	2.98%

- (3) Estimated cost 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.

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE**  
**Footnotes**

- (4) 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 2017 has 11 more months to pay during FY 2017-18 (from August 2017 to June 2018), while a claim incurred in May 2018 only has one additional month to pay during FY 2017-18 (June 2018). Thus, more claims from May 2018 will pay in FY 2018-19 than claims from July 2017. 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 five 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	100.03%
August	10	100.01%
September	9	99.98%
October	8	99.89%
November	7	99.74%
December	6	99.53%
January	5	99.12%
February	4	98.54%
March	3	97.78%
April	2	96.18%
May	1	93.57%
June	0	85.97%
Average		97.53%

- (5) As calculated in the table below, the estimated FY 2021-22 expenditure for core components with FY 2020-21 dates of service is the estimated FY 2020-21 core components per diem rate multiplied by the estimated number of patient days. This calculation is then multiplied by one minus the calculated IBNR rate.

Calculation of Expenditure From Claims in Previous Fiscal Year	FY 2020-21	Source
IBNR Factor	97.53%	Footnote (4)
Estimated Patient Days from previous fiscal year	224,334	Footnote (2)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$186.65	Footnote (1)
Estimated claims expenditure for core components from previous fiscal year to be paid in the current fiscal year	\$1,034,242	As described in Footnote (5) narrative



**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE**  
**Footnotes**

- (6) HB 10-1324 imposed a rate reduction of 1.5% effective March 1, 2010 and effective until June 30, 2011. HB 10-1379 imposed a rate reduction of 1% in addition to the rate reduction of HB 10-1324 for the period of July 1, 2010 to June 30, 2011. SB 11-215 imposed a rate reduction of 1.5% effective July 1, 2011 for FY 2011-12 that was extended for FY 2012-13 by HB 12-1340. HB 13-1152 extended the 1.5% rate reduction indefinitely, effective July 1, 2013. The rate reductions apply to all days incurred under the effective periods of each bill. As not all days will be reported in the fiscal year in which they are incurred, the impact of the rate cuts extends over multiple fiscal years. The tables below show the incremental impact of HB 13-1152. These figures may vary from previous submissions of the Department's requests due to revised forecasts for rates and patient days.

<b>HB 13-1152</b>	<b>Rate Reduction</b>	<b>Per Diem before Reduction</b>	<b>Per Diem After Reduction</b>	<b>Per Diem Impact of Reduction</b>
Estimated FY 2019-20 Rates	1.50%	\$189.49	\$186.65	(\$2.84)
Estimated FY 2019-20 Patient Days				224,334
Estimated FY 2019-20 Days Paid in FY 2019-20				218,793
<b>Total FY 2019-20 Impact</b>				<b>(\$621,372)</b>
Estimated FY 2019-20 Days Paid in FY 2020-21				5,541
FY 2020-21 Impact from Carryover from FY 2019-20				(\$15,736)
Estimated FY 2020-21 Rates	1.50%	\$193.28	\$190.38	(\$2.90)
Estimated FY 2020-21 Patient Days				249,709
Estimated FY 2020-21 Days Paid in FY 2020-21				243,541
FY 2020-21 Impact from FY 2020-21				(\$706,269)
<b>Total FY 2020-21 Impact</b>				<b>(\$722,005)</b>
Estimated FY 2020-21 Days Paid in FY 2021-22				6,168
FY 2021-22 Impact from Carryover from FY 2020-21				(\$17,887)
Estimated FY 2021-22 Rates	1.50%	\$199.08	\$196.10	(\$2.98)
Estimated FY 2021-22 Patient Days				281,409
Estimated FY 2021-22 Days Paid in FY 2021-22				274,458
FY 2021-22 Impact from FY 2021-22				(\$817,885)
<b>Total FY 2021-22 Impact</b>				<b>(\$835,772)</b>
Estimated FY 2021-22 Days Paid in FY 2021-22				6,951
FY 2022-23 Impact from Carryover from FY 2021-22				(\$20,714)
Estimated FY 2022-23 Rates	1.50%	\$205.06	\$201.98	(\$3.08)
Estimated FY 2022-23 Patient Days				290,781
Estimated FY 2022-23 Days Paid in FY 2022-23				283,599
FY 2021-22 Impact from FY 2021-22				(\$873,485)
<b>Total FY 2022-23 Impact</b>				<b>(\$894,199)</b>

- (7) Hospice Services refers here to the following categories of service: hospice routine home care, hospice general inpatient, continuous home care, hospice inpatient respite, hospice physician visit, and hearing, vision, dental, and other PETI services. Hospice routine home care (HRHC) expenditure is forecast by multiplying estimated patient days by estimated rates in FY 2021-22, FY 2022-23, and FY 2023-24. HRHC patient days for FY 2021-22 are estimated by trending forward FY 2020-21 patient days by 2.79%, while FY 2022-23 and FY 2023-24 patient days are estimated by trending forward the previous year's patient days estimate also by 2.79%. HRHC rates are estimated by trending forward the previous years rates by 3.00%. Hospice general inpatient expenditure estimates are produced by assuming an increase of 2.77% for FY 2021-22, FY 2022-23, and FY 2023-24. Expenditure estimates for the remaining service categories are based on trending FY 2020-21 actuals forward by 10.00% for FY 2021-22.



**Exhibit H - LONG-TERM CARE AND INSURANCE  
Summary**

FY 2021-22 Long-Term Care and Insurance Request																
FY 2021-22	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$512,914,359	\$56,511,046	\$116,638,460	\$90,318	\$293,521	\$0	\$3,932,636	\$0	\$0	\$0	\$58,622	\$7,782	\$0	\$0	\$0	\$690,446,744
Class II Nursing Facilities	\$350,519	\$125,050	\$2,541,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,017,136
Program for All-Inclusive Care for the Elderly	\$220,354,706	\$30,242,377	\$12,489,172	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$263,086,255
<b>Subtotal Long-Term Care</b>	<b>\$733,619,584</b>	<b>\$86,878,473</b>	<b>\$131,669,199</b>	<b>\$90,318</b>	<b>\$293,521</b>	<b>\$0</b>	<b>\$3,932,636</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$58,622</b>	<b>\$7,782</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$956,550,135</b>
Supplemental Medicare Insurance Benefit	\$86,013,510	\$11,511,973	\$54,620,667	\$0	\$6,647,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,641,878	\$244,435,488
Health Insurance Buy-In	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$5,792	\$0	\$0	\$0	\$0	\$2,605,077
<b>Subtotal Insurance</b>	<b>\$86,021,796</b>	<b>\$11,526,319</b>	<b>\$57,023,852</b>	<b>\$0</b>	<b>\$6,657,000</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,641,878</b>	<b>\$247,040,565</b>
<b>Total Long-Term Care and Insurance</b>	<b>\$819,641,380</b>	<b>\$98,404,792</b>	<b>\$188,693,051</b>	<b>\$90,318</b>	<b>\$6,950,521</b>	<b>\$12,868</b>	<b>\$4,051,122</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$58,622</b>	<b>\$13,574</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,641,878</b>	<b>\$1,203,590,700</b>
Class I Nursing Facility Supplemental Payments	\$83,433,656	\$9,192,418	\$18,973,096	\$14,692	\$47,746	\$0	\$639,706	\$0	\$0	\$0	\$9,536	\$1,266	\$0	\$0	\$0	\$112,312,116
<b>Total Long-Term Care and Insurance Including Financing</b>	<b>\$903,075,036</b>	<b>\$107,597,210</b>	<b>\$207,666,147</b>	<b>\$105,010</b>	<b>\$6,998,267</b>	<b>\$12,868</b>	<b>\$4,690,828</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$68,158</b>	<b>\$14,840</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,641,878</b>	<b>\$1,315,902,816</b>
FY 2022-23 Long-Term Care and Insurance Request																
FY 2022-23	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$568,552,016	\$62,641,002	\$129,290,651	\$100,115	\$325,361	\$0	\$4,359,223	\$0	\$0	\$0	\$64,981	\$8,626	\$0	\$0	\$0	\$765,341,975
Class II Nursing Facilities	\$369,342	\$131,765	\$2,678,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,179,156
Program for All-Inclusive Care for the Elderly	\$239,677,673	\$32,894,339	\$13,584,352	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$286,156,364
<b>Subtotal Long-Term Care</b>	<b>\$808,599,031</b>	<b>\$95,667,106</b>	<b>\$145,553,052</b>	<b>\$100,115</b>	<b>\$325,361</b>	<b>\$0</b>	<b>\$4,359,223</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,981</b>	<b>\$8,626</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,054,677,495</b>
Supplemental Medicare Insurance Benefit	\$89,022,683	\$12,065,570	\$58,349,590	\$0	\$7,066,171	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,325,615	\$252,829,629
Health Insurance Buy-In	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$5,792	\$0	\$0	\$0	\$0	\$2,605,077
<b>Subtotal Insurance</b>	<b>\$89,030,969</b>	<b>\$12,079,916</b>	<b>\$60,752,775</b>	<b>\$0</b>	<b>\$7,075,711</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,325,615</b>	<b>\$255,434,706</b>
<b>Total Long-Term Care and Insurance</b>	<b>\$897,630,000</b>	<b>\$107,747,022</b>	<b>\$206,305,827</b>	<b>\$100,115</b>	<b>\$7,401,072</b>	<b>\$12,868</b>	<b>\$4,477,709</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$64,981</b>	<b>\$14,418</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,325,615</b>	<b>\$1,310,112,201</b>
Class I Nursing Facility Supplemental Payments	\$90,010,073	\$9,916,984	\$20,468,595	\$15,850	\$51,509	\$0	\$690,129	\$0	\$0	\$0	\$10,287	\$1,366	\$0	\$0	\$0	\$121,164,793
<b>Total Long-Term Care and Insurance Including Financing</b>	<b>\$987,640,073</b>	<b>\$117,664,006</b>	<b>\$226,774,422</b>	<b>\$115,965</b>	<b>\$7,452,581</b>	<b>\$12,868</b>	<b>\$5,167,838</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$75,268</b>	<b>\$15,784</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,325,615</b>	<b>\$1,431,276,994</b>
FY 2023-24 Long-Term Care and Insurance Request																
FY 2023-24	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$610,009,328	\$67,208,618	\$138,718,184	\$107,415	\$349,085	\$0	\$4,677,086	\$0	\$0	\$0	\$69,719	\$9,255	\$0	\$0	\$0	\$821,148,690
Class II Nursing Facilities	\$389,176	\$138,841	\$2,821,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,349,877
Program for All-Inclusive Care for the Elderly	\$263,410,242	\$36,151,494	\$14,929,456	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$314,491,192
<b>Subtotal Long-Term Care</b>	<b>\$873,808,746</b>	<b>\$103,498,953</b>	<b>\$156,469,500</b>	<b>\$107,415</b>	<b>\$349,085</b>	<b>\$0</b>	<b>\$4,677,086</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$69,719</b>	<b>\$9,255</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,138,989,759</b>
Supplemental Medicare Insurance Benefit	\$97,276,969	\$13,350,309	\$62,859,609	\$0	\$7,899,209	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,842,463	\$275,228,559
Health Insurance Buy-In	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$5,792	\$0	\$0	\$0	\$0	\$2,605,077
<b>Subtotal Insurance</b>	<b>\$97,285,255</b>	<b>\$13,364,655</b>	<b>\$65,262,794</b>	<b>\$0</b>	<b>\$7,908,749</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$93,842,463</b>	<b>\$277,833,636</b>
<b>Total Long-Term Care and Insurance</b>	<b>\$971,094,001</b>	<b>\$116,863,608</b>	<b>\$221,732,294</b>	<b>\$107,415</b>	<b>\$8,257,834</b>	<b>\$12,868</b>	<b>\$4,795,572</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$69,719</b>	<b>\$15,047</b>	<b>\$0</b>	<b>\$0</b>	<b>\$93,842,463</b>	<b>\$1,416,823,395</b>
Class I Nursing Facility Supplemental Payments	\$92,323,332	\$10,171,850	\$20,994,638	\$16,257	\$52,833	\$0	\$707,865	\$0	\$0	\$0	\$10,552	\$1,401	\$0	\$0	\$0	\$124,278,728
<b>Total Long-Term Care and Insurance Including Financing</b>	<b>\$1,063,417,333</b>	<b>\$127,035,458</b>	<b>\$242,726,932</b>	<b>\$123,672</b>	<b>\$8,310,667</b>	<b>\$12,868</b>	<b>\$5,503,437</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$80,271</b>	<b>\$16,448</b>	<b>\$0</b>	<b>\$0</b>	<b>\$93,842,463</b>	<b>\$1,541,102,123</b>

**Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES**

**Class I Nursing Home Calculations for FY 2021-22, FY 2022-23 and FY 2023-24**

**FY 2021-22 Calculation**

<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Estimate of FY 2021-22 Total Fund Portion of Per Diem Rate	\$242.99	Footnote 1
Estimate of FY 2021-22 Patient Payment (per day)	(\$39.67)	Footnote 1
<b>Estimated FY 2021-22 Medicaid Reimbursement (per day)</b>	<b>\$203.32</b>	
Estimate of Patient Days (without Hospital Back Up)	3,358,263	Footnote 2
Total Estimated Costs for FY 2021-22 Days of Service	\$682,802,033	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	93.88%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$641,014,549	
Estimated Expenditure for FY 2020-21 Dates of Service	\$37,722,248	Footnote 5
<b>Estimated Expenditure in FY 2021-22 Prior to Adjustments</b>	<b>\$678,736,797</b>	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$12,823,338	Footnote 6
Recoveries from Department Overpayment Review	(\$400,000)	Footnote 7
DOLA - Increase Housing Vouchers	(\$1,922,415)	Footnote 10
Local Minimum Wage Adjustment	\$1,209,024	
<b>Total Bottom Line Adjustments:</b>	<b>\$11,709,947</b>	
<b>Total Estimated FY 2021-22 Total Fund Expenditure</b>	<b>\$690,446,744</b>	
Percentage Change in Core Component Expenditure Over Prior Year	5.01%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Prior Year Rate Reconciliation	\$52,369,264	Page EH-9
Cognitive Performance Scale	\$653,466	Page EH-9
PASRR - Resident	\$3,457,302	Page EH-9
PASRR - Facility	\$1,856,009	Page EH-9
Medicaid Supplemental Payment	\$44,506,364	Page EH-9
Pay for Performance	\$9,469,711	Page EH-9
<b>Total Estimated Supplemental Payments</b>	<b>\$112,312,116</b>	
<b>Total Estimated FY 2021-22 Expenditure</b>	<b>\$802,758,860</b>	

**Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES**

**Class I Nursing Home Calculations for FY 2021-22, FY 2022-23 and FY 2023-24**

**FY 2022-23 Calculation**

	<b>Core Components</b>	<b>Reference</b>
<u>Service Expenditure:</u>		
Estimate of FY 2022-23 Total Fund Portion of Per Diem Rate	\$249.91	Footnote 1
Estimate of FY 2022-23 Patient Payment (per day)	(\$40.49)	Footnote 1
<b>Estimated FY 2022-23 Medicaid Reimbursement (per day)</b>	<b>\$209.42</b>	
Estimate of Patient Days (without Hospital Back Up)	3,604,424	Footnote 2
Total Estimated Costs for FY 2022-23 Days of Service	\$754,838,474	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	93.88%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$708,642,359	
Estimated Expenditure for FY 2021-22 Dates of Service	\$41,787,484	Footnote 5
<b>Estimated Expenditure in FY 2022-23 Prior to Adjustments</b>	<b>\$750,429,843</b>	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$13,293,879	Footnote 6
Recoveries from Department Overpayment Review	(\$400,000)	Footnote 7
Department of Local Affairs- Increased Housing Vouchers.	(\$1,922,415)	Footnote 10
Local Minimum Wage Adjustment	\$3,940,668	HB19-1210
<b>Total Bottom Line Adjustments:</b>	<b>\$14,912,132</b>	
<b>Total Estimated FY 2022-23 Expenditure</b>	<b>\$765,341,975</b>	
Percentage Change in Core Component Expenditure Over Prior Year	10.85%	
Growth Beyond General Fund Cap	\$0	Page EH-9
Rate Cut Backfill	\$0	Page EH-9
Cognitive Performance Scale	\$686,274	Page EH-9
PASRR - Resident	\$4,324,295	Page EH-9
PASRR - Facility	\$1,984,600	Page EH-9
Medicaid Supplemental Payment	\$47,341,360	Page EH-9
Pay for Performance	\$9,281,437	Page EH-9
<b>Total Estimated Supplemental Payments</b>	<b>\$121,164,793</b>	
<b>Total Estimated FY 2022-23 Expenditure</b>	<b>\$886,506,768</b>	

**Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES**

**Class I Nursing Home Calculations for FY 2021-22, FY 2022-23 and FY 2023-24**

**FY 2023-24 Calculation**

<u>Service Expenditure:</u>	<b>Core Components</b>	<b>Reference</b>
Estimate of FY 2023-24 Total Fund Portion of Per Diem Rate	\$257.00	Footnote 1
Estimate of FY 2023-24 Patient Payment (per day)	(\$41.30)	Footnote 1
<b>Estimated FY 2023-24 Medicaid Reimbursement (per day)</b>	<b>\$215.70</b>	
Estimate of Patient Days (without Hospital Back Up)	3,736,526	Footnote 2
Total Estimated Costs for FY 2023-24 Days of Service	\$805,968,658	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	93.88%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$756,643,376	
Estimated Expenditure for FY 2022-23 Dates of Service	\$46,196,115	Footnote 5
<b>Estimated Expenditure in FY 2023-24 Prior to Adjustments</b>	<b>\$802,839,491</b>	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$13,619,083	Footnote 6
Recoveries from Department Overpayment Review	(\$400,000)	Footnote 7
Department of Local Affairs - Increased Housing Vouchers.	(\$1,922,415)	Footnote 10
Local Minimum Wage Adjustment	\$7,012,531	HB19-1210
<b>Total Bottom Line Adjustments:</b>	<b>\$18,309,199</b>	
<b>Total Estimated FY 2023-24 Expenditure</b>	<b>\$821,148,690</b>	
Percentage Change in Core Component Expenditure Over Prior Year	7.29%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Prior Year Rate Reconciliation	\$59,025,780	Page EH-9
Rate Cut Backfill	\$0	Page EH-9
Cognitive Performance Scale	\$703,912	Page EH-9
PASRR - Resident	\$4,435,429	Page EH-9
PASRR - Facility	\$2,035,604	Page EH-9
Medicaid Supplemental Payment	\$48,558,033	Page EH-9
Pay for Performance	\$9,519,970	Page EH-9
<b>Total Estimated Supplemental Payments</b>	<b>\$124,278,728</b>	
<b>Total Estimated FY 2023-24 Expenditure</b>	<b>\$945,427,418</b>	

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

**Class I Nursing Home Calculations for FY 2021-22 , FY 2022-23 and FY 2023-24 Footnotes:**

- (1) 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, supplemental payments are made as part of the prior year rate reconciliation process and as a provider fee offset. The following table includes the historical per diem reimbursement rates and the estimated and projected per diem rates for FY 2012-2013 through FY 2023-2024. The core per diem less patient payment represents the Total Fund portion of nursing facility reimbursement.

Year	Per Diem	Patient Payment	Final Paid Rate	Rate Reduction	Per Diem Before Rate Reduction
FY 2012-13	\$188.96	\$35.12	\$153.84	0.00%	\$188.96
FY 2013-14	\$198.24	\$35.73	\$162.51	0.00%	\$198.24
FY 2014-15	\$201.53	\$36.17	\$165.36	0.00%	\$201.53
FY 2015-16	\$208.04	\$35.55	\$172.49	0.00%	\$208.04
FY 2016-17	\$213.22	\$35.00	\$178.22	0.00%	\$213.22
FY 2017-18	\$220.91	\$37.20	\$183.71	0.00%	\$220.91
FY 2018-19	\$228.21	\$37.75	\$190.47	0.00%	\$228.21
FY 2019-20	\$233.38	\$38.29	\$195.09	0.00%	\$233.38
FY 2020-21	\$238.10	\$38.76	\$199.34	0.00%	\$238.10
Estimated FY 2021-22	\$242.99	\$39.67	\$203.32	0.00%	\$242.99
Estimated FY 2022-23	\$249.91	\$40.49	\$209.42	0.00%	\$249.91
Estimated FY 2023-24	\$257.00	\$41.30	\$215.70	0.00%	\$257.00

- (2) 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.

Fiscal Year	Patient Days	Percentage Change	Full Time Equivalent Clients	Percentage Change
FY 2012-13	3,474,994	-	9,521	-
FY 2013-14	3,453,162	-0.63%	9,461	-0.63%
FY 2014-15	3,487,254	0.99%	9,554	0.98%
FY 2015-16	3,565,499	2.24%	9,742	1.97%
FY 2016-17	3,700,793	3.79%	10,139	4.08%
FY 2017-18	3,686,680	-0.38%	10,100	-0.38%
FY 2018-19	3,672,496	-0.38%	10,062	-0.38%
FY 2019-20	3,628,931	-1.19%	9,915	-1.46%
FY 2020-21	3,092,106	-14.79%	8,472	-14.55%
Estimated FY 2021-22	3,358,263	8.61%	9,201	8.60%
Estimated FY 2022-23	3,604,424	7.33%	9,875	0.60%
Estimated FY 2023-24	3,736,526	3.66%	10,237	0.61%

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

- (3) 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.
- (4) 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 2019 has 11 more months to pay during FY 2019-20 (from August 2019 to June 2020), while a claim incurred in May 2020 only has one additional month to pay during FY 2019-20 (June 2020). Thus, more claims from May 2020 will pay in FY 2021-22 than claims from July 2019. 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 five 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	99.92%
August	10	99.89%
September	9	99.85%
October	8	99.81%
November	7	99.74%
December	6	99.65%
January	5	99.53%
February	4	99.34%
March	3	99.00%
April	2	98.36%
May	1	97.04%
June	0	34.44%
Average		93.88%

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

- (5) As calculated in the table below, the estimated FY 2021-22 expenditure for core components with FY 2020-21 dates of service is the estimated FY 2020-21 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.

Calculation of Expenditure From Claims in Previous Fiscal Year	FY 2020-21	Source
IBNR Factor	93.88%	Footnote (4)
Estimated Patient Days from previous fiscal year	3,092,106	Footnote (2)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$238.10	Footnote (1)
Less: Estimated Patient Payment Rate for previous fiscal year	\$38.76	Footnote (1)
Estimated claims expenditure for core components from previous fiscal year to be paid in the current fiscal year	\$37,722,248	As described in Footnote (5) narrative



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

- (6) Hospital Back Up (HBU) 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 expenditure was 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, expenditure rose sharply due to an increase in billed patient days. In FY 2009-10 no facilities were accepting new clients. In FY 2010-11 one new client was added to the program. In FY 2013-14, there was a spike in enrollment. It appears there was a level shift in enrollment in FY 2013-14 with enrollment figures staying consistent into FY 2014-15. Expenditure increased again sharply in FY 2015-16 and maintained high growth until expenditure plateaued from FY 2018-19 to FY 2019-20. In FY 2020-21, expenditure grew significantly due to an increase in patient days. Currently, the Department is working to evaluate the efficacy and design of the HBU program. As the Department continues through this process, client admission into the program will be evaluated on a case by case basis. The Department assumed growth in FY 2021-22 would be in line with YTD costs, with lower growth in FY 2022-23 and FY 2023-24.

Fiscal Year	Hospital Back Up	Percent Difference
FY 2012-13	\$4,284,618	-
FY 2013-14	\$6,604,416	54.14%
FY 2014-15	\$5,796,191	-12.24%
FY 2015-16	\$8,617,205	48.67%
FY 2016-17	\$9,342,305	8.41%
FY 2017-18	\$10,643,606	13.93%
FY 2018-19	\$10,398,266	-2.31%
FY 2019-20	\$10,900,595	4.83%
FY 2020-21	\$12,225,213	12.15%
Estimated FY 2021-22	\$12,823,338	4.89%
Estimated FY 2022-23	\$13,293,879	3.67%
Estimated FY 2023-24	\$13,619,083	2.45%

- (7) 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. In the most recent fiscal years, the Department audited a number of facilities with fewer overpayment issues and thus did not recover as much.

Fiscal Year	Overpayment Recoveries	Percent Difference
FY 2015-16	\$695,367	-
FY 2016-17	\$885,647	27.36%
FY 2017-18	\$606,082	-31.57%
FY 2018-19	\$736,128	21.46%
FY 2019-20	\$500,000	-32.08%
FY 2020-21	\$488,738	-2.25%
Estimated FY 2021-22	\$400,000	-18.16%
Estimated FY 2022-23	\$400,000	0.00%
Estimated FY 2023-24	\$400,000	0.00%

- (8) As of July 1, 2014, SB 14-130 raised the basic minimum amount payable for personal needs to any recipient admitted to a nursing facility or intermediate care facility for individuals with intellectual disabilities from \$50.00 to \$75.00, monthly. This amount increases by 3.0% annually on January 1st of each year.
- (9) The General Assembly appropriated funding for the Department of Local Affairs for an increase to housing vouchers for people transitioning from a Medicaid-financed nursing home to a community setting. The increase in housing vouchers is projected to decrease nursing home costs by lowering patient days and utilization of nursing home services.

DOLA - Increase In Housing Vouchers	Impact
FY 2021-22	(\$1,922,415)
FY 2022-23	(\$1,922,415)
FY 2023-24	(\$1,922,415)

**Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES  
Supplemental Payments**

<b>Class I Nursing Facilities Supplemental Payments</b>											
Year	Provider Fee Per Non Medicare Day Paid by Low Medicaid Volume Facilities	Provider Fee Per Non Medicare Day Paid by High Medicaid Volume Facilities	Growth Beyond General Fund Cap <sup>(1)</sup>	Prior Year Rate Reconciliation <sup>(2)</sup>	Rate Cut Backfill	Cognitive Performance Scale	PASRR - Resident <sup>(3)</sup>	PASRR - Facility <sup>(3)</sup>	Medicaid Supplemental Payment	Pay for Performance	Total Effective Add-on/ Supplemental
FY 2014-15	\$13.30	\$2.04	\$45,483,952	\$4,304,753	\$0	\$767,427	\$1,884,606	\$564,926	\$33,000,199	\$6,750,242	<b>\$92,756,105</b>
FY 2015-16	\$13.64	\$2.09	\$28,411,979	\$26,857,074	\$0	\$840,830	\$2,368,440	\$847,630	\$34,370,573	\$6,880,724	<b>\$100,577,250</b>
FY 2016-17	\$13.98	\$2.14	\$0	\$50,253,623	\$0	\$645,904	\$2,820,102	\$1,039,725	\$36,685,534	\$5,682,521	<b>\$97,127,409</b>
FY 2017-18	\$14.39	\$2.69	\$0	\$56,431,416	\$0	\$800,883	\$3,241,125	\$980,887	\$39,544,234	\$6,635,279	<b>\$107,633,824</b>
FY 2018-19	\$14.80	\$2.77	\$0	\$54,596,738	\$0	\$696,340	\$4,177,626	\$1,298,711	\$42,682,266	\$7,805,535	<b>\$111,257,216</b>
FY 2019-20	\$15.26	\$2.86	\$0	\$57,883,452	\$0	\$689,305	\$4,165,615	\$2,081,611	\$44,379,617	\$8,997,343	<b>\$118,196,943</b>
FY 2020-21	\$15.66	\$2.93	\$0.00	\$56,104,930	\$0	\$669,079	\$4,215,945	\$1,934,874	\$46,155,172	\$9,048,881	<b>\$118,128,881</b>
Projected FY 2021-22	\$16.06	\$3.00	\$0.00	\$52,369,264	\$0	\$653,466	\$3,457,302	\$1,856,009	\$44,506,364	\$9,469,711	<b>\$112,312,116</b>
Projected FY 2022-23	\$16.54	\$3.09	\$0.00	\$57,546,827	\$0	\$686,274	\$4,324,295	\$1,984,600	\$47,341,360	\$9,281,437	<b>\$121,164,793</b>
Projected FY 2023-24	\$17.04	\$3.18	\$0.00	\$59,025,780	\$0	\$703,912	\$4,435,429	\$2,035,604	\$48,558,033	\$9,519,970	<b>\$124,278,728</b>
<b>Class I Nursing Facilities Supplemental Payments - Percent Change</b>											
Year	Provider Fee Per Non Medicare Day Paid by Low Medicaid Volume Facilities	Provider Fee Per Non Medicare Day Paid by High Medicaid Volume Facilities	Growth Beyond General Fund Cap	Prior Year Rate Reconciliation	Rate Cut Backfill	Cognitive Performance Scale	PASRR - Resident	PASRR - Facility	Medicaid Supplemental Payment	Pay for Performance	Total Effective Add-on/ Supplemental
FY 2015-16	2.56%	2.45%	-37.53%	523.89%	0.00%	9.56%	25.67%	50.04%	4.15%	1.93%	<b>8.43%</b>
FY 2016-17	2.49%	2.4%	-100.00%	87.12%	0.00%	-23.18%	19.07%	22.66%	6.74%	-17.41%	<b>-3.43%</b>
FY 2017-18	2.93%	25.7%	0.00%	12.29%	0.00%	23.99%	14.93%	-5.66%	7.79%	16.77%	<b>10.82%</b>
FY 2018-19	2.85%	3.0%	0.00%	-3.25%	0.00%	-13.05%	28.89%	32.40%	7.94%	17.64%	<b>3.37%</b>
FY 2019-20	3.11%	3.3%	0.00%	6.02%	0.00%	-1.01%	-0.29%	60.28%	3.98%	15.27%	<b>6.24%</b>
FY 2020-21	2.62%	2.5%	0.00%	-3.07%	0.00%	-2.93%	1.21%	-7.05%	4.00%	0.57%	<b>-0.06%</b>
Projected FY 2021-22	2.55%	2.4%	0.00%	-6.66%	0.00%	-2.33%	-17.99%	-4.08%	-3.57%	4.65%	<b>-4.92%</b>
Projected FY 2022-23	2.99%	3.0%	0.00%	9.89%	0.00%	5.02%	25.08%	6.93%	6.37%	-1.99%	<b>7.88%</b>
Projected FY 2023-24	3.02%	2.9%	0.00%	2.57%	0.00%	2.57%	2.57%	2.57%	2.57%	2.57%	<b>2.57%</b>
<p>(1) Supplemental payments made under Growth Beyond General Fund Cap were discontinued in FY 2016-17. These payments will instead be made as part of the Prior Year Rate Reconciliation.</p> <p>(2) Totals of Prior Year Rate Reconciliation in FY 2016-17 and after include acuity adjustments, rate true-ups, and prior year rate true-up payments.</p> <p>(3) PASRR: Preadmission Screening and Resident Review</p>											



**Exhibit H - LONG-TERM CARE - CLASS II NURSING FACILITIES**  
**Actual and Projected Expenditure by Eligibility**

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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$180,939	\$825,327	\$4,101,296	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,107,562
FY 2013-14	\$393,954	\$298,879	\$2,748,163	\$0	\$0	\$0	\$43,770	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,484,766
FY 2014-15	\$411,017	\$455,389	\$3,411,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,277,851
FY 2015-16	\$397,005	\$327,830	\$3,317,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,042,506
FY 2016-17	\$1,361,188	\$199,288	\$2,315,475	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,875,951
FY 2017-18	\$4,623,021	\$42,992	\$860,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,526,095
FY 2018-19	\$2,585,226	\$136,322	\$2,566,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,287,917
FY 2019-20	\$766,194	\$315,266	\$5,375,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,457,331
FY 2020-21	\$332,655	\$118,677	\$2,412,040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,863,372
Estimated FY 2021-22	\$350,519	\$125,050	\$2,541,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,017,136
Estimated FY 2022-23	\$369,342	\$131,765	\$2,678,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,179,156
Estimated FY 2023-24	\$389,176	\$138,841	\$2,821,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,349,877
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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	117.73%	-63.79%	-32.99%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-31.77%
FY 2014-15	4.33%	52.37%	24.14%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.76%
FY 2015-16	-3.41%	-28.01%	-2.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-5.50%
FY 2016-17	242.86%	-39.21%	-30.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.12%
FY 2017-18	239.63%	-78.43%	-62.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	42.57%
FY 2018-19	-44.08%	-21.09%	198.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.31%
FY 2019-20	-70.36%	131.27%	109.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.11%
FY 2020-21	-56.58%	-62.36%	-55.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-55.66%
Estimated FY 2021-22	5.37%	5.37%	5.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.37%
Estimated FY 2022-23	5.37%	5.37%	5.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.37%
Estimated FY 2023-24	5.37%	5.37%	5.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.37%
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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2012-13	\$4.43	\$91.19	\$66.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.48
FY 2013-14	\$9.42	\$30.33	\$42.66	\$0.00	\$0.00	\$0.00	\$0.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.05
FY 2014-15	\$9.83	\$43.51	\$51.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.68
FY 2015-16	\$9.36	\$31.14	\$48.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.12
FY 2016-17	\$30.98	\$17.73	\$34.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.88
FY 2017-18	\$100.70	\$3.64	\$12.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.20
FY 2018-19	\$54.21	\$10.72	\$37.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.19
FY 2019-20	\$16.11	\$24.20	\$80.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.30
FY 2020-21	\$6.89	\$8.76	\$36.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.04
Estimated FY 2021-22	\$7.20	\$9.06	\$38.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.96
Estimated FY 2022-23	\$7.75	\$9.65	\$40.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.28
Estimated FY 2023-24	\$7.99	\$9.83	\$41.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.38

**Exhibit H - LONG-TERM CARE - CLASS II NURSING FACILITIES**  
Actual and Projected Expenditure by Eligibility

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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2013-14	112.64%	-66.74%	-35.60%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-45.86%
FY 2014-15	4.35%	-43.46%	20.16%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.14%
FY 2015-16	-4.78%	-28.43%	-5.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-15.22%
FY 2016-17	230.98%	-43.06%	-28.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-7.69%
FY 2017-18	225.05%	-79.47%	-62.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	45.83%
FY 2018-19	-46.17%	194.51%	193.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.24%
FY 2019-20	-70.28%	125.75%	116.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.49%
FY 2020-21	-57.23%	-63.80%	-54.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-61.51%
Estimated FY 2021-22	4.50%	3.42%	5.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.92%
Estimated FY 2022-23	7.64%	6.51%	4.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.33%
Estimated FY 2023-24	3.10%	1.87%	3.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.39%
Current Year Projection																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2020-21 Expenditure	\$332,655	\$118,677	\$2,412,040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,863,372
Percentage Selected to Modify Expenditure <sup>(1)</sup>	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%
Estimated FY 2021-22 Base Expenditure	\$350,519	\$125,050	\$2,541,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,017,136
<i>Bottom Line Impacts</i>																
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Estimated FY 2021-22 Total Expenditure	\$350,519	\$125,050	\$2,541,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,017,136
Estimated FY 2021-22 Per Capita	\$7.20	\$9.06	\$38.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.96
% Change over FY 2020-21 Per Capita	4.50%	3.42%	5.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.92%
Request Year Projection																
Estimated FY 2021-22 Expenditure	\$350,519	\$125,050	\$2,541,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,017,136
Percentage Selected to Modify Expenditure <sup>(1)</sup>	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%
Estimated FY 2022-23 Base Expenditure	\$369,342	\$131,765	\$2,678,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,179,156
<i>Bottom Line Impacts</i>																
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Estimated FY 2022-23 Total Expenditure	\$369,342	\$131,765	\$2,678,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,179,156
Estimated FY 2022-23 Per Capita	\$7.75	\$9.65	\$40.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.38
% Change over FY 2021-22 Per Capita	7.64%	6.51%	4.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.33%
Out Year Projection																
Estimated FY 2022-23 Expenditure	\$369,342	\$131,765	\$2,678,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,179,156
Percentage Selected to Modify Expenditure <sup>(1)</sup>	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%	5.37%
Estimated FY 2023-24 Base Expenditure	\$389,176	\$138,841	\$2,821,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,349,877
<i>Bottom Line Impacts</i>																
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Estimated FY 2023-24 Total Expenditure	\$389,176	\$138,841	\$2,821,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,349,877
Estimated FY 2023-24 Per Capita	\$7.99	\$9.83	\$41.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.38
% Change over FY 2022-23 Per Capita	3.10%	1.87%	3.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.39%

(1) The percentages selected to trend expenditure for FY 2021-22 is 5.37%, FY 2022-23 is 5.37%, and FY 2023-24 is 5.37%. The trend has been set to match expected increases in class II nursing facility cost.



**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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	
<b>PACE Average Monthly Paid Enrollment<sup>(1)</sup></b>																	
FY 2012-13	2,047	238	117	0	0	0	0	0	0	0	0	0	0	0	0	0	2,402
FY 2013-14	1,924	232	101	0	0	0	0	0	0	0	0	0	0	0	0	0	2,257
FY 2014-15	2,393	320	143	0	0	0	0	0	0	0	0	0	0	0	0	0	2,856
FY 2015-16	2,510	336	157	0	0	0	0	0	0	0	0	0	0	0	0	0	3,003
FY 2016-17	2,610	367	184	0	0	0	0	0	0	0	0	0	0	0	0	0	3,161
FY 2017-18	2,786	610	291	0	0	0	0	0	0	0	0	0	0	0	0	0	3,687
FY 2018-19	3,263	471	220	0	0	0	0	0	0	0	0	0	0	0	0	0	3,954
FY 2019-20	3,795	516	224	0	0	0	0	0	0	0	0	0	0	0	0	0	4,535
FY 2020-21	4,229	566	228	0	0	0	0	0	0	0	0	0	0	0	0	0	5,023
Estimated FY 2021-22	4,290	513	256	0	0	0	0	0	0	0	0	0	0	0	0	0	5,059
Estimated FY 2022-23	4,593	549	274	0	0	0	0	0	0	0	0	0	0	0	0	0	5,416
Estimated FY 2023-24	4,877	583	291	0	0	0	0	0	0	0	0	0	0	0	0	0	5,751
<b>Percent Changes in Enrollment</b>																	
FY 2013-14	-6.01%	-2.52%	-13.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.04%
FY 2014-15	24.38%	37.93%	41.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.54%
FY 2015-16	4.89%	5.00%	9.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.15%
FY 2016-17	3.98%	9.23%	17.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.26%
FY 2017-18	6.74%	66.21%	58.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.64%
FY 2018-19	17.12%	-22.79%	-24.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.24%
FY 2019-20	16.30%	9.55%	1.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.69%
FY 2020-21	11.44%	9.69%	1.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.76%
Estimated FY 2021-22	1.44%	-9.42%	12.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.72%
Estimated FY 2022-23	7.06%	7.02%	7.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%
Estimated FY 2023-24	6.18%	6.20%	6.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.19%
<b>Average Cost Per Enrollee<sup>(1)(4)</sup></b>																	
FY 2012-13	\$41,224.44	\$36,951.71	\$35,601.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,527.21
FY 2013-14	\$44,611.31	\$44,178.88	\$43,496.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,516.98
FY 2014-15	\$46,856.93	\$45,125.54	\$44,307.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,535.28
FY 2015-16	\$43,365.76	\$40,719.52	\$41,284.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,960.86
FY 2016-17	\$49,134.21	\$46,083.13	\$46,178.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,311.04
FY 2017-18	\$48,287.47	\$29,022.55	\$30,321.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,682.17
FY 2018-19	\$49,550.05	\$54,861.49	\$55,615.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,520.23
FY 2019-20	\$51,485.97	\$53,298.98	\$54,656.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,848.84
FY 2020-21	\$46,065.43	\$47,237.84	\$48,427.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,304.75
Estimated FY 2021-22	\$50,774.95	\$52,575.68	\$52,575.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,048.67
Estimated FY 2022-23	\$52,552.07	\$54,415.83	\$54,415.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,715.00
Estimated FY 2023-24	\$54,391.40	\$56,320.38	\$56,320.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52,490.03
<b>Percent Changes in Cost Per Enrollee</b>																	
FY 2013-14	8.22%	19.56%	22.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.84%
FY 2014-15	5.03%	2.14%	1.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.53%
FY 2015-16	-7.45%	-9.76%	-6.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-7.68%
FY 2016-17	13.30%	13.17%	11.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.45%
FY 2017-18	-1.72%	-37.02%	-34.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.58%
FY 2018-19	2.61%	89.03%	83.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.65%
FY 2019-20	3.91%	-2.85%	-1.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.63%
FY 2020-21	-10.53%	-11.37%	-11.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-10.69%
Estimated FY 2021-22	10.22%	11.30%	8.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.24%
Estimated FY 2022-23	3.50%	3.50%	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.65%
Estimated FY 2023-24	3.50%	3.50%	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.50%

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

Current 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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2020-21 Average Monthly Paid Enrollment	4,229	566	228	-	-	-	-	-	-	-	-	-	-	-	-	5,023
Trend Factor <sup>(2)</sup>	1.44%	-9.42%	12.43%	-	-	-	-	-	-	-	-	-	-	-	-	0.72%
Estimated FY 2021-22 Monthly Paid Enrollment	4,290	513	256	-	-	-	-	-	-	-	-	-	-	-	-	5,059
FY 2021-22 Estimated Cost Per Enrollee	\$50,774.95	\$52,575.68	\$52,575.68	-	-	-	-	-	-	-	-	-	-	-	-	\$51,048.67
<i>Bottom Line Impacts</i>																
FY 2020-21 Retroactive Payments	\$4,067,378	\$544,369	\$219,286	-	-	-	-	-	-	-	-	-	-	-	-	\$4,831,034
PACE Recoupment	\$0	\$0	\$0	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Total Bottom Line Impacts	\$4,067,378	\$544,369	\$219,286	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Estimated FY 2021-22 Expenditure</b>	<b>\$220,354,706</b>	<b>\$30,242,377</b>	<b>\$12,489,172</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$263,086,255</b>
Estimated FY 2021-22 Per Capita	\$4,524.18	\$2,190.05	\$188.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$171.31
% Change over FY 2020-21 Per Capita	12.05%	10.92%	13.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.48%
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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Estimated FY 2021-22 Monthly Paid Enrollment	4,290	513	256	-	-	-	-	-	-	-	-	-	-	-	-	5,059
Trend Factor <sup>(3)</sup>	7.06%	7.02%	7.02%	-	-	-	-	-	-	-	-	-	-	-	-	7.06%
Estimated FY 2022-23 Monthly Paid Enrollment	4,593	549	274	-	-	-	-	-	-	-	-	-	-	-	-	5,416
FY 2022-23 Estimated Cost Per Enrollee	\$52,552.07	\$54,415.83	\$54,415.83	-	-	-	-	-	-	-	-	-	-	-	-	\$50,715.00
<i>Bottom Line Impacts</i>																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Estimated FY 2022-23 Expenditure</b>	<b>\$239,677,673</b>	<b>\$32,894,339</b>	<b>\$13,584,352</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$286,156,364</b>
Estimated FY 2022-23 Per Capita	\$5,028.59	\$2,409.49	\$204.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$205.45
% Change over FY 2021-22 Per Capita	11.15%	10.02%	8.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.93%
Out 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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Estimated FY 2022-23 Monthly Paid Enrollment	4,593	549	274	-	-	-	-	-	-	-	-	-	-	-	-	5,416
Trend Factor <sup>(5)</sup>	6.18%	6.20%	6.20%	-	-	-	-	-	-	-	-	-	-	-	-	6.19%
Estimated FY 2023-24 Monthly Paid Enrollment	4,877	583	291	-	-	-	-	-	-	-	-	-	-	-	-	5,751
FY 2023-24 Estimated Cost Per Enrollee	\$54,391.40	\$56,320.38	\$56,320.38	-	-	-	-	-	-	-	-	-	-	-	-	\$52,490.03
<i>Bottom Line Impacts</i>																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Estimated FY 2023-24 Expenditure</b>	<b>\$263,410,242</b>	<b>\$36,151,494</b>	<b>\$14,929,456</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$314,491,192</b>
Estimated FY 2023-24 Per Capita	\$5,410.39	\$2,558.31	\$220.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$223.83
% Change over FY 2022-23 Per Capita	7.59%	6.18%	7.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.95%

**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 Line Item Description.
- (2) The FY 2010-11 Per Enrollee costs are adjusted for the PACE reconciliation with providers from FY 2009-10. These figures subtract out the reconciliation to keep trends consistent historically.
- (3) Per-enrollee costs for FY 2021-22, FY 2022-23, FY 2024-25 are a weighted average of FY 2021-22 rates by forecasted FY 2021-22 provider distribution and FY 2021-22 third-party-liability status.
- (4) Estimated costs per enrollee in this exhibit do not represent future rates in FY 2022-23 forward, as information that is necessary to accurately calculate actuarially sound rates is not available at this time. The cost per enrollee information in this exhibit is for informational purposes only. Please see the Narrative for more information on PACE rates.
- (5) Monthly Paid Enrollment figures for FY 2021-22, FY 2022-23, and FY 2023-24 are estimated via month to month trends in enrollment growth.





