



**Joint Budget Committee**

# **Supplemental Budget Requests FY 2025-26**

**Department of Health Care Policy and Financing  
Office of Community Living and County Administration**

Prepared by:

Tom Dermody, JBC Staff

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**Joint Budget Committee Staff**

200 E. 14th Avenue, 3rd Floor

Denver, Colorado 80203

Telephone: (303) 866-2061

[leg.colorado.gov/agencies/joint-budget-committee](https://leg.colorado.gov/agencies/joint-budget-committee)

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# Overview of the Office of Community Living

The Office of Community Living provides long-term services and supports for people with intellectual and developmental disabilities. The federal government provided waivers so Colorado can earn a federal match on services that go above and beyond standard Medicaid. The waivers require Colorado to demonstrate that the services are cost neutral or provide a savings compared to other services covered by Medicaid, such as nursing home care. Because these services are provided through waivers, rather than standard Medicaid, the State can limit eligibility, services, and expenditures.

The Office oversees Home- and Community-Based Services (HCBS) for individuals with intellectual and developmental disabilities. The division is responsible for the following functions related to the provision of services by community-based providers:

- administration of four Medicaid waivers for individuals with developmental disabilities;
- establishment of service reimbursement rates;
- ensuring compliance with federal Centers for Medicare and Medicaid rules and regulations;
- communication and coordination with case management agencies, providers, and members regarding waiver policies, rate changes, and waiting list information reporting; and
- administration of the Family Support Services Program.

# Summary of Staff Recommendations

## FY 2024-25 Summary

### Department of Health Care Policy and Financing: Recommended Changes for FY 2024-25

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
FY 2024-25 Appropriation	\$16,905,170,469	\$5,183,938,664	\$1,948,296,054	\$137,592,164	\$9,635,343,587	840.9
Current FY 2024-25 Appropriation	\$16,905,170,469	\$5,183,938,664	\$1,948,296,054	\$137,592,164	\$9,635,343,587	840.9
Recommended Changes						
Current FY 2024-25 Appropriation	\$16,905,170,469	5,183,938,664	\$1,948,296,054	\$137,592,164	\$9,635,343,587	840.9
June 1331 - County admin federal funds	1,697,439	0	0	0	1,697,439	0.0
Recommended FY 2024-25 Appropriation	\$16,906,867,908	\$5,183,938,664	\$1,948,296,054	\$137,592,164	\$9,637,041,026	840.9
Recommended Increase/-Decrease from 2024-25	\$1,697,439	\$0	\$0	\$0	\$1,697,439	0.0
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FY 2024-25 Executive Request	\$16,906,867,908	\$5,183,938,664	\$1,948,296,054	\$137,592,164	\$9,637,041,026	840.9
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Changes are assumed to be one-time unless otherwise noted.

**June 1331 – County admin federal funds:** The recommendation is an appropriation of \$1.7 million federal funds to provide sufficient spending authority to prevent a reduction in General Fund as required by the (M) notation.

## FY 2025-26 Summary

### Department of Health Care Policy and Financing: Recommended Changes for FY 2025-26

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Appropriation						
FY 2025-26 Appropriation	\$18,217,290,946	\$5,554,316,022	\$2,030,279,577	\$144,020,883	\$10,488,674,464	843.2
Current FY 2025-26 Appropriation	\$18,217,290,946	\$5,554,316,022	\$2,030,279,577	\$144,020,883	\$10,488,674,464	843.2
Recommended Changes						
Current FY 2025-26 Appropriation	\$18,217,290,946	5,554,316,022	\$2,030,279,577	\$144,020,883	\$10,488,674,464	843.2

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Impacts driven by other agencies [1]	-549,868	337,803	-125,021	0	-762,650	0.0
Medical forecast [2]	1,058,738,670	221,338,902	186,618,296	-28,263	650,809,735	0.0
Provider rates [2]	-213,227,281	-72,872,552	-18,031,001	0	-122,323,728	0.0
Eligibility & benefit changes [2]	-54,505,567	-17,653,279	-2,450,998	0	-34,401,290	0.8
Administration [2]	19,266,392	-10,102,329	15,529,222	21,825,418	-7,985,919	5.6
Recommended FY 2025-26 Appropriation	\$19,027,013,292	\$5,675,364,567	\$2,211,820,075	\$165,818,038	\$10,974,010,612	849.6
Recommended Increase/-Decrease from 2025-26	\$809,722,346	\$121,048,545	\$181,540,498	\$21,797,155	\$485,336,148	6.4
Percentage Change	4.4%	2.2%	8.9%	15.1%	4.6%	0.8%
FY 2025-26 Executive Request	\$18,993,825,568	\$5,661,816,757	\$2,210,006,381