**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)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<b>Current Year Projection</b>																
FY 2020-21 Expenditure (Half Year)	\$41,971,567	\$5,521,050	\$18,315,960	\$8,306,618	\$3,209,028	\$86,651	\$1,424,949	\$0	\$15,956	(\$2,819)	\$17,937	\$52,256	\$0	\$0	\$38,745,693	\$117,664,846
Estimated FY 2021-22 First Half Caseload Trend	-0.67%	0.88%	44.73%	-100.00%	0.35%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	7.27%	
Estimated FY 2021-22 First Half Expenditure	\$41,691,582	\$5,569,813	\$26,508,897	\$0	\$3,220,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,561,918	\$118,552,579
Estimated FY 2021-22 Second Half Caseload Trend	0.11%	0.46%	-0.14%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%	
Estimated Increase in Medicare Part B Premium (Effective January 1, 2022) <sup>(1)</sup>	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	6.20%	
Estimated FY 2021-22 Second Half Expenditure	\$44,321,929	\$5,942,160	\$28,111,770	\$0	\$3,427,091	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$44,079,960	\$125,882,909
<b>Estimated FY 2021-22 Total Expenditure</b>	<b>\$86,013,511</b>	<b>\$11,511,973</b>	<b>\$54,620,667</b>	<b>\$0</b>	<b>\$6,647,460</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,641,878</b>	<b>\$244,435,488</b>
Estimated FY 2021-22 Per Capita	\$1,765.97	\$833.66	\$826.47	\$0.00	\$37.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,361.88	\$159.17
% Change over FY 2020-21 Per Capita	-29.97%	59.10%	-14.23%	0.00%	1524.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	136.83%	-1.98%
<b>Request Year Projection</b>																
Estimated FY 2022-23 First Half Caseload Trend	-3.10%	-2.37%	0.52%	0.00%	-1.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.92%	
Estimated FY 2022-23 First Half Expenditure	\$42,947,525	\$5,801,394	\$28,259,257	\$0	\$3,392,306	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,913,259	\$122,313,741
Estimated FY 2022-23 Caseload Trend	1.49%	2.15%	0.73%	0.00%	2.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	
Estimated Increase in Medicare Part B Premium (Effective January 1, 2023) <sup>(1)</sup>	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	5.71%	
Estimated FY 2022-23 Second Half Expenditure	\$46,075,157	\$6,264,176	\$30,090,333	\$0	\$3,673,865	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$44,412,357	\$130,515,888
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2022-23 Total Expenditure</b>	<b>\$89,022,682</b>	<b>\$12,065,570</b>	<b>\$58,349,590</b>	<b>\$0</b>	<b>\$7,066,171</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,325,615</b>	<b>\$252,829,629</b>
Estimated FY 2022-23 Per Capita	\$1,867.75	\$883.80	\$877.85	\$0.00	\$39.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,476.07	\$181.52
% Change over FY 2021-22 Per Capita	5.76%	6.01%	6.22%	0.00%	6.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.83%	14.04%
<b>Out Year Projection</b>																
Estimated FY 2023-24 First Half Caseload Trend	1.76%	2.36%	1.06%	0.00%	3.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.44%	
Estimated FY 2023-24 First Half Expenditure	\$46,885,793	\$6,412,124	\$30,409,378	\$0	\$3,788,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,498,197	\$132,993,542
Estimated FY 2023-24 Caseload Trend	1.45%	2.14%	0.73%	0.00%	2.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	
Estimated Increase in Medicare Part B Premium (Effective January 1, 2024) <sup>(1)</sup>	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	5.94%	
Estimated FY 2023-24 Second Half Expenditure	\$50,391,177	\$6,938,185	\$32,450,231	\$0	\$4,111,159	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$48,344,265	\$142,235,017
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2023-24 Total Expenditure</b>	<b>\$97,276,970</b>	<b>\$13,350,309</b>	<b>\$62,859,609</b>	<b>\$0</b>	<b>\$7,899,209</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$93,842,463</b>	<b>\$275,228,559</b>
Estimated FY 2023-24 Per Capita	\$1,998.05	\$944.75	\$928.31	\$0.00	\$42.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,673.65	\$195.89
% Change over Estimated FY 2022-23 Per Capita	6.98%	6.90%	5.75%	0.00%	6.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.98%	7.92%

(1) The Part B premium is expected to be \$157.70 as of January 1, 2022. The Department projects that the premium will be \$166.70 in CY 2023 and \$176.60 in CY 2024 based on the Annual Report of the Boards of Trustees of the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund



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

Expenditure Trends																
HEALTH INSURANCE BUY-IN	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<b>Actual FY 2020-21 Expenditure</b>	\$7,939	\$13,746	\$2,302,636	\$0	\$9,141	\$12,330	\$113,529	\$0	\$31,211	\$0	\$0	\$5,549	\$0	\$0	\$0	\$2,496,082
Average of FY 2014-15 through FY 2018-19	11.32%	6.95%	14.13%	0.00%	6.22%	36.01%	36.01%	0.00%	22.02%	0.00%	-20.00%	11.32%	0.00%	0.00%	0.00%	14.51%
Average of FY 2015-16 through FY 2018-19	20.01%	20.02%	20.02%	0.00%	20.02%	20.02%	20.02%	0.00%	20.02%	0.00%	0.00%	20.02%	0.00%	0.00%	0.00%	20.02%
Average of FY 2016-17 through FY 2018-19	17.42%	17.43%	17.43%	0.00%	17.43%	17.43%	17.43%	0.00%	17.43%	0.00%	0.00%	17.43%	0.00%	0.00%	0.00%	17.43%
Average of FY 2017-18 through FY 2018-19	10.07%	10.07%	10.07%	0.00%	10.07%	10.07%	10.07%	0.00%	10.08%	0.00%	0.00%	10.07%	0.00%	0.00%	0.00%	10.07%
Average of FY 2015-16 through FY 2019-20	4.77%	8.15%	16.75%	0.00%	2.74%	1.45%	51.69%	0.00%	-0.05%	0.00%	0.00%	4.18%	0.00%	0.00%	0.00%	15.62%
Average of FY 2016-17 through FY 2019-20	-0.98%	3.24%	14.00%	0.00%	-3.52%	-5.13%	57.67%	0.00%	-7.01%	0.00%	0.00%	-1.72%	0.00%	0.00%	0.00%	12.58%
Average of FY 2017-18 through FY 2019-20	-12.01%	-6.40%	7.95%	0.00%	-15.41%	-17.55%	66.18%	0.00%	-20.06%	0.00%	0.00%	-13.01%	0.00%	0.00%	0.00%	6.05%
Average of FY 2018-19 through FY 2019-20	-25.71%	-17.29%	4.24%	0.00%	-30.81%	-34.02%	91.58%	0.00%	-37.78%	0.00%	0.00%	-27.21%	0.00%	0.00%	0.00%	1.39%
Average of FY 2016-17 through FY 2020-21	-1.03%	2.35%	10.96%	0.00%	-3.06%	-4.34%	45.90%	0.00%	-5.85%	0.00%	0.00%	-1.62%	0.00%	0.00%	0.00%	9.82%
Average of FY 2017-18 through FY 2020-21	-9.32%	-5.10%	5.66%	0.00%	-11.86%	-13.46%	49.33%	0.00%	-15.34%	0.00%	0.00%	-10.06%	0.00%	0.00%	0.00%	4.24%
Average of FY 2018-19 through FY 2020-21	-17.55%	-11.92%	2.42%	0.00%	-20.94%	-23.08%	60.65%	0.00%	-25.58%	0.00%	0.00%	-18.54%	0.00%	0.00%	0.00%	0.53%
Average of FY 2019-20 through FY 2020-21	-28.71%	-20.27%	1.26%	0.00%	-33.79%	-37.00%	88.60%	0.00%	-40.76%	0.00%	0.00%	-30.20%	0.00%	0.00%	0.00%	-1.59%
Current Year Projection																
<b>Actual FY 2020-21 Expenditure</b>	\$7,939	\$13,746	\$2,302,636	\$0	\$9,141	\$12,330	\$113,529	\$0	\$31,211	\$0	\$0	\$5,549	\$0	\$0	\$0	\$2,496,081
<i>Estimated Incremental Expenditure for FY 2021-22</i>																
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$67	\$116	\$19,410	\$0	\$77	\$104	\$957	\$0	\$263	\$0	\$0	\$47	\$0	\$0	\$0	\$21,041
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$280	\$484	\$81,139	\$0	\$322	\$434	\$4,000	\$0	\$1,100	\$0	\$0	\$196	\$0	\$0	\$0	\$87,955
<b>Total Incremental Expenditure</b>	\$347	\$600	\$100,549	\$0	\$399	\$538	\$4,957	\$0	\$1,363	\$0	\$0	\$243	\$0	\$0	\$0	\$108,996
<b>Estimated FY 2021-22 Total Expenditure</b>	<b>\$8,286</b>	<b>\$14,346</b>	<b>\$2,403,185</b>	<b>\$0</b>	<b>\$9,540</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,605,077</b>
Estimated FY 2021-22 Per Capita	\$0.17	\$1.04	\$36.36	\$0.00	\$0.05	\$0.12	\$0.25	\$0.00	\$0.07	\$0.00	\$0.00	\$0.42	\$0.00	\$0.00	\$0.00	\$1.70
% Change over FY 2020-21 Per Capita	6.25%	1.96%	4.51%	0.00%	0.00%	-14.29%	-10.71%	0.00%	0.00%	0.00%	0.00%	2.44%	0.00%	0.00%	0.00%	-4.49%
Request Year Projection																
<b>Estimated FY 2021-22 Total Expenditure</b>	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$0	\$5,792	\$0	\$0	\$0	\$2,605,077
<i>Estimated Incremental Expenditure for FY 2022-23</i>																
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Incremental Expenditure</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Estimated FY 2022-23 Total Expenditure</b>	<b>\$8,286</b>	<b>\$14,346</b>	<b>\$2,403,185</b>	<b>\$0</b>	<b>\$9,540</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,605,077</b>
Estimated FY 2022-23 Per Capita	\$0.17	\$1.05	\$36.15	\$0.00	\$0.05	\$0.15	\$0.28	\$0.00	\$0.08	\$0.00	\$0.00	\$0.50	\$0.00	\$0.00	\$0.00	\$1.87
% Change over FY 2021-22 Per Capita	0.00%	0.96%	-0.58%	0.00%	0.00%	25.00%	12.00%	0.00%	14.29%	0.00%	0.00%	19.05%	0.00%	0.00%	0.00%	10.00%
Out Year Projection																
<b>Estimated FY 2022-23 Total Expenditure</b>	\$8,286	\$14,346	\$2,403,185	\$0	\$9,540	\$12,868	\$118,486	\$0	\$32,574	\$0	\$0	\$5,792	\$0	\$0	\$0	\$2,605,077
<i>Estimated Incremental Expenditure for FY 2023-24</i>																
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Incremental Expenditure</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	January 0, 1900	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Estimated FY 2023-24 Total Expenditure</b>	<b>\$8,286</b>	<b>\$14,346</b>	<b>\$2,403,185</b>	<b>\$0</b>	<b>\$9,540</b>	<b>\$12,868</b>	<b>\$118,486</b>	<b>\$0</b>	<b>\$32,574</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,605,077</b>
Estimated FY 2023-24 Per Capita	\$0.17	\$1.02	\$35.49	\$0.00	\$0.05	\$0.15	\$0.27	\$0.00	\$0.08	\$0.00	\$0.00	\$0.49	\$0.00	\$0.00	\$0.00	\$1.85
% Change over FY 2022-23 Per Capita	0.00%	-2.86%	-1.83%	0.00%	0.00%	0.00%	-3.57%	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	0.00%	-1.07%

**Exhibit I - SERVICE MANAGEMENT  
Summary**

<b>FY 2021-22 Service Management Request</b>																
<b>SERVICE MANAGEMENT</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens- Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$7,360	\$27,509	\$246,165	\$28,245	\$213,153	\$102,253	\$542,100	\$0	\$0	\$0	\$52,200	\$58,837	\$7,904	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$7,864,262	\$2,108,876	\$11,191,919	\$2,568,808	\$29,699,855	\$18,142,997	\$74,807,865	\$23,486	\$84,000,697	\$12,520,535	\$3,756,160	\$2,304,594	\$672,535	\$0	\$0	\$249,662,589
<b>Total Service Management</b>	<b>\$7,871,622</b>	<b>\$2,136,385</b>	<b>\$11,438,084</b>	<b>\$2,597,053</b>	<b>\$29,913,008</b>	<b>\$18,245,250</b>	<b>\$75,349,965</b>	<b>\$23,486</b>	<b>\$84,000,697</b>	<b>\$12,520,535</b>	<b>\$3,808,360</b>	<b>\$2,363,431</b>	<b>\$680,439</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,948,315</b>
<b>FY 2022-23 Service Management Request</b>																
<b>SERVICE MANAGEMENT</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens- Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$7,360	\$27,509	\$246,165	\$28,245	\$213,153	\$102,253	\$542,100	\$0	\$0	\$0	\$52,200	\$58,837	\$7,904	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$7,644,661	\$2,076,348	\$11,263,990	\$2,361,274	\$29,779,879	\$14,146,167	\$68,228,697	\$21,671	\$75,111,243	\$10,666,189	\$3,747,679	\$1,908,474	\$474,421	\$0	\$0	\$227,430,693
<b>Total Service Management</b>	<b>\$7,652,021</b>	<b>\$2,103,857</b>	<b>\$11,510,155</b>	<b>\$2,389,519</b>	<b>\$29,993,032</b>	<b>\$14,248,420</b>	<b>\$68,770,797</b>	<b>\$21,671</b>	<b>\$75,111,243</b>	<b>\$10,666,189</b>	<b>\$3,799,879</b>	<b>\$1,967,311</b>	<b>\$482,325</b>	<b>\$0</b>	<b>\$0</b>	<b>\$228,716,419</b>
<b>FY 2023-24 Service Management Request</b>																
<b>SERVICE MANAGEMENT</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens- Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$7,360	\$27,509	\$246,165	\$28,245	\$213,153	\$102,253	\$542,100	\$0	\$0	\$0	\$52,200	\$58,837	\$7,904	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$7,730,826	\$2,127,553	\$11,421,243	\$2,480,043	\$30,908,504	\$13,897,202	\$69,323,267	\$21,577	\$74,531,261	\$10,482,043	\$3,791,348	\$1,959,120	\$440,929	\$0	\$0	\$229,114,916
<b>Total Service Management</b>	<b>\$7,738,186</b>	<b>\$2,155,062</b>	<b>\$11,667,408</b>	<b>\$2,508,288</b>	<b>\$31,121,657</b>	<b>\$13,999,455</b>	<b>\$69,865,367</b>	<b>\$21,577</b>	<b>\$74,531,261</b>	<b>\$10,482,043</b>	<b>\$3,843,548</b>	<b>\$2,017,957</b>	<b>\$448,833</b>	<b>\$0</b>	<b>\$0</b>	<b>\$230,400,642</b>





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

DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<b>FY 2021-22 Projection</b>																
Estimated FY 2021-22 Base Per Capita	\$0.15	\$1.99	\$3.72	\$1.87	\$1.20	\$0.92	\$1.17	\$0.00	\$0.00	\$0.00	\$2.56	\$4.22	\$1.93	\$0.00	\$0.00	\$0.84
Estimated FY 2021-22 Eligibles	48,706	13,809	66,089	15,116	177,899	110,811	464,992	125	478,177	71,804	20,374	13,931	4,097	13,509	36,260	1,535,699
<b>Estimated FY 2021-22 Base Expenditure</b>	<b>\$7,360</b>	<b>\$27,509</b>	<b>\$246,165</b>	<b>\$28,245</b>	<b>\$213,153</b>	<b>\$102,253</b>	<b>\$542,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,200</b>	<b>\$58,837</b>	<b>\$7,904</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,285,726</b>
<i>Bottom Line Impacts</i>																
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2021-22 Total Expenditure</b>	<b>\$7,360</b>	<b>\$27,509</b>	<b>\$246,165</b>	<b>\$28,245</b>	<b>\$213,153</b>	<b>\$102,253</b>	<b>\$542,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,200</b>	<b>\$58,837</b>	<b>\$7,904</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,285,726</b>
Estimated FY 2021-22 Per Capita	\$0.15	\$1.99	\$3.72	\$1.87	\$1.20	\$0.92	\$1.17	\$0.00	\$0.00	\$0.00	\$2.56	\$4.22	\$1.93	\$0.00	\$0.00	\$0.84
% Change over FY 2020-21 Per Capita	114.29%	105.15%	108.99%	98.94%	103.39%	67.27%	80.00%	0.00%	0.00%	0.00%	111.57%	103.86%	83.81%	0.00%	0.00%	90.91%
<b>FY 2022-23 Projection</b>																
Estimated FY 2022-23 Base Per Capita	\$0.15	\$2.02	\$3.70	\$2.04	\$1.20	\$1.18	\$1.28	\$0.00	\$0.00	\$0.00	\$2.57	\$5.12	\$2.73	\$0.00	\$0.00	\$0.92
Estimated FY 2022-23 Eligibles	47,663	13,652	66,469	13,830	178,019	86,381	423,613	115	427,113	61,125	20,307	11,483	2,896	5,287	34,864	1,392,817
<b>Estimated FY 2022-23 Base Expenditure</b>	<b>\$7,360</b>	<b>\$27,509</b>	<b>\$246,165</b>	<b>\$28,245</b>	<b>\$213,153</b>	<b>\$102,253</b>	<b>\$542,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,200</b>	<b>\$58,837</b>	<b>\$7,904</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,285,726</b>
<i>Bottom Line Impacts</i>																
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2022-23 Total Expenditure</b>	<b>\$7,360</b>	<b>\$27,509</b>	<b>\$246,165</b>	<b>\$28,245</b>	<b>\$213,153</b>	<b>\$102,253</b>	<b>\$542,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,200</b>	<b>\$58,837</b>	<b>\$7,904</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,285,726</b>
Estimated FY 2022-23 Per Capita	\$0.15	\$2.02	\$3.70	\$2.04	\$1.20	\$1.18	\$1.28	\$0.00	\$0.00	\$0.00	\$2.57	\$5.12	\$2.73	\$0.00	\$0.00	\$0.92
% Change over FY 2021-22 Per Capita	0.00%	1.51%	-0.54%	9.09%	0.00%	28.26%	9.40%	0.00%	0.00%	0.00%	0.39%	21.33%	41.45%	0.00%	0.00%	9.52%
<b>FY 2023-24 Projection</b>																
Estimated FY 2023-24 Base Per Capita	\$0.15	\$1.95	\$3.64	\$1.91	\$1.14	\$1.21	\$1.25	\$0.00	\$0.00	\$0.00	\$2.53	\$4.95	\$3.01	\$0.00	\$0.00	\$0.92
Estimated FY 2023-24 Eligibles	48,686	14,131	67,714	14,764	187,079	84,358	432,710	114	422,703	59,715	20,624	11,891	2,625	2,803	35,099	1,405,016
<b>Estimated FY 2023-24 Base Expenditure</b>	<b>\$7,360</b>	<b>\$27,509</b>	<b>\$246,165</b>	<b>\$28,245</b>	<b>\$213,153</b>	<b>\$102,253</b>	<b>\$542,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,200</b>	<b>\$58,837</b>	<b>\$7,904</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,285,726</b>
<i>Bottom Line Impacts</i>																
<b>Total Bottom Line Impacts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Estimated FY 2023-24 Total Expenditure</b>	<b>\$7,360</b>	<b>\$27,509</b>	<b>\$246,165</b>	<b>\$28,245</b>	<b>\$213,153</b>	<b>\$102,253</b>	<b>\$542,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,200</b>	<b>\$58,837</b>	<b>\$7,904</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,285,726</b>
Estimated FY 2023-24 Per Capita	\$0.15	\$1.95	\$3.64	\$1.91	\$1.14	\$1.21	\$1.25	\$0.00	\$0.00	\$0.00	\$2.53	\$4.95	\$3.01	\$0.00	\$0.00	\$0.92
% Change over FY 2022-23 Per Capita	0.00%	-3.47%	-1.62%	-6.37%	-5.00%	2.54%	-2.34%	0.00%	0.00%	0.00%	-1.56%	-3.32%	10.26%	0.00%	0.00%	0.00%





**Exhibit 1 - SERVICE MANAGEMENT - ACCOUNTABLE CARE COLLABORATIVE**

<b>Current Year Projection</b>																
<b>ACCOUNTABLE CARE COLLABORATIVE</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens-Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Estimated Expenditure for RAEs in the ACC	\$5,409,394	\$1,574,666	\$8,349,783	\$1,923,478	\$22,161,140	\$13,629,382	\$55,951,661	\$17,616	\$62,910,645	\$9,388,825	\$2,803,932	\$1,731,360	\$506,685	\$0	\$0	\$186,358,567
KPI Payment	\$949,904	\$277,871	\$1,482,882	\$332,209	\$3,931,123	\$2,294,900	\$9,747,883	\$3,002	\$10,848,884	\$1,603,312	\$495,778	\$291,387	\$83,367	\$0	\$0	\$32,342,502
Performance Pool Payment	\$880,590	\$256,339	\$1,359,254	\$313,121	\$3,607,592	\$2,218,715	\$9,108,321	\$2,868	\$10,241,168	\$1,528,398	\$456,450	\$28,847	\$82,483	\$0	\$0	\$30,337,146
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$624,374
Estimated FY 2021-22 Total Expenditure	\$7,864,262	\$2,108,876	\$11,191,919	\$2,568,808	\$29,699,855	\$18,142,997	\$74,807,865	\$23,486	\$84,000,697	\$12,520,535	\$3,756,160	\$2,304,594	\$672,535	\$0	\$0	\$249,662,589
Estimated FY 2021-22 Per Capita Cost	\$161.00	\$153.00	\$169.00	\$170.00	\$167.00	\$164.00	\$161.00	\$188.00	\$176.00	\$174.00	\$184.00	\$165.00	\$164.00	\$0.00	\$0.00	\$163.00
<b>Request Year Projection</b>																
<b>ACCOUNTABLE CARE COLLABORATIVE</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens-Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Estimated Expenditure for RAEs in the ACC	\$5,237,901	\$1,547,778	\$8,397,848	\$1,759,861	\$22,176,056	\$10,624,603	\$50,972,644	\$16,182	\$56,192,381	\$7,992,325	\$2,794,611	\$1,427,182	\$358,133	\$0	\$0	\$169,497,505
KPI Payment	\$929,713	\$276,609	\$1,499,064	\$314,927	\$3,993,803	\$1,791,994	\$8,958,261	\$2,855	\$9,771,354	\$1,372,800	\$498,136	\$248,962	\$57,988	\$0	\$0	\$29,716,466
Performance Pool Payment	\$852,673	\$251,961	\$1,367,078	\$286,486	\$3,610,020	\$1,729,570	\$8,297,792	\$2,634	\$9,147,508	\$1,301,064	\$454,932	\$232,330	\$58,300	\$0	\$0	\$27,592,348
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$624,374
Estimated FY 2022-23 Total Expenditure	\$7,644,661	\$2,076,348	\$11,263,990	\$2,361,274	\$29,779,879	\$14,146,187	\$66,228,697	\$21,671	\$75,111,243	\$10,666,189	\$3,747,679	\$1,908,474	\$474,421	\$0	\$0	\$227,430,693
Estimated FY 2022-23 Per Capita Cost	\$160.00	\$152.00	\$169.00	\$171.00	\$167.00	\$164.00	\$161.00	\$188.00	\$176.00	\$175.00	\$185.00	\$166.00	\$164.00	\$0.00	\$0.00	\$163.00
<b>Out Year Projection</b>																
<b>ACCOUNTABLE CARE COLLABORATIVE</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Disabled Buy-In</b>	<b>MAGI Parents/ Caretakers to 68% FPL</b>	<b>MAGI Parents/ Caretakers 69% to 133% FPL</b>	<b>MAGI Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>SB 11-008 Eligible Children</b>	<b>Foster Care</b>	<b>MAGI Pregnant Adults</b>	<b>SB 11-250 Eligible Pregnant Adults</b>	<b>Non-Citizens-Emergency Services</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Estimated Expenditure for RAEs in the ACC	\$5,324,066	\$1,598,983	\$8,555,101	\$1,878,630	\$23,304,681	\$10,375,638	\$52,067,244	\$16,088	\$55,612,399	\$7,808,179	\$2,838,280	\$1,477,828	\$324,641	\$0	\$0	\$171,181,728
KPI Payment	\$929,713	\$276,609	\$1,499,064	\$314,927	\$3,993,803	\$1,791,994	\$8,958,261	\$2,855	\$9,771,354	\$1,372,800	\$498,136	\$248,962	\$57,988	\$0	\$0	\$29,716,466
Performance Pool Payment	\$852,673	\$251,961	\$1,367,078	\$286,486	\$3,610,020	\$1,729,570	\$8,297,792	\$2,634	\$9,147,508	\$1,301,064	\$454,932	\$232,330	\$58,300	\$0	\$0	\$27,592,348
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$624,374
Estimated FY 2023-24 Total Expenditure	\$7,730,826	\$2,127,553	\$11,421,243	\$2,480,043	\$30,908,504	\$13,897,202	\$69,323,267	\$21,577	\$74,531,261	\$10,482,043	\$3,791,348	\$1,959,130	\$440,929	\$0	\$0	\$229,114,916
Estimated FY 2023-24 Per Capita Cost	\$159.00	\$151.00	\$169.00	\$168.00	\$165.00	\$165.00	\$160.00	\$189.00	\$176.00	\$176.00	\$184.00	\$165.00	\$168.00	\$0.00	\$0.00	\$163.00

Note: Current and Request Year Projections are calculated in pages EI-7 and EI-8.

Exhibit I - SERVICE MANAGEMENT - ACCOUNTABLE CARE COLLABORATIVE

Cash Based Actuals by Provider			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2014-15	\$100,891,291	\$3,059,475	\$103,950,766
FY 2015-16	\$137,974,203	\$2,975,000	\$140,949,203
FY 2016-17	\$146,273,678	\$2,250,000	\$148,523,678
FY 2017-18	\$144,941,471	\$0	\$144,941,471
FY 2018-19	\$167,580,760	\$0	\$167,580,760
FY 2019-20	\$198,864,960	\$0	\$198,864,960
FY 2020-21	\$210,444,157	\$0	\$210,444,157
Estimated FY 2021-22	\$249,662,589	\$0	\$249,662,589
Estimated FY 2022-23	\$227,430,693	\$0	\$227,430,693
Estimated FY 2023-24	\$229,114,916	\$0	\$229,114,916
Percent Change in Cash Based Actuals			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2015-16	6.02%	-24.37%	5.37%
FY 2016-17	-0.91%	-100.00%	-2.41%
FY 2017-18	15.62%	0.00%	15.62%
FY 2018-19	18.67%	0.00%	18.67%
FY 2019-20	5.82%	0.00%	5.82%
Estimated FY 2021-22	18.64%	0.00%	18.64%
Estimated FY 2022-23	-8.90%	0.00%	-8.90%
Estimated FY 2023-24	-0.74%	0.00%	-0.74%
Accountable Care Collaborative Enrollment <sup>(1)</sup>			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL <sup>(2)</sup>
FY 2014-15	751,742	751,742	751,742
FY 2015-16	931,919	931,919	931,919
FY 2016-17	937,822	937,822	937,822
FY 2017-18	951,521	-	951,521
FY 2018-19	1,084,955	-	1,084,955
FY 2019-20	1,038,106	-	1,038,106
FY 2020-21	1,212,332	-	1,212,332
Estimated FY 2021-22	1,320,568	-	1,320,568
Estimated FY 2022-23	1,201,090	-	1,201,090
Estimated FY 2023-24	1,213,023	-	1,213,023
Annual Percent Change in Enrollment			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2015-16	0.63%	0.63%	0.63%
FY 2016-17	1.46%	-100.00%	1.46%
FY 2017-18	14.02%	0.00%	14.02%
FY 2018-19	-4.32%	0.00%	-4.32%
FY 2019-20	16.78%	0.00%	16.78%
Estimated FY 2021-22	8.93%	0.00%	8.93%
Estimated FY 2022-23	-9.05%	0.00%	-9.05%
Estimated FY 2023-24	0.99%	0.00%	0.99%
Cost Per Enrollee			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2014-15	\$148.05	\$3.19	\$151.25
FY 2015-16	\$155.97	\$2.40	\$158.37
FY 2016-17	\$152.33	\$0.00	\$152.33
FY 2017-18	\$154.46	\$0.00	\$154.46
FY 2018-19	\$191.57	\$0.00	\$191.57
FY 2019-20	\$173.99	\$0.00	\$173.99
Estimated FY 2021-22	\$189.06	\$0.00	\$189.06
Estimated FY 2022-23	\$189.35	\$0.00	\$189.35
Estimated FY 2023-24	\$188.88	\$0.00	\$188.88
Percent Change in Cost Per Enrollee			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2015-16	5.35%	-24.76%	4.71%
FY 2016-17	-2.32%	-100.00%	-2.81%
FY 2017-18	1.40%	0.00%	1.40%
FY 2018-19	24.03%	0.00%	24.03%
FY 2019-20	-9.39%	0.00%	-9.39%
Estimated FY 2021-22	8.91%	0.00%	8.91%
Estimated FY 2022-23	0.15%	0.00%	0.15%
Estimated FY 2023-24	-0.25%	0.00%	-0.25%
Current Year Projection			
Estimated FY 2021-22 Enrollment	1,320,568	N/A	1,320,568
FY 2021-22 PMPM Administration Fee	\$11.76	N/A	\$11.76
Number of Months Paid	12	N/A	12
Estimated FY 2021-22 Base Expenditures	\$186,358,567	\$0	\$186,358,567
KPI Payment	\$32,342,502	\$0	\$32,342,502
Performance Goal Payment	\$30,337,146	\$0	\$30,337,146
FY 2021-22 R-14 Technical Adjustment (Healthy Communities)	\$624,374	\$0	\$624,374
Total Bottom Line Impacts	\$63,304,022	\$0	\$63,304,022
Estimated FY 2021-22 Total Expenditures	\$249,662,589	\$0	\$249,662,589
Estimated FY 2021-22 Cost Per Enrollee	\$189.06	\$0.00	\$189.06
% Change over FY 2019-20 Cost Per Enrollee	8.91%	0.00%	8.91%

Exhibit I - SERVICE MANAGEMENT - ACCOUNTABLE CARE COLLABORATIVE

Request Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2022-23 Enrollment	1,201,090	N/A	1,201,090
FY 2022-23 PMPM Administration Fee	\$11.76	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2022-23 Base Expenditures	\$169,497,505		\$169,497,505
KPI Payment	\$29,716,466	\$0	\$29,716,466
Performance Pool Payment	\$27,592,348	\$0	\$27,592,348
FY 2021-22 R-14 Technical Adjustment (Healthy Communities)	\$624,374	\$0	\$624,374
Total Bottom Line Impacts	\$57,933,188	\$0	\$57,933,188
<b>Estimated FY 2022-23 Total Expenditure</b>	<b>\$227,430,693</b>	<b>\$0</b>	<b>\$227,430,693</b>
Estimated FY 2022-23 Cost Per Enrollee	\$189.35	\$0.00	\$189.35
% Change over FY 2021-22 Cost Per Enrollee	0.15%	0.00%	0.15%
Out Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2023-24 Enrollment	1,213,023	N/A	1,213,023
FY 2023-24 PMPM Administration Fee	\$11.76	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2023-24 Base Expenditures	\$171,181,728		\$171,181,728
KPI Payment	\$29,716,466	\$0	\$29,716,466
Performance Pool Payment	\$27,592,348	\$0	\$27,592,348
FY 2021-22 R-14 Technical Adjustment (Healthy Communities)	\$624,374	\$0	\$624,374
Total Bottom Line Impacts	\$57,933,188	\$0	\$57,933,188
<b>Estimated FY 2023-24 Total Expenditure</b>	<b>\$229,114,916</b>	<b>\$0</b>	<b>\$229,114,916</b>
Estimated FY 2023-24 Cost Per Enrollee	\$188.88	\$0.00	\$188.88
% Change over FY 2022-23 Cost Per Enrollee	-0.25%	0.00%	-0.25%
<b>Footnotes:</b>			
(1) Estimates for enrollment are based on the Department's implementation plan. SDAC is paid on a fixed-price contract and is not a function of enrollment.			
(2) Total enrollment only counts ACC enrollment once and therefore does not equal the sum of the columns.			

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Cash Funded Expansion Populations							
Source of Funding							
FY 2021-22 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
<b>Medicaid Expansion Clients</b>							
MAGI Parents/Caretakers 69% to 133% FPL	110,811	\$318,518,255	\$0	\$33,805,162	\$0	\$284,713,093	89.39%
Buy-In for Individuals with Disabilities	15,116	\$95,802,779	\$0	\$42,117,441	\$3,414,980	\$50,270,358	52.47%
MAGI Adults	461,338	\$1,783,496,543	\$0	\$206,679,567	\$0	\$1,576,816,976	88.41%
Non-Newly Eligibles	3,654	\$85,016,715	\$0	\$16,581,984	\$0	\$68,434,731	80.50%
MAGI Parents/Caretakers 60% to 68% FPL	7,114	\$22,780,417	\$0	\$10,688,983	\$0	\$12,091,434	53.08%
Continuous Eligibility for Children	18,611	\$39,409,414	\$0	\$18,320,894	\$0	\$21,088,520	53.51%
Subtotal of Medicaid Expansion Clients		\$2,345,024,123	\$0	\$328,194,031	\$3,414,980	\$2,013,415,112	
<b>Supplemental Payments</b>							
Inpatient Hospital Rates		\$583,536,512	\$0	\$210,656,681	\$0	\$372,879,831	63.90%
Outpatient Hospital Rates		\$683,912,108	\$0	\$246,892,271	\$0	\$437,019,837	63.90%
Essential Access Payment		\$43,492,778	\$0	\$15,700,893	\$0	\$27,791,885	63.90%
Hospital Quality Incentive Payment		\$90,826,309	\$0	\$43,687,455	\$0	\$47,138,854	51.90%
Subtotal of Supplemental Payments		\$1,401,767,707	\$0	\$516,937,300	\$0	\$884,830,407	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
<b>Total</b>		<b>\$3,746,791,830</b>	<b>(\$15,700,000)</b>	<b>\$860,831,331</b>	<b>\$3,414,980</b>	<b>\$2,898,245,519</b>	
FY 2022-23 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
<b>Medicaid Expansion Clients</b>							
MAGI Parents/Caretakers 69% to 133% FPL	86,381	\$260,097,340	\$0	\$27,551,027	\$0	\$232,546,313	89.41%
Buy-in for Individuals with Disabilities	13,830	\$91,596,651	\$0	\$41,802,331	\$6,941,998	\$42,852,322	46.78%
MAGI Adults	420,284	\$1,696,347,494	\$0	\$182,464,153	\$0	\$1,513,883,341	89.24%
Non-Newly Eligibles	3,329	\$80,967,478	\$0	\$16,425,278	\$0	\$64,542,200	79.71%
MAGI Parents/Caretakers 60% to 68% FPL	7,119	\$23,935,583	\$0	\$11,965,765	\$0	\$11,969,818	50.01%
Continuous Eligibility for Children	18,927	\$41,120,868	\$0	\$20,474,501	\$0	\$20,646,367	50.21%
Subtotal of Medicaid Expansion Clients		\$2,194,065,414	\$0	\$300,683,055	\$6,941,998	\$1,886,440,361	
<b>Supplemental Payments</b>							
Inpatient Hospital Rates		\$632,228,821	\$0	\$240,246,952	\$0	\$391,981,869	62.00%
Outpatient Hospital Rates		\$683,912,108	\$0	\$259,886,601	\$0	\$424,025,507	62.00%
Essential Access Payment		\$43,492,778	\$0	\$16,527,256	\$0	\$26,965,522	62.00%
Hospital Quality Incentive Payment		\$90,826,309	\$0	\$45,413,154	\$0	\$45,413,155	50.00%
Subtotal of Supplemental Payments		\$1,450,460,016	\$0	\$562,073,963	\$0	\$888,386,053	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
<b>Total</b>		<b>\$3,644,525,430</b>	<b>(\$15,700,000)</b>	<b>\$878,457,018</b>	<b>\$6,941,998</b>	<b>\$2,774,826,414</b>	
FY 2023-24 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
<b>Medicaid Expansion Clients</b>							
MAGI Parents/Caretakers 69% to 133% FPL	84,358	\$263,891,559	\$0	\$27,927,341	\$0	\$235,964,218	89.42%
Buy-in for Individuals with Disabilities	14,764	\$101,181,772	\$0	\$47,063,866	\$7,054,037	\$47,063,869	46.51%
MAGI Adults	429,310	\$1,730,648,114	\$0	\$186,028,354	\$0	\$1,544,619,760	89.25%
Non-Newly Eligibles	3,400	\$82,573,926	\$0	\$16,750,303	\$0	\$65,823,623	79.71%
MAGI Parents/Caretakers 60% to 68% FPL	7,481	\$26,549,771	\$0	\$13,274,885	\$0	\$13,274,886	50.00%
Continuous Eligibility for Children	18,927	\$41,120,868	\$0	\$20,560,434	\$0	\$20,560,434	50.00%
Subtotal of Medicaid Expansion Clients		\$2,245,966,010	\$0	\$311,605,183	\$7,054,037	\$1,927,306,790	
<b>Supplemental Payments</b>							
Inpatient Hospital Rates		\$632,228,821	\$0	\$240,246,952	\$0	\$391,981,869	62.00%
Outpatient Hospital Rates		\$683,912,108	\$0	\$259,886,601	\$0	\$424,025,507	62.00%
Essential Access Payment		\$43,492,778	\$0	\$16,527,256	\$0	\$26,965,522	62.00%
Hospital Quality Incentive Payment		\$90,826,309	\$0	\$45,413,154	\$0	\$45,413,155	50.00%
Subtotal of Supplemental Payments		\$1,450,460,016	\$0	\$562,073,963	\$0	\$888,386,053	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
<b>Total</b>		<b>\$3,696,426,026</b>	<b>(\$15,700,000)</b>	<b>\$889,379,146</b>	<b>\$7,054,037</b>	<b>\$2,815,692,843</b>	

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population							
FY 2021-22							
<b>MAGI Parents/Caretakers 69% to 133% FPL<sup>(1)</sup></b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,705.33	\$299,780,699	\$0	\$30,148,257	\$0	\$269,632,442
Community-Based Long-Term Care		\$5.37	\$594,559	\$0	\$37,160	\$0	\$557,399
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$123.00	\$13,629,382	\$0	\$1,362,938	\$0	\$12,266,444
ACC Incentive		\$40.73	\$4,513,615	\$0	\$2,256,807	\$0	\$2,256,808
<b>Total</b>	<b>110,811</b>	<b>\$2,874.43</b>	<b>\$318,518,255</b>	<b>\$0</b>	<b>\$33,805,162</b>	<b>\$0</b>	<b>\$284,713,093</b>
<b>Buy-In for Individuals with Disabilities</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,035.30	\$76,113,555	\$0	\$34,424,795	\$2,713,140	\$38,975,620
Community-Based Long-Term Care		\$1,126.63	\$17,030,098	\$0	\$6,470,679	\$607,054	\$9,952,365
Long-Term Care		\$5.97	\$90,318	\$0	\$40,849	\$3,219	\$46,250
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$127.25	\$1,923,478	\$0	\$869,955	\$68,564	\$984,959
ACC Incentive		\$42.69	\$645,330	\$0	\$311,163	\$23,003	\$311,164
<b>Total</b>	<b>15,116</b>	<b>\$6,337.84</b>	<b>\$95,802,779</b>	<b>\$0</b>	<b>\$42,117,441</b>	<b>\$3,414,980</b>	<b>\$50,270,358</b>
<b>MAGI Adults<sup>(1)</sup></b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds <sup>(1)</sup>
Acute Care		\$3,681.51	\$1,698,419,638	\$0	\$191,345,213	\$0	\$1,507,074,425
Community-Based Long-Term Care		\$21.55	\$9,941,830	\$0	\$621,364	\$0	\$9,320,466
Long-Term Care		\$8.14	\$3,753,797	\$0	\$375,380	\$0	\$3,378,417
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$115.71	\$53,382,572	\$0	\$5,338,257	\$0	\$48,044,315
ACC Incentive		\$39.01	\$17,998,706	\$0	\$8,999,353	\$0	\$8,999,353
<b>Total</b>	<b>461,338</b>	<b>\$3,865.92</b>	<b>\$1,783,496,543</b>	<b>\$0</b>	<b>\$206,679,567</b>	<b>\$0</b>	<b>\$1,576,816,976</b>
<b>Non-Newly Eligibles</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$22,149	\$80,937,638	\$0	\$15,556,214	\$0	\$65,381,424
Community-Based Long-Term Care	-	\$130	\$473,651	\$0	\$68,869	\$0	\$404,782
Long-Term Care	-	\$49	\$178,839	\$0	\$34,373	\$0	\$144,466
Insurance	-	\$0	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$703	\$2,569,089	\$0	\$493,779	\$0	\$2,075,310
ACC Incentive	-	\$235	\$857,498	\$0	\$428,749	\$0	\$428,749
<b>Total</b>	<b>3,654</b>	<b>\$23,266</b>	<b>\$85,016,715</b>	<b>\$0</b>	<b>\$16,581,984</b>	<b>\$0</b>	<b>\$68,434,731</b>
<b>MAGI Parents/Caretakers 60% to 68% FPL</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,022.10	\$21,498,421	\$0	\$10,082,759	\$0	\$11,415,662
Community-Based Long-Term Care	-	\$8.41	\$59,831	\$0	\$23,573	\$0	\$36,258
Long-Term Care	-	\$1.67	\$11,876	\$0	\$5,570	\$0	\$6,306
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$127.26	\$905,270	\$0	\$424,572	\$0	\$480,698
ACC Incentive	-	\$42.88	\$305,019	\$0	\$152,509	\$0	\$152,510
<b>Total</b>	<b>7,114</b>	<b>\$3,202.32</b>	<b>\$22,780,417</b>	<b>\$0</b>	<b>\$10,688,983</b>	<b>\$0</b>	<b>\$12,091,434</b>
<b>Continuous Eligibility for Children</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,814.90	\$33,777,026	\$0	\$15,841,425	\$0	\$17,935,601
Community-Based Long-Term Care	-	\$133.68	\$2,487,925	\$0	\$980,242	\$0	\$1,507,683
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$126.54	\$2,354,983	\$0	\$1,104,487	\$0	\$1,250,496
ACC Incentive	-	\$42.42	\$789,480	\$0	\$394,740	\$0	\$394,740
<b>Total</b>	<b>18,611</b>	<b>\$2,117.53</b>	<b>\$39,409,414</b>	<b>\$0</b>	<b>\$18,320,894</b>	<b>\$0</b>	<b>\$21,088,520</b>
<b>FY 2021-22 Summary</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
<b>Total</b>	<b>616,644</b>	<b>\$3,802.88</b>	<b>\$2,345,024,123</b>	<b>\$0</b>	<b>\$328,194,031</b>	<b>\$3,414,980</b>	<b>\$2,013,415,112</b>

(1) The matching federal funds for this population will decrease to 90% on January 1, 2020 in accordance with the Affordable Care Act.

(2) Figures may not sum due to rounding.

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2022-23							
<b>MAGI Parents/Caretakers 69% to 133% FPL<sup>(1)</sup></b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,841.0	\$245,408,916	\$0	\$24,673,559	\$0	\$220,735,357
Community-Based Long-Term Care		\$6.28	\$542,257	\$0	\$54,226	\$0	\$488,031
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$123.00	\$10,624,603	\$0	\$1,062,460	\$0	\$9,562,143
ACC Incentive		\$40.77	\$3,521,564	\$0	\$1,760,782	\$0	\$1,760,782
<b>Total</b>	<b>86,381</b>	<b>\$3,011.05</b>	<b>\$260,097,340</b>	<b>\$0</b>	<b>\$27,551,027</b>	<b>\$0</b>	<b>\$232,546,313</b>
<b>Buy-In for Individuals with Disabilities</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,120.12	\$70,811,236	\$0	\$32,722,269	\$5,366,697	\$32,722,270
Community-Based Long-Term Care		\$1,324.95	\$18,324,026	\$0	\$7,942,642	\$1,388,755	\$8,992,629
Long-Term Care		\$7.24	\$100,115	\$0	\$46,263	\$7,588	\$46,264
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$127.25	\$1,759,861	\$0	\$813,241	\$133,378	\$813,242
ACC Incentive		\$43.49	\$601,413	\$0	\$277,916	\$45,580	\$277,917
<b>Total</b>	<b>13,830</b>	<b>\$6,623.04</b>	<b>\$91,596,651</b>	<b>\$0</b>	<b>\$41,802,331</b>	<b>\$6,941,998</b>	<b>\$42,852,322</b>
<b>MAGI Adults<sup>(1)</sup></b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds <sup>(1)</sup>
Acute Care		\$3,846.65	\$1,616,686,583	\$0	\$167,909,777	\$0	\$1,448,776,806
Community-Based Long-Term Care		\$24.75	\$10,401,202	\$0	\$1,040,120	\$0	\$9,361,082
Long-Term Care		\$9.90	\$4,160,831	\$0	\$416,083	\$0	\$3,744,748
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$115.70	\$48,628,163	\$0	\$4,862,816	\$0	\$43,765,347
ACC Incentive		\$39.19	\$16,470,715	\$0	\$8,235,357	\$0	\$8,235,358
<b>Total</b>	<b>420,284</b>	<b>\$4,036.19</b>	<b>\$1,696,347,494</b>	<b>\$0</b>	<b>\$182,464,153</b>	<b>\$0</b>	<b>\$1,513,883,341</b>
<b>Non-Newly Eligibles</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$23,173.18	\$77,143,329	\$0	\$15,428,666	\$0	\$61,714,663
Community-Based Long-Term Care	-	\$148.98	\$495,938	\$0	\$95,369	\$0	\$400,569
Long-Term Care	-	\$59.60	\$198,392	\$0	\$39,678	\$0	\$158,714
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$704.26	\$2,344,481	\$0	\$468,896	\$0	\$1,875,585
ACC Incentive	-	\$235.91	\$785,338	\$0	\$392,669	\$0	\$392,669
<b>Total</b>	<b>3,329</b>	<b>\$24,321.92</b>	<b>\$80,967,478</b>	<b>\$0</b>	<b>\$16,425,278</b>	<b>\$0</b>	<b>\$64,542,200</b>
<b>MAGI Parents/Caretakers 60% to 68% FPL</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,180.53	\$22,640,729	\$0	\$11,320,364	\$0	\$11,320,365
Community-Based Long-Term Care	-	\$9.18	\$65,349	\$0	\$30,649	\$0	\$34,700
Long-Term Care	-	\$1.85	\$13,194	\$0	\$6,597	\$0	\$6,597
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$127.55	\$907,952	\$0	\$453,976	\$0	\$453,976
ACC Incentive	-	\$43.32	\$308,359	\$0	\$154,179	\$0	\$154,180
<b>Total</b>	<b>7,119</b>	<b>\$3,362.43</b>	<b>\$23,935,583</b>	<b>\$0</b>	<b>\$11,965,765</b>	<b>\$0</b>	<b>\$11,969,818</b>
<b>Continuous Eligibility for Children</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,871.41	\$35,420,129	\$0	\$17,710,064	\$0	\$17,710,065
Community-Based Long-Term Care	-	\$146.46	\$2,771,975	\$0	\$1,300,056	\$0	\$1,471,919
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$115.76	\$2,191,073	\$0	\$1,095,536	\$0	\$1,095,537
ACC Incentive	-	\$38.98	\$737,691	\$0	\$368,845	\$0	\$368,846
<b>Total</b>	<b>18,927</b>	<b>\$2,172.60</b>	<b>\$41,120,868</b>	<b>\$0</b>	<b>\$20,474,501</b>	<b>\$0</b>	<b>\$20,646,367</b>
<b>FY 2022-23 Summary</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
<b>Total</b>	<b>549,870</b>	<b>\$3,990.16</b>	<b>\$2,194,065,414</b>	<b>\$0</b>	<b>\$300,683,055</b>	<b>\$6,941,998</b>	<b>\$1,886,440,361</b>

(1) The matching federal funds for this population will be 90% and on going in accordance with the Affordable Care Act.

(2) Figures may not sum due to rounding.

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2023-24							
<b>MAGI Parents/Caretakers 69% to 133% FPL<sup>(1)</sup></b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,956.78	\$249,428,247	\$0	\$25,072,384	\$0	\$224,355,863
Community-Based Long-Term Care		\$6.71	\$566,110	\$0	\$56,611	\$0	\$509,499
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$123.00	\$10,375,638	\$0	\$1,037,564	\$0	\$9,338,074
ACC Incentive		\$41.75	\$3,521,564	\$0	\$1,760,782	\$0	\$1,760,782
<b>Total</b>	<b>84,358</b>	<b>\$3,128.23</b>	<b>\$263,891,559</b>	<b>\$0</b>	<b>\$27,927,341</b>	<b>\$0</b>	<b>\$235,964,218</b>
<b>Buy-In for Individuals with Disabilities</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,308.05	\$78,368,069	\$0	\$36,452,261	\$5,463,546	\$36,452,262
Community-Based Long-Term Care		\$1,369.97	\$20,226,245	\$0	\$9,408,071	\$1,410,103	\$9,408,071
Long-Term Care		\$7.28	\$107,415	\$0	\$49,963	\$7,489	\$49,963
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$127.24	\$1,878,630	\$0	\$873,829	\$130,971	\$873,830
ACC Incentive		\$40.74	\$601,413	\$0	\$279,742	\$41,928	\$279,743
<b>Total</b>	<b>14,764</b>	<b>\$6,853.28</b>	<b>\$101,181,772</b>	<b>\$0</b>	<b>\$47,063,866</b>	<b>\$7,054,037</b>	<b>\$47,063,869</b>
<b>MAGI Adults<sup>(1)</sup></b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds <sup>(1)</sup>
Acute Care		\$3,840.64	\$1,648,823,932	\$0	\$171,257,540	\$0	\$1,477,566,392
Community-Based Long-Term Care		\$26.12	\$11,215,132	\$0	\$1,121,513	\$0	\$10,093,619
Long-Term Care		\$10.40	\$4,464,302	\$0	\$446,430	\$0	\$4,017,872
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$115.71	\$49,673,758	\$0	\$4,967,376	\$0	\$44,706,382
ACC Incentive		\$38.37	\$16,470,990	\$0	\$8,235,495	\$0	\$8,235,495
<b>Total</b>	<b>429,310</b>	<b>\$4,031.24</b>	<b>\$1,730,648,114</b>	<b>\$0</b>	<b>\$186,028,354</b>	<b>\$0</b>	<b>\$1,544,619,760</b>
<b>Non-Newly Eligibles</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$23,128.51	\$78,648,072	\$0	\$15,729,614	\$0	\$62,918,458
Community-Based Long-Term Care	-	\$157.20	\$534,551	\$0	\$106,910	\$0	\$427,641
Long-Term Care	-	\$62.57	\$212,784	\$0	\$42,557	\$0	\$170,227
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$703.86	\$2,393,456	\$0	\$478,691	\$0	\$1,914,765
ACC Incentive	-	\$230.87	\$785,063	\$0	\$392,531	\$0	\$392,532
<b>Total</b>	<b>3,400</b>	<b>\$24,283.01</b>	<b>\$82,573,926</b>	<b>\$0</b>	<b>\$16,750,303</b>	<b>\$0</b>	<b>\$65,823,623</b>
<b>MAGI Parents/Caretakers 60% to 68% FPL</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,368.38	\$25,198,245	\$0	\$12,599,122	\$0	\$12,599,123
Community-Based Long-Term Care	-	\$9.49	\$70,990	\$0	\$35,495	\$0	\$35,495
Long-Term Care	-	\$1.90	\$14,204	\$0	\$7,102	\$0	\$7,102
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$127.92	\$956,934	\$0	\$478,467	\$0	\$478,467
ACC Incentive	-	\$41.36	\$309,398	\$0	\$154,699	\$0	\$154,699
<b>Total</b>	<b>7,481</b>	<b>\$3,549.05</b>	<b>\$26,549,771</b>	<b>\$0</b>	<b>\$13,274,885</b>	<b>\$0</b>	<b>\$13,274,886</b>
<b>Continuous Eligibility for Children</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,870.72	\$35,407,098	\$0	\$17,703,549	\$0	\$17,703,549
Community-Based Long-Term Care	-	\$152.12	\$2,879,230	\$0	\$1,439,615	\$0	\$1,439,615
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management	-	\$111.75	\$2,115,026	\$0	\$1,057,513	\$0	\$1,057,513
ACC Incentive	-	\$38.02	\$719,514	\$0	\$359,757	\$0	\$359,757
<b>Total</b>	<b>18,927</b>	<b>\$2,172.60</b>	<b>\$41,120,868</b>	<b>\$0</b>	<b>\$20,560,434</b>	<b>\$0</b>	<b>\$20,560,434</b>
<b>FY 2023-24 Summary</b>							
	Caseload	Per Capita	Total Funds <sup>(2)</sup>	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
<b>Total</b>	<b>558,240</b>	<b>\$4,023.30</b>	<b>\$2,245,966,010</b>	<b>\$0</b>	<b>\$311,605,183</b>	<b>\$7,054,037</b>	<b>\$1,927,306,790</b>

(1) The matching federal funds for this population will be 90% and on going in accordance with the Affordable Care Act.

(2) Figures may not sum due to rounding.



**Exhibit K - Upper Payment Limit Financing**

<b>Summary of Upper Payment Limit Financing</b>			
<b>Nursing Facilities UPL</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>	<b>FY 2023-24</b>
Total Funds	\$2,596,686	\$2,640,310	\$2,684,668
General Fund	(\$2,596,686)	(\$2,640,311)	(\$2,684,667)
Cash Funds	\$2,596,686	\$2,640,310	\$2,684,668
Federal Funds	\$2,596,686	\$2,640,311	\$2,684,667
<b>Home Health UPL</b>			
Total Funds	\$882,555	\$897,382	\$912,458
General Fund	(\$882,555)	(\$897,382)	(\$912,458)
Cash Funds	\$882,555	\$897,382	\$912,458
Federal Funds	\$882,555	\$897,382	\$912,458
<b>Total Upper Payment Limit Financing</b>			
Total Funds	\$3,479,241	\$3,537,692	\$3,597,126
General Fund	(\$3,479,241)	(\$3,537,693)	(\$3,597,125)
Cash Funds	\$3,479,241	\$3,537,692	\$3,597,126
Federal Funds	\$3,479,241	\$3,537,693	\$3,597,125

**Exhibit K - Upper Payment Limit Financing**

**Nursing Facilities Upper Payment Limit Calculation**

**Estimate Based on CY 2019 Actual Upper Payment Limit & CY 2019 Interim Public Nursing Facility Calculations**

<b>State Nursing Facilities</b>		
<b>Provider Name</b>	<b>Upper Payment Limit (Amount Remaining after Medicaid Payment)</b>	<b>Certified Uncompensated Cost</b>
Colorado St. Veterans - Fitzsimmons	\$7,916,457	\$173,060
Colorado St. Veterans - Florence	\$3,686,208	\$232,024
Colorado St. Veterans - Homelake	\$3,041,793	\$431,837
Colorado St. Veterans - Rifle	\$2,700,273	\$450,157
<b>State Nursing Facilities Total</b>	<b>\$17,344,731</b>	<b>\$1,287,078</b>
<b>Government Nursing Facilities</b>		
Colorado St. Veterans - Walsenburg	\$199,375	(\$604,497)
Bent County Healthcare Center	(\$438,123)	(\$299,270)
Cheyenne Manor	\$287,413	\$604,543
Cripple Creek Rehabilitation & Wellness Center	\$206,126	\$346,482
E. Dene Moore Care Center	\$2,195,604	\$1,307,536
Gunnison Valley Health Senior Care	\$20,911	\$2,239,577
Lincoln Community Hospital & Nursing Home	\$432,122	\$506,296
Prospect Park Living Center	\$806,103	\$804,354
Sedgwick County Hospital & Nursing Home	(\$366,063)	(\$270,198)
Southeast Colorado Hospital & LTC Center	(\$210,569)	\$375,283
Walbridge Memorial Convalescent Wing	\$616,616	\$1,194,501
Walsh Healthcare Center	\$308,342	\$392,615
Washington County Nursing Home	(\$237,370)	(\$207,768)
<b>Government Nursing Facilities Total</b>	<b>\$3,820,487</b>	<b>\$6,389,454</b>
(1) Certified uncompensated costs will be updated in the Department's February Medical Services Premiums request.		

**Exhibit K - Upper Payment Limit Financing**

<b>Supplemental Medicaid Nursing Facilities Payment</b>	
Estimated CY 2020 Upper Payment Limit	\$5,193,372
Estimated CY 2021 Upper Payment Limit	\$5,280,621
Estimated CY 2022 Upper Payment Limit	\$5,369,335
<b>Supplemental Medicaid Nursing Facility Payment FY 2021-22</b>	
Total Funds	\$2,596,686
General Fund (offset by Federal Funds)	(\$2,596,686)
Cash Funds	\$2,596,686
Federal Funds	\$2,596,686
<b>Supplemental Medicaid Nursing Facility Payment FY 2022-23</b>	
Total Funds	\$2,640,310
General Fund (offset by Federal Funds)	(\$2,640,311)
Cash Funds	\$2,640,310
Federal Funds	\$2,640,311
<b>Supplemental Medicaid Nursing Facility Payment FY 2023-24</b>	
Total Funds	\$2,684,668
General Fund (offset by Federal Funds)	(\$2,684,667)
Cash Funds	\$2,684,668
Federal Funds	\$2,684,667
<b>CY 2019 Inflation Factor <sup>(1)</sup></b>	<b>1.68%</b>
(1) Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average	

**Exhibit K - Upper Payment Limit Financing**

**Home Health Certified Public Expenditure Calculation  
Estimate Based on Calendar Year 2019 Interim Payment Made in June 2020**

<b>Provider Name</b>	<b>Total Uncompensated Costs by Provider</b>
Alamosa County Nursing Service	\$244,909
Bent County Nursing Service	\$311,820
Delta Montrose Home Health Services	\$367,529
Estes Park Home Health	\$143,389
Kit Carson County Home Health	\$18,709
Lincoln Community Home Health	\$1,633
Pioneers Hospital Home Health	\$13,616
Prowers Home Health	\$195,786
Southeast Colorado Hospital Home Health	\$244,571
Yuma District Home Health Care	\$193,984
<b>Home Health Total</b>	<b>\$1,735,946</b>

**Exhibit K - Upper Payment Limit Financing**

<b>Supplemental Medicaid Home Health Payment</b>	
CY 2021 Upper Payment Limit	\$1,765,110
CY 2022 Upper Payment Limit	\$1,794,764
CY 2023 Upper Payment Limit	\$1,824,916
<b>Supplemental Medicaid Home Health Payment FY 2021-22</b>	
Total Funds	\$882,555
General Fund	(\$882,555)
Cash Funds	\$882,555
Federal Funds	\$882,555
<b>Supplemental Medicaid Home Health Payment FY 2022-23</b>	
Total Funds	\$897,382
General Fund	(\$897,382)
Cash Funds	\$897,382
Federal Funds	\$897,382
<b>Supplemental Medicaid Home Health Payment FY 2023-23</b>	
Total Funds	\$912,458
General Fund	(\$912,458)
Cash Funds	\$912,458
Federal Funds	\$912,458
<b>CY 2019 Inflation Factor <sup>(1)</sup></b>	<b>1.68%</b>
(1) 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 from the Cost Report Ending in Calendar Year 2016 for FY 2017-18  
Participating Colorado Indigent Care Program Providers per HB 04-1438**

<b>Hospitals</b>	<b>Medicaid Eligible Inpatient Days</b>	<b>Total Inpatient Days</b>	<b>Percent of Medicaid Eligible Inpatient Days</b>
<b>State Owned</b>			
University of Colorado Hospital	60,567	179,252	33.79%
<b>Non State-Owned Public</b>			
Arkansas Valley Regional Medical Center	1,305	3,495	37.34%
Aspen Valley Hospital	310	2,504	12.38%
Delta County Memorial Hospital	1,248	5,045	24.74%
Denver Health Medical Center	71,780	115,506	62.14%
East Morgan County Hospital	273	1,149	23.76%
Estes Park Health	209	1,073	19.48%
Grand River Hospital District	282	1,340	21.04%
Gunnison Valley Health	231	1,567	14.74%
Heart of the Rockies Regional Medical Center	572	3,271	17.49%
Middle Park Medical Center - Kremmling	53	339	15.63%
Melissa Memorial Hospital	56	260	21.54%
Memorial Hospital Central	44,643	114,139	39.11%
Memorial Regional Health	1,478	2,578	57.33%
Montrose Memorial Hospital	2,409	11,173	21.56%
North Colorado Medical Center	14,696	42,476	34.60%
Poudre Valley Hospital	14,329	56,995	25.14%
Prowers Medical Center	1,018	1,960	51.94%
Sedgwick County Health Center	66	301	21.93%
Southeast Colorado Hospital District	127	492	25.81%
Southwest Health System, Inc.	1,197	3,608	33.18%
Spanish Peaks Regional Health Center	49	498	9.84%
St. Vincent General Hospital District	9	5	180.00%
Wray Community District Hospital	362	968	37.40%
Yuma District Hospital	80	483	16.56%

**Exhibit K - Upper Payment Limit Financing**

<b>Hospitals</b>	<b>Medicaid Eligible Inpatient Days</b>	<b>Total Inpatient Days</b>	<b>Percent of Medicaid Eligible Inpatient Days</b>
<b>Private</b>			
Banner Fort Collins Medical Center	712	2,328	30.58%
Boulder Community Health	6,407	35,299	18.15%
St. Thomas More Hospital	1,756	5,730	30.65%
Children's Hospital Colorado	53,069	97,177	54.61%
Colorado Plains Medical Center	1,366	7,172	19.05%
Community Hospital	1,172	7,252	16.16%
Colorado Canyons Hospital and Medical Center	181	952	19.01%
Longmont United Hospital	7,341	25,642	28.63%
McKee Medical Center	3,463	11,445	30.26%
Medical Center of the Rockies	8,021	48,106	16.67%
Mercy Regional Medical Center	4,258	15,436	27.58%
Mt. San Rafael Hospital	583	1,988	29.33%
National Jewish Health	49	69	71.01%
Parkview Medical Center	23,385	85,771	27.26%
Penrose-St. Francis Health Services	22,302	96,501	23.11%
Pikes Peak Regional Hospital	309	1,481	20.86%
Platte Valley Medical Center	5,231	11,601	45.09%
Rio Grande Hospital	263	1,103	23.84%
San Luis Valley Health Conejos County Hospital	67	328	20.43%
St. Mary-Corwin Medical Center	8,527	26,740	31.89%
St. Mary's Hospital & Medical Center, Inc.	20,150	65,192	30.91%
Sterling Regional MedCenter	943	3,392	27.80%
Valley View Hospital	6,433	13,751	46.78%
Yampa Valley Medical Center	1,023	4,519	22.64%
Note: Figures from Cost Report Year End (CRYE) 2016.			

**Exhibit L - Recoveries**

<b>Department Recovery Revenue</b>											
<b>Recovery Category</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Estimated FY 2022-23</b>	<b>Estimated FY 2023-24</b>
Estate Recoveries <sup>(1)</sup>	\$5,283,510	\$6,969,380	\$5,526,967	\$6,261,038	\$6,743,602	\$9,216,130	\$7,039,020	\$7,510,514	\$7,870,268	\$8,247,554	\$8,642,612
Income Trust and Repayments <sup>(1)</sup>	\$3,467,692	\$4,074,355	\$6,716,046	\$6,090,938	\$5,628,684	\$9,992,986	\$7,363,768	\$8,370,393	\$8,771,335	\$9,191,816	\$9,632,104
Third Party Health Insurance	\$21,063,474	\$26,598,141	\$28,691,812	\$31,434,219	\$25,476,789	\$38,022,040	\$37,175,342	\$46,043,086	\$48,248,550	\$50,561,493	\$52,983,389
Third Party Casualty	\$7,093,986	\$8,809,174	\$8,457,430	\$7,341,535	\$9,239,387	\$17,832,295	\$17,430,179	\$15,726,737	\$16,480,048	\$17,270,070	\$18,097,306
Credit Balance Audits <sup>(2)</sup>	\$0	\$0	\$0	\$0	\$997,742	\$709,519	\$451,097	\$992,830	\$1,040,387	\$1,090,261	\$1,142,485
<b>Total Recoveries Including Bottom Line Impacts<sup>(3)</sup></b>	<b>\$36,908,662</b>	<b>\$46,451,050</b>	<b>\$49,392,255</b>	<b>\$51,127,730</b>	<b>\$48,086,205</b>	<b>\$75,772,969</b>	<b>\$69,459,406</b>	<b>\$78,643,561</b>	<b>\$82,410,588</b>	<b>\$86,361,194</b>	<b>\$90,497,895</b>

(1) Historical Estate and Income Trust recoveries have been restated to reflect changes in accounting classifications.  
 (2) Credit Balance and Audits is a new line procured in the 2017 contract.  
 (3) Figures represent only recovery types classified as revenue by the Department. Additionally, figures are adjusted for cash flow. As a result, differences may exist between historical recovery totals reported here and totals reported elsewhere by the Department.

<b>Contingency and Contractor Payments</b>											
<b>Recovery Category</b>	<b>Contingency Amount<sup>(5)</sup></b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>Estimated FY 2021-22</b>	<b>Estimated FY 2022-23</b>	<b>Estimated FY 2023-24</b>
Estate Recoveries	12.00%	\$731,785	\$580,332	\$657,409	\$708,078	\$1,059,855	\$809,487	\$901,262	\$944,432	\$989,706	\$1,037,113
Income Trust and Repayments <sup>(4)</sup>	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Third Party Health Insurance	7.50%	\$1,569,290	\$1,692,817	\$1,854,619	\$1,503,131	\$2,623,521	\$2,565,099	\$3,453,231	\$3,618,641	\$3,792,112	\$3,973,754
Third Party Casualty	10.00%	\$739,971	\$710,424	\$616,689	\$776,109	\$1,676,236	\$1,638,437	\$1,572,674	\$1,648,005	\$1,727,007	\$1,809,731
Credit Balance Audits	16.00%	\$0	\$0	\$0	\$159,639	\$113,523	\$72,175	\$158,853	\$166,462	\$174,442	\$182,798
<b>Total</b>		<b>\$3,041,046</b>	<b>\$2,983,573</b>	<b>\$3,128,717</b>	<b>\$3,146,957</b>	<b>\$5,473,135</b>	<b>\$5,085,198</b>	<b>\$6,086,020</b>	<b>\$6,377,540</b>	<b>\$6,683,267</b>	<b>\$7,003,396</b>

(4) Income Trust and Repayments are processed by Department staff. No contingency fee is paid.  
 (5) The Department's recovery contract was reprocured for the beginning of FY 2017. Contingency rates shown reflect the new contract amounts.

<b>Fund Splits</b>					
<b>Total Medical Services Premiums Impact</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Federal Funds</b>	<b>FFP</b>
<b>FY 2021-22</b>	\$0	(\$30,978,883)	\$76,033,048	(\$45,054,165)	59.26%
<b>FY 2022-23</b>	\$0	(\$34,933,967)	\$79,677,927	(\$44,743,960)	56.16%
<b>FY 2023-24</b>	\$0	(\$36,607,304)	\$83,494,499	(\$46,887,195)	56.16%

<b>Recovery Trend for FY 2020-21 to FY 2021-22</b>	4.79%
<b>Recovery Trend for FY 2021-22 to FY 2022-23</b>	4.79%
<b>Recovery Trend for FY 2022-23 to FY 2023-24</b>	4.79%





Exhibit M

Cash-based Actuals

FY 2019-20	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/Caretakers to 68% FPL	MAGI Parents/Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL
<b>Acute Care</b>																
Physician Services & EPSDT	\$3,303,893	\$1,582,476	\$1,074,937	\$13,363,351	\$95,902,135	\$32,928,799	\$213,996,562	\$376,528	\$263,587,721	\$27,979,277	\$23,339,368	\$28,678,271	\$4,933,377	\$7,402,617	\$0	\$836,068,168
Emergency Transportation	\$723,416	\$1,142,619	\$5,043,465	\$318,586	\$3,494,087	\$823,562	\$28,244,534	\$6,446	\$5,110,124	\$432,445	\$691,297	\$944,224	\$158,072	\$11,385,039	\$0	\$58,571,916
Non-emergency Medical Transportation	\$8,419,531	\$4,769,713	\$16,160,871	\$1,139,025	\$3,416,393	\$866,294	\$14,299,029	(\$2,091)	\$2,795,545	\$121,939	\$431,569	\$582,012	\$24,955	\$52,655,101	\$0	\$52,655,101
Dental Services	\$9,460,190	\$3,333,192	\$19,088,550	\$2,823,129	\$33,131,273	\$12,801,536	\$59,858,698	\$33,531	\$17,881,489	\$21,425,153	\$6,619,186	\$2,474,838	\$338,048	\$1,604	\$0	\$289,270,417
Family Planning	\$0	\$0	\$310	\$0	\$1,853	\$1,778	\$4,678	\$0	\$2,034	\$343	\$137	\$46	\$0	\$0	\$0	\$11,179
Health Maintenance Organizations	\$16,628,260	\$14,873,807	\$68,609,245	\$5,737,852	\$56,511,427	\$22,630,706	\$167,976,591	\$0	\$42,846,503	\$4,908,457	\$1,867,986	\$14,730,409	\$2,878,576	\$5,323	\$0	\$420,205,142
Inpatient Hospitals	\$22,191,363	\$22,288,930	\$106,485,246	\$12,905,395	\$71,159,287	\$20,027,506	\$326,844,532	\$245,627	\$148,681,290	\$5,944,140	\$2,305,390	\$51,671,774	\$6,678,516	\$17,907,199	\$0	\$815,336,195
Outpatient Hospitals	\$2,430,606	\$10,000,092	\$50,108,298	\$6,970,409	\$79,053,483	\$27,874,880	\$177,434,225	\$760,561	\$96,745,558	\$13,773,932	\$8,956,092	\$12,883,477	\$1,813,445	\$5,507,639	\$0	\$494,312,697
Lab & X-Ray	\$398,983	\$2,311,420	\$10,669,021	\$870,259	\$38,606,530	\$11,070,688	\$65,308,847	\$93,065	\$6,512,820	(\$826,098)	\$1,464,917	\$9,103,099	\$1,326,110	(\$809,455)	\$0	\$164,100,116
Durable Medical Equipment	\$12,084,232	\$5,872,885	\$71,794,659	\$3,032,100	\$2,953,765	\$2,337,900	\$26,337,900	\$29,149	\$26,894,948	\$2,628,579	\$6,559,933	\$381,875	\$67,056	\$2,779	\$0	\$163,849,635
Prescription Drugs	\$5,673,277	\$35,282,684	\$230,044,299	\$29,979,824	\$135,974,573	\$52,620,544	\$405,345,645	\$427,736	\$118,141,593	\$22,038,496	\$20,819,679	\$5,853,864	\$27,587	\$13,445	\$111,668	\$1,063,054,914
Physician Administered Drugs	\$2,455,929	\$4,017,125	\$24,507,566	\$4,348,455	\$18,318,614	\$7,834,747	\$51,884,949	\$931,065	\$8,261,870	\$1,566,288	\$898,314	\$2,477,848	\$375,410	\$203,519	\$1,202,675	\$129,284,374
Drug Rebate	(\$3,595,612)	(\$22,361,473)	(\$145,797,565)	(\$19,000,624)	(\$86,178,018)	(\$33,349,869)	(\$256,900,117)	(\$271,091)	(\$74,875,825)	(\$13,967,567)	(\$13,195,104)	(\$3,710,064)	(\$461,130)	(\$8,521)	(\$70,773)	(\$673,743,353)
Rural Health Centers	\$86,623	\$583,538	\$2,198,790	\$166,468	\$5,842,761	\$2,582,361	\$9,237,604	\$9,147	\$11,259,209	\$1,537,295	\$683,674	\$2,377,826	(\$385,151)	\$18,476	\$0	\$36,198,621
Federally Qualified Health Centers	\$1,562,048	\$2,481,749	\$10,065,230	\$1,030,069	\$21,338,739	\$7,727,635	\$43,992,988	\$37,111	\$19,610,066	\$1,576,689	\$1,078,323	\$9,097,444	\$1,374,896	\$755,132	\$0	\$121,727,519
Co-Insurance (Title XVIII/Medicare)	\$54,181,524	\$8,713,925	\$29,036,947	\$6,684,665	\$2,488,755	\$275,537	\$2,383,004	(\$457)	\$0	\$20,670	\$30,513	\$67,789	\$5,858	\$12,203	\$17,000,383	\$121,261,316
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$29,984)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$29,984)
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$12,666	\$102,331	\$68,406	\$7,073	\$42,792	\$15,173	\$118,069	\$224	\$67,616	\$8,055	\$6,652	\$10,258	\$1,513	\$2,912	\$1,362	\$373,002
Preventive Services	(\$114,224)	(\$408,327)	(\$1,017,537)	(\$154,331)	(\$8,256,893)	(\$2,934,023)	(\$12,103,347)	(\$17,649)	(\$11,316,924)	(\$3,529,559)	(\$634,661)	(\$1,800,554)	(\$54,870)	(\$50,206)	\$0	(\$42,393,005)
Acute Home Health	\$3,435,469	\$1,040,031	\$17,884,500	\$557,339	\$126,817	\$27,355	\$555,561	\$0	\$4,121,676	\$596,921	\$1,313,018	\$16,402	\$2,869	\$0	\$0	\$29,677,958
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$139,538,084</b>	<b>\$106,534,717</b>	<b>\$622,443,894</b>	<b>\$70,779,044</b>	<b>\$478,844,353</b>	<b>\$166,498,974</b>	<b>\$1,322,819,982</b>	<b>\$2,628,918</b>	<b>\$786,237,313</b>	<b>\$86,234,855</b>	<b>\$63,236,283</b>	<b>\$135,840,838</b>	<b>\$19,805,137</b>	<b>\$42,350,221</b>	<b>\$18,245,315</b>	<b>\$4,061,737,928</b>
<b>Community Based Long Term Care</b>																
HCBS - Elderly, Blind, and Disabled	\$307,398,079	\$54,638,183	\$159,597,947	\$2,762,239	\$0	\$0	\$77,210	\$0	\$0	\$0	\$34,501	\$0	\$0	\$0	\$0	\$524,508,159
HCBS - Community Mental Health Services	\$9,674,356	\$7,993,189	\$31,894,813	\$480,840	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,043,198
HCBS - Children's HCBS	\$0	\$0	\$52,318,455	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$361	\$0	\$0	\$0	\$0	\$52,318,816
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	(\$7,165)	(\$1,273)	(\$3,719)	(\$64)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$12,212)
HCBS - Brain Injury	\$2,531,971	\$3,228,952	\$21,927,507	\$360,036	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,048,466
HCBS - Children with Autism	\$0	\$0	\$0	\$34,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,785
HCBS - Children with Life Limiting Illness	\$0	\$0	\$690,141	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,530	\$0	\$0	\$0	\$0	\$691,671
HCBS - Spinal Cord Injury	\$718,896	\$380,205	\$6,248,761	\$1,093,372	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,441,234
CCT - Services	\$1,493,381	\$1,377,747	\$2,421,117	\$0	\$272	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,292,517
Private Duty Nursing	\$4,958,904	\$747,100	\$70,623,359	\$343,970	(\$15,885)	(\$6,217)	(\$54,204)	\$0	\$2,880,338	\$174,629	\$22,611,357	\$0	\$0	\$0	\$0	\$102,263,351
Long Term Home Health	\$46,750,588	\$13,904,867	\$260,666,507	\$8,349,342	\$857,841	\$98,692	\$3,469,535	\$0	\$50,749,128	\$3,348,054	\$19,823,165	\$5,421	\$1,558	\$0	\$0	\$407,015,698
Hospice	\$52,938,300	\$5,147,520	\$6,622,281	\$377,947	\$453,358	\$188,892	\$3,817,150	\$18,997	\$365,092	(\$16,015)	\$154,510	\$9,091	\$0	\$0	\$0	\$70,616,236
<b>Subtotal Community Based Long-Term Care</b>	<b>\$426,457,314</b>	<b>\$86,416,490</b>	<b>\$613,007,169</b>	<b>\$13,793,467</b>	<b>\$1,295,586</b>	<b>\$281,357</b>	<b>\$7,309,691</b>	<b>\$18,997</b>	<b>\$53,994,558</b>	<b>\$3,505,768</b>	<b>\$42,625,433</b>	<b>\$14,512</b>	<b>\$1,558</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,248,721,900</b>
<b>Long Term Care</b>																
Class I Nursing Facilities	\$550,552,816	\$64,177,056	\$99,621,447	\$188,133	\$144,231	\$79,644	\$5,106,269	\$0	\$31,777	\$0	\$0	\$4,999	\$0	\$0	\$0	\$719,906,372
Class II Nursing Facilities	\$766,194	\$315,266	\$5,375,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,457,331
Program of All-Inclusive Care for the Elderly	\$195,389,245	\$27,502,274	\$12,242,988	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$235,134,507
<b>Subtotal Long-Term Care</b>	<b>\$746,708,255</b>	<b>\$91,994,596</b>	<b>\$117,240,306</b>	<b>\$188,133</b>	<b>\$144,231</b>	<b>\$79,644</b>	<b>\$5,106,269</b>	<b>\$0</b>	<b>\$31,777</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,999</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$961,498,210</b>
<b>Insurance</b>																
Supplemental Medicare Insurance Benefa	\$108,653,508	\$6,336,044	\$56,954,618	\$0	\$356,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,440,350
Health Insurance Buy-In Program	\$8,039	\$13,913	\$2,330,714	\$0	\$9,252	\$12,480	\$114,913	\$0	\$31,591	\$0	\$0	\$5,617	\$0	\$0	\$0	\$2,526,519
<b>Subtotal Insurance</b>	<b>\$108,661,547</b>	<b>\$6,349,957</b>	<b>\$59,285,332</b>	<b>\$0</b>	<b>\$365,501</b>	<b>\$12,480</b>	<b>\$114,913</b>	<b>\$0</b>	<b>\$31,591</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,617</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$31,440,350</b>
<b>Service Management</b>																
Single Entry Points	\$12,024,920	\$3,152,715	\$17,667,701	\$5,400	\$9,328	\$2,700	\$48,726	\$0	\$6,260	\$736	\$44,430	\$0	\$0	\$0	\$0	\$32,962,916
Disease Management	\$3,158	\$11,340	\$96,878	\$12,044	\$86,431	\$29,677	\$192,864	\$0	\$0	\$0	\$21,035	\$25,846	\$4,446	\$0	\$0	\$483,719
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$7,287,245	\$2,036,539	\$11,368,847	\$1,661,058	\$27,383,588	\$10,147,338	\$51,274,240	\$24,477	\$72,059,580	\$9,605,363	\$3,886,210	\$1,794,421	\$335,828	\$226	\$0	\$198,864,960
<b>Subtotal Service Management</b>	<b>\$19,315,323</b>	<b>\$5,200,594</b>	<b>\$29,133,426</b>	<b>\$1,678,502</b>	<b>\$27,479,347</b>	<b>\$10,179,715</b>	<b>\$51,515,830</b>	<b>\$24,477</b>	<b>\$72,065,840</b>	<b>\$9,606,099</b>	<b>\$3,951,675</b>	<b>\$1,820,267</b>	<b>\$340,274</b>	<b>\$226</b>	<b>\$0</b>	<b>\$323,311,595</b>
<b>Total Services</b>	<b>\$1,440,680,523</b>	<b>\$296,496,354</b>	<b>\$1,441,110,127</b>	<b>\$86,439,146</b>	<b>\$507,829,018</b>	<b>\$177,052,170</b>	<b>\$1,386,866,685</b>	<b>\$2,672,392</b>	<b>\$912,361,079</b>	<b>\$99,346,722</b>	<b>\$109,813,391</b>	<b>\$137,686,233</b>	<b>\$20,146,969</b>	<b>\$42,350,447</b>	<b>\$49,685,665</b>	<b>\$6,710,536,921</b>
<b>Financing &amp; Supplemental Payments</b>																
Upper Payment Limit Financing	\$2,809,582	\$419,103	\$2,051,054	\$76,181	\$396,128	\$138,641	\$926,631	\$3,737	\$756,220	\$97,945	\$142,087	\$64,037	\$9,038	\$27,063	\$0	\$7,917,447
Hospital Supplemental Payments	\$18,515,379	\$25,244,304	\$122,656,188	\$15,654,582	\$122,040,295	\$39,295,138	\$397,262,748	\$850,148	\$194,812,695	\$16,500,293	\$9,577,794	\$49,465,377	\$6,523,738	\$18,059,624	\$0	\$1,036,458,303
Nursing Facility Supplemental Payments	\$103,422,938	\$12,055,845	\$18,714,179	\$35,341	\$27,094	\$14,961	\$959,227	\$0	\$5,969	\$0	\$0	\$939	\$0	\$0	\$0	\$135,236,493
Physician Supplemental Payments	\$65,848	\$236,459	\$2,020,097	\$251,133	\$1,802,259	\$618,821	\$4,021,572	\$7,076	\$4,953,523	\$525,806	\$438,610	\$538,942	\$92,711	\$139,115	\$0	\$15,711,972
Outstanding Payments	\$26,985	\$111,024	\$556,319	\$77,388	\$877,675	\$309,475	\$1,969,927	\$8,444	\$1,074,098	\$152,922	\$99,433	\$143,036	\$20,133	\$61,147	\$0	\$5,488,006

Exhibit M

Cash-based Actuals

FY 2018-19 Actuals	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL
<b>Acute Care</b>																
Physician Services & EPSDT	\$4,593,872	\$1,940,319	\$101,861,163	\$11,079,694	\$102,715,505	\$34,591,039	\$207,514,482	\$822,435	\$198,670,709	\$20,698,842	\$19,620,882	\$32,102,608	\$6,198,370	\$6,125,760	\$0	\$758,535,680
Emergency Transportation	\$1,747,382	\$1,947,616	\$9,210,208	\$486,348	\$6,326,910	(\$61,591)	\$25,861,269	\$3,916	\$5,572,227	\$1,362,907	\$1,187,773	\$883,012	\$19,830	\$288,146	(\$943)	\$54,835,010
Non-emergency Medical Transportation	\$7,894,928	\$4,112,109	\$15,960,491	\$1,044,472	\$3,879,152	\$339,530	\$14,837,929	(\$43)	\$4,114,668	\$244,265	\$520,776	\$1,091,729	\$20,296	\$11,675	(\$16)	\$54,171,961
Dental Services	\$10,467,813	\$3,571,509	\$21,215,340	\$2,533,305	\$35,168,578	\$14,010,722	\$63,967,975	\$33,816	\$137,439,997	\$25,490,009	\$6,837,209	\$2,738,152	\$376,032	\$1,065	(\$3)	\$324,041,037
Family Planning	\$0	\$0	(\$359)	\$0	(\$15,406)	(\$9,170)	(\$30,408)	\$0	(\$9,474)	(\$2,166)	(\$132)	(\$180)	(\$1,207)	(\$180)	\$0	(\$68,530)
Health Maintenance Organizations	\$12,233,233	\$14,415,209	\$70,002,446	\$4,150,641	\$59,443,152	\$17,800,909	\$161,447,773	\$14,511	\$38,192,637	\$4,306,020	\$1,322,089	\$14,298,048	\$2,769,385	\$6,966	(\$43,234)	\$400,359,785
Inpatient Hospitals	\$19,395,058	\$26,547,991	\$115,550,298	\$11,178,828	\$66,757,913	\$19,359,203	\$280,947,051	\$199,890	\$147,833,540	\$5,281,129	\$12,484,065	\$50,229,530	\$7,129,604	\$34,177,096	\$0	\$797,071,196
Outpatient Hospitals	\$2,438,694	\$8,409,561	\$48,307,483	\$6,053,158	\$75,693,972	\$25,876,042	\$157,592,019	\$523,415	\$91,976,634	\$1,581,181	\$7,333,116	\$10,162,180	\$2,198,949	\$1,676,318	\$0	\$449,822,722
Lab & X-Ray	\$517,094	\$2,356,667	\$11,051,514	\$796,449	\$31,809,611	\$8,879,209	\$55,892,910	\$73,719	\$8,251,860	\$1,654,411	\$1,450,769	\$9,095,890	\$401,939	\$285,697	\$0	\$132,517,739
Durable Medical Equipment	\$11,508,550	\$5,026,466	\$66,473,642	\$2,666,690	\$6,822,460	\$2,372,816	\$21,465,035	\$26,123	\$24,713,730	\$2,644,163	\$6,303,518	\$414,188	\$17,175	\$3,087	\$0	\$150,457,643
Prescription Drugs	\$5,155,289	\$32,311,656	\$215,350,195	\$22,908,173	\$133,083,515	\$48,217,231	\$367,710,630	\$457,406	\$102,552,873	\$19,574,435	\$17,775,652	\$7,736,701	\$813,313	\$417	\$767,551	\$975,015,037
Physician Administered Drugs	\$2,018,464	\$4,442,647	\$27,253,714	\$5,457,097	\$20,009,592	\$8,171,655	\$55,830,333	\$327,349	\$7,873,354	\$602,111	\$907,722	\$2,549,190	\$270,425	\$257	\$1,252,766	\$137,956,678
Drug Rebate	(\$3,965,419)	(\$24,853,944)	(\$165,646,160)	(\$17,620,838)	(\$102,828,608)	(\$37,088,423)	(\$282,840,951)	(\$351,834)	(\$78,883,094)	(\$15,056,546)	(\$13,672,931)	(\$5,951,022)	(\$625,596)	(\$321)	(\$590,396)	(\$749,976,088)
Rural Health Centers	\$74,298	\$487,172	\$2,080,336	\$136,196	\$4,886,116	\$2,150,267	\$6,960,190	\$16,250	\$14,131,043	\$1,480,266	\$663,049	\$1,144,077	\$0,887	\$29,802	\$0	\$34,269,949
Federally Qualified Health Centers	\$1,871,153	\$2,446,201	\$10,776,952	\$872,850	\$2,794,462	\$8,574,186	\$46,970,993	\$24,818	\$49,704,346	\$5,583,703	\$1,836,483	\$8,905,086	\$288,290	(\$46,090)	(\$296)	\$160,603,137
Co-Insurance (Title XVIII-Medicare)	\$46,967,143	\$8,393,253	\$29,608,795	\$5,843,559	\$2,986,033	\$251,587	\$2,352,065	\$77	\$195,971	\$62,527	\$60,966	\$78,199	\$3,509	\$260	\$16,361,918	\$113,165,862
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$41	\$34	\$240	\$20	\$144	\$49	\$364	\$1	\$221	\$25	\$24	\$4	\$10	\$4	\$1	\$1,215
Preventive Services	\$222,924	\$512,405	\$3,882,525	\$402,723	\$10,079,620	\$4,052,540	\$16,348,498	\$30,580	\$37,197,742	\$1,631,833	\$1,631,765	\$1,464,999	\$55,492	\$9,150	\$0	\$77,522,796
Acute Home Health	\$3,942,991	\$1,079,059	\$19,557,883	\$483,161	\$140,711	\$33,533	\$651,301	\$0	\$3,342,105	\$97,957	\$1,414,899	\$23,170	\$0	\$0	\$0	\$30,766,913
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$128,083,508</b>	<b>\$103,145,930</b>	<b>\$602,496,576</b>	<b>\$58,472,526</b>	<b>\$480,353,432</b>	<b>\$158,121,334</b>	<b>\$1,203,469,458</b>	<b>\$2,202,429</b>	<b>\$792,870,689</b>	<b>\$87,237,080</b>	<b>\$67,677,694</b>	<b>\$136,554,559</b>	<b>\$19,967,867</b>	<b>\$42,669,295</b>	<b>\$17,747,353</b>	<b>\$3,901,069,730</b>
<b>Community Based Long Term Care</b>																
HCBS - Elderly, Blind, and Disabled	\$244,683,737	\$43,435,145	\$169,105,484	\$2,811,706	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$460,036,072
HCBS - Community Mental Health Services	\$9,742,648	\$6,291,604	\$29,201,646	\$56,328	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,292,226
HCBS - Children's/HCBS	\$0	\$0	\$37,791,586	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,791,586
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$836,779	\$148,541	\$578,313	\$9,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,573,249
HCBS - Brain Injury	\$4,314,281	\$2,183,125	\$19,665,286	\$17,058	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,179,750
HCBS - Children with Autism	\$0	\$0	\$28,071	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,071
HCBS - Children with Life Limiting Illness	\$0	\$0	\$670,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$670,640
HCBS - Sympt Care Injury	\$895,818	\$219,266	\$4,967,475	\$732,074	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,814,633
CCT - Services	\$1,508,437	\$1,150,794	\$2,594,631	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,253,862
Private Duty Nursing	\$5,348,458	\$453,390	\$65,990,518	\$660,025	\$12,589	\$2,063	\$88,260	\$0	\$4,410,211	\$3,378	\$18,984,512	\$0	\$0	\$0	\$0	\$95,953,404
Long Term Home Health	\$45,614,951	\$10,166,037	\$231,040,432	\$5,658,015	\$617,155	\$49,609	\$3,038,174	\$0	\$41,004,505	\$2,717,319	\$16,987,453	\$12,720	\$0	\$0	\$0	\$356,906,370
Hospice	\$48,509,514	\$4,409,676	\$6,843,220	\$409,070	\$498,712	\$285,004	\$4,064,850	\$8,391	\$227,302	\$77,305	\$7,018	\$0	\$0	\$0	\$0	\$65,403,062
<b>Subtotal Community Based Long-Term Care</b>	<b>\$361,454,623</b>	<b>\$68,457,578</b>	<b>\$568,477,311</b>	<b>\$10,353,892</b>	<b>\$1,128,456</b>	<b>\$336,676</b>	<b>\$7,191,284</b>	<b>\$8,391</b>	<b>\$45,642,018</b>	<b>\$2,798,002</b>	<b>\$36,041,983</b>	<b>\$12,720</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,101,902,934</b>
<b>Long Term Care</b>																
Class I Nursing Facilities	\$537,588,982	\$62,636,697	\$99,246,348	\$97,119	\$215,595	\$187,698	\$4,861,556	\$0	\$68,310	(\$4,771)	\$0	\$0	\$0	\$0	\$0	\$704,897,534
Class II Nursing Facilities	\$2,585,226	\$136,322	\$2,566,639	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,287,917
Program of All-Inclusive Care for the Elderly	\$161,681,815	\$25,839,762	\$12,235,422	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$199,756,999
<b>Subtotal Long-Term Care</b>	<b>\$701,856,023</b>	<b>\$88,612,781</b>	<b>\$114,048,139</b>	<b>\$97,119</b>	<b>\$215,595</b>	<b>\$187,698</b>	<b>\$4,861,556</b>	<b>\$0</b>	<b>\$68,310</b>	<b>(\$4,771)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$909,942,450</b>
<b>Insurance</b>																
Supplemental Medicare Insurance Benefit	\$105,608,721	\$6,158,490	\$55,358,585	\$0	\$346,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,559,301
Health Insurance Buy-In Program	\$18,345	\$22,932	\$2,247,306	\$0	\$27,518	\$45,863	\$41,277	\$0	\$160,522	\$0	\$0	\$13,759	\$0	\$0	\$0	\$2,577,522
<b>Subtotal Insurance</b>	<b>\$105,627,066</b>	<b>\$6,181,422</b>	<b>\$57,605,891</b>	<b>\$0</b>	<b>\$373,784</b>	<b>\$45,863</b>	<b>\$41,277</b>	<b>\$0</b>	<b>\$160,522</b>	<b>\$0</b>	<b>\$0</b>	<b>\$13,759</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,559,301</b>
<b>Service Management</b>																
Single Entry Points	\$9,551,535	\$2,504,239	\$14,033,660	\$4,290	\$7,409	\$2,145	\$38,704	\$0	\$4,972	\$585	\$35,292	\$0	\$0	\$0	\$0	\$26,182,831
Disease Management	\$5,787	\$16,653	\$136,067	\$16,034	\$133,777	\$46,240	\$281,028	\$0	\$0	\$0	\$23,205	\$39,235	\$7,382	\$0	\$0	\$705,408
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$5,976,019	\$1,610,594	\$9,376,506	\$1,176,416	\$23,985,873	\$8,973,111	\$43,550,316	\$20,310	\$59,414,184	\$8,506,771	\$3,121,813	\$1,575,582	\$292,882	\$383	\$0	\$167,580,760
<b>Subtotal Service Management</b>	<b>\$15,533,341</b>	<b>\$4,131,486</b>	<b>\$23,546,233</b>	<b>\$1,196,740</b>	<b>\$24,127,059</b>	<b>\$9,021,496</b>	<b>\$43,870,048</b>	<b>\$20,310</b>	<b>\$59,419,156</b>	<b>\$8,507,356</b>	<b>\$3,180,310</b>	<b>\$1,614,817</b>	<b>\$300,264</b>	<b>\$383</b>	<b>\$0</b>	<b>\$194,468,999</b>
<b>Total Services</b>	<b>\$1,419,049,543</b>	<b>\$270,529,197</b>	<b>\$1,366,174,150</b>	<b>\$70,120,277</b>	<b>\$506,198,326</b>	<b>\$167,713,067</b>	<b>\$1,259,433,623</b>	<b>\$2,231,130</b>	<b>\$898,160,695</b>	<b>\$98,537,667</b>	<b>\$106,899,987</b>	<b>\$138,195,855</b>	<b>\$20,268,131</b>	<b>\$42,669,678</b>	<b>\$48,306,654</b>	<b>\$6,207,992,998</b>
<b>Financing &amp; Supplemental Payments</b>																
Upper Payment Limit Financing	\$2,488,750	\$369,673	\$1,728,342	\$65,813	\$410,325	\$142,309	\$924,200	\$4,163	\$648,263	\$63,094	\$112,089	\$53,584	\$11,096	\$8,203	\$0	\$7,029,904
Hospital Supplemental Payments	\$19,559,798	\$33,177,128	\$159,897,150	\$18,076,518	\$142,040,997	\$46,054,471	\$425,135,772	\$1,046,426	\$226,972,614	\$16,733,116	\$18,773,150	\$54,365,054	\$8,483,720	\$31,232,629	\$0	\$1,201,546,143
Nursing Facility Supplemental Payments	\$84,850,139	\$9,886,238	\$15,664,506	\$15,329	\$34,028	\$29,625	\$767,322	\$0	\$10,782	(\$753)	\$0	\$0	\$0	\$0	\$0	\$111,257,216
Physician Supplemental Payments	\$38,143	\$109,766	\$896,888	\$105,690	\$881,794	\$304,791	\$1,852,403	\$6,272	\$1,537,431	\$160,309	\$152,953	\$258,621	\$48,659	\$46,713	\$0	\$6,400,433
Outstanding Payments	\$12,718	\$46,363	\$271,846	\$38,089	\$381,600	\$132,652	\$825,371	\$3,951	\$449,087	\$55,040	\$36,143	\$49,708	\$10,524	\$7,786	\$0	\$2,320,878
University of Colorado School of Medicine Payments	\$813,932	\$2,342,276	\$19,138,494	\$2,255,301	\$18,816,436	\$6,503,869	\$									

Exhibit M

Cash-based Actuals

FY 2017-18	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL
<b>Acute Care</b>																
Physician Services & EPSDT	\$6,268,395	\$10,984,856	\$82,561,138	\$9,548,731	\$108,993,378	\$43,212,777	\$217,249,813	\$1,429,123	\$201,248,180	\$23,119,752	\$17,325,550	\$29,890,608	\$6,647,503	\$7,027,451	\$0	\$765,507,255
Emergency Transportation	\$1,523,224	\$1,657,166	\$8,696,025	\$327,068	\$6,381,251	\$1,821,053	\$25,313,359	\$8,625	\$5,280,114	\$658,361	\$1,070,552	\$643,148	\$56,053	\$203,005	\$0	\$53,639,004
Non-emergency Medical Transportation	\$7,080,487	\$3,535,875	\$13,592,151	\$710,271	\$2,916,246	\$924,059	\$11,008,489	\$25,852	\$4,036,624	\$334,537	\$504,574	\$493,367	\$14,100	\$100,181	\$0	\$45,266,813
Dental Services	\$10,211,678	\$3,440,409	\$20,575,758	\$2,454,054	\$35,194,357	\$16,268,689	\$66,506,190	\$37,696	\$137,730,928	\$25,887,871	\$6,451,712	\$1,728,350	\$327,744	\$419	\$0	\$328,618,855
Family Planning	\$0	\$0	\$0	\$0	\$2,403	\$209	\$2,021	\$0	\$1,092	\$124	\$109	\$54	\$0	\$0	\$0	\$6,012
Health Maintenance Organizations	\$11,935,329	\$13,337,658	\$69,471,997	\$3,342,983	\$68,508,490	\$22,725,517	\$174,845,983	\$0	\$46,984,000	\$4,951,340	\$563,532	\$12,143,570	\$2,281,843	\$1,240	(\$24,369)	\$431,069,113
Inpatient Hospitals	\$18,093,164	\$20,643,204	\$111,642,068	\$8,568,470	\$71,177,016	\$26,936,590	\$278,712,228	\$247,277	\$141,717,503	\$8,753,543	\$12,415,589	\$44,323,316	\$7,219,297	\$41,931,148	\$0	\$792,880,332
Outpatient Hospitals	\$2,639,744	\$8,222,217	\$45,347,842	\$1,683,370	\$77,273,800	\$29,110,141	\$159,700,215	\$559,034	\$96,167,663	\$12,149,198	\$7,370,071	\$9,090,859	\$2,032,538	\$1,830,670	\$10,680	\$453,188,132
Lab & X-Ray	\$362,263	\$1,401,752	\$7,470,357	\$618,432	\$28,453,728	\$9,382,776	\$40,601,919	\$57,969	\$7,007,179	\$2,360,549	\$1,328,779	\$7,495,151	\$422,147	\$348,402	(\$16)	\$107,311,387
Durable Medical Equipment	\$16,135,186	\$6,722,055	\$67,709,435	\$2,434,561	\$9,899,664	\$4,302,260	\$31,566,871	\$65,264	\$26,706,612	\$9,398,393	\$6,055,831	\$15,522	\$370,047	\$2,813	\$0	\$174,924,514
Prescription Drugs	\$6,255,798	\$29,601,467	\$204,027,668	\$20,334,549	\$137,472,297	\$54,321,388	\$374,238,547	\$349,026	\$112,732,673	\$22,854,260	\$21,194,401	\$5,914,742	\$919,934	\$3,516	\$628,481	\$990,848,747
Physician Administered Drugs	\$1,604,206	\$2,920,833	\$21,650,564	\$3,883,330	\$14,271,610	\$7,025,813	\$41,703,059	\$303,051	\$6,364,433	\$79,729	\$75,801	\$1,791,289	\$10,893	\$159	\$1,149,027	\$103,693,806
Drug Rebate	(\$3,512,639)	(\$1,621,261)	(\$114,561,790)	(\$11,417,875)	(\$77,190,866)	(\$30,501,527)	(\$210,135,412)	(\$195,979)	(\$63,299,537)	(\$12,832,696)	(\$11,900,683)	(\$3,321,135)	(\$516,544)	(\$1,974)	(\$352,893)	(\$556,362,811)
Rural Health Centers	\$65,529	\$347,164	\$1,604,709	\$73,333	\$3,791,669	\$1,808,843	\$5,746,349	\$15,982	\$10,067,588	\$1,190,574	\$430,159	\$487,456	\$22,241	\$11,759	\$0	\$25,663,355
Federally Qualified Health Centers	\$1,664,349	\$2,174,267	\$10,644,520	\$686,424	\$24,360,316	\$10,212,404	\$48,120,376	\$33,638	\$58,661,476	\$5,943,170	\$1,969,335	\$7,785,119	\$2,647,140	\$85,708	(\$67)	\$172,008,445
Co-Insurance (Title XVIII-Medicare)	\$39,078,126	\$6,283,727	\$24,273,832	\$6,975,619	\$28,281,370	\$24,854,864	\$1,225,151	\$7,997,995	\$51,863,331	\$4,817	\$59,555	\$41,875	\$1,841	\$170	\$11,668,606	\$192,600,514
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$22,533)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$22,533)
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$425	\$366	\$2,349	\$203	\$1,933	\$750	\$4,778	\$10	\$3,828	\$363	\$253	\$395	\$67	\$165	\$50	\$14,835
Acute Home Health	\$278,800	\$575,308	\$3,971,931	\$391,544	\$12,179,698	\$5,160,263	\$19,427,272	\$22,735	\$27,949,426	\$2,402,679	\$1,436,736	\$1,763,835	\$97,339	\$17,590	\$0	\$75,675,246
Presumptive Eligibility	\$6,509,435	\$2,833,514	\$12,500,655	\$416,134	\$1,487,299	\$590,934	\$6,412,276	\$7,923	\$1,953,914	\$77,696	\$543,107	\$261,579	\$5,076	\$1,126	\$0	\$33,600,668
<b>Subtotal of Acute Care</b>	<b>\$126,193,589</b>	<b>\$98,060,577</b>	<b>\$591,181,109</b>	<b>\$51,031,201</b>	<b>\$527,455,758</b>	<b>\$203,548,722</b>	<b>\$1,292,890,664</b>	<b>\$2,946,908</b>	<b>\$821,500,691</b>	<b>\$100,895,831</b>	<b>\$67,577,283</b>	<b>\$120,921,305</b>	<b>\$20,485,004</b>	<b>\$51,563,548</b>	<b>\$13,079,499</b>	<b>\$4,089,331,689</b>
<b>Community Based Long Term Care</b>																
HCBS - Elderly, Blind, and Disabled	\$242,816,144	\$34,770,319	\$137,989,345	\$2,929,348	\$0	\$0	\$1,370	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$418,506,526
HCBS - Community Mental Health Services	\$10,465,393	\$5,271,390	\$25,475,289	\$122,710	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,334,782
HCBS - Children's HCBS	\$0	\$0	\$25,354,895	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,354,895
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$631,615	\$90,445	\$358,939	\$7,620	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,088,619
HCBS - Brain Injury	\$5,379,565	\$1,458,525	\$15,262,601	\$54,749	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,155,440
HCBS - Children with Autism	\$0	\$0	\$559,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$559,525
HCBS - Children with Life Limiting Illness	\$0	\$0	\$760,772	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$760,772
HCBS - Spinal Cord Injury	\$1,200,494	\$103,858	\$4,098,668	\$255,405	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,658,425
CCT - Services	\$1,278,789	\$327,281	\$1,655,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,261,916
Private Duty Nursing	\$5,391,820	\$358,029	\$60,179,525	\$1,258,040	\$30,548	\$22,613	\$131,192	\$0	\$7,996,591	\$226,716	\$14,981,374	\$0	\$0	\$0	\$0	\$90,376,446
Long Term Home Health	\$48,628,171	\$8,428,469	\$201,637,564	\$4,424,728	\$766,240	\$151,912	\$3,796,240	\$0	\$31,770,989	\$2,906,178	\$15,106,259	\$12,651	\$0	\$0	\$16,834	\$317,329,479
Hospice	\$45,297,838	\$4,103,191	\$6,068,495	\$471,009	\$401,971	\$238,838	\$2,386,838	\$14,346	\$180,721	\$20,883	\$6,769	\$0	\$0	\$12,016	\$0	\$61,052,619
<b>Subtotal Community Based Long-Term Care</b>	<b>\$361,089,829</b>	<b>\$54,911,507</b>	<b>\$479,401,662</b>	<b>\$9,523,609</b>	<b>\$1,201,559</b>	<b>\$413,363</b>	<b>\$7,845,908</b>	<b>\$14,346</b>	<b>\$39,948,301</b>	<b>\$3,153,477</b>	<b>\$30,094,402</b>	<b>\$12,651</b>	<b>\$0</b>	<b>\$12,016</b>	<b>\$16,814</b>	<b>\$987,639,444</b>
<b>Long Term Care</b>																
Class I Nursing Facilities	\$531,601,092	\$53,246,932	\$90,576,120	\$414,594	\$313,773	\$452,428	\$13,048,950	\$0	(\$35,815)	\$4,737	\$0	\$0	\$0	\$2,511	\$0	\$689,625,322
Class II Nursing Facilities	\$4,623,021	\$42,992	\$860,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,526,095
Program of All-Inclusive Care for the Elderly	\$134,528,891	\$17,703,757	\$8,823,522	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$161,056,170
<b>Subtotal Long-Term Care</b>	<b>\$670,753,004</b>	<b>\$70,993,681</b>	<b>\$100,259,724</b>	<b>\$414,594</b>	<b>\$313,773</b>	<b>\$452,428</b>	<b>\$13,048,950</b>	<b>\$0</b>	<b>(\$35,815)</b>	<b>\$4,737</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,511</b>	<b>\$0</b>	<b>\$856,207,587</b>
<b>Insurance</b>																
Supplemental Medicare Insurance Benefit	\$105,305,731	\$6,140,821	\$55,199,761	\$0	\$345,273	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,471,626	\$197,463,212
Health Insurance Buy-In Program	\$17,511	\$21,889	\$2,145,101	\$0	\$26,267	\$43,778	\$39,400	\$0	\$153,221	\$0	\$0	\$13,133	\$0	\$0	\$0	\$2,460,300
<b>Subtotal Insurance</b>	<b>\$105,323,242</b>	<b>\$6,162,710</b>	<b>\$57,344,862</b>	<b>\$0</b>	<b>\$371,540</b>	<b>\$43,778</b>	<b>\$39,400</b>	<b>\$0</b>	<b>\$153,221</b>	<b>\$0</b>	<b>\$0</b>	<b>\$13,133</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,471,626</b>	<b>\$199,923,512</b>
<b>Service Management</b>																
Single Entry Points	\$11,229,722	\$3,052,457	\$19,516,828	\$144,404	\$66,825	\$19,971	\$307,243	\$66,057	\$129,810	\$74,506	\$96,781	\$0	\$0	\$95,245	\$34,799,849	
Disease Management	\$9,979	\$19,086	\$143,698	\$17,059	\$178,818	\$71,908	\$367,806	\$0	\$0	\$0	\$27,010	\$47,345	\$10,344	\$0	\$0	\$893,053
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$3,718,887	\$1,287,216	\$8,162,944	\$764,936	\$20,808,430	\$7,201,612	\$36,969,970	\$15,390	\$54,334,599	\$7,446,617	\$3,146,443	\$893,378	\$190,728	\$321	\$0	\$144,941,471
<b>Subtotal Service Management</b>	<b>\$14,958,588</b>	<b>\$4,358,759</b>	<b>\$27,823,470</b>	<b>\$926,399</b>	<b>\$21,054,073</b>	<b>\$7,293,491</b>	<b>\$37,645,019</b>	<b>\$81,447</b>	<b>\$54,464,409</b>	<b>\$7,521,123</b>	<b>\$3,270,234</b>	<b>\$940,723</b>	<b>\$201,072</b>	<b>\$321</b>	<b>\$95,245</b>	<b>\$160,634,373</b>
<b>Total Services</b>	<b>\$1,278,318,252</b>	<b>\$234,487,234</b>	<b>\$1,256,010,827</b>	<b>\$61,895,803</b>	<b>\$550,396,703</b>	<b>\$211,751,782</b>	<b>\$1,351,469,941</b>	<b>\$3,042,701</b>	<b>\$916,030,807</b>	<b>\$111,575,168</b>	<b>\$100,941,919</b>	<b>\$121,887,812</b>	<b>\$20,686,076</b>	<b>\$51,578,326</b>	<b>\$43,663,184</b>	<b>\$6,313,736,605</b>
<b>Financing &amp; Supplemental Payments</b>																
Upper Payment Limit Financing	\$1,889,440	\$241,467	\$1,182,066	\$32,158	\$313,032	\$121,804	\$724,182	\$3,192	\$482,616	\$54,033	\$77,746	\$36,326	\$7,684	\$39	\$0	\$5,172,512
Hospital Supplemental Payments	\$14,729,347	\$21,598,901	\$119,756,237	\$8,770,617	\$113,755,313	\$43,615,765	\$330,500,826	\$838,981	\$175,664,742	\$15,492,696	\$14,622,910	\$38,120,518	\$6,948,543	\$30,357,922	\$8,280	\$934,781,598
Nursing Facility Supplemental Payments	\$82,992,626	\$8,312,817	\$14,140,584	\$64,726	\$46,986	\$70,632	\$2,037,179	\$0	(\$5,591)	\$740	\$0	\$0	\$0	\$392	\$0	\$107,663,091
Physician Supplemental Payments	\$88,626	\$169,509	\$1,276,227	\$151,506	\$1,588,147	\$638,635	\$3,266,605	\$19,425	\$2,762,339	\$314,723	\$239,885	\$420,489	\$91,873	\$95,518	\$0	\$1,123,507
Outstanding Payments	\$5,362	\$17,579	\$102,116	\$6,832	\$154,542	\$59,838	\$330,324	\$1,598	\$186,167	\$22,599	\$14,476	\$18,007	\$3,876	\$3,394	\$20	\$926,730
University of Colorado School of Medicine Payments	\$984,212	\$1,882,437	\$14,172,811	\$1,682,509	\$17,636,750	\$7,092,197	\$36,276,431	\$215,718	\$30,676							

## Exhibit M

FY 2016-17	Cash-based Actuals																CORE TOTAL
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles		
<b>Acute Care</b>																	
Physician Services & EPSDT	\$5,549,682	\$9,551,184	\$66,114,232	\$6,587,540	\$82,244,204	\$46,156,733	\$193,657,624	\$665,284	\$187,320,743	\$20,957,739	\$15,010,926	\$33,258,283	\$4,625,383	\$5,634,345	\$33,738	\$677,367,640	
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Emergency Transportation	\$1,938,383	\$1,671,118	\$8,070,764	\$285,908	\$4,655,506	\$3,174,496	\$20,217,300	\$3,105	\$4,706,531	\$516,686	\$824,564	\$831,450	\$59,851	\$173,647	\$1,301	\$47,130,610	
Non-emergency Medical Transportation	\$6,297,730	\$1,952,972	\$7,461,686	\$293,810	\$1,347,113	\$757,555	\$5,371,101	\$4,899	\$1,781,902	\$193,559	\$283,182	\$257,988	\$5,917	\$20,117	\$11	\$26,029,542	
Dental Services	\$9,718,391	\$3,322,904	\$19,922,032	\$1,314,791	\$32,640,794	\$19,124,730	\$67,898,206	\$61,398	\$147,759,042	\$27,451,013	\$7,012,490	\$2,397,206	\$326,345	\$162	\$22,394	\$338,971,898	
Family Planning	\$911	\$326	\$52,470	\$6,178	\$1,221,320	\$524,401	\$1,764,054	\$0	\$583,873	\$104,988	\$70,799	\$158,024	\$17,205	\$0	\$0	\$4,504,549	
Health Maintenance Organizations	\$10,467,463	\$11,829,058	\$67,318,203	\$2,173,634	\$63,625,538	\$34,487,757	\$151,918,251	\$22,253	\$45,850,583	\$5,923,966	\$791,838	\$12,391,633	\$1,675,596	(\$691)	(\$25,023)	\$408,450,059	
Inpatient Hospitals	\$15,082,838	\$17,591,716	\$96,474,207	\$8,175,734	\$54,474,355	\$30,624,052	\$269,721,847	\$226,344	\$130,635,905	\$6,382,706	\$8,096,673	\$49,866,020	\$5,440,310	\$32,889,372	(\$10,512)	\$725,671,567	
Outpatient Hospitals	\$2,865,438	\$8,888,360	\$55,173,292	\$3,790,732	\$82,472,619	\$45,960,995	\$197,673,354	\$470,855	\$103,913,195	\$11,444,090	\$6,961,326	\$12,605,523	\$1,410,313	\$1,416,392	(\$871)	\$535,045,613	
Lab & X-Ray	\$490,613	\$1,533,708	\$9,027,127	\$751,040	\$23,280,577	\$11,448,484	\$42,854,263	\$73,618	\$11,350,493	\$2,289,130	\$1,614,333	\$7,413,337	\$811,645	\$155,663	\$25,688	\$113,119,719	
Durable Medical Equipment	\$22,166,996	\$7,359,401	\$63,753,168	\$2,006,310	\$9,001,096	\$5,558,169	\$29,841,160	\$29,169	\$25,018,429	\$2,695,347	\$5,644,923	\$430,418	\$27,822	\$40	\$260,283	\$173,792,731	
Prescription Drugs	\$6,997,222	\$28,187,518	\$190,731,757	\$13,816,372	\$120,811,200	\$71,478,144	\$344,761,500	\$350,562	\$125,845,772	\$2,877,794	\$23,575,874	\$8,865,339	\$963,396	\$3,003	\$139,474	\$965,104,927	
Drug Rehab	(\$4,996,014)	(\$20,910,026)	(\$142,315,922)	(\$10,535,194)	(\$93,890,622)	(\$64,626,676)	(\$249,587,539)	(\$250,559)	(\$95,539,743)	(\$26,904,758)	(\$17,308,227)	(\$6,447,078)	(\$771,802)	(\$1,380)	(\$193,328)	(\$734,278,868)	
Rural Health Centers	\$38,984	\$191,592	\$955,664	\$38,997	\$2,233,140	\$1,478,684	\$4,001,928	\$3,399	\$6,575,180	\$824,374	\$321,843	\$530,095	\$41,293	\$8,159	\$0	\$17,243,332	
Federally Qualified Health Centers	\$755,513	\$1,302,539	\$6,967,428	\$372,129	\$15,136,497	\$9,587,572	\$37,192,928	\$27,512	\$43,406,147	\$3,525,762	\$1,556,604	\$8,556,292	\$602,942	\$285,592	\$699	\$129,276,156	
Co-Insurance (Title XVIII/Medicare)	\$22,877,290	\$3,770,295	\$13,643,597	\$3,888,746	\$1,677,575	\$74,361	\$360,728	\$1,571	\$42,344	\$4,942	\$7,172	\$46,600	\$1,294	\$0	\$12,181,148	\$58,577,663	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,135,021	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,135,021	
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Medical Services	\$37	\$29	\$210	\$12	\$130	\$63	\$383	\$1	\$233	\$27	\$23	\$38	\$4	\$10	\$3	\$1,203	
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Acute Home Health	\$6,123,966	\$2,334,416	\$11,181,555	\$314,869	\$981,454	\$547,273	\$4,807,865	\$4,666	\$1,929,807	\$37,036	\$592,427	\$237,920	\$17,858	\$0	\$0	\$29,111,112	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Subtotal of Acute Care</b>	<b>\$106,075,443</b>	<b>\$78,577,110</b>	<b>\$474,531,470</b>	<b>\$33,281,608</b>	<b>\$401,912,496</b>	<b>\$216,356,793</b>	<b>\$1,122,454,953</b>	<b>\$3,829,098</b>	<b>\$741,180,436</b>	<b>\$84,324,401</b>	<b>\$55,056,770</b>	<b>\$131,399,088</b>	<b>\$15,255,372</b>	<b>\$40,584,431</b>	<b>\$12,435,005</b>	<b>\$3,517,254,474</b>	
<b>Community Based Long Term Care</b>																	
HCBS - Elderly, Blind, and Disabled	\$199,682,041	\$30,996,190	\$129,366,898	\$2,331,649	\$309,580	\$32,382	\$1,146,717	\$0	\$22,328	\$0	\$66,526	\$2,552	\$0	\$0	\$423,491	\$364,380,354	
HCBS - Community Mental Health Services	\$11,435,128	\$4,450,039	\$21,926,045	\$112,982	\$22,349	\$175	\$146,192	\$0	\$0	\$0	\$8,180	\$0	\$0	\$0	\$94,823	\$38,195,913	
HCBS - Children's HCBS	\$0	\$0	\$16,212,727	\$40,222	\$0	\$0	\$0	\$0	\$637,953	\$3,222	\$1,175	\$0	\$0	\$0	\$0	\$16,895,299	
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
HCBS - Consumer Directed Attendant Support	(\$898,039)	(\$47,737)	(\$270,700)	(\$7,926)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,224,402)	
HCBS - Brain Injury	\$4,373,481	\$1,619,912	\$14,571,353	\$11,531	\$1,588	\$0	\$63,308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,777	\$20,667,950	
HCBS - Children with Autism	\$0	\$0	\$503,684	\$7,494	\$0	\$0	\$0	\$0	\$53,670	\$1,413	\$438	\$0	\$0	\$0	\$0	\$566,699	
HCBS - Children with Life Limiting Illness	\$0	\$0	\$680,196	\$969	\$0	\$0	\$0	\$0	\$28,619	\$1,107	\$6,324	\$0	\$0	\$0	\$0	\$717,215	
HCBS - Spinal Cord Injury	\$587,948	\$38,997	\$2,030,037	\$13,347	\$0	\$0	\$4,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,718,188	
CCT - Services	\$995,060	\$221,824	\$1,534,970	\$969	\$0	\$0	\$34,524	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,110	\$2,789,457	
Private Duty Nursing	\$32,421,076	\$380,219	\$38,445,725	\$526,916	\$0	\$0	\$0	\$0	\$5,795,549	\$168,244	\$9,341,763	\$0	\$0	\$0	\$0	\$87,079,492	
Long Term Home Health	\$39,750,102	\$8,739,054	\$173,793,283	\$2,904,097	\$583,453	\$242,459	\$2,827,143	\$0	\$28,451,344	\$2,333,066	\$14,000,869	\$13,497	\$1,036	\$0	\$0	\$273,639,403	
Hospice	\$40,464,888	\$3,047,499	\$5,646,291	\$231,548	\$352,449	\$197,716	\$3,656,340	\$28,585	\$141,542	\$7,016	\$5,060	\$5,814	\$10,115	\$156,497	\$0	\$53,951,360	
<b>Subtotal Community Based Long-Term Care</b>	<b>\$328,811,685</b>	<b>\$49,445,997</b>	<b>\$404,440,509</b>	<b>\$6,173,798</b>	<b>\$1,269,419</b>	<b>\$472,732</b>	<b>\$7,922,083</b>	<b>\$28,585</b>	<b>\$35,131,005</b>	<b>\$2,514,068</b>	<b>\$23,430,335</b>	<b>\$21,863</b>	<b>\$11,151</b>	<b>\$156,497</b>	<b>\$547,201</b>	<b>\$860,376,928</b>	
<b>Long Term Care</b>																	
Class I Nursing Facilities	\$492,617,483	\$50,923,191	\$100,809,620	\$177,065	\$217,731	\$315,596	\$4,098,376	\$0	\$70,792	\$1,184	\$27,882	\$3,702	\$0	\$0	\$0	\$649,262,622	
Class II Nursing Facilities	\$1,361,188	\$199,288	\$2,315,475	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,875,951	
Program of All-Inclusive Care for the Elderly	\$128,240,295	\$16,912,588	\$8,496,888	\$0	(\$15,917)	\$0	(\$97,888)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$824,674)	
<b>Subtotal Long-Term Care</b>	<b>\$622,218,966</b>	<b>\$68,034,987</b>	<b>\$111,621,983</b>	<b>\$177,065</b>	<b>\$201,814</b>	<b>\$315,596</b>	<b>\$4,000,888</b>	<b>\$0</b>	<b>\$70,792</b>	<b>\$1,184</b>	<b>\$27,882</b>	<b>\$3,702</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$824,674)</b>	<b>\$805,849,785</b>	
<b>Insurance</b>																	
Supplemental Medicare Insurance Benefit	\$99,587,634	\$5,807,375	\$52,202,417	\$0	\$326,524	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,817,019	\$186,740,969	
Health Insurance Buy-In Program	\$15,177	\$18,972	\$1,859,221	\$0	\$22,766	\$37,943	\$34,149	\$0	\$132,802	\$0	\$0	\$11,383	\$0	\$0	\$0	\$2,132,413	
<b>Subtotal Insurance</b>	<b>\$99,602,811</b>	<b>\$5,826,347</b>	<b>\$54,061,638</b>	<b>\$0</b>	<b>\$349,290</b>	<b>\$37,943</b>	<b>\$34,149</b>	<b>\$0</b>	<b>\$132,802</b>	<b>\$0</b>	<b>\$0</b>	<b>\$11,383</b>	<b>\$0</b>	<b>\$0</b>	<b>\$28,817,019</b>	<b>\$188,873,382</b>	
<b>Service Management</b>																	
Single Entry Points	\$8,784,331	\$2,598,679	\$18,717,289	\$215,488	\$36,556	\$3,848	\$221,260	\$0	\$237,934	\$10,903	\$182,138	\$1,283	\$0	\$0	\$79,525	\$31,089,234	
Disease Management	\$21,390	\$19,223	\$135,054	\$15,538	\$179,636	\$125,847	\$338,068	\$0	\$0	\$0	\$34,168	\$56,620	\$11,787	\$0	\$0	\$937,331	
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Accountable Care Collaborative	\$2,914,538	\$1,131,754	\$7,654,416	\$394,525	\$17,469,934	\$10,220,432	\$37,096,754	\$2,115	\$59,169,454	\$8,511,080	\$2,639,850	\$1,146,380	\$162,819	\$61	\$9,566	\$148,523,678	
<b>Subtotal Service Management</b>	<b>\$11,720,259</b>	<b>\$3,749,686</b>	<b>\$26,506,759</b>	<b>\$625,551</b>	<b>\$17,686,126</b>	<b>\$10,350,127</b>	<b>\$37,527,581</b>	<b>\$2,115</b>	<b>\$59,407,388</b>	<b>\$8,521,983</b>	<b>\$2,639,850</b>	<b>\$1,204,283</b>	<b>\$174,006</b>	<b>\$61</b>	<b>\$89,091</b>	<b>\$180,550,243</b>	
<b>Total Services</b>	<b>\$1,168,429,164</b>	<b>\$205,634,097</b>	<b>\$1,071,162,359</b>	<b>\$40,258,022</b>	<b>\$421,419,145</b>	<b>\$227,533,191</b>	<b>\$1,172,067,755</b>	<b>\$3,859,798</b>	<b>\$835,922,423</b>	<b>\$95,361,636</b>	<b>\$81,371,143</b>	<b>\$132,640,319</b>	<b>\$15,441,129</b>	<b>\$40,740,989</b>	<b>\$41,063,642</b>	<b>\$5,552,904,812</b>	
<b>Financing &amp; Supplemental Payments</b>																	
Upper Payment Limit Financing	\$1,276,887	\$177,064	\$849,451	\$20,244	\$235,541	\$122,358	\$599,300	\$1,010	\$362,463	\$37,843	\$54,052	\$35,317	\$3,634	\$4,706	(\$3)	\$3,779,867	
Hospital Supplemental Payments	\$9,105,389	\$13,973,028	\$79,650,597	\$6,110,922	\$73,939,425	\$42,366,499	\$244,965,150	\$405,247	\$123,940,469	\$9,655,632	\$7,998,268	\$32,077,626	\$3,588,845	\$17,537,986	(\$5,423)	\$665,309,660	
Nursing Facility Supplemental Payments	\$78,230,759	\$8,092,802	\$16,025,981	\$28,006	\$34,626	\$49,649	\$650,126	\$0	\$11,131	\$186	\$4,452	\$591	\$0	\$0	\$0	\$103,128,309	
Physician Supplemental Payments	\$103,283	\$93,800	\$653,879	\$75,172													

Exhibit M

Cash-based Actuals

FY 2015-16	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	CORE TOTAL
<b>Acute Care</b>																
Physician Services & EPSDT	\$4,170,472	\$10,532,475	\$72,397,988	\$6,450,995	\$99,149,751	\$43,258,830	\$218,464,600	\$463,550	\$209,475,242	\$19,617,514	\$14,537,430	\$38,525,890	\$4,455,839	\$5,540,117	\$7,963	\$747,048,656
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$2,000,046	\$1,386,802	\$6,486,393	\$204,631	\$3,215,877	\$831,046	\$12,079,906	\$4,934	\$3,636,939	\$302,841	\$545,804	\$727,944	\$60,248	\$117,887	\$34,058	\$31,635,356
Non-emergency Medical Transportation	\$3,260,871	\$1,755,147	\$6,969,615	\$163,703	\$1,015,029	\$193,560	\$3,197,422	\$5,869	\$1,341,691	\$115,343	\$272,208	\$141,007	\$3,704	\$859	\$36,354	\$18,472,382
Dental Services	\$9,692,512	\$3,255,670	\$20,017,136	\$1,882,755	\$34,090,114	\$16,628,574	\$64,187,405	\$74,846	\$145,712,015	\$24,525,543	\$6,761,894	\$2,418,029	\$252,079	\$345	\$3,788	\$329,502,705
Family Planning	\$528	\$992	\$4,698	\$2,891	\$716,229	\$365,230	\$914,935	\$0	\$341,081	\$61,664	\$30,292	\$101,773	\$11,705	\$459	\$0	\$2,594,764
Health Maintenance Organizations	\$9,447,795	\$12,228,472	\$68,878,368	\$3,239,365	\$68,358,097	\$37,727,860	\$123,878,453	\$56,900	\$40,884,782	\$4,527,312	\$591,464	\$13,626,398	\$1,435,071	\$0	\$0	\$384,880,337
Inpatient Hospitals	\$18,292,743	\$16,639,326	\$90,696,089	\$6,764,992	\$55,111,577	\$22,910,109	\$259,637,386	\$78,035	\$114,338,331	\$5,179,888	\$6,221,158	\$64,923,374	\$7,254,791	\$31,036,448	\$10,073	\$699,094,320
Outpatient Hospitals	\$3,014,976	\$8,709,595	\$63,421,210	\$5,126,306	\$97,931,288	\$39,893,296	\$212,878,197	\$237,732	\$113,956,211	\$13,486,633	\$7,727,226	\$12,433,542	\$1,174,484	\$2,147,336	\$1,211	\$582,139,243
Lab & X-Ray	\$481,231	\$1,477,195	\$9,692,110	\$668,754	\$25,701,856	\$10,428,774	\$42,882,704	\$62,936	\$11,724,610	\$1,436,375	\$1,670,621	\$8,417,120	\$922,946	\$166,570	\$43	\$115,733,845
Durable Medical Equipment	\$22,258,858	\$7,902,572	\$65,941,979	\$1,834,863	\$8,583,859	\$3,223,250	\$25,945,820	\$52,874	\$23,215,395	\$2,038,731	\$5,489,338	\$348,629	\$51,402	\$2,420	\$195,552	\$167,085,542
Prescription Drugs	\$6,227,499	\$24,685,912	\$174,153,037	\$11,400,688	\$109,975,215	\$48,970,322	\$296,662,439	\$324,059	\$114,100,963	\$17,531,462	\$22,205,327	\$7,366,232	\$796,782	\$525	\$2,009	\$834,402,471
Drug Rebate	(\$3,051,642)	(\$12,096,762)	(\$85,339,679)	(\$5,586,644)	(\$53,890,818)	(\$23,996,777)	(\$145,372,586)	(\$158,798)	(\$55,912,545)	(\$8,590,889)	(\$10,881,208)	(\$3,609,622)	(\$390,444)	(\$257)	(\$985)	(\$408,879,686)
Rural Health Centers	\$56,618	\$247,203	\$1,198,720	\$89,640	\$3,081,704	\$1,658,932	\$4,775,550	\$2,175	\$7,802,596	\$740,919	\$352,281	\$657,990	\$50,352	\$10,476	\$0	\$20,725,156
Federally Qualified Health Centers	\$770,516	\$1,357,335	\$8,268,087	\$391,338	\$18,109,179	\$8,779,786	\$41,908,321	\$46,859	\$49,814,305	\$4,453,883	\$1,641,318	\$9,148,673	\$781,507	\$344,754	\$299	\$145,816,160
Co-Insurance (Title XVIII/Medicare)	\$29,610,286	\$5,273,218	\$21,041,966	\$2,322,116	\$2,942,588	\$35,047	\$360,398	\$3,170	\$19,711	\$2,212	\$20,505	\$78,939	\$54	\$1,304	\$14,301,153	\$76,012,667
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,591,199	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,591,199
Prepaid Inpatient Health Plan Services	\$90,616	\$161,634	\$2,966,454	\$18,351	\$424,917	\$92,395	\$263,935	\$0	\$959,898	\$0	\$69,521	\$246,229	\$96,119	\$0	\$418	\$5,390,487
Other Medical Services	\$127	\$680	\$3	\$38	\$465	\$206	\$1,154	\$4	\$750	\$83	\$72	\$140	\$15	\$35	\$13	\$3,875
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$5,040,801	\$2,590,755	\$10,879,696	\$323,098	\$1,232,589	\$345,330	\$4,992,413	\$1,054	\$1,827,308	\$38,585	\$674,253	\$221,166	\$28,663	\$203	\$0	\$28,195,914
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$111,364,853</b>	<b>\$86,107,634</b>	<b>\$537,716,834</b>	<b>\$35,297,880</b>	<b>\$475,749,516</b>	<b>\$211,345,770</b>	<b>\$1,167,658,452</b>	<b>\$3,847,398</b>	<b>\$783,239,283</b>	<b>\$85,468,099</b>	<b>\$57,929,504</b>	<b>\$155,773,423</b>	<b>\$16,985,317</b>	<b>\$39,369,481</b>	<b>\$14,591,949</b>	<b>\$3,782,445,393</b>
<b>Community Based Long Term Care</b>																
HCBS - Elderly, Blind, and Disabled	\$158,254,237	\$29,645,404	\$128,736,747	\$1,941,856	\$337,114	\$42,261	\$1,422,526	\$0	\$29,685	\$0	\$140,367	\$34,095	\$0	\$0	\$736,932	\$321,321,224
HCBS - Community Mental Health Services	\$5,680,834	\$4,844,841	\$24,777,537	\$92,735	\$12,366	\$0	\$182,561	\$0	\$0	\$0	\$7,251	\$0	\$0	\$0	\$123,436	\$35,721,561
HCBS - Children's HCBS	\$0	\$0	\$11,624,351	\$30,787	\$0	\$0	\$0	\$0	\$900,588	\$1,468	\$1,279	\$0	\$0	\$0	\$0	\$12,558,473
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$1,025,387	\$192,083	\$834,133	\$12,882	\$2,184	\$274	\$9,217	\$0	\$192	\$0	\$909	\$221	\$0	\$0	\$4,775	\$2,081,957
HCBS - Brain Injury	\$938,063	\$2,023,716	\$16,067,505	\$17,758	\$752	\$0	\$97,102	\$0	\$1,141	\$0	\$0	\$0	\$0	\$0	\$14,511	\$19,160,548
HCBS - Children with Autism	\$0	\$0	\$528,398	\$615	\$0	\$0	\$0	\$0	\$27,138	\$0	\$2,397	\$0	\$0	\$0	\$0	\$58,548
HCBS - Children with Life Limiting Illness	\$0	\$0	\$586,968	\$554	\$0	\$0	\$0	\$0	\$49,560	\$684	\$5,224	\$0	\$0	\$0	\$0	\$642,990
HCBS - Spinal Cord Injury	\$159,217	\$50,750	\$1,748,220	\$1,976	\$232	\$0	\$5,390	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,639	\$1,974,424
CCT - Services	\$341,658	\$322,842	\$1,501,784	\$17,425	\$0	\$0	\$23,638	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,047	\$2,208,394
Private Duty Nursing	\$2,646,578	\$602,061	\$49,469,896	\$559,463	\$0	\$0	\$40,514	\$0	\$7,627,484	\$192,885	\$11,470,454	\$0	\$0	\$0	\$0	\$72,609,335
Long Term Home Health	\$31,647,015	\$8,813,402	\$157,177,050	\$2,337,376	\$466,105	\$34,319	\$2,001,772	\$0	\$22,807,220	\$1,195,443	\$13,045,361	\$9,226	\$0	\$0	\$0	\$239,436,289
Hospice	\$37,009,391	\$3,642,171	\$6,335,276	\$273,695	\$288,882	\$88,848	\$3,367,593	\$17,689	\$139,670	\$0	\$1,102	\$0	\$0	\$2,599	\$0	\$51,366,916
<b>Subtotal Community Based Long-Term Care</b>	<b>\$237,702,380</b>	<b>\$50,137,270</b>	<b>\$399,587,865</b>	<b>\$5,186,822</b>	<b>\$1,109,635</b>	<b>\$165,702</b>	<b>\$7,150,313</b>	<b>\$17,689</b>	<b>\$31,582,678</b>	<b>\$1,390,480</b>	<b>\$24,674,344</b>	<b>\$43,542</b>	<b>\$0</b>	<b>\$2,599</b>	<b>\$889,340</b>	<b>\$759,640,659</b>
<b>Long Term Care</b>																
Class I Nursing Facilities	\$471,762,532	\$48,104,528	\$95,971,531	\$185,970	\$167,980	\$15,396	\$3,458,057	\$0	\$0	\$0	\$5,103	\$0	\$0	\$0	\$2,391	\$619,673,488
Class II Nursing Facilities	\$397,005	\$327,830	\$3,317,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,042,506
Program of All-Inclusive Care for the Elderly	\$108,848,065	\$13,681,759	\$6,481,645	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$129,011,469
<b>Subtotal Long-Term Care</b>	<b>\$581,007,602</b>	<b>\$62,114,117</b>	<b>\$105,770,847</b>	<b>\$185,970</b>	<b>\$167,980</b>	<b>\$15,396</b>	<b>\$3,458,057</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,103</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,391</b>	<b>\$752,727,463</b>
<b>Insurance</b>																
Supplemental Medicare Insurance Benefit	\$83,423,470	\$4,864,774	\$43,729,393	\$0	\$273,526	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,139,700	\$156,430,863
Health Insurance Buy-In Program	\$11,486	\$14,357	\$1,406,977	\$0	\$17,228	\$28,714	\$25,842	\$0	\$100,498	\$0	\$0	\$8,614	\$0	\$0	\$0	\$1,613,716
<b>Subtotal Insurance</b>	<b>\$83,434,956</b>	<b>\$4,879,131</b>	<b>\$45,136,370</b>	<b>\$0</b>	<b>\$290,754</b>	<b>\$28,714</b>	<b>\$25,842</b>	<b>\$0</b>	<b>\$100,498</b>	<b>\$0</b>	<b>\$0</b>	<b>\$8,614</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,139,700</b>	<b>\$158,044,579</b>
<b>Service Management</b>																
Single Entry Points	\$8,758,028	\$2,502,485	\$18,504,336	\$200,734	\$28,772	\$4,015	\$171,962	\$0	\$788,216	\$9,368	\$223,484	\$669	\$0	\$0	\$90,999	\$31,283,068
Disease Management	\$4,417	\$11,155	\$76,681	\$6,833	\$105,014	\$45,818	\$231,386	\$0	\$0	\$0	\$15,397	\$40,805	\$4,719	\$0	\$0	\$542,225
Prepaid Inpatient Health Plan Administration	\$10	\$3	\$27	\$2	\$31	\$11	\$9	\$0	\$18	\$0	\$2	\$7	\$1	\$0	\$0	\$121
Accountable Care Collaborative	\$2,537,026	\$997,903	\$7,402,114	\$468,572	\$17,348,602	\$8,867,761	\$34,091,686	\$21,262	\$57,830,606	\$7,572,596	\$2,441,963	\$1,142,668	\$140,520	\$1,411	\$84,513	\$140,949,203
<b>Subtotal Service Management</b>	<b>\$11,299,481</b>	<b>\$3,511,546</b>	<b>\$25,983,158</b>	<b>\$676,141</b>	<b>\$17,482,419</b>	<b>\$8,917,605</b>	<b>\$34,093,603</b>	<b>\$21,262</b>	<b>\$58,618,840</b>	<b>\$7,581,964</b>	<b>\$2,680,846</b>	<b>\$1,184,149</b>	<b>\$145,240</b>	<b>\$1,411</b>	<b>\$175,512</b>	<b>\$172,774,617</b>
<b>Total Services</b>	<b>\$1,024,809,272</b>	<b>\$206,749,698</b>	<b>\$1,114,195,074</b>	<b>\$41,346,813</b>	<b>\$494,800,304</b>	<b>\$220,473,187</b>	<b>\$1,212,787,707</b>	<b>\$3,886,349</b>	<b>\$873,541,299</b>	<b>\$94,440,543</b>	<b>\$85,289,797</b>	<b>\$157,009,728</b>	<b>\$17,130,557</b>	<b>\$39,373,491</b>	<b>\$39,798,892</b>	<b>\$5,625,632,711</b>
<b>Financing &amp; Supplemental Payments</b>																
Upper Payment Limit Financing	\$1,180,837	\$159,293	\$772,916	\$19,199	\$248,355	\$100,314	\$554,716	\$595	\$341,619	\$36,491	\$51,404	\$31,516	\$2,993	\$5,350	\$9	\$3,505,607
Hospital Supplemental Payments	\$17,612,702	\$21,281,118	\$130,055,992	\$10,049,700	\$131,387,251	\$53,897,863	\$399,925,058	\$273,370	\$193,933,661	\$16,123,936	\$11,897,959	\$64,037,549	\$6,966,370	\$27,266,164	\$9,303	\$1,084,717,996
Nursing Facility Supplemental Payments	\$76,548,979	\$7,805,521	\$15,572,502	\$30,176	\$27,257	\$2,498	\$561,110	\$0	\$0	\$0	\$828	\$0	\$0	\$0	\$388	\$100,549,259
Physician Supplemental Payments	\$108,135	\$273,093	\$1,877,182	\$167,266	\$2,570,819	\$1,121,643	\$5,664,492	\$12,019	\$5,431,411	\$508,656	\$376,936	\$998,924	\$115,534	\$143,648	\$206	\$19,369,964
Outstanding Payments	\$33,372	\$96,404	\$701,991	\$56,742	\$1,083,973	\$441,567	\$2,356,287	\$2,631	\$1,261,349	\$149,280	\$8					

## Exhibit M

Cash-based Actuals																	
FY 2014-15	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL	
<b>Acute Care</b>																	
Physician Services & EPSDT	\$3,771,379	\$9,916,981	\$66,568,043	\$4,145,915	\$96,815,236	\$36,122,366	\$178,714,716	\$760,690	\$183,160,830	\$15,332,110	\$13,477,087	\$38,751,596	\$4,459,870	\$5,787,709	\$15,398	\$657,799,926	
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$859,041	\$652,931	\$3,535,202	\$75,434	\$2,228,101	\$509,063	\$6,735,257	\$7,271	\$2,391,150	\$182,463	\$363,597	\$496,966	\$24,521	\$82,366	\$173	\$18,143,536	
Non-emergency Medical Transportation	\$2,543,596	\$1,373,242	\$5,331,563	\$80,721	\$795,536	\$126,277	\$2,019,535	\$8,978	\$1,027,169	\$83,737	\$179,576	\$93,878	\$4,516	\$1,331	\$631	\$13,670,286	
Dental Services	\$7,277,014	\$2,546,441	\$14,903,405	\$758,575	\$28,727,629	\$11,520,208	\$43,374,295	\$51,410	\$114,622,180	\$16,983,497	\$5,430,196	\$1,912,629	\$201,134	\$20,395	\$583	\$248,329,591	
Family Planning	\$52	\$180	\$19,952	\$626	\$395,549	\$175,175	\$341,353	\$3	\$288,088	\$36,049	\$86,284	\$67,457	\$4,736	\$131	\$84	\$1,415,719	
Health Maintenance Organizations	\$7,108,104	\$11,373,164	\$61,991,940	\$1,144,978	\$67,145,619	\$26,786,330	\$55,281,494	\$34,393	\$45,406,382	\$4,302,012	\$616,786	\$11,594,085	\$1,309,458	\$0	\$227	\$294,094,972	
Inpatient Hospitals	\$16,329,588	\$21,605,072	\$90,638,415	\$5,350,867	\$58,315,959	\$19,150,611	\$223,805,633	\$304,758	\$120,310,553	\$4,314,302	\$7,112,415	\$64,064,967	\$6,919,861	\$31,426,297	\$47,180	\$669,696,478	
Outpatient Hospitals	\$3,003,669	\$8,416,364	\$58,113,406	\$3,370,330	\$95,510,977	\$33,777,881	\$184,439,832	\$596,343	\$110,939,336	\$10,873,795	\$7,956,488	\$11,677,303	\$1,057,636	\$2,584,759	\$3,245	\$532,321,364	
Lab & X-Ray	\$467,377	\$1,257,069	\$8,156,132	\$427,436	\$22,024,217	\$7,965,752	\$31,345,973	\$55,728	\$10,683,747	\$1,187,801	\$1,586,651	\$8,254,433	\$873,621	\$182,391	\$368	\$94,468,696	
Durable Medical Equipment	\$21,390,288	\$7,246,058	\$62,888,128	\$1,370,460	\$8,143,071	\$2,671,295	\$19,207,942	\$53,121	\$19,538,968	\$1,602,332	\$5,210,831	\$437,293	\$37,821	\$11,844	\$86,852	\$149,875,322	
Prescription Drugs	\$6,407,476	\$22,030,318	\$150,791,230	\$6,114,863	\$100,895,753	\$37,586,190	\$205,455,766	\$335,916	\$98,850,382	\$13,583,609	\$20,579,392	\$6,009,263	\$529,786	\$4,381	\$1,032	\$669,175,357	
Drug Rebate	(\$3,075,945)	(\$10,575,778)	(\$72,388,174)	(\$2,935,474)	(\$48,435,571)	(\$18,043,461)	(\$98,630,190)	(\$161,258)	(\$47,453,679)	(\$6,520,888)	(\$9,879,252)	(\$2,884,780)	(\$254,327)	(\$2,103)	(\$495)	(\$321,241,375)	
Rural Health Centers	\$63,562	\$302,285	\$1,423,255	\$38,923	\$3,671,941	\$1,453,465	\$4,386,258	\$5,175	\$8,298,508	\$473,132	\$397,646	\$684,350	\$41,943	\$8,625	\$0	\$21,519,068	
Federally Qualified Health Centers	\$852,268	\$1,483,941	\$8,425,337	\$188,228	\$19,070,434	\$8,513,069	\$41,565,591	\$76,344	\$51,086,040	\$4,374,281	\$1,753,888	\$10,572,023	\$932,642	\$401,434	\$2,208	\$149,297,728	
Co-Insurance (Title XVIII-Medicare)	\$22,130,080	\$4,018,646	\$15,458,646	\$1,043,740	\$2,831,367	\$47,897	\$292,799	\$636	\$23,576	\$1,423	\$13,339	\$59,100	\$753	\$4,799	\$8,682,997	\$54,609,798	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,945,501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,945,501	
Prepaid Inpatient Health Plan Services	\$1,241,845	\$1,030,356	\$11,286,756	\$188,092	\$11,059,110	\$2,505,549	\$3,845,321	\$0	\$8,536,384	\$598,839	\$1,329,535	\$3,204,865	\$245,231	\$0	\$7,038	\$45,078,921	
Other Medical Services	\$622	\$521	\$3,520	\$132	\$2,561	\$941	\$5,082	\$27	\$3,935	\$371	\$393	\$776	\$82	\$205	\$42	\$19,210	
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$5,197,837	\$2,805,984	\$13,544,480	\$242,091	\$1,044,220	\$332,968	\$4,313,995	\$12,103	\$1,823,849	\$266,880	\$579,101	\$114,469	\$13,735	\$0	(\$24,975)	\$30,266,737	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$95,567,853</b>	<b>\$85,483,775</b>	<b>\$500,691,236</b>	<b>\$21,605,937</b>	<b>\$470,241,709</b>	<b>\$171,201,576</b>	<b>\$906,500,652</b>	<b>\$5,087,139</b>	<b>\$729,537,416</b>	<b>\$67,945,745</b>	<b>\$56,793,953</b>	<b>\$155,110,673</b>	<b>\$16,403,019</b>	<b>\$40,514,564</b>	<b>\$8,801,588</b>	<b>\$3,331,486,835</b>	
<b>Community Based Long Term Care</b>																	
HCBS - Elderly, Blind, and Disabled	\$145,776,359	\$26,965,601	\$120,071,169	\$1,393,041	\$586,640	\$104,830	\$1,134,300	\$0	\$8,292	\$0	\$261,233	\$28,982	\$0	\$1,154	\$823,219	\$297,154,820	
HCBS - Community Mental Health Services	\$5,348,512	\$4,296,416	\$24,018,634	\$36,912	\$18,270	\$2,852	\$126,168	\$0	\$0	\$0	\$6,636	\$0	\$0	\$0	\$134,993	\$33,989,393	
HCBS - Children's HCBS	\$0	\$0	\$9,909,382	\$70,019	\$0	\$0	\$0	\$0	\$931,511	\$953	\$138	\$0	\$0	\$0	\$0	\$10,912,003	
(\$259)			(\$3,297)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,577)	
HCBS - Consumer Directed Attendant Support	\$1,255,189	\$233,746	\$1,046,065	\$11,964	\$5,038	\$900	\$10,152	\$0	\$71	\$0	\$2,243	\$249	\$0	\$10	\$7,070	\$2,572,697	
HCBS - Brain Injury	\$571,061	\$1,568,283	\$14,272,888	\$53,801	\$41,480	\$0	\$122,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,992	\$16,649,310	
HCBS - Children with Autism	\$0	\$0	\$666,234	\$9,427	\$0	\$0	\$0	\$0	\$21,721	\$0	\$12,676	\$0	\$0	\$0	\$0	\$710,058	
HCBS - Children with Life Limiting Illness	\$0	\$0	\$435,310	\$1,749	\$0	\$0	\$0	\$0	\$31,406	\$0	\$5,209	\$0	\$0	\$0	\$0	\$473,674	
HCBS - Spinal Cord Injury	\$168,679	\$28,884	\$1,541,573	\$6,800	\$12,052	\$0	\$1,007	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77	\$1,759,072	
CCT - Services	\$377,824	\$251,763	\$1,732,716	\$0	\$0	\$0	\$47,763	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,410,066	
Private Duty Nursing	\$2,110,022	\$441,354	\$39,608,590	\$300,436	\$0	\$0	\$41,377	\$0	\$7,416,333	\$27,251	\$11,553,619	\$0	\$0	\$0	\$0	\$61,498,982	
Long Term Home Health	\$28,375,632	\$9,114,399	\$139,389,238	\$1,945,982	\$310,179	\$69,594	\$1,335,165	\$0	\$18,387,951	\$725,506	\$12,889,124	\$6,903	\$0	\$27,780	\$212,577,453		
Hospice	\$33,254,147	\$3,938,226	\$6,581,768	\$160,754	\$330,107	\$193,375	\$2,912,744	\$6,536	\$201,612	\$2,960	\$40,525	\$0	\$0	\$0	\$0	\$47,622,754	
<b>Subtotal Community Based Long-Term Care</b>	<b>\$217,237,166</b>	<b>\$46,838,651</b>	<b>\$359,270,270</b>	<b>\$3,990,885</b>	<b>\$1,303,766</b>	<b>\$371,551</b>	<b>\$5,731,481</b>	<b>\$6,536</b>	<b>\$26,998,897</b>	<b>\$756,670</b>	<b>\$24,771,403</b>	<b>\$36,134</b>	<b>\$0</b>	<b>\$1,164</b>	<b>\$1,012,131</b>	<b>\$688,326,705</b>	
<b>Long Term Care</b>																	
Class I Nursing Facilities	\$450,965,898	\$41,239,990	\$84,210,839	\$82,897	\$195,582	\$40,448	\$2,542,746	\$0	\$0	\$0	\$6,579	\$0	\$0	\$0	(\$25,076)	\$579,329,930	
Class II Nursing Facilities	\$411,017	\$455,389	\$3,411,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,277,851	
Program of All-Inclusive Care for the Elderly	\$112,128,644	\$14,440,173	\$6,335,950	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$132,904,767	
<b>Subtotal Long-Term Care</b>	<b>\$563,505,559</b>	<b>\$56,135,552</b>	<b>\$93,958,234</b>	<b>\$82,897</b>	<b>\$195,582</b>	<b>\$40,448</b>	<b>\$2,542,746</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,579</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$25,076)</b>	<b>\$716,512,521</b>	
<b>Insurance</b>																	
Supplemental Medicare Insurance Benefit	\$73,205,694	\$4,268,933	\$38,373,381	\$0	\$240,024	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,183,050	\$137,271,082	
Health Insurance Buy-In Program	\$8,989	\$11,236	\$1,101,111	\$0	\$13,483	\$22,472	\$20,224	\$0	\$78,651	\$0	\$6,741	\$0	\$0	\$0	\$0	\$1,262,907	
<b>Subtotal Insurance</b>	<b>\$73,214,683</b>	<b>\$4,280,169</b>	<b>\$39,474,492</b>	<b>\$0</b>	<b>\$253,507</b>	<b>\$22,472</b>	<b>\$20,224</b>	<b>\$0</b>	<b>\$78,651</b>	<b>\$0</b>	<b>\$6,741</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$21,183,050</b>	<b>\$138,533,989</b>	
<b>Service Management</b>																	
Single Entry Points	\$9,072,052	\$2,528,512	\$18,428,482	\$201,793	\$44,524	\$5,745	\$170,913	\$0	\$1,712,006	\$9,336	\$315,974	\$2,154	\$0	\$0	\$127,826	\$32,619,317	
Disease Management	\$8,232	\$21,647	\$145,304	\$9,050	\$211,327	\$78,847	\$390,096	\$0	\$0	\$0	\$29,418	\$84,586	\$9,735	\$0	\$0	\$988,242	
Prepaid Inpatient Health Plan Administration	\$131,201	\$52,198	\$339,287	\$15,518	\$415,468	\$119,209	\$229,248	\$0	\$652,475	\$52,903	\$83,940	\$100,164	\$9,170	\$0	\$705	\$2,201,486	
Accountable Care Collaborative	\$1,548,799	\$747,258	\$5,551,796	\$158,419	\$14,847,436	\$6,198,632	\$19,585,930	\$0	\$46,840,789	\$5,347,941	\$1,943,616	\$952,332	\$111,815	\$25,749	\$90,254	\$103,950,766	
<b>Subtotal Service Management</b>	<b>\$10,760,284</b>	<b>\$3,349,615</b>	<b>\$24,464,869</b>	<b>\$384,780</b>	<b>\$15,518,755</b>	<b>\$6,402,433</b>	<b>\$20,376,187</b>	<b>\$0</b>	<b>\$48,205,270</b>	<b>\$5,347,941</b>	<b>\$1,943,616</b>	<b>\$139,236</b>	<b>\$25,749</b>	<b>\$28,785</b>	<b>\$139,759,811</b>		
<b>Total Services</b>	<b>\$960,285,545</b>	<b>\$196,087,762</b>	<b>\$1,017,859,101</b>	<b>\$26,064,499</b>	<b>\$487,513,319</b>	<b>\$178,038,480</b>	<b>\$935,171,290</b>	<b>\$5,093,675</b>	<b>\$805,820,234</b>	<b>\$74,112,595</b>	<b>\$84,014,883</b>	<b>\$156,292,784</b>	<b>\$16,533,739</b>	<b>\$40,541,477</b>	<b>\$31,190,478</b>	<b>\$5,014,619,861</b>	
<b>Financing &amp; Supplemental Payments</b>																	
Upper Payment Limit Financing	\$1,258,632	\$161,115	\$777,086	\$15,459	\$276,197	\$97,407	\$546,766	\$1,731	\$368,268	\$33,548	\$57,588	\$33,592	\$3,050	\$7,366	(\$48)	\$3,637,757	
Hospital Supplemental Payments	\$9,195,746	\$14,455,669	\$72,396,216	\$4,242,802	\$76,528,890	\$26,374,862	\$199,860,824	\$450,028	\$113,514,255	\$7,623,848	\$7,431,061	\$36,022,112	\$3,785,914	\$16,050,425	\$23,769	\$587,956,421	
Nursing Facility Supplemental Payments	\$72,414,594	\$6,622,180	\$13,522,294	\$13,311	\$31,406	\$6,495	\$408,306	\$0	\$0	\$0	\$12,297	\$0	\$0	(\$4,027)	\$93,026,856		
Physician Supplemental Payments	\$26,713	\$70,243	\$471,506	\$29,366	\$685,748	\$255,857	\$1,265,848	\$5,388	\$1,297,340	\$108,598							

## Exhibit M

FY 2013-14	Cash-based Actuals															
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	COFRA TOTAL
<b>Acute Care</b>																
Physician Services & EPSDT	\$4,043,358	\$9,764,022	\$65,059,985	\$4,447,494	\$79,412,236	\$22,746,644	\$62,764,565	\$0	\$140,644,229	\$6,564,319	\$11,140,179	\$32,892,756	\$2,259,530	\$5,996,669	\$6,241	\$447,742,226
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$122,767	\$386,959	\$2,292,281	\$74,609	\$1,688,406	\$377,423	\$2,529,108	\$0	\$1,836,694	\$93,391	\$217,731	\$418,912	\$12,129	\$74,649	\$793	\$10,125,852
Non-emergency Medical Transportation	\$2,801,468	\$1,681,808	\$6,714,864	\$104,987	\$787,858	\$134,029	\$884,418	\$0	\$1,309,873	\$16,599	\$186,648	\$108,329	\$158	\$1,171	\$2,733	\$14,734,943
Dental Services	\$1,794,852	\$558,246	\$6,514,545	\$182,628	\$9,153,795	\$2,701,535	\$7,009,072	\$0	\$104,015,935	\$8,645,646	\$5,427,900	\$753,139	\$37,893	\$6,551	\$2,203	\$146,803,940
Family Planning	\$171	\$148	\$21,457	\$519	\$324,023	\$120,585	\$108,540	\$0	\$235,217	\$14,840	\$87,920	\$40,664	\$4,492	\$0	\$0	\$958,576
Health Maintenance Organizations	\$5,677,843	\$8,172,001	\$42,251,264	\$413,617	\$24,329,657	\$7,208,136	\$990,043	\$0	\$41,097,777	\$2,040,162	\$842,135	\$2,689,951	\$177,153	\$0	\$983	\$135,890,722
Inpatient Hospitals	\$12,214,429	\$15,459,639	\$100,723,524	\$9,865,184	\$53,019,260	\$14,695,913	\$82,711,168	\$0	\$97,275,901	\$2,780,149	\$5,454,304	\$50,721,950	\$3,936,967	\$29,904,181	(\$11,278)	\$478,311,291
Outpatient Hospitals	\$4,073,018	\$8,674,477	\$63,033,295	\$4,581,825	\$83,219,305	\$28,408,884	\$80,209,873	\$0	\$96,213,635	\$7,383,654	\$6,710,556	\$11,883,976	\$768,457	\$1,990,324	\$18,275	\$397,169,554
Lab & X-Ray	\$561,228	\$1,308,244	\$8,043,314	\$412,716	\$19,064,302	\$5,597,136	\$12,668,155	\$0	\$8,096,984	\$731,527	\$1,363,487	\$6,338,685	\$504,409	\$154,359	\$389	\$64,684,775
Durable Medical Equipment	\$19,993,666	\$6,603,977	\$58,381,851	\$1,146,426	\$6,130,253	\$1,697,299	\$6,071,020	\$0	\$13,761,168	\$735,697	\$4,764,199	\$320,245	\$14,406	\$191	\$41,277	\$119,661,675
Prescription Drugs	\$7,655,879	\$20,390,022	\$140,653,748	\$5,070,325	\$74,904,567	\$23,282,207	\$70,931,016	\$0	\$78,800,106	\$7,972,434	\$18,780,213	\$4,407,498	\$343,428	\$0	\$19,995	\$453,191,438
Drug Rebate	(\$3,290,157)	(\$8,785,678)	(\$60,605,064)	(\$2,184,708)	(\$32,274,974)	(\$10,031,867)	(\$30,562,845)	\$0	(\$33,953,490)	(\$3,435,172)	(\$8,092,042)	(\$1,899,108)	(\$147,977)	\$0	(\$8,616)	(\$195,271,698)
Rural Health Centers	\$76,264	\$269,623	\$1,260,474	\$49,323	\$2,842,709	\$927,828	\$1,552,329	\$0	\$6,617,012	\$383,462	\$338,606	\$465,767	\$32,629	\$9,802	\$68	\$14,825,896
Federally Qualified Health Centers	\$1,026,219	\$1,398,281	\$8,662,577	\$258,811	\$17,770,985	\$6,072,398	\$19,765,328	\$0	\$58,131,185	\$3,251,501	\$1,880,042	\$8,924,580	\$590,478	\$373,196	\$1,908	\$128,107,489
Co-Insurance (Title XVIII-Medicare)	\$22,734,911	\$3,929,241	\$16,405,226	\$756,407	\$1,713,377	\$564,799	\$277,023	\$0	\$24,448	\$382	\$6,921	\$51,243	\$1,476	\$0	\$8,438,925	\$54,904,379
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,879,647	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,879,647
Prepaid Inpatient Health Plan Services	\$1,461,833	\$2,659,699	\$15,888,654	\$598,122	\$14,862,251	\$3,626,623	\$888,577	\$0	\$12,689,674	\$196,781	\$1,928,356	\$4,018,370	\$110,765	\$0	\$2,858	\$58,932,563
Other Medical Services	\$849	\$686	\$5,161	\$227	\$2,945	\$903	\$2,768	\$68	\$5,157	\$312	\$548	\$939	\$68	\$304	\$56	\$20,991
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$4,746,512	\$2,312,870	\$10,990,172	\$264,529	\$785,606	\$221,450	\$1,429,996	(\$2,446)	\$1,076,709	\$96,886	\$661,112	\$86,583	\$2,691	\$0	\$147,321	\$22,819,991
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$85,675,110</b>	<b>\$74,784,265</b>	<b>\$486,297,328</b>	<b>\$26,043,041</b>	<b>\$357,736,561</b>	<b>\$108,351,925</b>	<b>\$319,790,154</b>	<b>\$8,877,269</b>	<b>\$627,878,215</b>	<b>\$37,312,569</b>	<b>\$51,698,815</b>	<b>\$122,224,478</b>	<b>\$8,648,792</b>	<b>\$38,511,597</b>	<b>\$8,664,131</b>	<b>\$2,362,494,250</b>
<b>Community Based Long Term Care</b>																
HCBS - Elderly, Blind, and Disabled	\$137,529,774	\$24,219,087	\$115,680,698	\$724,923	\$186,239	\$29,760	\$263,750	\$0	\$1,630	\$0	\$148,720	\$0	\$0	\$0	\$738,607	\$279,523,188
HCBS - Community Mental Health Services	\$4,841,365	\$4,065,194	\$22,793,556	\$33,366	\$4,185	\$40	\$54,018	\$0	\$0	\$0	\$649	\$35	\$0	\$0	\$126,821	\$31,919,229
HCBS - Children's HCBS	\$0	\$7,856,110	\$0	\$17	\$0	\$0	\$0	\$0	\$245,654	\$0	\$0	\$0	\$0	\$0	\$0	\$8,101,781
HCBS - Persons Living with AIDS	\$9,821	\$813	\$125,099	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$135,733
HCBS - Consumer Directed Attendant Support	\$1,147,005	\$201,988	\$964,783	\$6,046	\$1,553	\$248	\$2,200	\$0	\$14	\$0	\$1,240	\$0	\$0	\$0	\$6,160	\$2,331,237
HCBS - Brain Injury	\$412,822	\$1,254,551	\$12,464,998	\$4,821	\$12,089	\$0	\$18,321	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,475	\$14,184,077
HCBS - Children with Autism	\$0	\$733,096	\$2,563	\$0	\$0	\$0	\$0	\$0	\$13,349	\$0	\$15,294	\$0	\$0	\$0	\$0	\$764,302
HCBS - Children with Life Limiting Illness	\$0	\$0	\$214,922	\$0	\$0	\$0	\$0	\$0	\$3,510	\$0	\$3,200	\$0	\$0	\$0	\$0	\$221,632
HCBS - Spinal Cord Injury	\$214,216	\$19,446	\$1,537,988	\$0	\$1,105	\$0	\$817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,773,572
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$3,039,698	\$734,755	\$35,345,893	\$280,781	\$0	\$0	\$43,544	\$0	\$3,373,711	\$400	\$10,310,507	\$0	\$0	\$0	\$25,614	\$53,154,903
Long Term Home Health	\$26,251,582	\$8,030,921	\$130,369,940	\$1,316,824	\$235,386	\$18,678	\$172,588	\$2,446	\$7,825,402	\$244,287	\$11,792,931	\$1,213	\$0	\$0	\$252,997	\$186,515,195
Hospice	\$31,935,985	\$3,814,200	\$7,418,711	\$344,667	\$158,722	\$144,242	\$1,024,926	\$0	\$149,582	\$0	\$0	\$0	\$0	\$0	\$26,219	\$54,017,254
<b>Subtotal Community Based Long-Term Care</b>	<b>\$205,382,268</b>	<b>\$42,340,955</b>	<b>\$335,505,794</b>	<b>\$2,714,008</b>	<b>\$599,279</b>	<b>\$192,968</b>	<b>\$1,580,164</b>	<b>\$2,446</b>	<b>\$11,612,852</b>	<b>\$24,467</b>	<b>\$22,272,541</b>	<b>\$1,248</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,192,893</b>	<b>\$623,642,103</b>
<b>Long Term Care</b>																
Class I Nursing Facilities	\$440,587,143	\$38,148,380	\$81,720,674	\$387,966	\$125,945	\$0	\$570,397	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$784,886	\$562,325,391
Class II Nursing Facilities	\$393,954	\$298,879	\$2,748,163	\$0	\$0	\$0	\$43,770	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,484,766
Program of All-Inclusive Care for the Elderly	\$85,832,165	\$10,249,500	\$4,393,152	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,474,817
<b>Subtotal Long-Term Care</b>	<b>\$526,813,262</b>	<b>\$48,696,759</b>	<b>\$88,861,989</b>	<b>\$387,966</b>	<b>\$125,945</b>	<b>\$0</b>	<b>\$614,167</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$784,886</b>	<b>\$666,284,974</b>
<b>Insurance</b>																
Supplemental Medicare Insurance Benefit	\$68,884,741	\$4,016,960	\$36,108,399	\$0	\$225,857	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,932,724	\$129,168,681
Health Insurance Buy-In Program	\$11,744	\$20,552	\$1,215,523	\$0	\$26,425	\$0	\$0	\$0	\$60,491	\$0	\$21,718	\$8,808	\$0	\$0	\$0	\$1,365,261
<b>Subtotal Insurance</b>	<b>\$68,896,485</b>	<b>\$4,037,512</b>	<b>\$37,323,922</b>	<b>\$0</b>	<b>\$252,282</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$60,491</b>	<b>\$0</b>	<b>\$21,718</b>	<b>\$8,808</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,932,724</b>	<b>\$130,533,942</b>
<b>Service Management</b>																
Single Entry Points	\$7,836,051	\$2,131,642	\$15,256,301	\$107,844	\$14,555	\$3,169	\$35,876	\$376	\$1,156,908	\$0	\$248,772	\$161	\$0	\$0	\$107,361	\$26,899,016
Disease Management	\$7,234	\$17,469	\$116,400	\$7,957	\$142,079	\$40,697	\$112,294	\$0	\$0	\$0	\$19,931	\$62,892	\$0	\$0	\$0	\$526,953
Prepaid Inpatient Health Plan Administration	\$521,003	\$251,547	\$1,474,302	\$43,729	\$1,553,848	\$424,799	\$88,292	\$0	\$2,691,223	\$43,733	\$263,625	\$262,766	\$8,772	\$0	\$2,499	\$7,630,138
Accountable Care Collaborative	\$547,729	\$468,561	\$4,052,232	\$88,828	\$10,681,279	\$3,955,017	\$6,302,817	\$0	\$38,151,110	\$1,949,462	\$1,594,103	\$714,315	\$40,255	\$842	\$23,780	\$68,570,330
<b>Subtotal Service Management</b>	<b>\$8,912,017</b>	<b>\$2,869,219</b>	<b>\$20,899,235</b>	<b>\$248,358</b>	<b>\$12,291,761</b>	<b>\$4,423,682</b>	<b>\$6,539,279</b>	<b>\$376</b>	<b>\$41,999,241</b>	<b>\$1,993,195</b>	<b>\$2,126,431</b>	<b>\$1,040,134</b>	<b>\$49,027</b>	<b>\$842</b>	<b>\$133,640</b>	<b>\$103,626,437</b>
<b>Total Services</b>	<b>\$895,679,142</b>	<b>\$172,728,710</b>	<b>\$968,888,268</b>	<b>\$29,393,373</b>	<b>\$371,105,828</b>	<b>\$112,968,575</b>	<b>\$328,523,764</b>	<b>\$8,880,091</b>	<b>\$681,550,799</b>	<b>\$39,550,451</b>	<b>\$76,119,505</b>	<b>\$123,274,668</b>	<b>\$8,697,819</b>	<b>\$38,512,439</b>	<b>\$30,708,274</b>	<b>\$3,886,581,706</b>
<b>Financing &amp; Supplemental Payments</b>																
Upper Payment Limit Financing	\$2,285,513	\$275,715	\$1,380,129	\$32,126	\$417,977	\$141,962	\$407,973	\$0	\$519,465	\$38,175	\$92,728	\$59,326	\$3,821	\$9,866	\$5,774	\$5,670,550
Hospital Supplemental Payments	\$11,507,426	\$17,112,897	\$116,213,340	\$10,229,747	\$97,403,214	\$30,866,151	\$115,720,548	\$0	\$137,873,040	\$7,242,327	\$8,680,400	\$44,141,616	\$3,317,657	\$22,394,362	\$5,329	\$622,708,054
Nursing Facility Supplemental Payments	\$70,338,750	\$6,090,303	\$13,046,522	\$61,938	\$20,107	\$0	\$91,063	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,305	\$89,773,988
Physician Supplemental Payments	\$50,744	\$122,537	\$816,497	\$55,816	\$996,616	\$285,468	\$787,689	\$0	\$1,765,072	\$82,382	\$139,808	\$412,801	\$28,357	\$75,258	\$78	\$5,619,123
Outstationing Payments	\$65,720	\$139,967	\$1,017,072	\$73,930	\$1,342,783	\$458,391	\$1,294,224									



Exhibit M

Cash-based Actuals

FY 2012-13	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	COFRS TOTAL
<b>Acute Care</b>																
Physician Services & EPSDT	\$3,733,246	\$7,649,554	\$55,946,660	\$2,017,690	\$65,332,114	\$18,077,268	\$9,578,088	\$0	\$113,235,322	\$2,820,853	\$9,766,797	\$16,755,632	\$750,233	\$5,679,532	\$1,154	\$311,344,143
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$124,218	\$323,127	\$2,163,425	\$32,160	\$1,485,643	\$369,950	\$641,885	\$0	\$1,637,796	\$26,420	\$187,373	\$167,195	\$8,312	\$106,156	\$0	\$7,273,660
Non-emergency Medical Transportation	\$2,046,589	\$978,360	\$4,716,005	\$41,726	\$433,180	\$97,290	\$194,838	\$0	\$914,535	\$3,640	\$102,262	\$47,670	\$334	\$188	\$129	\$9,576,755
Dental Services	\$1,392,227	\$396,231	\$5,433,896	\$53,656	\$5,859,871	\$1,742,902	\$662,572	\$0	\$92,806,672	\$2,680,354	\$5,018,241	\$309,878	\$16,150	\$13,185	\$203	\$116,386,038
Family Planning	\$30	\$103	\$22,595	\$693	\$263,357	\$91,428	\$11,356	\$0	\$192,173	\$7,719	\$77,522	\$30,742	\$1,502	\$0	\$0	\$699,220
Health Maintenance Organizations	\$5,627,161	\$7,554,375	\$40,140,958	\$244,617	\$23,044,932	\$8,493,510	\$0	\$0	\$38,756,103	\$544,994	\$785,911	\$1,295,209	\$43,813	\$0	\$0	\$126,531,583
Inpatient Hospitals	\$15,837,813	\$18,086,253	\$113,024,520	\$3,818,807	\$68,007,485	\$13,393,053	\$15,941,298	\$0	\$85,415,409	\$2,638,015	\$5,291,669	\$28,564,111	\$1,274,916	\$35,472,048	\$19,522	\$406,784,919
Outpatient Hospitals	\$3,353,219	\$7,133,724	\$57,838,186	\$2,506,283	\$71,204,056	\$22,620,079	\$14,655,972	\$0	\$85,203,477	\$2,151,345	\$5,978,631	\$6,306,950	\$276,268	\$1,919,513	\$302	\$281,148,005
Lab & X-Ray	\$488,758	\$1,018,642	\$7,339,265	\$205,214	\$16,311,375	\$4,656,054	\$1,995,854	\$0	\$7,258,518	\$467,903	\$1,468,092	\$4,130,559	\$161,187	\$151,951	\$13	\$45,653,385
Durable Medical Equipment	\$19,066,652	\$6,220,600	\$54,238,022	\$369,556	\$4,767,095	\$1,520,743	\$1,349,129	\$0	\$10,732,598	\$160,536	\$4,520,423	\$142,596	\$6,366	\$3,137	\$28,801	\$103,126,254
Prescription Drugs	\$6,719,553	\$18,246,448	\$126,656,626	\$2,095,797	\$58,302,300	\$21,010,283	\$12,450,869	\$0	\$65,383,399	\$2,300,381	\$18,488,514	\$2,447,209	\$102,473	\$0	\$262	\$334,204,114
Drug Rebates	(\$3,599,458)	(\$9,774,062)	(\$67,846,065)	(\$1,122,654)	(\$31,230,752)	(\$11,254,563)	(\$6,669,548)	\$0	(\$35,023,879)	(\$1,232,243)	(\$9,903,729)	(\$1,310,895)	(\$54,892)	\$0	(\$140)	(\$179,022,880)
Rural Health Centers	\$68,840	\$302,964	\$1,810,864	\$32,728	\$2,371,639	\$886,068	\$187,860	\$0	\$6,447,858	\$122,104	\$296,822	\$294,754	\$14,997	\$7,574	\$521	\$12,345,593
Federally Qualified Health Centers	\$944,509	\$1,199,727	\$8,478,727	\$140,279	\$16,982,037	\$4,871,971	\$4,036,338	\$0	\$54,024,856	\$1,245,246	\$1,894,311	\$5,363,217	\$207,877	\$402,879	\$0	\$99,791,204
Co-Insurance (Title XVIII-Medicare)	\$17,569,039	\$3,024,606	\$12,446,112	\$274,031	\$537,695	\$888,995	\$8,564	\$0	\$13,711	\$1,394	\$3,037	\$34,811	\$375	\$112	\$6,036,730	\$40,839,212
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,559,144	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,559,144
Prepaid Inpatient Health Plan Services	\$1,059,766	\$1,577,317	\$9,663,961	\$647,691	\$12,557,982	\$4,456,972	\$0	\$0	\$21,163,282	\$158,949	\$1,869,895	\$4,464,891	\$34,808	\$0	\$0	\$57,655,514
Other Medical Services	\$752	\$599	\$4,562	\$92	\$2,518	\$741	\$467	\$72	\$4,354	\$0	\$486	\$517	\$0	\$327	\$45	\$15,532
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$4,372,425	\$1,944,403	\$9,888,976	\$79,789	\$600,900	\$172,799	\$224,892	(\$840)	\$555,960	\$47,028	\$669,278	\$44,098	\$1,587	\$0	\$124,081	\$18,725,376
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,075,000	\$0	\$0	\$0	\$3,075,000
<b>Subtotal of Acute Care</b>	<b>\$78,805,339</b>	<b>\$65,882,971</b>	<b>\$441,467,295</b>	<b>\$11,438,155</b>	<b>\$316,833,427</b>	<b>\$92,095,552</b>	<b>\$55,270,434</b>	<b>\$9,558,376</b>	<b>\$548,721,374</b>	<b>\$14,144,638</b>	<b>\$46,515,535</b>	<b>\$72,164,144</b>	<b>\$2,846,306</b>	<b>\$43,756,602</b>	<b>\$6,211,623</b>	<b>\$1,805,711,771</b>
<b>Community Based Long-Term Care</b>																
HCBS - Elderly, Blind, and Disabled	\$119,755,823	\$19,994,030	\$102,379,886	\$47,026	\$14,857	\$39,338	\$5,289	\$0	\$0	\$0	\$57,950	\$0	\$0	\$0	\$200,361	\$242,494,560
HCBS - Community Mental Health Services	\$3,978,510	\$3,706,685	\$20,590,876	\$0	\$1,936	\$0	\$2,399	\$0	\$0	\$0	\$10,306	\$0	\$0	\$0	\$18,700	\$28,309,412
HCBS - Children's HCBS	\$0	\$0	\$5,350,385	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,350,385
HCBS - Persons Living with AIDS	\$30,653	\$8,994	\$441,281	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480,928
HCBS - Consumer Directed Attendant Support	\$1,314,616	\$219,484	\$1,123,872	\$516	\$163	\$432	\$58	\$0	\$0	\$0	\$636	\$0	\$0	\$0	\$2,200	\$2,661,977
HCBS - Brain Injury	\$274,983	\$899,956	\$11,674,531	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$212	\$0	\$0	\$0	\$0	\$12,849,682
HCBS - Children with Autism	\$0	\$0	\$868,411	\$0	\$0	\$0	\$0	\$0	\$17,013	\$0	\$0	\$0	\$0	\$0	\$0	\$885,424
HCBS - Children with Life Limiting Illness	\$0	\$0	\$207,061	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$70	\$0	\$0	\$0	\$0	\$207,131
HCBS - Spinal Cord Injury	\$6,686	\$0	\$245,823	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$252,509
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$2,364,123	\$557,116	\$24,342,047	\$18,478	\$0	\$0	\$0	\$0	\$1,069,272	\$5,806	\$8,490,119	\$0	\$0	\$0	\$0	\$36,846,961
Long Term Home Health	\$21,401,061	\$7,062,994	\$115,530,465	\$368,744	\$151,443	\$4,862	\$0	\$840	\$3,609,745	\$0	\$10,404,821	\$1,690	\$0	\$0	\$93,867	\$158,630,532
Hospice	\$33,427,166	\$2,868,294	\$6,505,178	\$140,227	\$168,345	\$92,875	\$117,103	\$0	\$37,390	\$0	\$0	\$0	\$0	\$0	\$40,522	\$43,397,100
<b>Subtotal Community Based Long-Term Care</b>	<b>\$182,553,621</b>	<b>\$35,317,553</b>	<b>\$289,259,816</b>	<b>\$574,991</b>	<b>\$336,744</b>	<b>\$137,507</b>	<b>\$124,849</b>	<b>\$840</b>	<b>\$4,733,420</b>	<b>\$5,806</b>	<b>\$18,964,114</b>	<b>\$1,690</b>	<b>\$0</b>	<b>\$0</b>	<b>\$355,650</b>	<b>\$532,366,601</b>
<b>Long-Term Care</b>																
Class I Nursing Facilities	\$418,131,480	\$35,559,417	\$78,452,737	\$0	\$0	\$0	\$12,430	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$249,186	\$532,405,250
Class II Nursing Facilities	\$180,939	\$825,327	\$4,101,296	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,107,562
Program of All-Inclusive Care for the Elderly	\$84,386,436	\$8,794,508	\$4,165,414	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,346,358
<b>Subtotal Long-Term Care</b>	<b>\$502,698,855</b>	<b>\$45,179,252</b>	<b>\$86,719,447</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,430</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$249,186</b>	<b>\$634,859,170</b>
<b>Insurance</b>																
Supplemental Medicare Insurance Benefit	\$63,920,416	\$3,727,469	\$33,506,170	\$0	\$209,579	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,496,230	\$119,859,864
Health Insurance Buy-In Program	\$2,767	\$1,630	\$1,345,692	\$0	\$6,506	\$0	\$0	\$0	\$3,632	\$0	\$1,304	\$0	\$0	\$0	\$0	\$1,361,531
<b>Subtotal Insurance</b>	<b>\$63,923,183</b>	<b>\$3,729,099</b>	<b>\$34,851,862</b>	<b>\$0</b>	<b>\$216,085</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,632</b>	<b>\$0</b>	<b>\$1,304</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,496,230</b>	<b>\$121,221,395</b>
<b>Service Management</b>																
Single Entry Points	\$11,133,931	\$2,768,715	\$11,274,336	\$8,561	\$1,712	\$5,993	\$0	\$856	\$1,443,430	\$0	\$285,947	\$0	\$0	\$0	\$53,080	\$26,976,561
Disease Management	\$18,845	\$38,614	\$282,411	\$10,185	\$329,787	\$91,251	\$48,349	\$0	\$0	\$0	\$49,301	\$88,367	\$0	\$0	\$0	\$957,110
Prepaid Inpatient Health Plan Administration	\$314,516	\$102,047	\$728,309	\$10,723	\$1,049,127	\$425,319	\$0	\$0	\$3,699,162	\$27,783	\$246,713	\$80,747	\$629	\$0	\$0	\$6,685,075
Accountable Care Collaborative	\$576,537	\$452,652	\$3,916,914	\$19,706	\$9,740,443	\$4,141,282	\$1,856,177	\$0	\$13,291,533	\$887,610	\$1,388,883	\$429,730	\$22,052	\$518	\$4,894	\$36,728,931
<b>Subtotal Service Management</b>	<b>\$12,043,829</b>	<b>\$3,362,028</b>	<b>\$16,201,970</b>	<b>\$49,175</b>	<b>\$11,121,069</b>	<b>\$4,663,845</b>	<b>\$1,904,526</b>	<b>\$856</b>	<b>\$18,434,125</b>	<b>\$915,393</b>	<b>\$1,970,844</b>	<b>\$598,844</b>	<b>\$22,681</b>	<b>\$518</b>	<b>\$57,974</b>	<b>\$71,347,677</b>
<b>Total Services</b>	<b>\$840,024,827</b>	<b>\$153,470,903</b>	<b>\$868,500,390</b>	<b>\$12,062,321</b>	<b>\$328,507,325</b>	<b>\$96,896,904</b>	<b>\$57,312,239</b>	<b>\$9,560,072</b>	<b>\$571,892,551</b>	<b>\$15,065,837</b>	<b>\$67,451,797</b>	<b>\$72,764,678</b>	<b>\$2,868,987</b>	<b>\$43,757,120</b>	<b>\$25,370,663</b>	<b>\$3,165,506,614</b>
<b>Financing and Supplemental Payments</b>																
Upper Payment Limit Financing	\$2,595,353	\$301,488	\$1,530,078	\$17,718	\$433,958	\$137,505	\$89,799	\$0	\$551,431	\$0	\$100,170	\$39,993	\$0	\$11,581	\$2,709	\$5,811,783
Hospital Supplemental Payments	\$17,975,042	\$23,731,862	\$161,163,996	\$5,980,773	\$132,279,730	\$34,389,153	\$29,033,679	\$0	\$166,578,858	\$0	\$10,717,741	\$34,123,275	\$0	\$34,836,430	\$18,440	\$650,828,979
Nursing Facility Supplemental Payments	\$66,564,067	\$5,660,850	\$12,489,213	\$0	\$0	\$0	\$1,979	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,669	\$84,755,778
Physician Supplemental Payments	\$161,698	\$331,324	\$2,423,211	\$87,392	\$2,829,723	\$782,979	\$414,855	\$0	\$5,026,728	\$0	\$423,028	\$758,230	\$0	\$245,997	\$50	\$13,485,215
Outstationing Payments	\$183,823	\$391,070	\$3,170,686	\$137,394	\$3,903,403	\$1,240,032	\$803,440	\$0	\$4,788,787	\$0	\$327,748	\$360,892	\$0	\$105,228	\$17	\$15,412,520
University of Colorado School of Medicine Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$395,443	\$79,505	\$451,107	\$6,504	\$174,992	\$51,549	\$32,842	\$5,040	\$297,169	\$5,883	\$38,144	\$34,940	\$949	\$22,723	\$3,415	\$1,599,845
<b>Subtotal Financing and Supplemental Payments</b>	<b>\$87,875,426</b>	<b>\$30,496,099</b>	<b>\$181,228,291</b>	<b>\$6,229,781</b>	<b>\$139</b>											

Exhibit M

Cash-based Actuals															
FY 2011-12	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	COFRS TOTAL	
<b>Acute Care</b>															
Physician Services & EPSDT	\$3,496,026	\$7,111,322	\$54,312,685	\$65,386	\$64,061,263	\$16,729,289	\$254,561	\$0	\$108,220,089	\$10,282,293	\$16,641,874	\$5,841,664	\$3,787	\$287,020,239	
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Emergency Transportation	\$127,388	\$284,073	\$2,131,467	\$133	\$1,416,682	\$326,160	\$26,001	\$0	\$1,599,438	\$194,707	\$167,590	\$87,424	(\$5)	\$6,361,058	
Non-emergency Medical Transportation	\$2,170,701	\$1,007,841	\$5,235,088	\$443	\$509,852	\$130,804	\$1,752	\$0	\$1,217,489	\$131,419	\$55,775	\$1,230	(\$228)	\$10,462,166	
Dental Services	\$1,227,623	\$328,572	\$5,016,624	\$1,339	\$5,415,654	\$1,489,789	\$36,007	\$0	\$85,091,328	\$4,962,709	\$336,789	\$5,353	\$0	\$103,911,787	
Family Planning	\$0	\$168	\$16,872	\$94	\$239,510	\$88,899	\$1,072	\$0	\$157,184	\$52,601	\$22,557	\$0	\$0	\$578,957	
Health Maintenance Organizations	\$6,436,982	\$6,682,350	\$39,413,533	\$6,100	\$22,554,171	\$7,791,492	\$0	\$0	\$35,919,341	\$845,047	\$1,066,895	\$0	\$0	\$120,715,911	
Inpatient Hospitals	\$13,661,835	\$15,340,090	\$114,582,636	\$177,773	\$63,034,133	\$12,964,966	\$891,142	\$0	\$76,041,187	\$4,890,304	\$26,947,586	\$33,984,087	(\$13,122)	\$362,502,617	
Outpatient Hospitals	\$2,955,034	\$6,281,086	\$52,781,917	\$73,670	\$64,165,414	\$19,539,773	\$570,577	\$0	\$73,411,714	\$5,760,929	\$5,461,418	\$1,478,314	\$0	\$232,479,846	
Lab & X-Ray	\$459,363	\$872,743	\$6,962,429	\$4,882	\$14,880,312	\$3,943,322	\$72,092	\$0	\$7,263,261	\$1,727,639	\$3,649,035	\$142,603	\$322	\$39,978,003	
Durable Medical Equipment	\$18,449,168	\$5,367,881	\$50,025,626	\$5,509	\$4,189,111	\$1,297,015	\$19,968	\$0	\$9,835,195	\$4,337,018	\$159,994	\$0	\$19,967	\$93,706,452	
Prescription Drugs	\$6,894,276	\$18,586,340	\$132,005,966	\$66,035	\$56,328,543	\$17,910,509	\$486,584	\$0	\$63,118,535	\$21,082,476	\$2,262,197	\$0	\$0	\$318,741,461	
Drug Rebate	(\$3,239,849)	(\$8,734,338)	(\$62,033,986)	(\$31,032)	(\$26,470,652)	(\$8,416,743)	(\$228,662)	\$0	(\$29,661,495)	(\$9,907,355)	(\$1,063,081)	\$0	\$0	(\$149,787,193)	
Rural Health Centers	\$59,913	\$297,322	\$1,232,984	\$272	\$2,175,921	\$650,762	\$8,863	\$0	\$5,497,429	\$310,962	\$310,347	\$23,141	\$0	\$10,567,916	
Federally Qualified Health Centers	\$945,395	\$1,068,432	\$8,305,722	\$7,949	\$17,414,509	\$4,922,023	\$252,682	\$0	\$54,487,052	\$1,927,134	\$5,087,649	\$371,769	\$167	\$94,790,483	
Co-Insurance (Title XVIII-Medicare)	\$16,681,939	\$2,722,367	\$11,215,656	\$5,057	\$461,993	\$629,323	\$0	\$0	\$26,223	\$17,454	\$41,240	\$1,973	\$5,233,327	\$37,036,552	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,272,613	\$0	\$0	\$0	\$0	\$0	\$10,272,613	
Prepaid Inpatient Health Plan Services	\$1,808,943	\$2,331,859	\$18,074,087	\$14,849	\$10,256,623	\$2,867,598	\$0	\$0	\$16,657,333	\$2,332,229	\$2,119,598	\$0	\$0	\$56,463,119	
Other Medical Services	\$766	\$590	\$4,856	\$3	\$2,573	\$718	\$21	\$84	\$4,256	\$543	\$504	\$339	\$42	\$15,295	
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Acute Home Health	\$3,019,688	\$1,501,229	\$4,482,470	\$0	\$468,586	\$133,222	\$490	(\$205)	\$468,010	\$227,440	\$49,661	\$268	\$35,453	\$10,386,312	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Subtotal of Acute Care</b>	<b>\$75,155,191</b>	<b>\$61,049,927</b>	<b>\$443,766,632</b>	<b>\$398,462</b>	<b>\$301,104,198</b>	<b>\$82,998,921</b>	<b>\$2,393,150</b>	<b>\$10,272,492</b>	<b>\$509,353,569</b>	<b>\$49,175,549</b>	<b>\$63,317,628</b>	<b>\$41,938,165</b>	<b>\$5,279,710</b>	<b>\$1,646,203,594</b>	
<b>Community Based Long-Term Care</b>															
HCBS - Elderly, Blind, and Disabled	\$112,080,401	\$18,862,257	\$93,931,903	\$0	\$2,834	\$17,029	\$0	\$0	\$0	\$69,862	\$0	\$0	\$221,425	\$225,185,711	
HCBS - Community Mental Health Services	\$3,683,462	\$3,266,023	\$18,943,039	\$0	\$507	\$3,220	\$0	\$0	\$0	\$10,762	\$0	\$0	\$27,242	\$25,934,255	
HCBS - Children's HCBS	\$0	\$0	\$3,129,357	\$0	\$0	\$0	\$0	\$0	\$716	\$0	\$0	\$0	\$0	\$3,130,073	
HCBS - Persons Living with AIDS	\$27,143	(\$1,798)	\$482,666	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,025	\$516,036	
HCBS - Consumer Directed Attendant Support	\$1,722,964	\$289,961	\$1,443,974	\$0	\$44	\$262	\$0	\$0	\$0	\$1,074	\$0	\$0	\$3,404	\$3,461,683	
HCBS - Brain Injury	\$165,215	\$851,608	\$11,535,816	\$0	\$5,163	\$0	\$0	\$0	\$0	\$29,164	\$0	\$0	\$165	\$12,587,131	
HCBS - Children with Autism	\$0	\$0	\$1,015,699	\$0	\$0	\$0	\$0	\$0	\$6,688	\$0	\$0	\$0	\$0	\$1,022,387	
HCBS - Children with Life Limiting Illness	\$0	\$0	\$170,418	\$0	\$0	\$0	\$0	\$0	\$0	\$492	\$0	\$0	\$0	\$170,910	
HCBS - Spinal Cord Injury	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Private Duty Nursing	\$1,832,636	\$135,105	\$20,720,340	\$0	\$0	\$0	\$0	\$0	\$601,939	\$7,854,133	\$0	\$0	\$0	\$31,144,153	
Long Term Home Health	\$19,241,801	\$5,960,470	\$112,026,204	\$0	\$70,804	\$21,256	\$0	\$205	\$3,621,831	\$10,150,245	\$374	\$0	\$128,231	\$151,221,421	
Hospice	\$32,103,872	\$2,846,601	\$6,969,248	\$15,185	\$114,106	\$67,245	\$4,370	\$0	\$116,333	\$1,215	\$1,787	\$0	\$86,846	\$42,326,808	
<b>Subtotal Community Based Long-Term Care</b>	<b>\$170,857,494</b>	<b>\$32,210,227</b>	<b>\$270,368,664</b>	<b>\$15,185</b>	<b>\$193,458</b>	<b>\$109,012</b>	<b>\$4,370</b>	<b>\$205</b>	<b>\$4,347,507</b>	<b>\$18,116,947</b>	<b>\$2,161</b>	<b>\$0</b>	<b>\$475,338</b>	<b>\$496,700,568</b>	
<b>Long-Term Care</b>															
Class I Nursing Facilities	\$411,201,009	\$33,559,826	\$76,088,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$395,618	\$521,244,769	
Class II Nursing Facilities	\$0	\$583,751	\$1,915,323	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,499,074	
Program of All-Inclusive Care for the Elderly	\$73,671,387	\$8,052,921	\$3,756,277	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,480,585	
<b>Subtotal Long-Term Care</b>	<b>\$484,872,396</b>	<b>\$42,196,498</b>	<b>\$81,759,916</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$395,618</b>	<b>\$609,224,428</b>	
<b>Insurance</b>															
Supplemental Medicare Insurance Benefit	\$63,201,668	\$3,688,256	\$33,153,682	\$46,299	\$207,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,301,648	\$118,598,927	
Health Insurance Buy-In Program	\$2,162	\$6,655	\$1,122,186	\$0	\$9,727	\$0	\$0	\$0	\$12,996	\$2,223	\$3,358	\$0	\$0	\$1,159,307	
<b>Subtotal Insurance</b>	<b>\$63,203,830</b>	<b>\$3,694,911</b>	<b>\$34,275,868</b>	<b>\$46,299</b>	<b>\$217,101</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,996</b>	<b>\$2,223</b>	<b>\$3,358</b>	<b>\$0</b>	<b>\$18,301,648</b>	<b>\$119,758,234</b>	
<b>Service Management</b>															
Single Entry Points	\$11,748,349	\$2,505,790	\$10,910,528	\$0	\$5,343	\$1,263	\$0	\$0	\$1,749	\$8,355	\$0	\$0	\$45,369	\$25,226,746	
Disease Management	\$51,573	\$36,611	\$303,654	\$218	\$164,545	\$45,358	\$1,307	\$5,612	\$280,261	\$32,412	\$34,593	\$22,913	\$2,955	\$982,012	
Prepaid Inpatient Health Plan Administration	\$514,348	\$183,069	\$1,118,391	\$1,094	\$1,332,529	\$526,053	\$0	\$0	\$4,776,807	\$325,880	\$113,177	\$0	\$0	\$8,891,348	
Accountable Care Collaborative	\$345,078	\$256,950	\$2,052,795	\$377	\$5,690,110	\$2,269,608	\$79,568	\$0	\$6,360,605	\$576,072	\$275,408	\$107	\$1,155	\$17,907,833	
<b>Subtotal Service Management</b>	<b>\$12,659,348</b>	<b>\$2,982,420</b>	<b>\$14,385,368</b>	<b>\$1,697</b>	<b>\$7,192,527</b>	<b>\$2,842,282</b>	<b>\$80,875</b>	<b>\$5,612</b>	<b>\$11,419,422</b>	<b>\$942,719</b>	<b>\$423,178</b>	<b>\$23,020</b>	<b>\$49,479</b>	<b>\$53,007,939</b>	
<b>Total Services</b>	<b>\$806,748,259</b>	<b>\$142,133,983</b>	<b>\$844,556,448</b>	<b>\$461,635</b>	<b>\$308,707,284</b>	<b>\$85,950,215</b>	<b>\$2,478,395</b>	<b>\$10,278,309</b>	<b>\$525,133,494</b>	<b>\$68,237,438</b>	<b>\$63,746,325</b>	<b>\$41,961,185</b>	<b>\$24,501,793</b>	<b>\$2,924,894,763</b>	
<b>Financing and Supplemental Payments</b>															
Upper Payment Limit Financing	\$3,006,644	\$328,259	\$1,725,903	\$520	\$457,096	\$139,126	\$4,034	\$0	\$547,701	\$114,617	\$38,935	\$10,444	\$3,886	\$6,377,165	
Hospital Supplemental Payments	\$17,049,970	\$22,262,870	\$172,465,286	\$258,926	\$131,847,819	\$33,793,401	\$1,509,784	\$0	\$154,850,875	\$11,052,910	\$33,244,021	\$36,231,786	(\$13,389)	\$614,554,259	
Nursing Facility Supplemental Payments	\$68,465,150	\$5,587,726	\$12,668,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,871	\$86,787,485	
Physician Supplemental Payments	\$60,715	\$123,502	\$943,247	\$1,136	\$1,112,553	\$290,538	\$4,421	\$0	\$1,879,459	\$178,573	\$289,020	\$101,452	\$66	\$4,984,682	
Outstationing Payments	\$18,395	\$39,101	\$328,574	\$459	\$399,437	\$121,637	\$3,552	\$0	\$456,997	\$35,862	\$33,998	\$9,203	\$0	\$1,447,215	
University of Colorado School of Medicine Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Accounting Adjustments	\$763,823	\$147,724	\$878,727	\$451	\$337,808	\$94,928	\$2,831	\$9,629	\$556,699	\$78,990	\$65,448	\$43,897	\$6,238	\$2,987,193	
<b>Subtotal Financing and Supplemental Payments</b>	<b>\$89,364,697</b>	<b>\$28,489,182</b>	<b>\$189,010,475</b>	<b>\$261,492</b>	<b>\$134,154,713</b>	<b>\$34,439,630</b>	<b>\$1,524,622</b>	<b>\$9,629</b>	<b>\$158,291,731</b>	<b>\$11,460,952</b>	<b>\$33,671,422</b>	<b>\$36,396,782</b>	<b>\$62,672</b>	<b>\$717,137,999</b>	
<b>Grand Total</b>	<b>\$896,112,956</b>	<b>\$170,623,165</b>	<b>\$1,033,566,923</b>	<b>\$723,127</b>	<b>\$442,861,997</b>	<b>\$120,389,845</b>	<b>\$4,003,017</b>	<b>\$10,287,938</b>	<b>\$683,425,225</b>	<b>\$79,698,390</b>	<b>\$97,417,747</b>	<b>\$78,357,967</b>	<b>\$24,564,465</b>	<b>\$3,642,032,762</b>	

Exhibit M

Cash-based Actuals												
FY 2010-11	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	COFRS TOTAL
<b>Acute Care</b>												
Physician Services & EPSDT	\$4,269,992	\$6,951,129	\$52,819,492	\$61,394,491	\$12,531,062	\$0	\$108,898,551	\$10,934,900	\$18,198,453	\$6,592,130	\$1,842	\$282,592,042
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$135,881	\$262,494	\$2,067,024	\$1,347,570	\$236,352	\$0	\$1,665,110	\$236,484	\$196,837	\$88,493	\$5	\$6,236,250
Non-emergency Medical Transportation	\$2,248,810	\$1,043,480	\$5,199,711	\$500,754	\$72,340	\$0	\$1,156,790	\$195,450	\$48,109	\$3,420	\$243	\$10,469,107
Dental Services	\$980,947	\$296,165	\$5,001,213	\$5,332,025	\$1,211,640	\$0	\$89,583,233	\$5,780,945	\$379,656	\$4,838	\$30	\$108,570,692
Family Planning	\$0	\$16	\$12,731	\$193,371	\$60,160	\$0	\$120,830	\$38,845	\$15,461	\$0	\$0	\$441,414
Health Maintenance Organizations	\$6,832,995	\$6,431,178	\$38,459,466	\$21,704,093	\$6,456,182	\$0	\$35,589,978	\$823,759	\$1,190,805	\$0	\$0	\$117,488,456
Inpatient Hospitals	\$13,928,315	\$14,401,355	\$109,555,356	\$64,961,507	\$10,000,540	\$0	\$83,895,044	\$6,584,854	\$30,244,597	\$38,292,048	(\$1,668)	\$371,861,948
Outpatient Hospitals	\$3,159,881	\$5,575,085	\$50,038,984	\$57,298,855	\$14,717,844	\$0	\$73,155,361	\$6,071,798	\$6,013,521	\$1,460,551	\$1,031	\$217,492,911
Lab & X-Ray	\$558,717	\$853,427	\$6,862,072	\$13,332,748	\$2,936,506	\$0	\$7,589,083	\$1,757,292	\$3,807,140	\$164,351	\$784	\$37,862,120
Durable Medical Equipment	\$19,960,510	\$4,911,081	\$48,169,450	\$3,505,807	\$797,869	\$0	\$8,735,551	\$4,353,214	\$180,213	\$5	\$14,245	\$90,627,945
Prescription Drugs	\$8,014,198	\$16,245,119	\$19,835,487	\$46,135,231	\$11,840,965	\$0	\$56,157,222	\$20,762,963	\$2,287,737	\$23	\$4	\$281,278,949
Drug Rebate	(\$3,615,910)	(\$7,329,604)	(\$4,068,344)	(\$20,815,666)	(\$5,342,502)	\$0	(\$25,337,470)	(\$9,368,002)	(\$1,032,200)	(\$10)	(\$2)	(\$126,909,710)
Rural Health Centers	\$53,270	\$206,418	\$1,122,812	\$1,871,661	\$557,927	\$0	\$5,357,537	\$698,495	\$285,879	\$33,931	\$75	\$10,188,005
Federally Qualified Health Centers	\$916,375	\$1,051,613	\$7,588,335	\$15,885,638	\$3,802,322	\$0	\$53,308,981	\$2,132,545	\$5,192,824	\$427,890	\$0	\$90,306,523
Co-Insurance (Title XVIII-Medicare)	\$16,505,219	\$2,494,667	\$11,474,583	\$349,523	\$446,438	\$0	\$43,461	\$31,683	\$56,279	\$44	\$4,985,517	\$36,387,414
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$10,106,643	\$0	\$0	\$0	\$0	\$0	\$10,106,643
Prepaid Inpatient Health Plan Services	\$2,221,510	\$2,361,149	\$19,107,158	\$10,370,751	\$2,076,156	\$0	\$9,365,354	\$2,583,913	\$2,763,503	\$0	\$0	\$50,849,494
Other Medical Services	\$770	\$518	\$4,450	\$2,275	\$509	\$78	\$4,077	\$555	\$525	\$361	\$40	\$14,158
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$5,093,934	\$2,031,276	\$11,832,652	\$537,458	\$126,179	\$0	\$712,181	\$1,112,785	\$48,496	\$0	\$145,260	\$21,640,221
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$81,265,414</b>	<b>\$57,786,566</b>	<b>\$435,082,632</b>	<b>\$283,908,092</b>	<b>\$62,528,489</b>	<b>\$10,106,721</b>	<b>\$510,000,874</b>	<b>\$54,732,478</b>	<b>\$69,877,835</b>	<b>\$47,068,075</b>	<b>\$5,147,406</b>	<b>\$1,617,504,582</b>
<b>Community Based Long-Term Care</b>												
HCBS - Elderly, Blind, and Disabled	\$107,968,359	\$16,811,191	\$87,178,266	\$19,464	\$11,962	\$0	\$0	\$72,439	\$0	\$0	\$134,462	\$212,196,143
HCBS - Community Mental Health Services	\$3,642,260	\$2,685,012	\$18,587,745	\$9,419	\$0	\$0	\$0	\$14,257	\$0	\$0	\$8,097	\$24,946,790
HCBS - Children's HCBS	\$0	\$0	\$1,963,855	\$0	\$0	\$0	\$572	\$0	\$0	\$0	\$0	\$1,965,004
HCBS - Persons Living with AIDS	\$29,837	\$3,598	\$532,418	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,682	\$567,535
HCBS - Consumer Directed Attendant Support	\$1,506,730	\$234,605	\$1,216,870	\$0	\$167	\$0	\$0	\$1,011	\$0	\$0	\$1,876	\$2,961,259
HCBS - Brain Injury	\$158,989	\$815,885	\$11,318,640	\$3,254	\$0	\$0	\$0	\$0	\$0	\$0	\$497	\$12,297,265
HCBS - Children with Autism	\$0	\$0	\$1,355,067	\$0	\$0	\$0	\$2,545	\$0	\$0	\$0	\$0	\$1,357,612
HCBS - Children with Life Limiting Illness	\$0	\$0	\$126,096	\$0	\$0	\$0	\$211	\$395	\$0	\$0	\$0	\$126,702
HCBS - Spinal Cord Injury	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$1,328,952	\$0	\$17,573,121	\$0	\$0	\$0	\$521,410	\$8,338,211	\$0	\$0	\$0	\$27,761,694
Long Term Home Health	\$19,383,216	\$5,467,614	\$112,041,515	\$30,506	\$32,861	\$0	\$3,507,579	\$10,439,102	\$188	\$0	\$90,966	\$150,993,547
Hospice	\$30,470,765	\$2,124,046	\$6,934,494	\$235,444	\$39,141	\$0	\$60,107	\$3,517	\$0	\$0	(\$4,548)	\$39,862,966
<b>Subtotal Community Based Long-Term Care</b>	<b>\$164,489,108</b>	<b>\$28,141,951</b>	<b>\$258,828,087</b>	<b>\$298,087</b>	<b>\$84,131</b>	<b>\$0</b>	<b>\$4,092,424</b>	<b>\$18,869,509</b>	<b>\$188</b>	<b>\$0</b>	<b>\$233,032</b>	<b>\$475,036,517</b>
<b>Long-Term Care</b>												
Class I Nursing Facilities	\$397,056,172	\$32,228,696	\$78,280,022	\$7,615	\$0	\$0	\$0	\$0	\$0	\$0	\$569,344	\$508,141,849
Class II Nursing Facilities	(\$200,939)	\$647,887	\$1,915,758	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,362,706
Program of All-Inclusive Care for the Elderly	\$73,242,923	\$7,896,872	\$3,289,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,429,683
<b>Subtotal Long-Term Care</b>	<b>\$470,098,156</b>	<b>\$40,773,455</b>	<b>\$83,485,668</b>	<b>\$7,615</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$569,344</b>	<b>\$594,934,238</b>
<b>Insurance</b>												
Supplemental Medicare Insurance Benefit	\$63,751,826	\$3,717,638	\$33,417,797	\$209,027	\$0	\$0	\$0	\$0	\$0	\$0	\$18,447,446	\$119,543,734
Health Insurance Buy-In Program	\$2,287	\$1,347	\$1,111,909	\$5,375	\$0	\$0	\$3,001	\$1,077	\$0	\$0	\$0	\$1,124,996
<b>Subtotal Insurance</b>	<b>\$63,754,113</b>	<b>\$3,718,985</b>	<b>\$34,529,706</b>	<b>\$214,402</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,001</b>	<b>\$1,077</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,447,446</b>	<b>\$120,668,730</b>
<b>Service Management</b>												
Single Entry Points	\$11,482,516	\$2,211,295	\$10,261,280	\$6,052	\$0	\$0	\$4,841	\$9,683	\$0	\$38,731	\$7,262	\$24,021,660
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Administration	\$411,355	\$211,517	\$1,451,792	\$793,726	\$238,521	\$0	\$3,063,511	\$216,554	\$88,268	\$0	\$0	\$6,475,244
Accountable Care Collaborative	\$11,931	\$16,697	\$100,967	\$246,920	\$73,004	\$0	\$407,791	\$14,196	\$15,905	\$0	\$0	\$887,411
<b>Subtotal Service Management</b>	<b>\$11,905,802</b>	<b>\$2,439,509</b>	<b>\$11,814,039</b>	<b>\$1,046,698</b>	<b>\$311,525</b>	<b>\$0</b>	<b>\$3,476,143</b>	<b>\$240,433</b>	<b>\$104,173</b>	<b>\$38,731</b>	<b>\$7,262</b>	<b>\$31,384,315</b>
<b>Total Services</b>	<b>\$791,512,593</b>	<b>\$132,860,466</b>	<b>\$823,740,132</b>	<b>\$285,474,894</b>	<b>\$62,924,145</b>	<b>\$10,106,721</b>	<b>\$517,572,442</b>	<b>\$73,843,497</b>	<b>\$69,982,196</b>	<b>\$47,106,806</b>	<b>\$24,404,490</b>	<b>\$2,839,528,382</b>
<b>Financing and Supplemental Payments</b>												
Upper Payment Limit Financing	\$7,676,809	\$823,929	\$4,599,470	\$1,105,520	\$284,166	\$0	\$1,474,141	\$323,850	\$115,813	\$27,916	\$14,559	\$16,446,173
Hospital Supplemental Payments	\$13,043,327	\$15,343,201	\$122,857,357	\$95,078,024	\$19,381,431	\$0	\$122,110,435	\$9,849,776	\$27,640,610	\$30,044,551	(\$428)	\$455,348,284
Nursing Facility Supplemental Payments	\$59,632,155	\$4,840,289	\$11,756,539	\$1,144	\$0	\$0	\$0	\$0	\$0	\$0	\$85,507	\$76,315,634
Physician Supplemental Payments	\$41,037	\$66,804	\$507,620	\$590,030	\$120,429	\$0	\$1,046,566	\$105,089	\$174,896	\$63,353	\$18	\$2,715,842
Outstationing Payments	\$76,764	\$135,437	\$1,215,606	\$1,391,971	\$357,543	\$0	\$1,777,176	\$147,503	\$146,088	\$35,481	\$25	\$5,283,594
University of Colorado School of Medicine Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	(\$2,642)	(\$483)	(\$3,002)	(\$1,102)	(\$247)	(\$38)	(\$1,975)	(\$299)	(\$254)	(\$175)	(\$22)	(\$10,239)
<b>Subtotal Financing and Supplemental Payments</b>	<b>\$80,467,450</b>	<b>\$21,209,177</b>	<b>\$140,933,590</b>	<b>\$98,165,587</b>	<b>\$20,143,322</b>	<b>(\$38)</b>	<b>\$126,406,343</b>	<b>\$10,425,919</b>	<b>\$28,077,153</b>	<b>\$30,171,126</b>	<b>\$99,659</b>	<b>\$556,099,288</b>
<b>Grand Total</b>	<b>\$871,980,043</b>	<b>\$154,069,643</b>	<b>\$964,673,722</b>	<b>\$383,640,481</b>	<b>\$83,067,467</b>	<b>\$10,106,683</b>	<b>\$643,978,785</b>	<b>\$84,269,416</b>	<b>\$98,059,349</b>	<b>\$77,277,932</b>	<b>\$24,504,149</b>	<b>\$3,395,627,670</b>

Exhibit M

Cash-based Actuals												
FY 2010-11 Adjusted Totals for June 2010 Payment Delay	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	COFRS TOTAL
<b>Acute Care</b>												
Physician Services & EPSDT	\$4,130,718	\$6,703,561	\$51,097,852	\$59,291,660	\$12,375,689	\$0	\$105,296,010	\$10,585,051	\$17,581,872	\$6,320,750	\$1,842	\$273,385,004
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$132,219	\$249,128	\$1,981,657	\$1,308,793	\$234,529	\$0	\$1,614,807	\$227,759	\$191,791	\$83,441	\$5	\$6,024,129
Non-emergency Medical Transportation	\$2,229,276	\$1,030,710	\$5,146,701	\$497,276	\$72,195	\$0	\$1,144,272	\$191,775	\$47,503	\$3,420	\$243	\$10,363,372
Dental Services	\$955,956	\$287,848	\$4,837,630	\$5,162,280	\$1,188,067	\$0	\$86,467,469	\$5,552,511	\$362,348	\$4,838	\$30	\$104,818,977
Family Planning	\$0	\$16	\$12,280	\$185,275	\$59,388	\$0	\$117,776	\$38,636	\$15,103	\$0	\$0	\$428,473
Health Maintenance Organizations	\$6,832,995	\$6,431,178	\$38,459,477	\$21,704,066	\$6,456,182	\$0	\$35,589,961	\$823,759	\$1,190,805	\$0	\$0	\$117,488,424
Inpatient Hospitals	\$13,226,398	\$13,708,601	\$104,724,510	\$62,699,943	\$9,835,760	\$0	\$80,955,351	\$6,191,811	\$29,151,219	\$36,914,043	\$3,263	\$357,410,899
Outpatient Hospitals	\$3,056,720	\$5,426,119	\$48,146,249	\$55,076,726	\$14,489,888	\$0	\$70,566,037	\$5,827,169	\$5,797,920	\$1,403,889	\$510	\$209,791,226
Lab & X-Ray	\$536,134	\$822,885	\$6,615,373	\$12,854,214	\$2,895,486	\$0	\$7,328,814	\$1,689,199	\$3,680,612	\$157,642	\$784	\$36,581,144
Durable Medical Equipment	\$19,273,723	\$4,734,880	\$46,704,499	\$3,394,827	\$780,295	\$0	\$8,456,548	\$4,218,566	\$167,275	\$5	\$14,696	\$87,745,314
Prescription Drugs	\$7,696,196	\$15,713,437	\$116,023,969	\$44,475,389	\$11,693,984	\$0	\$54,593,080	\$20,062,946	\$2,210,846	\$23	\$4	\$272,469,874
Drug Rebate	(\$3,615,910)	(\$7,329,604)	(\$54,068,344)	(\$20,815,666)	(\$5,342,502)	\$0	(\$25,337,470)	(\$9,368,002)	(\$1,032,200)	(\$10)	(\$2)	(\$126,909,710)
Rural Health Centers	\$51,237	\$201,149	\$1,081,153	\$1,802,214	\$549,705	\$0	\$5,208,165	\$685,199	\$277,916	\$30,833	\$75	\$9,887,646
Federally Qualified Health Centers	\$877,183	\$1,014,344	\$7,353,061	\$15,328,948	\$3,746,392	\$0	\$51,735,998	\$2,065,438	\$4,996,706	\$411,997	\$0	\$87,530,066
Co-Insurance (Title XVIII-Medicare)	\$15,904,615	\$2,389,850	\$11,036,287	\$332,809	\$438,294	\$0	\$42,211	\$30,661	\$55,401	\$44	\$4,813,375	\$35,043,547
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$9,817,118	\$0	\$0	\$0	\$0	\$0	\$9,817,118
Prepaid Inpatient Health Plan Services	\$2,221,510	\$2,361,149	\$19,107,158	\$10,370,751	\$2,076,156	\$0	\$9,365,354	\$2,583,913	\$2,763,503	\$0	\$0	\$50,849,494
Other Medical Services	\$770	\$518	\$4,450	\$2,275	\$509	\$78	\$4,077	\$555	\$525	\$361	\$40	\$14,158
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$4,988,407	\$1,957,872	\$11,490,524	\$502,329	\$150,136	(\$1,071)	\$723,296	\$1,099,085	\$48,211	\$0	\$141,405	\$21,100,194
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$78,498,148</b>	<b>\$55,703,641</b>	<b>\$419,754,485</b>	<b>\$274,174,108</b>	<b>\$61,700,153</b>	<b>\$9,816,125</b>	<b>\$493,871,755</b>	<b>\$52,506,031</b>	<b>\$67,507,355</b>	<b>\$45,331,276</b>	<b>\$4,976,271</b>	<b>\$1,563,839,348</b>
<b>Community Based Long-Term Care</b>												
HCBS - Elderly, Blind, and Disabled	\$105,868,153	\$16,511,174	\$85,914,478	\$19,422	\$11,962	\$0	\$0	\$71,172	\$0	\$0	\$129,955	\$208,526,316
HCBS - Community Mental Health Services	\$3,587,367	\$2,652,010	\$18,317,043	\$9,419	\$0	\$0	\$0	\$13,599	\$0	\$0	\$8,097	\$24,587,535
HCBS - Children's HCBS	\$0	\$0	\$1,886,052	\$0	\$0	\$0	\$572	\$0	\$0	\$0	\$0	\$1,887,201
HCBS - Persons Living with AIDS	\$29,046	\$3,471	\$516,199	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,682	\$550,398
HCBS - Consumer Directed Attendant Support	\$1,506,730	\$234,605	\$1,216,870	\$0	\$167	\$0	\$0	\$1,011	\$0	\$0	\$1,876	\$2,961,259
HCBS - Brain Injury	\$158,168	\$809,327	\$11,211,671	\$3,254	\$0	\$0	\$0	\$0	\$0	\$0	\$497	\$12,182,917
HCBS - Children with Autism	\$0	\$0	\$1,326,033	\$0	\$0	\$0	\$2,545	\$0	\$0	\$0	\$0	\$1,328,578
HCBS - Children with Life Limiting Illness	\$0	\$0	\$118,667	\$0	\$0	\$0	\$211	\$395	\$0	\$0	\$0	\$119,273
HCBS - Spinal Cord Injury	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$1,319,815	\$0	\$17,252,161	\$0	\$0	\$0	\$502,792	\$8,251,187	\$0	\$0	\$0	\$27,325,956
Long Term Home Health	\$18,890,472	\$5,333,256	\$109,459,274	\$55,655	\$7,651	\$1,071	\$3,447,255	\$10,296,687	\$188	\$0	\$90,417	\$147,581,926
Hospice	\$30,229,237	\$2,102,621	\$6,889,024	\$228,536	\$39,141	\$0	\$60,107	\$3,517	\$0	\$0	(\$4,548)	\$39,547,635
<b>Subtotal Community Based Long-Term Care</b>	<b>\$161,588,989</b>	<b>\$27,646,464</b>	<b>\$254,107,471</b>	<b>\$316,286</b>	<b>\$58,921</b>	<b>\$1,071</b>	<b>\$4,013,482</b>	<b>\$18,638,145</b>	<b>\$188</b>	<b>\$0</b>	<b>\$227,976</b>	<b>\$466,598,993</b>
<b>Long-Term Care</b>												
Class I Nursing Facilities	\$390,609,241	\$31,625,231	\$76,509,001	\$7,615	\$0	\$0	\$0	\$0	\$0	\$0	\$564,302	\$499,315,390
Class II Nursing Facilities	(\$84,406)	\$729,155	\$2,518,446	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,163,194
Program of All-Inclusive Care for the Elderly	\$73,232,308	\$7,892,082	\$3,289,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,414,278
<b>Subtotal Long-Term Care</b>	<b>\$463,757,142</b>	<b>\$40,246,468</b>	<b>\$82,317,335</b>	<b>\$7,615</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$564,302</b>	<b>\$886,892,863</b>
<b>Insurance</b>												
Supplemental Medicare Insurance Benefit	\$63,751,826	\$3,717,638	\$33,417,797	\$209,027	\$0	\$0	\$0	\$0	\$0	\$0	\$18,447,446	\$119,543,734
Health Insurance Buy-In Program	\$1,979	\$625	\$1,025,861	\$5,098	\$0	\$0	\$2,021	\$1,059	\$0	\$0	\$0	\$1,036,644
<b>Subtotal Insurance</b>	<b>\$63,753,805</b>	<b>\$3,718,263</b>	<b>\$34,443,658</b>	<b>\$214,125</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,021</b>	<b>\$1,059</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,447,446</b>	<b>\$120,580,378</b>
<b>Service Management</b>												
Single Entry Points	\$11,482,516	\$2,211,295	\$10,261,280	\$6,052	\$0	\$0	\$4,841	\$9,683	\$0	\$38,731	\$7,262	\$24,021,660
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Administration	\$411,355	\$211,517	\$1,451,792	\$793,726	\$238,521	\$0	\$3,063,511	\$216,554	\$88,268	\$0	\$0	\$6,475,244
Accountable Care Collaborative	\$11,931	\$16,697	\$100,967	\$246,920	\$73,004	\$0	\$407,791	\$14,196	\$15,905	\$0	\$0	\$887,411
<b>Subtotal Service Management</b>	<b>\$11,905,802</b>	<b>\$2,439,509</b>	<b>\$11,814,039</b>	<b>\$1,046,698</b>	<b>\$311,525</b>	<b>\$0</b>	<b>\$3,476,143</b>	<b>\$240,433</b>	<b>\$104,173</b>	<b>\$38,731</b>	<b>\$7,262</b>	<b>\$31,384,315</b>
<b>Total Services</b>	<b>\$779,503,887</b>	<b>\$129,754,346</b>	<b>\$802,436,987</b>	<b>\$275,758,832</b>	<b>\$62,070,599</b>	<b>\$9,817,196</b>	<b>\$501,363,402</b>	<b>\$71,385,669</b>	<b>\$67,611,716</b>	<b>\$45,370,007</b>	<b>\$24,223,257</b>	<b>\$2,769,295,896</b>
<b>Financing and Supplemental Payments</b>												
Upper Payment Limit Financing	\$7,676,809	\$823,929	\$4,599,470	\$1,105,520	\$284,166	\$0	\$1,474,141	\$323,850	\$115,813	\$27,916	\$14,559	\$16,446,173
Hospital Supplemental Payments	\$13,043,327	\$15,343,201	\$122,857,357	\$95,078,024	\$19,381,431	\$0	\$122,110,435	\$9,849,776	\$27,640,610	\$30,044,551	(\$428)	\$455,348,284
Nursing Facility Supplemental Payments	\$59,632,155	\$4,840,289	\$11,756,539	\$1,144	\$0	\$0	\$0	\$0	\$0	\$0	\$85,507	\$76,315,634
Physician Supplemental Payments	\$41,037	\$66,804	\$507,620	\$590,030	\$120,429	\$0	\$1,046,566	\$105,089	\$174,896	\$63,353	\$18	\$2,715,842
Outstationing Payments	\$76,764	\$135,437	\$1,215,606	\$1,391,971	\$357,543	\$0	\$1,777,176	\$147,503	\$146,088	\$35,481	\$25	\$5,283,594
University of Colorado School of Medicine Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	(\$2,642)	(\$483)	(\$3,002)	(\$1,102)	(\$247)	(\$38)	(\$1,975)	(\$299)	(\$254)	(\$175)	(\$22)	(\$10,239)
<b>Subtotal Financing and Supplemental Payments</b>	<b>\$80,467,450</b>	<b>\$21,209,177</b>	<b>\$140,933,590</b>	<b>\$98,165,587</b>	<b>\$20,143,322</b>	<b>(\$38)</b>	<b>\$126,406,343</b>	<b>\$10,425,919</b>	<b>\$28,077,153</b>	<b>\$30,171,126</b>	<b>\$99,659</b>	<b>\$556,099,288</b>
<b>Grand Total</b>	<b>\$859,971,337</b>	<b>\$150,963,523</b>	<b>\$943,370,577</b>	<b>\$373,924,419</b>	<b>\$82,213,921</b>	<b>\$9,817,158</b>	<b>\$627,769,745</b>	<b>\$81,811,588</b>	<b>\$95,688,869</b>	<b>\$75,541,133</b>	<b>\$24,322,916</b>	<b>\$3,325,395,184</b>

Exhibit M

Cash-based Actuals												
FY 2009-10	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	COFRS TOTAL
<b>Acute Care</b>												
Physician Services & EPSDT	\$4,504,959	\$5,841,290	\$45,027,403	\$57,248,711	\$379,950	\$0	\$97,071,331	\$9,752,159	\$16,382,526	\$6,720,532	\$553	\$242,929,414
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$132,013	\$206,450	\$1,629,960	\$1,215,599	\$5,733	\$0	\$1,553,739	\$202,199	\$184,865	\$87,075	\$0	\$5,217,633
Non-emergency Medical Transportation	\$2,230,609	\$868,873	\$4,556,037	\$365,170	\$463	\$0	\$964,382	\$100,146	\$44,731	\$1,244	\$0	\$9,131,655
Dental Services	\$790,484	\$236,617	\$4,188,551	\$4,364,415	\$54,703	\$0	\$73,534,295	\$5,281,907	\$353,118	\$2,724	\$43	\$88,806,857
Family Planning	\$0	\$24	\$11,970	\$149,434	\$1,828	\$0	\$110,955	\$30,688	\$17,076	\$0	\$0	\$321,975
Health Maintenance Organizations	\$6,690,235	\$6,808,868	\$45,687,859	\$21,208,184	\$149,518	\$0	\$35,072,614	\$902,745	\$1,131,694	\$0	\$0	\$117,651,717
Inpatient Hospitals	\$15,121,066	\$10,933,612	\$94,203,357	\$60,316,941	\$225,968	\$0	\$82,963,155	\$5,813,909	\$29,535,689	\$38,240,653	\$4,098	\$337,358,448
Outpatient Hospitals:	\$2,483,053	\$3,912,610	\$33,983,522	\$42,016,658	\$591,764	\$0	\$51,528,634	\$4,616,132	\$4,813,849	\$1,009,919	\$0	\$144,956,141
Lab & X-Ray	\$542,175	\$702,690	\$5,366,358	\$11,597,242	\$113,194	\$0	\$6,592,607	\$1,625,242	\$3,462,744	\$145,427	\$638	\$30,148,317
Durable Medical Equipment	\$18,160,548	\$3,979,784	\$40,816,114	\$3,035,899	\$21,565	\$0	\$8,177,251	\$3,905,570	\$172,313	\$559	\$3,359	\$78,272,962
Prescription Drugs	\$7,741,380	\$13,544,934	\$97,612,578	\$41,216,168	\$524,963	\$618	\$44,622,097	\$18,661,722	\$2,189,164	\$0	\$462	\$226,114,086
Drug Rebate	(\$3,418,708)	(\$5,981,643)	(\$43,107,160)	(\$18,201,670)	(\$231,831)	(\$273)	(\$19,705,779)	(\$8,241,293)	(\$966,767)	\$0	(\$204)	(\$99,855,328)
Rural Health Centers	\$40,614	\$147,085	\$904,243	\$1,585,161	\$22,504	\$0	\$4,562,102	\$405,207	\$300,495	\$26,268	\$142	\$7,993,821
Federally Qualified Health Centers	\$903,859	\$792,591	\$6,070,347	\$13,704,904	\$182,692	\$0	\$47,091,191	\$1,962,149	\$5,080,079	\$456,394	\$154	\$76,244,360
Co-Insurance (Title XVIII-Medicare)	\$9,563,469	\$1,441,719	\$6,576,135	\$269,357	\$4,014	\$0	\$21,034	\$17,428	\$24,075	\$32	\$2,934,912	\$20,852,175
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$8,716,269	\$0	\$0	\$0	\$0	\$0	\$8,716,269
Prepaid Inpatient Health Plan Services	\$2,375,072	\$2,021,423	\$17,073,019	\$9,355,563	\$183,288	\$0	\$8,648,317	\$2,128,848	\$2,918,289	\$0	\$0	\$44,703,819
Other Medical Services	\$3,033	\$1,762	\$15,618	\$8,354	\$0	\$271	\$14,457	\$2,022	\$2,008	\$1,457	\$158	\$49,140
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$6,129,559	\$2,135,982	\$11,903,905	\$458,258	\$1,616	\$0	\$672,411	\$796,082	\$50,128	\$0	\$115,542	\$22,263,483
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$73,993,420</b>	<b>\$47,594,671</b>	<b>\$372,519,816</b>	<b>\$249,914,348</b>	<b>\$2,231,932</b>	<b>\$8,716,885</b>	<b>\$443,494,793</b>	<b>\$47,962,862</b>	<b>\$65,696,076</b>	<b>\$46,692,284</b>	<b>\$3,059,857</b>	<b>\$1,361,876,944</b>
<b>Community Based Long-Term Care</b>												
HCBS - Elderly, Blind, and Disabled	\$101,286,004	\$14,326,522	\$70,577,472	\$13,343	\$0	\$0	\$0	\$77,881	\$0	\$0	\$144,853	\$186,426,075
HCBS - Community Mental Health Services	\$3,418,565	\$2,358,037	\$16,839,277	\$80	\$0	\$0	\$0	\$22,942	\$0	\$0	\$42,459	\$22,681,360
HCBS - Children's HCBS	\$0	\$0	\$1,762,739	\$0	\$0	\$0	\$0	\$471	\$0	\$0	\$0	\$1,763,210
HCBS - Persons Living with AIDS	\$19,745	\$28,343	\$533,292	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$581,405
HCBS - Consumer Directed Attendant Support	\$1,910,754	\$270,269	\$1,331,531	\$161	\$0	\$0	\$0	\$1,469	\$0	\$0	\$2,733	\$3,516,917
HCBS - Brain Injury	\$143,522	\$526,310	\$10,806,523	\$5,718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,482,073
HCBS - Children with Autism	\$0	\$0	\$1,565,700	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,565,700
HCBS - Children with Life Limiting Illness	\$0	\$0	\$94,296	\$0	\$0	\$0	\$0	\$485	\$0	\$0	\$0	\$94,781
HCBS - Spinal Cord Injury	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$1,026,115	\$240,541	\$14,816,120	\$0	\$0	\$0	\$586,102	\$6,561,939	\$0	\$0	\$0	\$23,230,817
Long Term Home Health	\$17,725,454	\$4,386,024	\$98,742,575	\$43,807	\$0	\$0	\$3,077,212	\$10,112,575	\$0	\$0	\$97,291	\$134,184,938
Hospice	\$33,775,858	\$3,004,027	\$6,070,145	\$196,954	\$0	\$0	\$231,678	\$34,952	\$0	\$1,279	\$6,603	\$43,321,496
<b>Subtotal Community Based Long-Term Care</b>	<b>\$159,306,017</b>	<b>\$25,140,073</b>	<b>\$223,139,670</b>	<b>\$260,063</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,894,992</b>	<b>\$16,812,714</b>	<b>\$0</b>	<b>\$1,279</b>	<b>\$293,964</b>	<b>\$428,848,772</b>
<b>Long-Term Care</b>												
Class I Nursing Facilities	\$386,581,897	\$28,352,812	\$72,076,695	\$5,285	\$0	\$0	\$0	\$0	\$0	\$0	\$57,644	\$487,074,333
Class II Nursing Facilities	\$78,087	\$345,366	\$1,592,382	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,015,835
Program of All-Inclusive Care for the Elderly	\$61,913,944	\$4,981,340	\$2,345,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,240,623
<b>Subtotal Long-Term Care</b>	<b>\$448,573,928</b>	<b>\$33,679,518</b>	<b>\$76,014,416</b>	<b>\$5,285</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$57,644</b>	<b>\$558,330,791</b>
<b>Insurance</b>												
Supplemental Medicare Insurance Benefit	\$54,965,748	\$3,205,285	\$28,812,261	\$180,219	\$0	\$0	\$0	\$0	\$0	\$0	\$15,905,077	\$103,068,590
Health Insurance Buy-In Program	\$3,244	\$7,611	\$907,336	\$2,920	\$0	\$0	\$10,334	\$192	\$0	\$0	\$0	\$931,637
<b>Subtotal Insurance</b>	<b>\$54,968,992</b>	<b>\$3,212,896</b>	<b>\$29,719,597</b>	<b>\$183,139</b>	<b>\$0</b>	<b>\$0</b>	<b>\$10,334</b>	<b>\$192</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,905,077</b>	<b>\$104,000,227</b>
<b>Service Management</b>												
Single Entry Points	\$11,622,897	\$2,068,951	\$9,956,430	\$2,637	\$0	\$0	\$1,458	\$8,329	\$0	\$41,435	\$5,414	\$23,707,551
Disease Management	\$4,570	\$2,655	\$23,534	\$12,589	\$0	\$409	\$21,785	\$3,047	\$3,027	\$0	\$0	\$71,616
Prepaid Inpatient Health Plan Administration	\$331,989	\$116,999	\$938,116	\$713,502	\$0	\$0	\$2,715,378	\$208,304	\$87,465	\$0	\$0	\$5,111,753
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal Service Management</b>	<b>\$11,959,456</b>	<b>\$2,188,605</b>	<b>\$10,918,080</b>	<b>\$728,728</b>	<b>\$0</b>	<b>\$409</b>	<b>\$2,738,621</b>	<b>\$219,680</b>	<b>\$90,492</b>	<b>\$41,435</b>	<b>\$5,414</b>	<b>\$28,890,920</b>
<b>Total Services</b>	<b>\$748,801,813</b>	<b>\$111,815,763</b>	<b>\$712,311,579</b>	<b>\$251,091,563</b>	<b>\$2,231,932</b>	<b>\$8,717,294</b>	<b>\$450,138,740</b>	<b>\$64,995,448</b>	<b>\$65,786,568</b>	<b>\$46,734,998</b>	<b>\$19,321,956</b>	<b>\$2,481,947,654</b>
<b>Financing and Supplemental Payments</b>												
Upper Payment Limit Financing	\$11,041,603	\$915,688	\$3,009,973	\$1,192,576	\$16,794	\$0	\$1,462,375	\$131,005	\$136,616	\$28,661	\$1,636	\$17,936,927
Hospital Supplemental Payments	\$11,404,873	\$9,618,163	\$83,046,197	\$66,297,084	\$529,770	\$0	\$87,130,849	\$6,757,129	\$22,253,436	\$25,428,583	\$2,655	\$312,468,739
Nursing Facility Supplemental Payments	\$37,661,309	\$2,762,168	\$7,021,804	\$515	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$55,616
Physician Supplemental Payments	\$268,976	\$348,764	\$2,688,433	\$3,418,128	\$22,686	\$0	\$5,795,803	\$582,269	\$978,146	\$401,260	\$33	\$14,504,498
Outstanding Payments	\$60,301	\$95,018	\$825,287	\$1,020,373	\$14,371	\$0	\$1,251,371	\$112,103	\$116,904	\$24,526	\$0	\$3,520,254
University of Colorado School of Medicine Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	(\$5,210)	(\$778)	(\$4,955)	(\$1,747)	(\$16)	(\$61)	(\$3,132)	(\$452)	(\$458)	(\$325)	(\$134)	(\$17,268)
<b>Subtotal Financing and Supplemental Payments</b>	<b>\$60,431,852</b>	<b>\$13,739,023</b>	<b>\$96,586,739</b>	<b>\$71,926,929</b>	<b>\$583,605</b>	<b>(\$61)</b>	<b>\$95,637,266</b>	<b>\$7,582,054</b>	<b>\$23,484,644</b>	<b>\$25,882,705</b>	<b>\$9,806</b>	<b>\$395,864,562</b>
<b>Grand Total</b>	<b>\$809,233,665</b>	<b>\$125,554,786</b>	<b>\$808,898,318</b>	<b>\$323,018,492</b>	<b>\$2,815,537</b>	<b>\$8,717,233</b>	<b>\$545,776,006</b>	<b>\$72,577,502</b>	<b>\$89,271,212</b>	<b>\$72,617,703</b>	<b>\$19,331,762</b>	<b>\$2,877,812,216</b>

Exhibit M

Cash-based Actuals													
FY 2009-10 Adjusted Totals for June 2010 Payment Delay	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	COFRS TOTAL	
<b>Acute Care</b>													
Physician Services & EPSDT	\$4,644,233	\$6,088,858	\$46,749,043	\$59,351,542	\$535,323	\$0	\$100,673,872	\$10,102,008	\$16,999,107	\$6,991,912	\$553	\$252,136,452	
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$135,675	\$219,816	\$1,715,327	\$1,254,376	\$7,556	\$0	\$1,604,042	\$210,924	\$189,911	\$92,127	\$0	\$5,429,754	
Non-emergency Medical Transportation	\$2,250,143	\$881,643	\$4,609,047	\$368,648	\$608	\$0	\$976,900	\$103,821	\$45,337	\$1,244	\$0	\$9,237,391	
Dental Services	\$815,475	\$244,934	\$4,352,134	\$4,534,160	\$78,276	\$0	\$76,650,059	\$5,510,341	\$370,426	\$2,724	\$43	\$92,558,572	
Family Planning	\$0	\$24	\$12,421	\$157,531	\$2,601	\$0	\$114,009	\$30,897	\$17,434	\$0	\$0	\$334,916	
Health Maintenance Organizations	\$6,690,235	\$6,808,868	\$45,687,848	\$21,208,211	\$149,518	\$0	\$35,072,631	\$902,745	\$1,131,694	\$0	\$0	\$117,651,749	
Inpatient Hospitals	\$15,822,983	\$11,626,366	\$99,034,203	\$62,578,505	\$390,748	\$0	\$85,902,848	\$6,206,952	\$30,629,067	\$39,618,658	(\$833)	\$351,809,497	
Outpatient Hospitals	\$2,586,214	\$4,061,576	\$35,876,257	\$44,238,787	\$819,720	\$0	\$54,117,958	\$4,860,761	\$5,029,450	\$1,066,581	\$521	\$152,657,826	
Lab & X-Ray	\$564,758	\$733,232	\$5,613,057	\$12,075,776	\$154,214	\$0	\$6,852,876	\$1,693,335	\$3,589,272	\$152,136	\$638	\$31,429,293	
Durable Medical Equipment	\$18,847,335	\$4,155,985	\$4,281,065	\$3,146,879	\$39,139	\$0	\$8,456,254	\$4,040,218	\$185,251	\$559	\$2,908	\$81,155,593	
Prescription Drugs	\$8,059,382	\$14,076,616	\$101,424,096	\$42,876,010	\$671,944	\$618	\$46,186,239	\$19,361,739	\$2,266,055	\$0	\$462	\$234,923,161	
Drug Rebate	(\$3,418,708)	(\$5,981,643)	(\$43,107,160)	(\$18,201,670)	(\$231,831)	(\$273)	(\$19,705,779)	(\$8,241,293)	(\$966,767)	\$0	(\$204)	(\$99,855,328)	
Rural Health Centers	\$42,647	\$152,354	\$945,902	\$1,654,608	\$30,726	\$0	\$4,711,474	\$418,503	\$308,458	\$29,366	\$142	\$8,294,180	
Federally Qualified Health Centers	\$943,051	\$829,860	\$6,305,621	\$14,261,594	\$238,622	\$0	\$48,664,174	\$2,029,256	\$5,276,197	\$472,287	\$154	\$79,020,817	
Co-Insurance (Title XVIII-Medicare)	\$10,164,073	\$1,546,536	\$7,014,431	\$286,071	\$12,158	\$0	\$22,284	\$18,450	\$24,953	\$32	\$3,107,054	\$22,196,042	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$9,005,794	\$0	\$0	\$0	\$0	\$0	\$9,005,794	
Prepaid Inpatient Health Plan Services	\$2,375,072	\$2,021,423	\$17,073,019	\$9,355,563	\$183,288	\$0	\$8,648,317	\$2,128,848	\$2,918,289	\$0	\$0	\$44,703,819	
Other Medical Services	\$3,033	\$1,762	\$15,618	\$8,354	\$0	\$271	\$14,457	\$2,022	\$2,008	\$1,457	\$158	\$49,140	
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$6,235,086	\$2,209,386	\$12,229,634	\$468,176	\$2,869	(\$167)	\$661,296	\$809,781	\$50,413	\$0	\$119,397	\$22,785,871	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$76,760,686</b>	<b>\$49,677,596</b>	<b>\$387,831,564</b>	<b>\$259,623,121</b>	<b>\$3,085,478</b>	<b>\$9,006,243</b>	<b>\$459,623,912</b>	<b>\$50,189,308</b>	<b>\$68,066,556</b>	<b>\$48,429,083</b>	<b>\$3,230,992</b>	<b>\$1,415,524,539</b>	
<b>Community Based Long-Term Care</b>													
HCBS - Elderly, Blind, and Disabled	\$103,386,210	\$14,626,539	\$71,841,260	\$13,385	\$0	\$0	\$0	\$79,148	\$0	\$0	\$149,360	\$190,095,902	
HCBS - Community Mental Health Services	\$3,473,458	\$2,391,039	\$17,109,979	\$80	\$0	\$0	\$0	\$23,600	\$0	\$0	\$42,459	\$23,040,615	
HCBS - Children's HCBS	\$0	\$0	\$1,840,542	\$0	\$0	\$0	\$0	\$471	\$0	\$0	\$0	\$1,841,013	
HCBS - Persons Living with AIDS	\$20,536	\$28,470	\$549,511	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$598,542	
HCBS - Consumer Directed Attendant Support	\$1,910,754	\$270,269	\$1,331,531	\$161	\$0	\$0	\$0	\$1,469	\$0	\$0	\$2,733	\$3,516,917	
HCBS - Brain Injury	\$144,343	\$532,868	\$10,913,492	\$5,718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,596,421	
HCBS - Children with Autism	\$0	\$0	\$1,594,734	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,594,734	
HCBS - Children with Life Limiting Illness	\$0	\$0	\$101,725	\$0	\$0	\$0	\$0	\$485	\$0	\$0	\$0	\$102,210	
HCBS - Spinal Cord Injury	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$1,035,252	\$240,541	\$15,137,080	\$0	\$0	\$0	\$604,720	\$6,648,963	\$0	\$0	\$0	\$23,666,555	
Long Term Home Health	\$18,218,198	\$4,520,382	\$101,341,215	\$43,869	\$0	\$167	\$3,137,536	\$10,254,991	\$0	\$0	\$97,840	\$137,614,198	
Hospice	\$34,017,386	\$3,025,452	\$6,115,615	\$203,862	\$0	\$0	\$231,678	\$34,952	\$0	\$1,279	\$6,603	\$43,636,827	
<b>Subtotal Community Based Long-Term Care</b>	<b>\$162,206,136</b>	<b>\$25,635,560</b>	<b>\$227,876,685</b>	<b>\$267,075</b>	<b>\$0</b>	<b>\$167</b>	<b>\$3,973,934</b>	<b>\$17,044,079</b>	<b>\$0</b>	<b>\$1,279</b>	<b>\$299,020</b>	<b>\$437,303,935</b>	
<b>Long-Term Care</b>													
Class I Nursing Facilities	\$393,028,828	\$28,956,277	\$73,847,716	\$5,285	\$0	\$0	\$0	\$0	\$0	\$0	\$62,686	\$495,900,792	
Class II Nursing Facilities	(\$38,446)	\$264,098	\$989,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,215,347	
Program of All-Inclusive Care for the Elderly	\$61,924,559	\$4,986,130	\$2,345,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,256,028	
<b>Subtotal Long-Term Care</b>	<b>\$454,914,942</b>	<b>\$34,206,505</b>	<b>\$77,182,749</b>	<b>\$5,285</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$62,686</b>	<b>\$566,372,166</b>	
<b>Insurance</b>													
Supplemental Medicare Insurance Benefit	\$54,965,748	\$3,205,285	\$28,812,261	\$180,219	\$0	\$0	\$0	\$0	\$0	\$0	\$15,905,077	\$103,068,590	
Health Insurance Buy-In Program	\$3,552	\$8,333	\$993,384	\$3,197	\$0	\$0	\$11,314	\$210	\$0	\$0	\$0	\$1,019,989	
<b>Subtotal Insurance</b>	<b>\$54,969,300</b>	<b>\$3,213,618</b>	<b>\$29,805,645</b>	<b>\$183,416</b>	<b>\$0</b>	<b>\$0</b>	<b>\$11,314</b>	<b>\$210</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,905,077</b>	<b>\$104,088,579</b>	
<b>Service Management</b>													
Single Entry Points	\$11,622,897	\$2,068,951	\$9,956,430	\$2,637	\$0	\$0	\$1,458	\$8,329	\$0	\$41,435	\$5,414	\$23,707,551	
Disease Management	\$4,570	\$2,655	\$23,534	\$12,589	\$0	\$409	\$21,785	\$3,047	\$3,027	\$0	\$0	\$71,616	
Prepaid Inpatient Health Plan Administration	\$331,989	\$116,999	\$938,116	\$713,502	\$0	\$0	\$2,715,378	\$208,304	\$87,465	\$0	\$0	\$5,111,753	
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal Service Management</b>	<b>\$11,959,456</b>	<b>\$2,188,605</b>	<b>\$10,918,080</b>	<b>\$728,728</b>	<b>\$0</b>	<b>\$409</b>	<b>\$2,738,621</b>	<b>\$219,680</b>	<b>\$90,492</b>	<b>\$41,435</b>	<b>\$5,414</b>	<b>\$28,890,920</b>	
<b>Total Services</b>	<b>\$760,810,519</b>	<b>\$114,921,883</b>	<b>\$733,614,724</b>	<b>\$260,807,625</b>	<b>\$3,085,478</b>	<b>\$9,006,819</b>	<b>\$466,347,780</b>	<b>\$67,453,276</b>	<b>\$68,157,048</b>	<b>\$48,471,797</b>	<b>\$19,503,189</b>	<b>\$2,552,180,140</b>	
<b>Financing and Supplemental Payments</b>													
Upper Payment Limit Financing	\$11,041,603	\$915,688	\$3,009,973	\$1,192,576	\$16,794	\$0	\$1,462,375	\$131,005	\$136,616	\$28,661	\$1,636	\$17,936,927	
Hospital Supplemental Payments	\$11,404,873	\$9,618,163	\$83,046,197	\$66,297,084	\$529,770	\$0	\$87,130,849	\$6,757,129	\$22,253,436	\$25,428,583	\$2,655	\$312,468,739	
Nursing Facility Supplemental Payments	\$37,661,309	\$2,762,168	\$7,021,804	\$515	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,451,412	
Physician Supplemental Payments	\$268,976	\$348,764	\$2,688,433	\$3,418,128	\$22,686	\$0	\$5,795,803	\$582,269	\$978,146	\$401,260	\$33	\$14,504,498	
Outstationing Payments	\$60,301	\$95,018	\$825,287	\$1,020,373	\$14,371	\$0	\$1,251,371	\$112,103	\$116,904	\$24,526	\$0	\$3,520,254	
University of Colorado School of Medicine Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	(\$5,210)	(\$778)	(\$4,955)	(\$1,747)	(\$16)	(\$61)	(\$3,122)	(\$452)	(\$458)	(\$325)	(\$134)	(\$17,268)	
<b>Subtotal Financing and Supplemental Payments</b>	<b>\$60,431,852</b>	<b>\$13,739,023</b>	<b>\$96,586,739</b>	<b>\$71,926,929</b>	<b>\$583,605</b>	<b>(\$61)</b>	<b>\$95,637,266</b>	<b>\$7,582,054</b>	<b>\$23,484,644</b>	<b>\$25,882,705</b>	<b>\$9,806</b>	<b>\$395,864,562</b>	
<b>Grand Total</b>	<b>\$821,242,371</b>	<b>\$128,660,906</b>	<b>\$830,201,463</b>	<b>\$332,734,554</b>	<b>\$3,669,083</b>	<b>\$9,006,758</b>	<b>\$561,985,046</b>	<b>\$75,035,330</b>	<b>\$91,641,692</b>	<b>\$74,354,502</b>	<b>\$19,512,995</b>	<b>\$2,948,044,702</b>	

Exhibit M

Cash-based Actuals												
FY 2008-09	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	COFRS TOTAL
<b>Acute Care</b>												
Physician Services & EPSDT	\$4,994,147	\$6,222,450	\$45,788,069	\$52,318,152	\$0	\$0	\$89,495,781	\$9,896,241	\$15,568,366	\$8,628,882	\$603	\$232,912,692
Clinic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$137,865	\$236,302	\$1,633,597	\$1,114,036	\$0	\$0	\$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	\$0	\$0	\$809,400	\$131,628	\$35,042	\$791	\$0	\$8,689,018
Dental Services	\$982,210	\$236,181	\$3,967,399	\$3,888,603	\$0	\$0	\$61,485,476	\$5,488,468	\$396,626	\$11,462	\$0	\$76,456,424
Family Planning	\$0	\$120	\$9,036	\$150,297	\$0	\$0	\$101,028	\$34,059	\$23,734	\$1,150	\$0	\$319,424
Health Maintenance Organizations	\$8,589,196	\$7,896,327	\$59,131,526	\$17,895,483	\$0	\$0	\$33,428,257	\$1,052,528	\$1,081,509	\$0	\$0	\$129,074,827
Inpatient Hospitals	\$16,801,697	\$13,598,479	\$98,702,338	\$62,944,719	\$0	\$0	\$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	\$42,356,575	\$0	\$0	\$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	\$10,575,314	\$0	\$0	\$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	\$2,422,621	\$0	\$0	\$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	\$38,493,946	\$0	\$1,722	\$47,409,911	\$21,136,869	\$1,959,449	\$78,621	\$378	\$233,666,309
Drug Rebate	(\$3,188,270)	(\$4,751,863)	(\$41,015,133)	(\$15,126,019)	\$0	(\$677)	(\$18,629,507)	(\$8,305,636)	(\$769,957)	(\$30,894)	(\$148)	(\$91,818,104)
Rural Health Centers	\$50,160	\$147,174	\$965,699	\$1,418,805	\$0	\$0	\$4,193,025	\$300,376	\$348,898	\$34,346	\$0	\$7,458,484
Federally Qualified Health Centers	\$964,422	\$691,839	\$5,907,249	\$12,590,508	\$0	\$0	\$44,940,460	\$2,237,254	\$4,162,016	\$1,595,266	\$0	\$73,089,013
Co-Insurance (Title XVIII-Medicare)	\$13,247,112	\$1,936,238	\$8,768,139	\$362,516	\$0	\$0	\$31,202	\$20,241	\$41,983	\$1,112	\$3,689,845	\$28,098,389
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$7,042,030	\$0	\$0	\$0	\$0	\$0	\$7,042,030
Prepaid Inpatient Health Plan Services	\$2,208,485	\$1,744,095	\$12,109,816	\$5,020,548	\$0	\$0	\$11,378,089	\$1,586,101	\$1,942,062	\$0	\$0	\$35,989,196
Other Medical Services	\$3,147	\$1,760	\$15,560	\$7,453	\$0	\$212	\$13,048	\$2,059	\$1,783	\$1,776	\$148	\$46,946
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$6,823,115	\$2,172,916	\$11,332,626	\$494,003	\$0	(\$4,352)	\$737,049	\$594,810	\$25,103	\$0	\$69,370	\$22,244,640
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal of Acute Care</b>	<b>\$84,634,236</b>	<b>\$51,560,699</b>	<b>\$401,887,052</b>	<b>\$237,329,869</b>	<b>\$0</b>	<b>\$7,038,935</b>	<b>\$426,055,244</b>	<b>\$52,144,060</b>	<b>\$60,515,451</b>	<b>\$59,182,087</b>	<b>\$3,783,765</b>	<b>\$1,384,131,398</b>
<b>Community Based Long-Term Care</b>												
HCBS - Elderly, Blind, and Disabled	\$97,156,797	\$13,604,791	\$65,434,378	\$15,400	\$0	\$0	\$0	\$77,857	\$0	\$0	\$192,447	\$176,481,671
HCBS - Community Mental Health Services	\$3,588,896	\$2,137,938	\$17,180,010	\$1,005	\$0	\$0	\$0	\$6,584	\$0	\$0	\$44,433	\$22,958,866
HCBS - Children's HCBS	\$0	\$0	\$1,747,600	\$0	\$0	\$0	\$50	\$33	\$0	\$0	\$0	\$1,747,683
HCBS - Persons Living with AIDS	\$12,764	\$32,458	\$546,457	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,066	\$592,744
HCBS - Consumer Directed Attendant Support	\$2,271,433	\$318,067	\$1,529,803	\$351	\$0	\$0	\$0	\$1,820	\$0	\$0	\$4,499	\$4,125,973
HCBS - Brain Injury	\$159,346	\$507,164	\$11,361,726	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,028,236
HCBS - Children with Autism	\$0	\$0	\$1,293,932	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,293,932
HCBS - Children with Life Limiting Illness	\$0	\$0	\$26,940	\$0	\$0	\$0	\$0	\$2,372	\$0	\$0	\$0	\$29,312
HCBS - Spinal Cord Injury	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CCT - Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$725,106	\$186,844	\$14,728,104	\$0	\$0	\$0	\$250,793	\$5,460,562	\$0	\$0	\$0	\$21,351,408
Long Term Home Health	\$17,604,990	\$4,444,247	\$90,735,722	\$29,485	\$0	\$4,352	\$2,591,906	\$9,570,085	\$0	\$0	\$102,711	\$125,083,498
Hospice	\$31,767,623	\$2,005,681	\$5,941,975	\$45,064	\$0	\$0	\$77,422	\$3,390	\$2,017	\$0	\$59,700	\$39,902,873
<b>Subtotal Community Based Long-Term Care</b>	<b>\$153,286,954</b>	<b>\$23,237,190</b>	<b>\$210,526,647</b>	<b>\$91,305</b>	<b>\$0</b>	<b>\$4,352</b>	<b>\$2,920,171</b>	<b>\$15,122,703</b>	<b>\$2,017</b>	<b>\$0</b>	<b>\$404,856</b>	<b>\$405,596,195</b>
<b>Long-Term Care</b>												
Class I Nursing Facilities	\$423,682,370	\$29,953,087	\$77,004,135	\$22,194	\$0	\$0	\$0	\$0	\$0	\$0	\$256,886	\$530,918,672
Class II Nursing Facilities	\$0	\$335,754	\$1,935,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,271,714
Program of All-Inclusive Care for the Elderly	\$54,470,714	\$4,395,937	\$2,183,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,049,836
<b>Subtotal Long-Term Care</b>	<b>\$478,153,084</b>	<b>\$34,684,778</b>	<b>\$81,123,279</b>	<b>\$22,194</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$256,886</b>	<b>\$594,240,222</b>
<b>Insurance</b>												
Supplemental Medicare Insurance Benefit	\$49,992,538	\$2,915,276	\$26,205,375	\$163,913	\$0	\$0	\$0	\$0	\$0	\$0	\$14,466,011	\$93,743,114
Health Insurance Buy-In Program (\$177)	\$3,200	\$917,027	\$5,034	\$0	\$0	\$0	\$16,561	\$0	\$500	\$0	\$0	\$942,145
<b>Subtotal Insurance</b>	<b>\$49,992,361</b>	<b>\$2,918,475</b>	<b>\$27,122,403</b>	<b>\$168,948</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,561</b>	<b>\$0</b>	<b>\$500</b>	<b>\$0</b>	<b>\$14,466,011</b>	<b>\$94,685,260</b>
<b>Service Management</b>												
Single Entry Points	\$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
Disease Management	\$201,459	\$112,661	\$996,159	\$477,141	\$0	\$13,568	\$835,312	\$131,805	\$114,165	\$0	\$0	\$2,882,271
Prepaid Inpatient Health Plan Administration	\$352,841	\$75,159	\$520,646	\$626,486	\$0	\$0	\$2,101,664	\$184,279	\$74,059	\$0	\$0	\$3,935,134
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subtotal Service Management</b>	<b>\$11,910,387</b>	<b>\$2,114,989</b>	<b>\$11,225,291</b>	<b>\$1,106,856</b>	<b>\$0</b>	<b>\$13,568</b>	<b>\$2,938,483</b>	<b>\$323,187</b>	<b>\$188,224</b>	<b>\$56,818</b>	<b>\$6,779</b>	<b>\$29,884,581</b>
<b>Total Services</b>	<b>\$777,977,023</b>	<b>\$114,516,131</b>	<b>\$731,884,672</b>	<b>\$238,719,172</b>	<b>\$0</b>	<b>\$7,056,855</b>	<b>\$431,930,459</b>	<b>\$67,589,950</b>	<b>\$60,706,191</b>	<b>\$59,238,905</b>	<b>\$18,918,298</b>	<b>\$2,508,537,655</b>
<b>Financing and Supplemental Payments</b>												
Upper Payment Limit Financing	\$11,596,400	\$918,068	\$3,187,728	\$959,312	\$0	\$0	\$1,418,150	\$148,694	\$140,234	\$43,831	\$7,015	\$18,419,432
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$10,655	\$1,568	\$10,023	\$3,269	\$0	\$97	\$5,915	\$926	\$831	\$811	\$259	\$34,355
<b>Subtotal Financing and Supplemental Payments</b>	<b>\$11,607,055</b>	<b>\$919,637</b>	<b>\$3,197,752</b>	<b>\$962,581</b>	<b>\$0</b>	<b>\$97</b>	<b>\$1,424,066</b>	<b>\$149,619</b>	<b>\$141,065</b>	<b>\$44,642</b>	<b>\$7,274</b>	<b>\$18,453,787</b>
<b>Grand Total</b>	<b>\$789,584,078</b>	<b>\$115,435,768</b>	<b>\$735,082,424</b>	<b>\$239,681,753</b>	<b>\$0</b>	<b>\$7,056,952</b>	<b>\$433,354,524</b>	<b>\$67,739,569</b>	<b>\$60,847,257</b>	<b>\$59,283,547</b>	<b>\$18,925,572</b>	<b>\$2,526,991,443</b>

Exhibit N - Expenditure History by Service Category

ACUTE CARE	FY 2020-21	Percent Change From Prior	FY 2019-20	Percent Change From Prior	FY 2018-19	Percent Change From Prior	FY 2017-18	Percent Change From Prior	FY 2016-17	Percent Change From Prior	FY 2015-16	Percent Change From Prior Year	FY 2014-15	Percent Change From Prior Year	FY 2013-14	Percent Change From Prior Year	FY 2012-13	Percent Change From Prior Year	FY 2011-12				
Physician Services & E/PSDT	\$921,185,937	10.18%	\$836,068,168	10.22%	\$758,535,680	-9.1%	\$765,507,255	13.01%	\$677,367,640	-9.33%	\$747,048,656	13.57%	\$657,799,926	46.91%	\$447,742,226	43.81%	\$311,344,143	8.47%	\$287,020,239	\$0			
Clinic Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	\$0			
Emergency Transportation	\$65,292,174	11.58%	\$58,517,916	6.72%	\$54,835,010	2.23%	\$53,639,004	13.81%	\$47,130,610	48.98%	\$31,635,356	74.36%	\$18,143,536	79.18%	\$10,125,852	39.21%	\$7,273,660	14.35%	\$6,361,058	\$0	\$0		
Non-Emergency Medical Transportation	\$460,210,189	14.37%	\$425,655,101	-2.80%	\$54,771,961	10.67%	\$45,266,813	72.91%	\$26,029,542	40.91%	\$18,472,282	35.13%	\$11,670,286	-7.23%	\$14,724,863	53.86%	\$9,576,755	-8.46%	\$10,462,166	\$0	\$0		
Dental Services	\$345,719,164	19.51%	\$289,270,417	-10.73%	\$324,041,021	-0.85%	\$326,818,855	-3.59%	\$338,971,898	2.87%	\$329,502,705	32.69%	\$248,329,591	69.16%	\$146,803,940	26.14%	\$116,386,038	12.00%	\$103,911,787	\$0	\$0		
Family Planning	\$0	-100.00%	\$11,179	-116.31%	(\$68,526)	-1239.83%	\$6,012	-99.87%	\$4,504,549	73.60%	\$2,594,764	83.28%	\$1,415,719	47.69%	\$958,576	37.09%	\$699,220	20.77%	\$578,957	\$0	\$0		
Health Maintenance Organizations	\$501,235,894	19.28%	\$420,205,142	-4.96%	\$400,359,785	-7.12%	\$431,069,113	5.54%	\$408,450,059	6.12%	\$384,880,337	30.87%	\$294,094,972	116.42%	\$135,890,722	7.46%	\$126,531,583	4.82%	\$120,715,911	\$0	\$0		
Inpatient Hospitals	\$913,741,249	12.07%	\$815,336,195	2.29%	\$797,071,196	0.53%	\$792,880,332	9.26%	\$725,671,567	3.80%	\$699,094,320	4.39%	\$669,696,478	40.01%	\$478,311,291	17.58%	\$406,784,919	12.22%	\$362,502,617	\$0	\$0		
Outpatient Hospitals	\$531,870,252	7.60%	\$494,312,697	9.89%	\$449,822,722	-0.74%	\$453,188,122	-15.30%	\$535,045,613	-8.09%	\$582,139,243	9.30%	\$532,321,364	34.03%	\$397,169,554	41.27%	\$281,148,005	20.93%	\$232,479,846	\$0	\$0		
Lab & X-Ray	\$121,631,522	-16.37%	\$146,100,116	10.25%	\$132,117,739	-23.49%	\$107,311,387	-5.13%	\$113,119,719	-2.26%	\$115,723,845	22.51%	\$94,468,606	46.04%	\$64,084,775	41.69%	\$45,653,385	14.20%	\$39,978,003	\$0	\$0		
Durable Medical Equipment	\$171,525,546	-4.68%	\$163,849,635	8.90%	\$150,457,643	-13.99%	\$174,924,514	0.65%	\$173,792,731	4.01%	\$167,085,542	11.48%	\$149,875,322	25.25%	\$119,661,675	16.03%	\$103,126,254	10.05%	\$93,706,452	\$0	\$0		
Prescription Drugs	\$1,181,641,425	11.16%	\$1,063,054,914	9.03%	\$975,015,037	-1.60%	\$990,848,747	2.67%	\$965,104,927	15.66%	\$834,402,471	24.69%	\$669,175,357	47.66%	\$453,191,438	35.60%	\$334,204,114	4.85%	\$318,741,461	\$0	\$0		
Physician Administered Drugs	\$129,284,374	0.00%	\$129,284,374	-6.29%	\$137,956,678	0.00%	\$103,693,806	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	\$0	\$0		
Drug Rebate	(\$860,434,894)	27.71%	(\$673,743,553)	-10.16%	(\$749,976,088)	34.80%	(\$556,362,811)	-24.23%	(\$734,278,868)	79.58%	(\$408,879,686)	27.28%	(\$321,241,375)	64.51%	(\$195,271,698)	9.08%	(\$179,022,880)	19.52%	(\$149,787,193)	\$0	\$0		
Rural Health Centers	\$30,882,228	-14.69%	\$36,198,621	5.63%	\$34,269,949	35.54%	\$25,663,355	48.83%	\$17,242,332	-16.80%	\$20,725,156	-3.69%	\$21,519,068	45.15%	\$14,825,896	20.09%	\$12,345,597	16.82%	\$10,567,916	\$0	\$0		
Federally Qualified Health Centers	\$144,686,718	18.86%	\$121,727,519	-24.21%	\$160,603,137	-6.96%	\$172,408,845	33.52%	\$129,276,156	-11.34%	\$145,816,160	-2.33%	\$149,297,728	16.54%	\$128,107,489	28.38%	\$99,391,204	5.28%	\$94,790,483	\$0	\$0		
Co-Insurance (Title XVIII-Medicare)	\$133,446,601	10.05%	\$121,261,316	7.15%	\$113,165,862	21.68%	\$93,050,514	58.76%	\$58,577,663	-22.94%	\$76,012,667	39.19%	\$54,609,798	-0.54%	\$54,904,379	34.44%	\$40,839,212	10.27%	\$37,036,552	\$0	\$0		
Breast and Cervical Cancer Treatment Program	(\$98)	-99.67%	(\$29,984)	100.00%	\$0	-100.00%	(\$22,523)	-101.06%	\$2,135,021	-17.60%	\$2,591,199	-12.03%	\$2,945,501	-66.83%	\$8,879,647	-7.11%	\$9,559,144	-6.95%	\$10,272,613	\$0	\$0		
Prepaid Inpatient Health Plan Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$45,078,921	0.00%	\$58,932,563	0.00%	\$57,655,487	0.00%	\$56,463,119	\$0	\$0		
Other Medical Services	(\$2,839)	-100.76%	\$373,002	30599.75%	\$1,215	-91.81%	\$14,835	1133.17%	\$1,203	-68.95%	\$3,875	-79.83%	\$19,210	-8.48%	\$20,991	35.15%	\$15,532	1.55%	\$15,295	\$0	\$0		
Preventive Services	\$21,850,883	-151.54%	(\$42,393,005)	-154.68%	\$77,522,796	2.44%	\$75,675,246	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	\$0	\$0		
Acute Home Health	\$29,179,274	-1.68%	\$29,677,958	-3.54%	\$30,766,913	-8.43%	\$33,660,668	15.42%	\$29,111,112	3.25%	\$28,195,914	-6.84%	\$30,266,377	32.63%	\$22,819,991	21.37%	\$18,725,376	80.39%	\$10,386,312	\$0	\$0		
Presumptive Eligibility	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$3,075,000	100.00%	\$0	\$0			
Subtotal of Acute Care	\$4,442,954,599	9.39%	\$4,061,737,928	4.12%	\$3,901,693,790	-4.60%	\$4,089,331,689	16.26%	\$4,089,331,689	16.26%	\$3,517,254,474	-7.01%	\$3,328,465,393	13.54%	\$3,331,266,835	41.02%	\$2,362,494,250	30.83%	\$1,805,711,771	9.69%	\$1,446,203,594	\$0	\$0
<b>COMMUNITY BASED LONG-TERM CARE</b>																							
HCBS - Elderly, Blind, and Disabled	\$570,076,575	8.69%	\$524,508,159	14.01%	\$460,036,072	9.92%	\$418,506,526	14.85%	\$364,380,354	13.40%	\$321,321,224	8.15%	\$297,154,820	6.31%	\$279,523,188	15.27%	\$242,494,560	7.69%	\$225,185,974	\$0	\$0		
HCBS - Community Mental Health Services	\$51,795,158	3.50%	\$50,043,198	10.49%	\$45,292,226	9.57%	\$41,334,782	8.22%	\$38,195,913	6.93%	\$35,721,561	5.10%	\$33,989,393	6.49%	\$31,919,229	12.75%	\$28,309,412	9.16%	\$25,934,255	\$0	\$0		
HCBS - Children's HCBS	\$17,659,568	36.97%	\$52,318,816	38.44%	\$37,791,586	49.05%	\$25,534,895	50.07%	\$16,895,299	34.53%	\$12,558,473	15.09%	\$10,912,003	34.69%	\$8,101,781	51.42%	\$5,250,385	70.93%	\$1,310,723	\$0	\$0		
HCBS - Persons Living with AIDS	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	(\$5,377)	-102.64%	\$0	0.00%	\$0	0.00%	\$0	\$0			
HCBS - Consumer Directed Attendant Support	(\$57,721)	372.31%	(\$12,221)	-100.78%	\$1,573,249	44.52%	\$1,088,619	-188.91%	(\$1,224,402)	-158.81%	\$2,081,957	-19.07%	\$2,572,697	10.36%	\$2,331,237	-12.42%	\$2,661,997	-23.10%	\$3,461,683	\$0	\$0		
HCBS - Brain Injury	\$31,990,425	14.05%	\$28,048,466	7.14%	\$26,179,750	18.16%	\$22,155,440	7.20%	\$20,667,950	7.87%	\$19,160,548	15.08%	\$16,649,238	17.38%	\$14,184,077	13.68%	\$12,849,682	2.09%	\$12,857,131	\$0	\$0		
HCBS - Children with Autism	(\$87)	-100.25%	\$34,785	23.92%	\$28,071	-94.98%	\$559,525	-1.27%	\$566,699	1.46%	\$558,548	-21.34%	\$710,058	-7.10%	\$764,302	-13.68%	\$885,424	-13.40%	\$1,022,387	\$0	\$0		
HCBS - Children with Life Limiting Illness	\$592,036	-14.40%	\$691,671	3.13%	\$670,649	-11.85%	\$717,215	6.07%	\$717,215	11.54%	\$642,990	35.75%	\$473,674	113.72%	\$221,632	7.00%	\$207,131	21.19%	\$170,910	\$0	\$0		
HCBS - Spinal Cord Injury	\$9,365,269	10.95%	\$8,441,254	23.87%	\$6,814,633	20.43%	\$5,658,425	108.17%	\$2,718,188	37.67%	\$1,974,424	12.24%	\$1,759,072	-0.82%	\$1,773,572	60.38%	\$252,509	100.00%	\$0	\$0	\$0		
CCT - Services	\$3,772,851	-28.71%	\$5,292,517	0.74%	\$5,353,662	61.07%	\$3,261,916	16.94%	\$2,789,457	26.31%	\$2,008,394	-8.37%	\$2,410,066	100.00%	\$0	0.00%	\$0	0.00%	\$0	\$0	\$0		
Private Duty Nursing	\$109,199,132	6.78%	\$102,263,351	6.58%	\$95,953,404	5.94%	\$90,576,446	4.02%	\$87,079,492	19.93%	\$72,609,335	18.07%	\$61,498,982	15.70%	\$53,154,903	44.26%	\$36,846,961	18.31%	\$31,144,153	\$0	\$0		
Long Term Home Health	\$445,646,719	9.49%	\$407,015,698	14.04%	\$356,906,370	12.47%	\$317,329,479	15.97%	\$273,639,403	14.28%	\$239,436,289	12.63%	\$212,577,453	13.97%	\$186,515,195	17.58%	\$158,630,532	4.90%	\$151,221,421	\$0	\$0		
Hospice	\$60,724,333	-13.35%	\$70,076,226	7.15%	\$65,403,062	7.15%	\$53,951,360	5.03%	\$47,622,514	3.16%	\$41,366,916	7.86%	\$45,017,354	3.73%	\$45,017,354	2.53%	\$42,326,808	1.00%	\$42,326,808	\$0	\$0		
Subtotal of Community Based Long-Term Care	\$1,354,764,258	8.49%	\$1,248,721,900	13.32%	\$1,101,902,934	11.57%	\$987,639,444	14.79%	\$860,376,928	13.26%	\$759,640,659	10.36%	\$688,326,705	10.37%	\$623,642,103	17.15%	\$532,366,601	7.18%	\$496,700,568	\$0	\$0		
<b>LONG-TERM CARE AND INSURANCE</b>																							
Class I Nursing Facilities	\$657,480,459	-8.67%	\$719,906,372	2.13%	\$704,897,534	2.21%	\$689,625,422	6.22%	\$649,262,622	4.27%	\$619,673,488	-6.96%	\$579,329,903	3.02%	\$562,325,931	5.62%	\$532,405,250	2.14%	\$521,244,769	\$0	\$0		
Class II Nursing Facilities	\$2,863,372	-55.66%	\$6,457,331	22.11%	\$5,287,017	-4.31%	\$5,526,065	42.57%	\$3,875,951	-4.12%	\$4,042,566	-5.50%	\$4,277,851	22.76%	\$3,484,766	-31.77%	\$5,107,562	104.38%	\$2,499,074	\$0	\$0		
Program of All-Inclusive-Care for the Elderly	\$322,588,736	-1.08%	\$235,134,507	17.71%	\$199,756,999	24.85%	\$132,901,760	54.66%	\$152,711,212	18.37%	\$129,011,469	-9.53%	\$132,904,767	32.28%	\$100,474,817	3.21%	\$97,346,358	13.88%	\$85,480,585	\$0	\$0		
Supplemental Medicare Insurance Benefit	\$228,148,545	11.98%	\$203,740,769	2.88%	\$198,031,363	0.29%	\$197,463,212	5.74%	\$186,740,969	19.98%	\$156,430,863	13.96%	\$127,217,082	6.27%	\$129,168,681	7.77%	\$119,859,864	1.06%	\$118,598,927	\$0	\$0		
Health Insurance Buy-In Program	\$2,496,082	-1.20%	\$2,526,519	-1																			



**Exhibit O - Appropriations and Expenditures**

**Final FY 2020-21 Funding Splits**

	<b>Total Funds</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2020-21 Long Bill Appropriation (HB-1360)</b>	\$9,043,278,907	\$1,799,473,917	\$635,104,923	\$1,208,691,357	\$43,625,726	\$5,356,382,984
HB 20-1361 Reduce the Adult Dental Benefit	(\$5,565,000)	(\$331,462)	\$0	(\$1,139,402)	\$0	(\$4,094,136)
HB 20-1362 Nursing Home Provider Rates	(\$7,011,151)	(\$3,288,230)	\$0	\$0	\$0	(\$3,722,921)
HB 20-1385 Use of Increased Medicaid Match	(\$4,310,802)	(\$24,733,945)	\$0	\$24,733,945	(\$2,021,766)	(\$2,289,036)
HB 20-1386 Use CHASE Fees for Medical Assistance Programs General Fund Offset	\$0	(\$161,000,000)	\$0	\$161,000,000	\$0	\$0
SB 21-214 State Payment Hospice Providers Residential Care	\$684,000	\$684,000	\$0	\$0	\$0	\$0
Senate Bill 21-043 Department Supplemental Bill	\$208,506,487	(\$197,693,562)	\$0	(\$70,148,303)	(\$49,482)	\$476,397,834
Senate Bill 21-205 Long Bill Add-on	(\$15,428,270)	(\$38,744,200)	\$0	(\$36,286,505)	(\$109,789)	\$59,712,224
Other Transfers (Recoveries)	(\$168,014)	\$0	\$0	(\$90,336)	\$0	(\$77,678)
Statutory Appropriation and Custodial Funds	\$15,700,000	\$0	\$0	\$15,700,000	\$0	\$0
Rollforward Authority on SB 21-214	(\$684,000)	(\$684,000)	\$0	\$0	\$0	\$0
<b>Appropriations Totals</b>	<b>\$9,235,002,157</b>	<b>\$1,373,682,518</b>	<b>\$635,104,923</b>	<b>\$1,302,460,756</b>	<b>\$41,444,689</b>	<b>\$5,882,309,271</b>
<b>Final Expenditures</b>	<b>\$8,871,700,993</b>	<b>\$1,309,381,164</b>	<b>\$635,104,923</b>	<b>\$1,282,521,053</b>	<b>\$40,766,832</b>	<b>\$5,603,927,021</b>
<b>Remaining Balance</b>	<b>\$363,301,164</b>	<b>\$64,301,354</b>	<b>\$0</b>	<b>\$19,939,703</b>	<b>\$677,857</b>	<b>\$278,382,250</b>
<b>Percentage Difference</b>	<b>3.93%</b>	<b>3.20%</b>		<b>1.53%</b>	<b>1.64%</b>	<b>4.73%</b>

**Notes:**

1. Totals reflect final CORE close as of October 8, 2021; they do not include post-closing entries past this date.
2. Totals may not match those found elsewhere, due to the rounding.

**Exhibit O - Final Expenditures for Prior Fiscal Year by Aid Category**

<b>FY 2020-21 Final Actuals</b>			
<b>Aid Category</b>	<b>Caseload</b>	<b>Per Capita</b>	<b>Total</b>
Adults 65 and Older (OAP-A)	48,248	\$32,390.35	\$1,562,769,810
Disabled Adults 60 to 64 (OAP-B)	13,541	\$27,455.95	\$371,781,009
Disabled Individuals to 59 (AND/AB)	66,187	\$26,482.58	\$1,752,802,565
Disabled Buy-In	14,347	\$8,306.28	\$119,170,179
MAGI Parents/Caretakers to 68% FPL	173,150	\$3,949.40	\$683,838,718
MAGI Parents/Caretakers 69% to 133% FPL	88,429	\$3,724.09	\$329,317,325
MAGI Adults	402,847	\$5,377.52	\$2,166,317,223
Breast & Cervical Cancer Program	139	\$27,557.25	\$3,830,458
Eligible Children (AFDC-C/BC)	450,956	\$2,685.78	\$1,211,170,765
SB 11-008 Eligible Children	66,833	\$2,134.50	\$142,654,776
Foster Care	20,742	\$8,079.64	\$167,587,809
MAGI Pregnant Adults	13,609	\$13,273.02	\$180,632,584
SB 11-250 Eligible Pregnant Adults	3,609	\$9,142.43	\$32,995,035
Non-Citizens- Emergency Services	7,016	\$13,338.99	\$93,586,375
Partial Dual Eligibles	35,302	\$1,508.31	\$53,246,362
<b>TOTAL</b>	<b>1,404,955</b>	<b>TF</b>	<b>\$8,871,700,993</b>
Total Funds include upper payment limit financing and supplemental payments and other Medicaid financing. Totals reflect final CORE close as of October 8th, 2021 and do not include post-closing entries past this date. Totals may not match due to rounding.		<b>GF</b>	\$1,309,381,164
		<b>GFE</b>	\$635,104,923
		<b>CF</b>	\$1,282,521,053
		<b>RF</b>	\$40,766,832
		<b>FF</b>	\$5,603,927,021

**Exhibit O - Comparison of Budget Requests and Appropriations**

<b>FY 2020-21 Comparison of Requests and Appropriations</b>										
FY 2020-21	November 1, 2019	February 15, 2020	% Change	FY 2020-21 Long Bill and Special Bills Appropriation	November 1, 2020	February 15, 2021	% Change over Appropriation	FY 2020-21 Final Appropriation	FY 2020-21 Actuals	% Change over Feb.
Acute Care	\$3,907,663,103	\$4,032,867,703	3.20%	\$5,008,363,658	\$5,871,149,895	\$4,727,246,058	-5.61%	\$4,727,496,058	\$4,442,954,599	-6.01%
Community Based Long-Term Care	\$1,322,947,619	\$1,313,815,087	-0.69%	\$1,254,974,225	\$1,313,851,459	\$1,368,793,224	9.07%	\$1,376,807,459	\$1,354,764,258	-1.02%
Long-Term Care	\$1,138,828,599	\$1,126,343,635	-1.10%	\$972,782,773	\$1,110,289,583	\$941,367,919	-3.23%	\$941,367,919	\$892,932,567	-5.15%
Insurance	\$213,502,302	\$220,773,292	3.41%	\$215,344,239	\$214,639,539	\$233,188,600	8.29%	\$233,188,600	\$230,644,627	-1.09%
Service Management	\$249,240,901	\$239,920,353	-3.74%	\$247,865,981	\$255,987,908	\$262,215,950	5.79%	\$262,215,950	\$242,353,560	-7.57%
Financing	\$1,390,835,252	\$1,438,883,649	3.45%	\$1,332,129,459	\$247,663,911	\$1,684,432,753	26.45%	\$1,684,146,566	\$1,708,051,382	1.40%
<b>Total</b>	<b>\$8,223,017,776</b>	<b>\$8,372,603,719</b>	<b>1.82%</b>	<b>\$9,031,460,335</b>	<b>\$9,013,582,295</b>	<b>\$9,217,244,504</b>	<b>2.06%</b>	<b>\$9,225,222,552</b>	<b>\$8,871,700,993</b>	<b>-3.75%</b>
Class I Nursing Facilities	\$881,337,816	\$872,110,943	-1.05%	\$753,890,605	\$856,116,659	\$815,268,558	8.14%	\$815,268,558	\$657,480,459	-19.35%

<b>FY 2021-22 Comparison of Requests and Appropriations</b>										
FY 2021-22	November 1, 2020	February 15, 2021	% Change	FY 2021-22 Long Bill and Special Bills Appropriation	November 1, 2021	February 15, 2022	% Change over Appropriation	FY 2021-22 Final Appropriation	FY 2021-22 Actuals	% Change over Feb.
Acute Care	\$6,006,162,719	\$5,063,736,209	-15.69%	\$5,008,363,658	\$5,035,933,009					
Community Based Long-Term Care	\$1,391,881,970	\$1,454,443,605	4.49%	\$1,254,974,225	\$1,494,955,404					
Long-Term Care	\$1,156,908,457	\$1,009,359,680	-12.75%	\$972,782,773	\$956,550,135					
Insurance	\$228,030,464	\$258,702,378	13.45%	\$215,344,239	\$247,040,565					
Service Management	\$269,394,353	\$290,634,511	7.88%	\$247,865,981	\$250,948,315					
Financing	\$261,485,566	\$1,800,831,609	588.69%	\$1,332,129,459	\$1,807,245,091					
<b>Total</b>	<b>\$9,313,863,529</b>	<b>\$9,877,707,992</b>	<b>6.05%</b>	<b>\$9,986,500,296</b>	<b>\$9,792,672,519</b>					
Class I Nursing Facilities	\$878,000,252	\$852,131,460	-2.95%	\$753,890,605	\$690,446,744					

<b>FY 2022-23 Comparison of Requests and Appropriations</b>										
FY 2022-23	November 1, 2021	February 15, 2022	% Change	FY 2022-23 Long Bill and Special Bills Appropriation	November 1, 2022	February 15, 2023	% Change over Appropriation	FY 2022-23 Final Appropriation	FY 2022-23 Actuals	% Change over Feb.
Acute Care	\$4,995,982,643									
Community Based Long-Term Care	\$1,617,180,540									
Long-Term Care	\$1,175,842,288									
Insurance	\$255,434,706									
Service Management	\$228,716,419									
Financing	\$1,723,279,141									
<b>Total</b>	<b>\$9,996,435,737</b>									
Class I Nursing Facilities	\$765,341,975									

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

Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	Total
FY 2005-06	\$670,399,260	\$87,347,545	\$554,870,506	\$0	\$200,372,840	\$0	\$0	\$6,810,399	\$317,181,796	\$0	\$49,374,100	\$41,186,119	\$0	\$55,353,863	\$13,367,880	\$1,996,264,308
FY 2006-07	\$680,873,516	\$90,702,791	\$573,755,683	\$0	\$205,339,546	\$0	\$0	\$5,557,749	\$331,302,379	\$0	\$53,781,937	\$48,628,238	\$0	\$54,484,004	\$16,970,966	\$2,061,396,809
FY 2007-08	\$712,276,694	\$101,257,270	\$655,167,660	\$0	\$207,678,887	\$0	\$0	\$7,102,713	\$364,161,301	\$0	\$64,197,785	\$54,600,185	\$0	\$53,660,977	\$18,992,933	\$2,239,096,405
FY 2008-09	\$789,584,078	\$115,435,768	\$735,082,424	\$0	\$239,681,753	\$0	\$0	\$7,056,952	\$433,354,524	\$0	\$67,739,569	\$60,847,257	\$0	\$59,283,547	\$18,925,572	\$2,526,991,443
FY 2009-10 (DA)	\$821,242,371	\$128,660,906	\$830,201,463	\$0	\$332,734,554	\$3,669,083	\$0	\$9,006,758	\$561,985,046	\$0	\$75,035,330	\$91,641,692	\$0	\$74,354,502	\$19,512,995	\$2,948,044,702
FY 2010-11 (DA)	\$859,971,337	\$150,963,523	\$943,370,577	\$0	\$373,924,419	\$82,213,921	\$0	\$9,817,158	\$627,769,745	\$0	\$81,811,588	\$95,688,869	\$0	\$75,541,133	\$24,322,916	\$3,325,395,184
FY 2011-12	\$896,112,956	\$170,623,165	\$1,033,566,923	\$723,127	\$442,861,997	\$120,389,845	\$4,003,017	\$10,287,938	\$683,425,225	\$0	\$79,698,390	\$97,417,747	\$0	\$78,357,967	\$24,564,465	\$3,642,032,762
FY 2012-13	\$927,900,253	\$183,967,002	\$1,049,728,681	\$18,292,102	\$468,129,131	\$133,498,122	\$87,688,473	\$9,565,112	\$749,135,524	\$15,071,720	\$79,058,628	\$108,082,008	\$2,869,936	\$78,979,079	\$25,434,963	\$3,937,400,734
FY 2013-14	\$980,364,004	\$196,560,882	\$1,101,867,467	\$39,863,213	\$471,485,421	\$144,781,548	\$447,013,009	\$8,884,676	\$823,611,350	\$47,052,815	\$85,183,296	\$168,143,624	\$12,064,530	\$61,044,575	\$30,849,790	\$4,618,770,200
FY 2014-15	\$1,044,291,631	\$217,931,810	\$1,108,322,123	\$30,521,839	\$569,129,005	\$206,228,721	\$1,145,194,212	\$5,578,806	\$925,982,289	\$82,362,752	\$92,006,877	\$193,228,921	\$20,411,857	\$56,781,957	\$31,220,993	\$5,729,193,793
FY 2015-16	\$1,120,115,780	\$236,325,255	\$1,262,962,468	\$51,661,112	\$630,016,796	\$275,992,247	\$1,621,597,144	\$4,174,196	\$1,074,344,794	\$111,240,961	\$97,684,729	\$222,185,018	\$24,225,165	\$66,804,909	\$39,805,896	\$6,839,136,470
FY 2016-17	\$1,255,869,692	\$227,809,139	\$1,167,642,474	\$46,480,222	\$496,699,138	\$270,635,116	\$1,420,477,846	\$4,278,354	\$962,116,697	\$105,284,355	\$89,559,929	\$164,997,565	\$19,079,890	\$58,303,900	\$41,044,441	\$6,330,278,758
FY 2017-18	\$1,374,850,712	\$265,844,232	\$1,401,999,382	\$72,335,007	\$681,687,561	\$262,493,865	\$1,719,088,068	\$4,109,880	\$1,122,426,285	\$130,530,240	\$118,166,204	\$164,702,655	\$28,682,493	\$82,915,426	\$43,614,481	\$7,473,446,491
FY 2018-19	\$1,419,049,543	\$316,153,918	\$1,562,217,882	\$90,582,512	\$668,120,971	\$220,662,725	\$1,726,830,611	\$3,422,864	\$1,159,595,891	\$118,856,473	\$129,112,556	\$198,287,837	\$29,838,238	\$74,917,041	\$48,287,034	\$7,765,936,096
FY 2019-20	\$1,569,226,283	\$337,873,877	\$1,611,283,109	\$105,469,881	\$654,192,856	\$224,663,102	\$1,842,104,413	\$3,633,297	\$1,169,085,161	\$122,391,638	\$124,805,058	\$194,501,125	\$27,885,429	\$62,454,725	\$49,691,616	\$8,099,261,570
FY 2020-21	\$1,562,769,810	\$371,781,009	\$1,752,802,565	\$119,170,179	\$683,838,718	\$329,317,325	\$2,166,317,223	\$3,830,458	\$1,211,170,765	\$142,654,776	\$167,587,809	\$180,632,584	\$32,995,035	\$93,586,375	\$53,246,362	\$8,871,700,993

Fiscal Year	Expenditures	Percent Change	Dollar Increase/ Decrease	Average Yearly Percent Change From FY 2000-01	Percent Change	Three-year Moving Average	Percent Change
FY 2010-11 (DA)	\$3,325,395,184						
FY 2011-12	\$3,642,032,762	9.52%	\$316,637,578				
FY 2012-13	\$3,937,400,734	8.11%	\$295,367,972	8.82%			
FY 2013-14	\$4,618,770,200	17.31%	\$681,369,466	11.65%	32.10%	11.65%	
FY 2014-15	\$5,729,193,793	24.04%	\$1,110,423,593	14.74%	26.61%	16.49%	41.56%
FY 2015-16	\$6,839,136,470	19.37%	\$1,109,942,677	15.67%	6.28%	20.24%	22.77%
FY 2016-17	\$6,330,278,758	-7.44%	(\$508,857,712)	11.82%	-24.58%	11.99%	-40.75%
FY 2017-18	\$7,473,446,491	18.06%	\$1,143,167,733	12.71%	7.54%	10.00%	-16.63%
FY 2018-19	\$7,765,936,096	3.91%	\$292,489,605	11.61%	-8.65%	4.84%	-51.55%
FY 2019-20	\$8,099,261,570	4.29%	\$333,325,474	10.80%	-7.00%	8.75%	80.74%
FY 2020-21	\$8,871,700,993	9.54%	\$772,439,423	10.67%	-1.17%	5.91%	-32.45%

	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 2021-22 Projection	\$9,792,776,052	10.38%	\$921,075,059	\$9,818,428,625	0.26%	\$9,396,403,685	-4.05%
FY 2022-23 Projection	\$9,996,539,270	2.08%	\$203,763,218	\$10,837,794,554	8.42%	\$10,371,954,269	3.76%
FY 2023-24 Projection	\$10,463,309,790	4.67%	\$466,770,520	\$11,063,301,997	5.73%	\$10,587,768,739	1.19%
<b>FY 2021-22 Appropriation</b>	\$9,986,500,296						
Difference Between FY 2021-22 Projections and FY 2021-22 Appropriation	(\$193,724,244)	-1.94%		(\$168,071,671)	-1.68%	(\$590,096,611)	-5.91%
Difference Between FY 2022-23 Projections and FY 2021-22 Appropriation	\$10,038,974	0.10%		\$851,294,258	8.52%	\$385,453,973	3.86%
Difference Between FY 2023-24 Projections and FY 2021-22 Appropriation	\$476,809,494	4.77%		\$1,076,801,701	10.78%	\$601,268,443	6.02%

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

Fiscal Year	Total Expenditures <sup>(1)</sup>	Annual % Change	Total Caseload <sup>(2)</sup>	Annual % Change
FY 2000-01	\$1,308,420,100		275,399	
FY 2001-02	\$1,416,535,408	8.26%	367,559	33.46%
FY 2002-03	\$1,536,804,691	8.49%	406,024	10.46%
FY 2003-04	\$1,651,670,874	7.47%	402,218	-0.94%
FY 2004-05	\$1,996,264,308	20.86%	392,229	-2.48%
FY 2005-06	\$2,061,396,809	3.26%	391,962	-0.07%
FY 2006-07	\$2,061,396,809	0.00%	436,812	11.44%
FY 2007-08	\$2,239,096,405	8.62%	498,797	14.19%
FY 2008-09	\$2,526,991,443	12.86%	560,759	12.42%
FY 2009-10	\$2,948,044,702	16.66%	619,963	10.56%
FY 2010-11	\$3,325,395,184	12.80%	682,994	10.17%
FY 2011-12	\$3,642,032,762	9.52%	860,957	26.06%
FY 2012-13	\$3,937,400,734	8.11%	1,161,157	34.87%
FY 2013-14	\$4,618,770,200	17.31%	1,296,986	11.70%
FY 2014-15	\$5,729,193,793	24.04%	1,346,114	3.79%
FY 2015-16	\$6,839,136,470	19.37%	1,315,217	-2.30%
FY 2016-17	\$6,330,278,758	-7.44%	1,261,365	-4.09%
FY 2017-18	\$7,473,446,491	18.06%	1,315,217	4.27%
FY 2018-19	\$7,765,936,096	3.91%	1,261,365	-4.09%
FY 2019-20	\$8,099,261,570	4.29%	1,219,245	-3.34%
FY 2020-21	\$8,871,700,993	9.54%	1,404,955	15.23%
FY 2021-22 Projection	\$9,792,776,052	20.91%	1,535,699	9.31%
FY 2022-23 Projection	\$9,996,539,270	2.08%	1,392,817	-9.30%
FY 2023-24 Projection	\$10,463,309,790	4.67%	1,405,016	0.88%
(1) Expenditures are for Medical Services Premiums only.				
(2) Caseload does not include retroactivity.				

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

	FY 2023-24 Projection	Percent Change from Prior Year	FY 2022-23 Projection	Percent Change from Prior Year	FY 2021-22 Projection	Percent Change from Prior Year	FY 2020-21	Percent Change from Prior Year	FY 2019-20	Percent Change from Prior Year	FY 2018-19	Percent Change from Prior Year	FY 2017-18	Percent Change from Prior Year	FY 2016-17	Percent Change from Prior Year	FY 2015-16	Percent Change from Prior Year	FY 2014-15
<b>Title XIX - Medical Services Premiums</b>																			
Acute Care	\$5,087,856,032	5.03%	\$4,844,404,717	-1.02%	\$4,894,083,035	13.37%	\$4,317,080,623	9.14%	\$3,955,697,936	4.27%	\$3,793,864,783	-4.39%	\$3,967,950,854	16.10%	\$3,417,674,701	-7.13%	\$3,679,991,977	13.33%	\$3,247,138,071
Community-Based Long-Term Care	\$1,720,244,808	6.69%	\$1,612,441,828	8.18%	\$1,490,522,573	10.35%	\$1,350,753,885	8.48%	\$1,245,214,574	13.29%	\$1,099,104,932	11.64%	\$984,488,967	14.76%	\$857,851,709	13.14%	\$758,250,179	10.28%	\$687,570,035
Long-Term Care and Insurance	\$1,416,623,395	8.15%	\$1,310,112,201	8.85%	\$1,203,590,700	7.12%	\$1,125,577,194	-3.78%	\$1,167,765,498	5.15%	\$1,110,556,106	5.15%	\$1,056,126,362	6.17%	\$994,721,983	9.22%	\$910,772,042	6.52%	\$855,046,510
Service Management	\$219,490,766	0.57%	\$217,567,905	-4.49%	\$227,747,341	2.96%	\$230,908,410	3.84%	\$222,365,232	19.77%	\$185,661,379	7.73%	\$171,911,178	0.62%	\$171,853,654	4.12%	\$165,647,413	22.97%	\$134,118,911
<b>Total Services</b>	<b>\$8,444,394,001</b>	<b>5.76%</b>	<b>\$7,984,526,651</b>	<b>2.03%</b>	<b>\$7,825,943,649</b>	<b>11.44%</b>	<b>\$7,022,220,112</b>	<b>6.54%</b>	<b>\$6,591,043,230</b>	<b>6.09%</b>	<b>\$6,189,187,200</b>	<b>0.12%</b>	<b>\$6,181,475,361</b>	<b>13.59%</b>	<b>\$5,442,102,047</b>	<b>-1.31%</b>	<b>\$5,514,061,611</b>	<b>11.98%</b>	<b>\$4,923,973,527</b>
Financing and Supplemental Payments	\$1,840,676,089	0.48%	\$1,831,891,895	3.25%	\$1,774,221,254	6.00%	\$1,673,317,070	23.26%	\$1,357,941,273	-4.91%	\$1,428,054,185	26.07%	\$1,132,758,397	48.30%	\$763,812,466	-35.99%	\$1,189,608,733	69.35%	\$702,445,657
<b>Total Medical Services Premiums Expenditures</b>	<b>\$10,285,070,090</b>	<b>4.77%</b>	<b>\$9,816,418,546</b>	<b>2.25%</b>	<b>\$9,600,164,903</b>	<b>10.40%</b>	<b>\$8,696,051,182</b>	<b>9.40%</b>	<b>\$7,948,984,503</b>	<b>4.36%</b>	<b>\$7,617,241,385</b>	<b>4.44%</b>	<b>\$7,314,233,758</b>	<b>17.86%</b>	<b>\$6,205,914,513</b>	<b>-7.43%</b>	<b>\$6,703,670,344</b>	<b>19.15%</b>	<b>\$5,626,419,184</b>
<b>Title XIX - Medicaid Mental Health</b>																			
Capitation	(\$1,017,167,344)	2.80%	(\$989,416,188)	-194.03%	\$1,052,231,926	34.97%	\$779,582,340	21.38%	\$642,369,872	7.47%	\$977,600,167	20.29%	\$496,789,229	-15.39%	\$587,130,447	-0.36%	\$589,248,607	6.28%	\$554,440,757
Fee-for-Service	\$0	0.00%	\$0	-100.00%	\$15,649,406	9.26%	\$14,323,227	18.31%	\$12,106,157	18.47%	\$10,219,150	13.00%	\$9,043,182	18.76%	\$7,614,874	-3.04%	\$7,853,643	8.83%	\$7,216,638
<b>Total Mental Health Expenditure</b>	<b>(\$1,017,167,344)</b>	<b>2.80%</b>	<b>(\$989,416,188)</b>	<b>-192.65%</b>	<b>\$1,067,881,332</b>	<b>34.51%</b>	<b>\$793,905,567</b>	<b>21.32%</b>	<b>\$654,376,029</b>	<b>7.66%</b>	<b>\$607,819,316</b>	<b>20.16%</b>	<b>\$505,832,411</b>	<b>-14.95%</b>	<b>\$594,745,321</b>	<b>-0.39%</b>	<b>\$597,102,250</b>	<b>6.31%</b>	<b>\$561,657,395</b>
<b>Title XIX - Other Medicaid Services</b>																			
Office of Community Living	\$861,261,385	5.26%	\$818,242,891	9.19%	\$749,395,841	18.66%	\$631,529,176	1.62%	\$621,491,378	14.87%	\$541,061,431	9.80%	\$492,757,506	8.82%	\$452,810,204	6.13%	\$426,671,562	8.09%	\$394,780,397
Medicare Modernization Act	\$228,236,156	3.15%	\$221,261,883	12.20%	\$197,201,203	23.61%	\$159,529,538	-0.33%	\$160,049,900	7.38%	\$149,053,569	3.81%	\$143,579,021	10.05%	\$130,472,767	14.44%	\$114,014,333	5.78%	\$107,986,301
Public School Health Services <sup>(1)</sup>	\$167,386,604	0.00%	\$167,386,604	0.00%	\$167,386,604	29.97%	\$128,793,149	5.09%	\$122,557,700	35.08%	\$90,727,295	-4.66%	\$95,161,739	14.87%	\$82,845,907	17.72%	\$70,374,889	32.36%	\$53,167,635
<b>Total Other Medicaid Services Expenditures</b>	<b>\$1,256,884,145</b>	<b>4.14%</b>	<b>\$1,206,891,378</b>	<b>8.34%</b>	<b>\$1,113,983,648</b>	<b>21.10%</b>	<b>\$919,851,863</b>	<b>1.74%</b>	<b>\$904,098,978</b>	<b>15.79%</b>	<b>\$780,842,295</b>	<b>6.75%</b>	<b>\$731,498,266</b>	<b>9.81%</b>	<b>\$666,128,878</b>	<b>9.01%</b>	<b>\$611,060,784</b>	<b>9.97%</b>	<b>\$555,684,333</b>
<b>Title XIX - DHS - Medicaid Funded<sup>(2)</sup></b>																			
Child Welfare Services	\$13,421,808	0.00%	\$13,421,808	0.00%	\$13,421,808	4.46%	\$12,848,155	81.66%	\$7,072,566	30.22%	\$5,431,083	-28.19%	\$7,563,057	28.97%	\$6,884,156	-10.12%	\$6,524,564	-4.23%	\$6,812,425
Mental Health Institutes	\$8,219,072	0.00%	\$8,219,072	0.00%	\$8,219,072	0.00%	\$8,219,072	-14.32%	\$9,592,879	-3.06%	\$9,896,024	-34.45%	\$15,097,842	134.18%	\$6,447,127	-10.17%	\$7,176,700	18.07%	\$6,078,316
High Risk Pregnant Women Program	\$1,865,775	57.68%	\$1,183,268	0.00%	\$1,183,268	0.00%	\$1,183,268	-18.44%	\$1,450,757	-0.26%	\$1,454,580	26.72%	\$1,147,889	0.62%	\$1,140,814	55.11%	\$735,467	-24.16%	\$969,806
Regional Centers	\$54,771,068	0.00%	\$54,771,068	0.00%	\$54,771,068	0.00%	\$54,771,068	-11.47%	\$61,866,046	11.35%	\$55,560,420	26.73%	\$41,841,503	-32.29%	\$65,719,538	35.26%	\$48,586,422	22.92%	\$39,525,715
Division of Youth Services Medicaid Funding	\$1,161,560	0.00%	\$1,161,560	0.00%	\$1,161,560	41.24%	\$822,420	-52.60%	\$1,734,067	12.98%	\$1,335,639	56.07%	\$1,128,555	22.46%	\$921,533	30.61%	\$1,328,661	1.91%	\$1,303,119
Mental Health Treatment Services for Youth (HB 99-1116)	\$128,478	0.00%	\$128,478	0.00%	\$128,478	2.51%	\$125,332	109.58%	\$59,802	0.00%	\$0	-100.00%	\$17,370	2473.33%	\$675	-91.70%	\$8,133	-6.28%	\$8,678
<b>Total DHS - Medicaid Funded Expenditures</b>	<b>\$79,567,761</b>	<b>0.87%</b>	<b>\$78,885,254</b>	<b>0.00%</b>	<b>\$78,885,254</b>	<b>1.17%</b>	<b>\$77,969,315</b>	<b>-4.66%</b>	<b>\$81,777,017</b>	<b>10.69%</b>	<b>\$73,877,747</b>	<b>7.39%</b>	<b>\$68,796,216</b>	<b>-14.11%</b>	<b>\$80,093,845</b>	<b>24.45%</b>	<b>\$64,359,347</b>	<b>17.66%</b>	<b>\$54,698,659</b>
<b>Total Title XIX Services Expenditure</b>	<b>\$10,604,354,652</b>	<b>4.86%</b>	<b>\$10,112,778,990</b>	<b>-14.74%</b>	<b>\$11,860,915,137</b>	<b>13.09%</b>	<b>\$10,487,777,927</b>	<b>9.37%</b>	<b>\$9,589,236,527</b>	<b>5.61%</b>	<b>\$9,079,780,743</b>	<b>5.33%</b>	<b>\$8,620,360,651</b>	<b>14.22%</b>	<b>\$7,546,882,557</b>	<b>-5.38%</b>	<b>\$7,976,192,725</b>	<b>17.32%</b>	<b>\$6,798,458,971</b>
<b>Title XXI</b>																			
CHIP- Children	\$223,735,658	11.98%	\$199,794,410	31.81%	\$151,580,014	-3.88%	\$157,699,782	-11.24%	\$177,679,136	2.00%	\$174,197,411	-5.87%	\$185,066,704	27.93%	\$144,662,042	26.32%	\$114,522,947	-9.77%	\$126,924,334
Medicaid SB 11-008 Eligible Children Services	\$118,848,158	-1.03%	\$120,089,424	-25.17%	\$160,474,289	3.64%	\$154,835,305	54.61%	\$100,147,424	304.92%	\$24,732,372	6.71%	\$23,176,809	-79.23%	\$11,586,652	3.20%	\$108,121,884	21.2%	\$89,270,533
Medicaid SB 11-008 Eligible Children Financing and Supplemental Payments	\$24,749,867	0.48%	\$24,651,734	-2.42%	\$23,817,992	0.00%	\$23,044,916	13.42%	\$23,044,916	13.42%	\$20,318,806	7.19%	\$18,955,072	91.03%	\$9,922,719	-40.94%	\$16,800,418	103.64%	\$8,250,157
CHIP - Prenatal	\$9,158,489	-26.59%	\$12,475,573	20.00%	\$10,966,659	16.06%	\$8,538,283	-15.96%	\$10,659,994	-25.16%	\$14,244,375	78.71%	\$7,970,670	5.12%	\$8,400,884	-28.23%	\$11,706,851	204.23%	\$3,848,028
Medicaid SB 11-250 Eligible Pregnant Adults Services	\$1,048,287,334	2.65%	\$1,021,245,067	328.04%	\$30,187,178	4.31%	\$28,939,102	-27.03%	\$39,661,038	3994.60%	\$968,619	5.45%	\$918,548	-94.30%	\$16,109,484	-8.74%	\$17,652,473	2.60%	\$17,204,409
Medicaid SB 11-250 Eligible Pregnant Adults Financing and Supplemental Payments	\$9,562,441	0.48%	\$9,516,806	3.38%	\$9,203,845	0.00%	\$9,203,845	18.96%	\$7,738,460	-19.14%	\$9,570,107	19.68%	\$7,996,417	119.76%	\$3,638,761	-48.71%	\$7,094,608	82.94%	\$3,778,118
<b>Total Title XXI Services Expenditure</b>	<b>\$1,434,311,927</b>	<b>3.35%</b>	<b>\$1,387,553,014</b>	<b>259.84%</b>	<b>\$385,661,977</b>	<b>0.58%</b>	<b>\$383,456,309</b>	<b>6.83%</b>	<b>\$358,930,968</b>	<b>47.08%</b>	<b>\$344,031,690</b>	<b>-0.02%</b>	<b>\$344,084,220</b>	<b>-17.07%</b>	<b>\$294,320,542</b>	<b>6.68%</b>	<b>\$275,899,181</b>	<b>10.64%</b>	<b>\$249,375,999</b>
<b>Total Services Expenditure</b>	<b>\$12,038,666,579</b>	<b>4.68%</b>	<b>\$11,500,532,004</b>	<b>-6.09%</b>	<b>\$12,246,577,114</b>	<b>12.65%</b>	<b>\$10,871,234,236</b>	<b>9.28%</b>	<b>\$9,948,167,495</b>	<b>6.70%</b>	<b>\$9,323,812,433</b>	<b>5.18%</b>	<b>\$8,964,444,871</b>	<b>13.65%</b>	<b>\$7,841,205,099</b>	<b>-4.98%</b>	<b>\$8,252,091,906</b>	<b>17.09%</b>	<b>\$7,047,824,270</b>

(1) Projections for Public School Health Services are the appropriated amounts from SB 21-205 FY 2021-22 Long Bill.

(2) The Department of Human Services Medicaid Funded services are not forecast in a budget request by the Department. Due to this, the Department has held the FY 2017-18 spending constant in FY 2018-19 and beyond for Child Welfare Services, and the FY 2021-22 appropriation constant for the other services, for the purpose of this exhibit. This does not represent an actual request by the Department.

Notes:

1. FY 2020-21 expenditure shows data as of August 13, 2021.

Exhibit Q - Title XIX and Title XXI Services Per Capita History by Eligibility Category - Delay Adjusted and Excluding Financing

Total Title XIX and Title XXI Services Per Capita Costs - Adjusted for Payment Delays and Excluding Financing																		
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens Emergency Services	Partial Dual Eligibles	TOTAL Title XIX	Title XXI Children	Title XXI Prenatal	TOTAL Title XXI	TOTAL Title XIX and Title XXI
<b>FY 2012-13</b>	\$22,049.00	\$25,005.43	\$21,658.23	\$15,656.51	\$3,609.12	\$2,623.94	\$6,633.90	\$15,589.75	\$1,887.36	\$6,808.31	\$9,455.61	\$16,302.95	\$2,282.79	\$5,927.68	\$1,987.01	\$10,974.94	\$2,186.63	\$5,495.76
<b>FY 2013-14</b>	\$22,900.93	\$25,625.60	\$22,802.59	\$13,465.59	\$3,307.48	\$2,621.07	\$4,842.31	\$16,339.65	\$1,988.39	\$7,215.83	\$9,733.09	\$15,522.95	\$2,333.42	\$5,784.93	\$2,519.36	\$12,002.47	\$2,733.75	\$5,491.17
% Change from FY 2012-13	3.86%	2.48%	5.28%	(14.1%)	(8.36%)	(0.11%)	(27.2%)	4.81%	5.35%	5.99%	2.93%	-4.78%	2.22%	-2.41%	26.79%	9.36%	25.02%	(0.08%)
<b>FY 2014-15</b>	\$24,452.07	\$27,399.64	\$23,295.53	\$9,104.99	\$3,351.41	\$2,915.59	\$4,577.88	\$14,896.29	\$2,093.34	\$7,538.76	\$10,827.90	\$14,894.00	\$1,977.43	\$5,495.39	\$2,162.03	\$10,234.22	\$2,347.11	\$5,220.21
% Change from FY 2013-14	6.77%	6.92%	2.16%	(32.2%)	1.33%	11.24%	(0.05%)	-8.83%	5.28%	4.48%	11.25%	-4.05%	-15.26%	-5.01%	-14.18%	-14.73%	-14.14%	-4.93%
<b>FY 2015-16</b>	\$25,745.03	\$28,299.16	\$24,368.57	\$8,284.97	\$3,357.57	\$3,163.04	\$4,435.98	\$12,469.29	\$2,171.21	\$6,947.89	\$11,214.61	\$14,863.53	\$2,034.91	\$5,491.98	\$2,014.12	\$12,096.96	\$2,230.74	\$5,218.81
% Change from FY 2014-15	5.29%	3.28%	4.61%	(9.01%)	0.18%	8.49%	-3.10%	-16.29%	3.72%	-7.84%	3.57%	-0.20%	2.91%	-0.06%	-6.84%	18.20%	-4.96%	(0.03%)
<b>FY 2016-17</b>	\$28,326.32	\$27,333.97	\$24,914.67	\$8,082.00	\$2,976.04	\$2,611.12	\$3,982.40	\$16,788.64	\$2,100.40	\$6,204.95	\$10,162.64	\$15,432.19	\$2,131.19	\$5,302.43	\$1,983.84	\$9,448.87	\$2,130.80	\$5,000.25
% Change from FY 2015-16	10.03%	(3.41%)	(2.24%)	(2.45%)	(11.36%)	(17.45%)	(10.23%)	34.64%	(3.26%)	(10.69%)	(9.38%)	3.83%	4.73%	(3.45%)	(1.50%)	(21.89%)	(4.48%)	(4.07%)
<b>FY 2017-18</b>	\$29,653.09	\$27,768.67	\$27,983.14	\$9,040.93	\$3,405.96	\$2,936.75	\$4,367.89	\$19,925.52	\$2,405.10	\$6,770.32	\$12,455.41	\$18,361.84	\$2,349.09	\$5,996.60	\$1,474.45	\$2,894.57	\$1,504.67	\$5,531.24
% Change from FY 2016-17	4.68%	1.59%	12.32%	11.87%	14.45%	12.47%	9.68%	18.68%	14.51%	9.11%	22.56%	18.98%	10.22%	13.09%	(25.68%)	(69.37%)	(29.38%)	10.49%
<b>FY 2018-19</b>	\$29,095.51	\$30,169.24	\$29,953.87	\$10,046.09	\$3,301.27	\$2,889.22	\$4,470.91	\$17,512.68	\$2,519.71	\$6,989.96	\$11,804.64	\$16,133.12	\$2,642.32	\$6,378.05	\$1,426.94	\$4,743.68	\$1,501.52	\$5,859.93
% Change from FY 2017-18	(1.88%)	8.64%	7.04%	11.12%	(3.07%)	(1.62%)	2.36%	(12.11%)	4.77%	3.24%	(5.22%)	(12.14%)	12.48%	6.36%	(3.22%)	63.88%	(0.21%)	5.94%
<b>FY 2019-20</b>	\$32,001.71	\$32,557.42	\$33,260.67	\$10,235.65	\$3,534.58	\$3,298.00	\$5,048.67	\$19,903.25	\$2,723.08	\$7,528.66	\$12,438.04	\$17,586.89	\$2,874.26	\$7,089.15	\$2,097.01	\$16,159.61	\$2,419.95	\$6,600.88
% Change from FY 2018-19	9.99%	7.92%	11.04%	1.89%	7.07%	14.15%	12.92%	13.65%	8.07%	7.71%	5.37%	9.01%	8.78%	11.15%	46.96%	240.66%	61.17%	12.64%
<b>FY 2020-21</b>	\$31,050.89	\$32,585.42	\$34,495.58	\$8,828.61	\$3,570.59	\$3,204.69	\$4,751.61	\$20,140.05	\$2,580.19	\$9,249.92	\$9,655.41	\$8,627.35	\$2,813.93	\$6,605.03	\$2,363.14	\$8,662.26	\$2,564.85	\$6,229.80
% Change from FY 2019-20	(2.97%)	0.09%	3.71%	(13.75%)	1.02%	(2.83%)	(5.88%)	1.19%	(5.25%)	22.86%	(22.37%)	(50.94%)	(2.10%)	(6.83%)	12.69%	(46.40%)	5.99%	(5.62%)
<b>FY 2021-22 Projection</b>	\$31,463.34	\$34,194.37	\$38,977.33	\$8,453.17	\$3,886.00	\$3,272.52	\$5,011.08	\$20,312.00	\$2,819.62	\$13,956.14	\$10,056.61	\$4,149.85	\$4,450.02	\$6,908.58	\$2,105.23	\$8,124.89	\$2,301.47	\$6,470.94
% Change from FY 2020-21	1.33%	4.94%	12.99%	(4.25%)	8.83%	2.12%	5.46%	0.85%	9.28%	50.88%	4.16%	(51.90%)	58.14%	4.60%	(10.91%)	(6.20%)	(10.27%)	3.87%
<b>FY 2022-23 Projection</b>	\$35,223.70	\$37,437.38	\$41,444.61	\$8,854.62	\$4,104.80	\$3,371.04	\$5,170.03	\$20,280.97	\$3,126.19	\$13,387.30	\$13,555.52	\$10,512.03	\$4,940.32	\$7,730.40	\$2,264.15	\$269,198.08	\$9,327.36	\$7,887.63
% Change from FY 2021-22	11.95%	9.48%	6.33%	4.75%	5.63%	3.01%	3.17%	(0.15%)	10.87%	(4.08%)	34.79%	153.31%	11.02%	11.90%	3213.25%	305.28%	21.89%	12.89%
<b>FY 2023-24 Projection</b>	\$37,005.96	\$38,587.60	\$43,430.60	\$9,147.86	\$4,283.07	\$3,533.82	\$5,220.46	\$21,780.43	\$3,233.68	\$13,686.32	\$14,352.76	\$19,312.18	\$5,200.25	\$8,073.55	\$2,389.56	\$292,912.97	\$9,525.30	\$8,216.78
% Change from FY 2022-23	5.06%	3.07%	4.79%	3.31%	4.34%	4.83%	0.98%	7.39%	3.44%	2.23%	5.88%	83.72%	5.26%	4.44%	5.54%	8.81%	2.12%	4.17%

Exhibit Q - Title XIX and Title XXI Services Per Capita History by Eligibility Category - Delay Adjusted and Excluding Financing

Total Title XIX and Title XXI Caseload																		
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens Emergency Services	Partial Dual Eligibles	TOTAL Title XIX	Title XXI Children	Title XXI Prenatal	TOTAL Title XXI	TOTAL Title XIX and Title XXI
<b>FY 2012-13</b>	40,827	9,051	61,920	888	99,392	41,545	10,634	623	359,843	17,777	8,024	2,684	21,206	674,414	86,071	1,955	88,026	762,440
<b>FY 2013-14</b>	41,836	9,853	64,424	2,560	124,680	47,082	87,243	559	399,032	18,267	13,160	2,481	23,378	834,555	86,899	2,010	88,909	923,464
% Change from FY 2012-13	2.47%	8.86%	4.04%	1.88	25.44%	13.33%	7.20	-10.27%	10.89%	2.76%	64.01%	-7.56%	10.24%	23.75%	0.96%	2.81%	1.00%	21.12%
<b>FY 2014-15</b>	41,817	10,466	66,548	3,627	161,682	71,989	241,392	351	445,723	20,056	14,897	2,722	28,045	1,109,295	103,812	2,436	106,248	1,215,543
% Change from FY 2013-14	-0.05%	6.22%	3.30%	0.42	29.68%	52.90%	1.77	-37.21%	11.70%	9.68%	13.20%	9.71%	19.96%	32.92%	19.46%	21.19%	19.50%	31.63%
<b>FY 2015-16</b>	42,403	10,529	68,800	6,217	163,342	86,964	320,374	322	467,193	19,935	14,413	2,649	32,585	1,235,726	110,542	2,427	112,969	1,348,695
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	20.80%	32.72%	-8.26%	4.82%	-0.50%	-3.25%	-2.68%	16.19%	11.40%	6.48%	-0.37%	6.33%	10.95%
<b>FY 2016-17</b>	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	20,310	13,567	2,640	33,809	1,279,239	129,168	2,594	131,762	1,411,001
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	16.21%	8.58%	-27.02%	0.45%	1.88%	-5.87%	-0.34%	3.76%	3.52%	16.85%	6.88%	16.64%	4.62%
<b>FY 2017-18</b>	45,907	11,797	67,531	8,175	179,853	74,610	352,607	155	438,772	21,473	10,125	2,809	34,828	1,248,642	141,235	3,071	144,306	1,392,948
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	-26.17%	1.37%	-34.04%	-6.50%	5.73%	-25.37%	6.40%	3.01%	1.248,642	9.34%	18.39%	9.52%	-1.28%
<b>FY 2018-19</b>	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	21,815	12,196	2,654	34,687	1,199,696	139,410	3,207	142,617	1,342,313
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.67%	-4.22%	1.59%	20.45%	-5.52%	-0.41%	1,199,696	-3.92%	-1.29%	4.43%	-3.64%
<b>FY 2019-20</b>	47,551	13,029	66,530	10,675	164,467	59,499	322,951	137	407,548	21,320	11,547	2,417	33,441	1,161,112	132,487	3,114	135,601	1,296,713
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-6.39%	-2.29%	-5.30%	-3.02%	-2.27%	-5.32%	-8.93%	-3.59%	1,161,112	-4.97%	-2.90%	-4.92%	-3.40%
<b>FY 2020-21</b>	48,248	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	20,742	13,609	7,016	35,302	1,334,513	132,254	4,375	136,629	1,471,142
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	48.62%	24.74%	1.46%	10.65%	-2.71%	17.86%	190.28%	5.57%	1,334,513	14.93%	40.49%	0.76%	13.45%
<b>FY 2021-22 Projection</b>	48,706	13,809	66,089	15,116	177,899	110,811	464,992	125	478,177	20,374	13,931	13,509	36,260	1,459,798	148,228	4,995	153,223	1,613,021
% Change from FY 2020-21	0.95%	1.98%	-0.15%	5.36%	2.74%	25.31%	15.43%	-10.07%	6.04%	-1.77%	2.37%	92.55%	2.71%	1,459,798	12.08%	14.17%	12.15%	9.64%
<b>FY 2022-23 Projection</b>	47,663	13,652	66,469	13,830	178,019	86,381	423,613	115	427,113	20,307	11,483	5,287	34,864	1,328,796	141,282	3,840	145,122	1,473,918
% Change from FY 2021-22	-2.14%	-1.14%	0.58%	-8.51%	0.07%	-22.05%	-8.90%	-8.00%	-10.68%	-0.33%	-17.57%	-60.86%	-3.85%	1,328,796	-4.69%	-23.12%	-5.29%	-8.62%
<b>FY 2023-24 Projection</b>	48,686	14,131	67,714	14,764	187,079	84,358	432,710	114	422,703	20,624	11,891	2,803	35,099	1,342,676	143,367	3,610	146,977	1,489,653
% Change from FY 2022-23	2.15%	3.51%	1.87%	6.75%	5.09%	-2.34%	2.15%	-0.87%	-1.03%	1.56%	3.55%	-46.98%	0.67%	1,342,676	1.48%	-5.99%	1.28%	1.07%



Exhibit Q - Title XIX and Title XXI Services Per Capita History by Eligibility Category - Delay Adjusted and Excluding Financing

Total Title XIX and Title XXI Services Expenditure - Adjusted for Payment Delays and Excluding Financing																		
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens Emergency Services	Partial Dual Eligibles	TOTAL Title XIX	Title XXI Children	Title XXI Prenatal	TOTAL Title XXI	TOTAL Title XIX and Title XXI
<b>FY 2012-13</b>	\$900,194,433	\$226,324,107	\$1,341,077,498	\$13,902,979	\$358,717,508	\$109,011,667	\$70,544,873	\$9,712,416	\$679,152,454	\$121,031,333	\$75,871,810	\$43,757,120	\$48,408,841	\$3,997,707,039	\$171,024,110	\$21,456,010	\$192,480,120	\$4,190,187,159
<b>FY 2013-14</b>	\$958,083,273	\$252,489,069	\$1,469,034,106	\$34,471,902	\$412,376,510	\$123,405,172	\$422,457,338	\$9,133,865	\$793,431,088	\$131,811,615	\$128,087,456	\$38,512,439	\$54,550,689	\$4,827,844,522	\$218,929,855	\$24,124,955	\$243,054,810	\$5,070,899,332
% Change from FY 2012-13	6.43%	11.56%	9.54%	1.48	14.96%	13.20%	4.99	-5.96%	16.83%	8.91%	68.82%	-11.99%	12.69%	20.77%	28.01%	12.44%	26.28%	21.02%
<b>FY 2014-15</b>	\$1,022,512,268	\$286,764,649	\$1,550,270,633	\$33,023,800	\$541,861,931	\$209,890,394	\$1,105,062,500	\$5,228,598	\$933,050,121	\$151,046,663	\$161,303,176	\$40,541,477	\$55,457,103	\$6,096,013,314	\$224,444,844	\$24,930,555	\$249,375,399	\$6,345,388,713
% Change from FY 2013-14	6.72%	13.58%	5.53%	(0.04)	31.40%	70.08%	1.62	-42.76%	17.60%	14.59%	25.93%	5.27%	1.66%	26.27%	2.52%	3.34%	2.60%	25.13%
<b>FY 2015-16</b>	\$1,091,666,424	\$297,961,822	\$1,676,557,585	\$51,507,629	\$548,432,088	\$275,070,795	\$1,421,173,260	\$4,015,112	\$1,014,375,987	\$138,506,146	\$161,636,112	\$39,373,491	\$66,307,541	\$6,786,583,992	\$222,644,831	\$29,359,324	\$252,004,155	\$7,038,588,147
% Change from FY 2014-15	6.76%	3.90%	8.15%	55.97%	1.21%	31.05%	28.61%	-23.21%	8.72%	-8.30%	0.21%	-2.88%	19.57%	11.33%	-0.80%	17.76%	1.05%	10.92%
<b>FY 2016-17</b>	\$1,244,686,804	\$307,261,204	\$1,684,705,148	\$50,520,600	\$480,397,763	\$263,877,530	\$1,385,270,075	\$3,945,330	\$985,712,183	\$126,022,451	\$137,876,531	\$40,740,989	\$72,053,486	\$6,783,070,091	\$256,248,694	\$24,510,368	\$280,759,062	\$7,063,829,153
% Change from FY 2015-16	14.02%	3.12%	0.49%	-1.92%	-12.41%	-4.07%	-2.53%	-1.74%	-2.83%	-9.01%	-14.70%	3.47%	8.67%	-0.05%	15.09%	-16.52%	11.41%	0.36%
<b>FY 2017-18</b>	\$1,361,284,259	\$327,586,988	\$1,889,729,715	\$73,909,596	\$612,571,932	\$219,110,802	\$1,540,148,247	\$3,088,456	\$1,055,289,643	\$145,379,049	\$126,111,007	\$51,578,396	\$81,814,163	\$7,487,602,254	\$208,243,513	\$8,889,218	\$217,132,731	\$7,704,734,985
% Change from FY 2016-17	9.37%	6.62%	12.17%	46.30%	27.51%	-16.96%	11.18%	-21.72%	7.06%	15.36%	-8.53%	26.60%	13.55%	-18.73%	-63.73%	-22.66%	9.07%	0.36%
<b>FY 2018-19</b>	\$1,387,436,551	\$383,780,405	\$2,056,008,567	\$90,282,509	\$580,452,964	\$183,647,580	\$1,477,747,107	\$2,533,501	\$1,058,913,624	\$152,488,363	\$143,966,481	\$42,815,960	\$91,652,947	\$7,651,726,559	\$198,929,783	\$15,212,994	\$214,142,777	\$7,865,869,336
% Change from FY 2017-18	1.92%	17.15%	8.80%	22.15%	-5.24%	-16.19%	-4.05%	-17.97%	0.34%	4.89%	14.16%	-16.99%	12.03%	2.19%	-4.47%	71.14%	-1.38%	2.09%
<b>FY 2019-20</b>	\$1,521,713,330	\$424,190,577	\$2,212,832,500	\$109,265,590	\$581,321,360	\$196,227,708	\$1,630,472,244	\$2,726,745	\$1,109,786,289	\$160,511,129	\$143,622,058	\$42,507,521	\$96,118,202	\$8,231,295,254	\$277,826,560	\$50,321,032	\$328,147,592	\$8,559,442,846
% Change from FY 2018-19	9.68%	10.53%	7.63%	21.03%	0.15%	6.85%	10.33%	7.63%	4.80%	5.26%	-0.24%	-0.72%	4.87%	39.66%	230.78%	53.24%	8.82%	3.24%
<b>FY 2020-21</b>	\$1,498,143,295	\$441,239,215	\$2,283,158,954	\$126,664,117	\$618,246,856	\$283,387,926	\$1,914,172,716	\$2,799,467	\$1,163,551,516	\$191,861,807	\$131,400,527	\$60,529,472	\$99,337,229	\$8,814,493,097	\$312,535,087	\$37,897,385	\$350,432,472	\$9,164,925,569
% Change from FY 2019-20	-1.55%	4.02%	3.18%	15.92%	6.35%	44.42%	17.40%	2.67%	4.84%	19.53%	-8.51%	42.40%	3.35%	7.09%	-24.69%	6.79%	7.07%	3.24%
<b>FY 2021-22 Projection</b>	\$1,532,453,638	\$472,190,071	\$2,575,973,067	\$127,778,045	\$691,315,377	\$362,630,862	\$2,330,111,638	\$2,539,000	\$1,348,279,767	\$284,342,368	\$140,098,675	\$56,060,295	\$161,357,674	\$10,085,130,476	\$312,054,303	\$40,583,837	\$352,638,140	\$10,437,768,616
% Change from FY 2020-21	2.29%	7.01%	12.82%	0.88%	11.82%	27.96%	21.73%	-9.30%	15.88%	48.20%	6.62%	-7.38%	62.43%	14.42%	-0.15%	7.09%	0.63%	13.89%
<b>FY 2022-23 Projection</b>	\$1,678,867,295	\$511,095,097	\$2,754,781,516	\$122,459,365	\$730,732,953	\$291,193,713	\$2,190,093,337	\$2,332,312	\$1,335,234,830	\$271,855,968	\$155,657,995	\$55,577,089	\$172,239,357	\$10,272,120,825	\$319,883,834	\$1,033,720,640	\$1,353,604,474	\$11,625,725,299
% Change from FY 2021-22	9.55%	8.24%	6.94%	-4.16%	5.70%	-19.70%	-6.01%	-8.14%	-0.97%	-4.39%	11.11%	-0.86%	6.74%	1.85%	2.51%	2447.12%	283.85%	11.38%
<b>FY 2023-24 Projection</b>	\$1,801,672,075	\$545,281,414	\$2,940,859,817	\$135,058,975	\$801,272,438	\$298,106,275	\$2,258,945,618	\$2,482,969	\$1,366,885,347	\$282,266,643	\$170,668,618	\$54,132,033	\$182,523,619	\$10,840,155,839	\$342,583,816	\$1,057,415,823	\$1,399,999,639	\$12,240,155,478
% Change from FY 2022-23	7.31%	6.69%	6.75%	10.29%	9.65%	2.37%	6.46%	2.37%	3.83%	9.64%	-2.60%	5.97%	5.53%	7.10%	2.29%	3.43%	5.29%	

**Notes:**

1. See Page EQ-1 for a list of services that are included in the calculations for expenditure and per capita costs for Title XIX and Title XXI services.
2. See Narrative for a description of events that alter trends.
3. The expenditure and per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.

Exhibit Q - Title XIX and Title XXI Services Per Capita History by Eligibility Category - Delay Adjusted

Total Title XIX and Title XXI Services Per Capita Costs - Adjusted for Payment Delays

Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL Title XIX	Title XXI Children	Title XXI Prenatal	TOTAL Title XXI	TOTAL Title XIX and Title XXI
<b>FY 2012-13</b>	\$24,040.39	\$26,668.53	\$22,792.99	\$20,599.21	\$4,721.98	\$3,213.34	\$8,246.05	\$15,353.31	\$2,163.90	\$5,391.58	\$13,605.70	\$29,425.89	\$2,285.82	\$6,618.67	\$1,987.01	\$10,974.94	\$2,186.63	\$6,106.98
<b>FY 2013-14</b>	\$24,918.58	\$27,762.98	\$24,753.16	\$15,607.54	\$4,003.33	\$3,112.86	\$5,123.77	\$34,665.62	\$2,121.96	\$9,350.19	\$12,866.35	\$40,320.89	\$2,346.23	\$6,475.93	\$2,519.36	\$12,002.47	\$2,733.75	\$6,115.64
% Change from FY 2012-13	3.65%	4.10%	8.60%	(0.24)	-15.22%	-3.13%	(0.38)	125.79%	-1.94%	73.42%	-5.43%	37.03%	2.64%	-2.16%	26.79%	9.36%	25.02%	0.14%
<b>FY 2014-15</b>	\$26,460.97	\$29,486.79	\$24,654.89	\$10,333.92	\$3,856.20	\$3,307.18	\$5,447.92	\$16,278.43	\$2,362.93	\$7,937.65	\$13,307.33	\$20,860.38	\$1,978.52	\$6,128.63	\$2,162.03	\$10,234.22	\$2,347.11	\$5,798.10
% Change from FY 2013-14	6.19%	6.21%	-0.40%	(0.34)	-3.68%	6.24%	0.06	-53.04%	11.36%	-15.11%	3.43%	-48.26%	-15.67%	-5.36%	-14.18%	-14.73%	-14.14%	-5.19%
<b>FY 2015-16</b>	\$27,992.66	\$31,108.12	\$26,530.89	\$9,944.01	\$4,185.38	\$3,801.46	\$5,712.02	\$13,363.23	\$2,601.02	\$7,569.66	\$15,736.59	\$25,218.92	\$2,035.12	\$6,454.66	\$2,166.10	\$15,020.16	\$2,442.26	\$6,118.58
% Change from FY 2014-15	5.79%	5.50%	7.61%	-3.77%	8.54%	14.95%	4.85%	-17.91%	10.08%	-4.64%	18.26%	20.89%	2.86%	0.19%	46.76%	4.05%	5.32%	5.53%
<b>FY 2016-17</b>	\$30,316.27	\$29,306.67	\$26,341.49	\$9,077.40	\$3,442.39	\$3,037.63	\$4,696.53	\$18,569.73	\$2,369.30	\$6,608.14	\$12,547.64	\$22,084.81	\$2,130.62	\$5,899.51	\$2,060.66	\$10,851.63	\$2,233.73	\$5,557.19
% Change from FY 2015-16	8.30%	-5.79%	-0.71%	-8.71%	-17.75%	-20.09%	-17.78%	38.96%	-8.91%	-12.70%	-20.26%	-12.43%	4.69%	-8.60%	-4.87%	-27.75%	-8.54%	-9.18%
<b>FY 2017-18</b>	\$29,461.98	\$29,906.18	\$29,327.55	\$10,317.90	\$4,134.03	\$3,616.85	\$5,410.46	\$26,810.55	\$2,875.49	\$7,572.46	\$16,684.03	\$29,517.77	\$1,472.78	\$6,745.65	\$1,608.66	\$5,498.42	\$1,691.44	\$6,222.04
% Change from FY 2016-17	-2.82%	2.05%	11.34%	13.67%	20.09%	19.07%	15.20%	44.38%	21.36%	14.59%	32.97%	33.66%	-30.88%	14.34%	-21.93%	-49.33%	-24.28%	11.96%
<b>FY 2018-19</b>	\$28,861.57	\$31,574.05	\$30,300.66	\$10,692.80	\$3,841.97	\$3,471.56	\$5,228.54	\$23,660.35	\$2,886.82	\$6,562.20	\$16,385.55	\$28,283.98	\$1,760.74	\$6,896.69	\$1,572.69	\$7,727.81	\$1,711.10	\$6,345.73
% Change from FY 2017-18	-2.04%	5.58%	3.32%	3.63%	-4.02%	-7.06%	-3.36%	-11.75%	0.39%	-13.34%	-1.79%	-4.18%	19.55%	2.24%	40.55%	1.16%	1.99%	
<b>FY 2019-20</b>	\$29,725.32	\$32,078.53	\$32,411.86	\$10,238.83	\$3,533.57	\$3,299.14	\$5,050.29	\$19,910.44	\$2,723.85	\$7,530.55	\$12,441.94	\$17,592.16	\$1,934.27	\$6,915.59	\$2,270.95	\$18,644.67	\$2,646.96	\$6,469.21
% Change from FY 2018-19	2.99%	1.60%	6.97%	-4.25%	-8.03%	-4.97%	-3.41%	-15.85%	-5.65%	14.76%	-24.07%	-37.80%	9.86%	0.27%	44.40%	141.27%	54.69%	1.95%
<b>FY 2020-21</b>	\$33,763.76	\$35,463.31	\$36,484.97	\$8,730.64	\$3,996.47	\$3,724.09	\$5,380.87	\$27,557.25	\$2,852.96	\$9,166.48	\$13,367.61	\$13,361.31	\$2,815.22	\$7,263.98	\$2,543.24	\$10,766.45	\$2,806.55	\$6,850.00
% Change from FY 2019-20	13.59%	10.55%	12.57%	-14.73%	13.10%	12.88%	6.55%	38.41%	4.74%	21.72%	7.44%	-24.05%	45.54%	5.04%	11.99%	-42.25%	6.03%	5.89%
<b>FY 2021-22 Projection</b>	\$35,775.51	\$37,802.33	\$42,779.55	\$9,420.61	\$4,951.97	\$3,973.45	\$6,219.50	\$24,145.30	\$3,401.47	\$14,923.04	\$16,174.30	\$6,786.91	\$4,450.02	\$8,123.97	\$2,520.05	\$10,535.27	\$2,794.53	\$7,663.65
% Change from FY 2020-21	5.96%	6.00%	17.25%	7.90%	23.91%	6.70%	15.59%	-12.38%	19.23%	62.80%	21.00%	-49.20%	58.07%	11.84%	-0.91%	-2.15%	-0.43%	11.88%
<b>FY 2022-23 Projection</b>	\$39,765.18	\$41,209.92	\$45,349.68	\$9,947.53	\$5,204.39	\$4,299.94	\$6,540.01	\$25,148.90	\$3,798.57	\$14,388.92	\$21,225.73	\$17,465.12	\$4,940.32	\$9,109.01	\$2,437.43	\$291,978.01	\$9,576.19	\$9,154.95
% Change from FY 2021-22	11.15%	9.01%	6.01%	5.59%	5.10%	8.22%	5.15%	4.16%	11.67%	-3.58%	31.23%	157.34%	11.02%	12.13%	-3.28%	2671.43%	242.68%	19.46%
<b>FY 2023-24 Projection</b>	\$41,473.33	\$42,249.74	\$47,282.26	\$10,176.54	\$5,334.42	\$4,489.57	\$6,568.06	\$26,714.61	\$3,916.33	\$14,677.27	\$21,795.31	\$32,489.94	\$5,200.25	\$9,444.45	\$2,493.31	\$315,021.63	\$9,516.72	\$9,451.74
% Change from FY 2022-23	4.30%	2.52%	4.26%	2.30%	2.50%	4.41%	0.43%	6.23%	3.10%	2.00%	2.68%	86.03%	5.26%	3.68%	2.29%	7.89%	-0.62%	3.24%

Exhibit Q - Title XIX and Title XXI Services Per Capita History by Eligibility Category - Delay Adjusted

Total Title XIX and Title XXI Caseload																		
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL Title XIX	Title XXI Children	Title XXI Prenatal	TOTAL Title XXI	TOTAL Title XIX and Title XXI
<b>FY 2012-13</b>	40,827	9,051	61,920	888	99,392	41,545	10,634	623	359,843	17,777	8,024	2,684	21,206	674,414	86,071	1,955	88,026	762,440
<b>FY 2013-14</b>	41,836	9,853	64,424	2,560	124,680	47,082	87,243	559	399,032	18,267	13,160	2,481	23,378	834,555	86,899	2,010	88,909	923,464
% Change from FY 2012-13	2.47%	8.86%	4.04%	1.88	25.44%	13.33%	7.20	-10.27%	10.89%	2.76%	64.01%	-7.56%	10.24%	23.75%	0.96%	2.81%	1.00%	21.12%
<b>FY 2014-15</b>	41,817	10,466	66,548	3,627	161,682	71,989	241,392	351	445,723	20,036	14,897	2,722	28,045	1,109,295	103,812	2,436	106,248	1,215,543
% Change from FY 2013-14	-0.05%	6.22%	3.30%	0.42	29.68%	52.90%	1.77	-37.21%	11.70%	9.68%	13.20%	9.71%	19.96%	32.92%	19.46%	21.19%	19.50%	31.63%
<b>FY 2015-16</b>	42,403	10,529	68,800	6,217	163,342	86,964	320,374	322	467,193	19,935	14,413	2,649	32,585	1,235,726	110,542	2,427	112,969	1,348,695
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	20.80%	32.72%	-8.26%	4.82%	-0.50%	-3.25%	-2.68%	16.19%	11.40%	6.48%	40.37%	6.33%	10.95%
<b>FY 2016-17</b>	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	20,310	13,567	2,640	33,809	1,279,239	129,168	2,594	131,762	1,411,001
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	16.21%	8.58%	-27.02%	0.45%	1.88%	-5.87%	-0.34%	3.76%	5.52%	16.85%	6.88%	16.64%	4.62%
<b>FY 2017-18</b>	45,907	11,797	67,531	8,175	179,853	74,610	352,607	155	438,772	21,473	10,125	2,809	34,828	1,248,642	141,235	3,071	144,306	1,392,948
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	-26.17%	1.37%	-34.04%	-6.50%	5.73%	-25.37%	6.40%	3.01%	-2.39%	9.34%	18.39%	9.52%	-1.28%
<b>FY 2018-19</b>	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	21,815	12,196	2,654	34,687	1,199,696	139,410	3,207	142,617	1,342,313
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.67%	-4.22%	1.59%	20.45%	-5.52%	-0.41%	-3.92%	-1.29%	4.43%	-1.17%	-3.64%
<b>FY 2019-20</b>	47,551	13,029	66,530	10,675	164,467	59,499	322,951	137	407,548	21,320	11,547	2,417	33,441	1,161,112	132,487	3,114	135,601	1,296,713
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-6.39%	-2.29%	-5.30%	-3.02%	-2.27%	-5.32%	-8.93%	-3.59%	-3.22%	-4.97%	-2.90%	-4.92%	-3.40%
<b>FY 2020-21</b>	48,248	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	20,742	13,609	7,016	35,302	1,334,513	132,254	4,375	136,629	1,471,142
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	48.62%	24.74%	1.46%	10.65%	-2.71%	17.86%	190.28%	5.57%	14.93%	-0.18%	40.49%	0.76%	13.45%
<b>FY 2021-22 Projection</b>	48,706	13,809	66,089	15,116	177,899	110,811	464,992	125	478,177	20,374	13,931	13,509	36,260	1,459,798	133,280	4,726	138,006	1,597,804
% Change from FY 2020-21	0.95%	1.98%	-0.15%	5.36%	2.74%	25.31%	15.43%	-10.07%	6.04%	-1.77%	2.37%	92.55%	2.71%	9.39%	0.78%	8.02%	1.01%	8.61%
<b>FY 2022-23 Projection</b>	47,663	13,652	66,469	13,830	178,019	86,381	423,613	115	427,113	20,307	11,483	5,287	34,864	1,328,796	141,344	3,573	144,917	1,473,713
% Change from FY 2021-22	-2.14%	-1.14%	0.58%	-8.51%	0.07%	-22.05%	-8.90%	-8.00%	-10.68%	-0.33%	-17.57%	-60.86%	-3.85%	-8.97%	6.05%	-24.40%	5.01%	-7.77%
<b>FY 2023-24 Projection</b>	48,686	14,131	67,714	14,764	187,079	84,358	432,710	114	422,703	20,624	11,891	2,803	35,099	1,342,676	147,528	3,387	150,715	1,493,391
% Change from FY 2022-23	2.15%	3.51%	1.87%	6.75%	5.09%	-2.34%	2.15%	-0.87%	-1.03%	1.56%	3.55%	-46.98%	0.67%	1.04%	4.23%	-5.21%	4.00%	1.34%

Exhibit Q - Title XIX and Title XXI Services Per Capita History by Eligibility Category - Delay Adjusted

Total Title XIX and Title XXI Services Expenditure - Adjusted for Payment Delays																		
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	MAGI Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL Title XIX	Title XXI Children	Title XXI Prenatal	TOTAL Title XXI	TOTAL Title XIX and Title XXI
<b>FY 2012-13</b>	\$981,496,931	\$241,376,894	\$1,411,341,816	\$18,292,102	\$469,326,778	\$133,498,122	\$87,688,473	\$9,565,112	\$778,665,456	\$95,846,052	\$109,172,128	\$78,979,079	\$48,473,141	\$4,463,722,084	\$171,024,110	\$21,456,010	\$192,480,120	\$4,656,202,204
<b>FY 2013-14</b>	\$1,042,493,790	\$273,548,689	\$1,594,697,836	\$39,955,315	\$499,134,926	\$146,559,869	\$447,013,009	\$19,378,081	\$846,728,723	\$170,799,880	\$169,321,183	\$100,036,121	\$54,850,279	\$5,404,517,700	\$218,929,855	\$24,124,955	\$243,054,810	\$5,647,572,510
% Change from FY 2012-13	6.21%	13.33%	12.99%	1.18	6.35%	9.78%	4.10	102.59%	8.74%	78.20%	55.10%	26.66%	13.16%	21.08%	28.01%	12.44%	26.28%	21.29%
<b>FY 2014-15</b>	\$1,106,518,352	\$308,608,697	\$1,640,733,655	\$37,481,140	\$623,477,617	\$238,080,635	\$1,315,085,422	\$5,713,729	\$1,053,212,176	\$159,038,657	\$198,239,313	\$56,781,957	\$55,487,618	\$6,798,458,969	\$224,444,844	\$24,930,555	\$249,375,399	\$7,047,834,368
% Change from FY 2013-14	6.14%	12.82%	2.89%	(0.06)	24.91%	62.45%	1.94	-70.51%	24.39%	-6.89%	17.08%	-43.24%	1.16%	25.79%	2.52%	3.34%	2.60%	24.79%
<b>FY 2015-16</b>	\$1,186,972,934	\$327,537,379	\$1,825,324,979	\$61,821,928	\$683,648,580	\$330,589,855	\$1,829,982,697	\$4,302,959	\$1,215,179,482	\$150,901,078	\$226,811,402	\$66,804,909	\$66,314,545	\$7,976,192,727	\$239,445,249	\$36,453,932	\$275,899,181	\$8,252,091,908
% Change from FY 2014-15	7.27%	6.13%	11.25%	64.94%	9.65%	38.86%	39.15%	-24.69%	15.38%	-5.12%	14.41%	17.65%	19.51%	17.32%	17.32%	6.68%	10.64%	17.09%
<b>FY 2016-17</b>	\$1,332,127,335	\$329,436,246	\$1,781,185,263	\$56,742,800	\$555,677,756	\$306,979,455	\$1,633,680,166	\$4,363,886	\$1,111,906,457	\$134,211,237	\$170,233,777	\$58,303,900	\$72,034,285	\$7,546,882,560	\$266,171,413	\$28,149,129	\$294,320,542	\$7,841,203,102
% Change from FY 2015-16	12.23%	0.58%	-2.42%	-8.22%	-18.72%	-7.14%	-10.73%	1.42%	-8.50%	-11.06%	-24.94%	-12.73%	8.63%	-5.38%	11.16%	-22.78%	6.68%	-4.98%
<b>FY 2017-18</b>	\$1,352,510,986	\$352,803,166	\$1,980,518,509	\$84,348,800	\$743,517,517	\$269,852,885	\$1,907,766,374	\$4,155,635	\$1,261,685,122	\$162,603,334	\$168,925,850	\$82,915,426	\$51,293,834	\$8,422,897,439	\$227,198,585	\$16,885,635	\$244,084,220	\$8,666,981,659
% Change from FY 2016-17	1.53%	7.09%	11.19%	48.65%	33.80%	-12.09%	16.78%	-4.77%	13.47%	21.15%	-0.77%	42.21%	-28.79%	11.61%	-14.64%	-40.01%	-17.07%	10.53%
<b>FY 2018-19</b>	\$1,376,280,790	\$401,650,911	\$2,079,812,018	\$96,094,370	\$675,521,219	\$220,662,725	\$1,728,162,489	\$3,422,864	\$1,213,194,617	\$143,156,679	\$199,834,032	\$75,063,323	\$61,074,026	\$8,273,930,063	\$219,248,589	\$24,783,101	\$244,031,690	\$8,517,961,753
% Change from FY 2017-18	1.76%	13.85%	5.01%	13.92%	-9.15%	-18.23%	-9.41%	-17.63%	-3.84%	-11.96%	18.30%	-9.47%	19.07%	-1.77%	-3.50%	-0.02%	-0.2%	-1.72%
<b>FY 2019-20</b>	\$1,413,468,740	\$417,951,191	\$2,156,360,875	\$109,299,555	\$581,155,616	\$196,295,297	\$1,630,997,665	\$2,727,730	\$1,110,099,045	\$160,551,412	\$143,667,096	\$42,520,245	\$64,683,803	\$8,029,778,271	\$300,871,476	\$58,059,492	\$358,930,968	\$8,388,709,239
% Change from FY 2018-19	2.70%	4.06%	3.68%	13.74%	-13.97%	-11.04%	-5.62%	-20.31%	-8.50%	12.15%	-28.11%	-43.35%	5.91%	-2.95%	37.23%	134.27%	47.08%	-1.52%
<b>FY 2020-21</b>	\$1,629,034,084	\$480,208,614	\$2,414,830,584	\$125,258,537	\$691,989,334	\$329,317,325	\$2,167,669,000	\$3,830,458	\$1,286,557,630	\$190,131,170	\$181,919,763	\$93,742,938	\$99,382,917	\$9,693,872,354	\$336,353,079	\$47,103,230	\$383,456,309	\$10,077,328,663
% Change from FY 2019-20	15.25%	14.90%	11.99%	14.60%	19.07%	67.77%	32.90%	40.43%	15.90%	18.42%	26.63%	120.47%	53.64%	20.72%	11.79%	-18.87%	6.83%	20.13%
<b>FY 2021-22 Projection</b>	\$1,742,481,782	\$522,012,323	\$2,827,257,765	\$142,401,955	\$880,950,429	\$440,302,129	\$2,892,016,195	\$3,018,163	\$1,626,502,685	\$304,042,026	\$225,324,191	\$91,684,412	\$161,357,674	\$11,859,351,728	\$335,872,295	\$49,789,682	\$385,661,977	\$12,245,013,705
% Change from FY 2020-21	6.96%	8.71%	17.08%	13.69%	27.31%	33.70%	33.42%	-21.21%	26.42%	59.91%	23.86%	-2.20%	62.36%	-0.14%	5.70%	0.58%	21.51%	
<b>FY 2022-23 Projection</b>	\$1,895,327,989	\$562,597,813	\$3,014,347,741	\$137,574,293	\$926,480,595	\$371,433,452	\$2,770,431,912	\$2,892,124	\$1,622,418,453	\$292,195,809	\$243,735,104	\$92,338,086	\$172,239,357	\$12,104,012,726	\$344,515,568	\$1,043,237,446	\$1,387,753,014	\$13,491,765,740
% Change from FY 2021-22	8.77%	7.77%	6.62%	-3.39%	5.17%	-15.64%	-4.20%	-4.18%	-0.25%	-3.90%	8.17%	0.71%	6.74%	2.57%	1995.29%	259.84%	10.18%	
<b>FY 2023-24 Projection</b>	\$2,019,170,726	\$597,031,093	\$3,201,670,700	\$150,246,381	\$997,958,719	\$378,730,775	\$2,842,067,003	\$3,045,466	\$1,655,446,058	\$302,704,016	\$259,168,069	\$91,069,304	\$182,523,620	\$12,680,831,928	\$367,333,663	\$1,066,978,264	\$1,434,311,927	\$14,115,143,855
% Change from FY 2022-23	6.53%	6.12%	6.21%	9.21%	7.72%	1.96%	2.59%	5.30%	2.04%	3.60%	6.33%	-1.37%	5.97%	4.77%	6.62%	2.28%	3.35%	4.62%

Notes:  
 1. See Page EQ-1 for a list of services that are included in the calculations for expenditure and per capita costs for Title XIX and Title XXI services.  
 2. See Narrative for a description of events that alter trends.  
 3. The expenditure and per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.

Exhibit R - Estimate of Federal Medicaid Assistance Percentage (FMAP)

Calendar Year	United States			Colorado			FMAP Forecast		CO APC <sup>2</sup> / U.S. APC <sup>2</sup>	*0.45	FMAP <sup>(1)</sup> Calculation	eFMAP <sup>(2)</sup> Calculation	FFY/ SFY	FFY FMAP <sup>(3)</sup>	FFY eFMAP <sup>(3)</sup>	SFY FMAP <sup>(4)</sup>	SFY eFMAP <sup>(4)</sup>
	Personal Income	Population	Per Capita Personal Income	Personal Income	Population	Per Capita Personal Income	Colorado 3-year Average Per Capita	U.S. 3-year Average Per Capita									
	(U.S. Average Per Capita) <sup>2</sup>	(U.S. Average Per Capita) <sup>2</sup>	(U.S. Average Per Capita) <sup>2</sup>	(U.S. Average Per Capita) <sup>2</sup>	(U.S. Average Per Capita) <sup>2</sup>	(U.S. Average Per Capita) <sup>2</sup>	(U.S. Average Per Capita) <sup>2</sup>	(U.S. Average Per Capita) <sup>2</sup>									
2000	\$8,652,600,000,000	282,162,411	\$30,665.32	\$147,234,259,000	4,338,831	\$33,934.08	-	-	-	-	-	-	2000-01	50.00%	65.00%	50.00%	65.00%
2001	\$9,005,600,000,000	284,968,955	\$31,602.04	\$154,409,814,000	4,444,513	\$34,741.67	-	-	-	-	-	-	2001-02	50.00%	65.00%	50.00%	65.00%
2002	\$9,159,000,000,000	287,623,193	\$31,843.53	\$154,765,500,000	4,504,709	\$34,356.38	\$34,344.04	\$31,370.30	\$1,179,513,083.52	\$984,095,722.09	119.896%	53.94%	50.00%	65.00%	50.00%	65.00%	
2003	\$9,487,500,000,000	290,107,933	\$32,703.35	\$157,543,201,000	4,555,084	\$34,566.23	\$34,561.45	\$32,049.64	\$1,194,492,443.64	\$1,027,179,424.13	116.29%	52.33%	50.00%	65.00%	50.00%	65.00%	
2004	\$10,035,100,000,000	292,805,298	\$34,272.26	\$163,427,008,000	4,608,811	\$35,459.69	\$34,800.77	\$32,939.71	\$1,211,093,592.59	\$1,085,024,494.88	111.62%	50.23%	50.00%	65.00%	50.00%	65.00%	
2005	\$10,598,200,000,000	295,516,599	\$35,863.30	\$174,771,645,000	4,662,534	\$37,484.26	\$35,843.39	\$34,279.64	\$1,284,748,606.69	\$1,175,093,718.53	109.33%	49.20%	50.80%	65.56%	50.00%	65.00%	
2006	\$11,381,700,000,000	298,379,912	\$38,144.99	\$188,803,293,000	4,745,660	\$39,784.41	\$37,576.12	\$36,093.52	\$1,411,964,794.25	\$1,302,742,185.99	108.38%	48.77%	51.23%	65.86%	50.00%	65.00%	
2007	\$12,007,841,900,000	301,231,207	\$39,862.54	\$201,227,297,000	4,821,784	\$41,732.96	\$39,667.21	\$37,956.94	\$1,573,487,549.18	\$1,440,729,294.16	109.21%	49.14%	50.86%	65.60%	50.00%	65.00%	
2008	\$12,442,000,000,000	304,093,966	\$40,914.98	\$207,772,729,000	4,901,938	\$42,385.83	\$41,301.07	\$39,640.84	\$1,705,778,383.14	\$1,571,396,195.91	108.55%	48.85%	51.15%	65.81%	50.00%	65.00%	
2009	\$12,591,000,000,000	306,771,529	\$41,043.57	\$198,147,196,000	4,976,853	\$39,813.75	\$41,310.85	\$40,607.03	\$1,706,586,327.72	\$1,648,930,885.42	103.50%	46.58%	53.42%	67.39%	50.00%	65.00%	
2010	\$12,551,600,000,000	309,348,193	\$40,574.34	\$204,691,900,000	5,049,935	\$40,533.57	\$40,911.05	\$40,844.30	\$1,673,714,012.10	\$1,668,256,842.49	100.33%	45.15%	54.85%	68.40%	50.00%	65.00%	
2011	\$13,263,000,000,000	311,663,358	\$42,555.53	\$222,571,956,000	5,119,538	\$43,475.01	\$41,274.11	\$41,391.15	\$1,703,552,156.29	\$1,713,227,298.32	99.44%	44.75%	55.25%	68.68%	50.00%	65.00%	
2012	\$14,010,100,000,000	313,998,379	\$44,618.38	\$236,687,388,000	5,191,086	\$45,594.97	\$43,201.18	\$42,582.75	\$1,866,341,953.39	\$1,813,290,597.56	102.93%	46.32%	53.68%	67.58%	50.00%	65.00%	
2013	\$14,181,100,000,000	316,204,908	\$44,847.82	\$248,958,974,000	5,268,413	\$47,255.02	\$45,441.67	\$44,007.24	\$1,936,637,172.42	\$1,936,637,172.42	106.63%	47.98%	52.02%	66.41%	50.00%	65.00%	
2014	\$14,991,800,000,000	318,563,456	\$47,060.64	\$271,101,038,000	5,350,118	\$50,671.97	\$47,840.65	\$45,508.95	\$2,288,727,792.42	\$2,071,064,530.10	110.51%	49.73%	50.27%	65.19%	50.00%	65.53%	
2015	\$15,719,500,000,000	320,896,618	\$48,986.18	\$284,142,913,000	5,448,055	\$52,154.93	\$50,027.31	\$46,964.88	\$2,502,731,745.84	\$2,205,699,953.41	113.47%	51.06%	50.00%	65.00%	50.79%	65.53%	
2016	\$16,125,100,000,000	323,127,513	\$49,903.21	\$289,620,855,000	5,538,180	\$52,295.31	\$51,707.40	\$48,650.01	\$2,673,655,214.76	\$2,366,823,473.00	112.96%	50.83%	50.00%	65.00%	50.20%	65.13%	
2017	\$16,830,900,000,000	325,511,000	\$51,706.09	\$306,411,131,000	5,609,445	\$54,624.14	\$53,024.79	\$50,198.49	\$2,811,628,354.54	\$2,519,888,398.28	111.58%	50.21%	50.00%	65.00%	50.00%	65.00%	
2018	\$17,588,000,000,000	327,892,000	\$53,639.61	\$324,183,000,000	5,689,227	\$56,981.90	\$54,633.78	\$51,749.64	\$2,984,849,917.09	\$2,678,025,240.13	111.46%	50.16%	50.00%	65.00%	50.00%	65.00%	
2019	\$18,325,000,000,000	330,269,000	\$55,485.07	\$342,546,000,000	5,769,985	\$59,366.88	\$56,990.97	\$53,610.26	\$3,247,970,661.54	\$2,874,059,977.27	113.01%	50.85%	50.00%	65.00%	53.10%	67.17%	
2020	\$19,727,900,000,000	332,639,000	\$59,307.24	\$368,920,000,000	5,813,209	\$63,462.37	\$59,937.05	\$56,143.97	\$3,592,449,962.70	\$3,152,145,367.36	113.97%	51.29%	50.00%	65.00%	56.20%	69.34%	
2021	\$20,931,300,000,000	334,998,000	\$62,481.87	\$391,055,000,000	5,865,418	\$66,671.29	\$63,166.85	\$59,091.39	\$3,990,050,938.92	\$3,491,792,372.13	114.27%	51.42%	50.00%	65.00%	50.00%	65.00%	
2022	\$20,973,200,000,000	337,342,000	\$62,171.92	\$395,356,000,000	5,922,512	\$66,754.78	\$65,629.48	\$61,320.34	\$4,307,228,645.07	\$3,760,184,097.72	114.55%	51.55%	50.00%	65.00%	50.00%	65.00%	
2023	\$21,707,200,000,000	339,665,000	\$63,907.67	\$408,008,000,000	5,983,153	\$68,192.81	\$67,206.29	\$62,853.82	\$4,516,685,415.56	\$3,950,602,688.59	114.33%	51.45%	50.00%	65.00%	50.00%	65.00%	

Definitions: FMAP: Federal medical assistance percentage; eFMAP: Enhanced FMAP; SFY: State fiscal year; FFY: Federal fiscal year  
 (1) FMAP is calculated with the following formula:  $FMAP_{est} = 1 - ((Per\ capita\ income_{est}) / (Per\ capita\ income_{3y}) * 0.45)$ , where per capita incomes are based on a rolling three-year average. (Source: <http://aspe.hhs.gov/health/reports/2014/FMAP2015/fmap15.cfm>)  
 (2) eFMAP is calculated by lowering the State share under the regular FMAP rate by 30% (Source: <http://aspe.hhs.gov/health/reports/2014/FMAP2015/fmap15.cfm>)  
 (3) There is a lag between the time period that an FMAP is calculated in, and the time period it goes into effect. For example, the FFY 2014-15 FMAP of 51.01% was calculated based on data from CY 2012.  
 (4) The SFY FMAP and eFMAP are calculated as one quarter of the previous FFY FMAP/eFMAP and three quarters of the current FFY FMAP/eFMAP. This is due to FMAP changes going into effect on the FFY on October 1, which is one quarter through the SFY.  
 (5) FY 2023-24 estimated FMAP is calculated based on forecasts of Personal Income from "Forecast June 2021," Colorado General Assembly, June 18, 2021. Accessed August 10, 2021. <https://leg.colorado.gov/sites/default/files/images/junforecast.pdf>. U.S. Population forecasts come from US Census Bureau, "Table 1. Projected Population Size and Births, Deaths, and Migration," September 06, 2018. Accessed August 10, 2021. <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>. Colorado population estimates comes from Colorado State Demography Office. "Population Forecasts - Years (2000 to 2050)." Colorado Demography, March 2021. Accessed August 10, 2021. <https://demography.dola.colorado.gov/population/population-totals-colorado-substate/population-totals-for-colorado-and-sub-state-regions>.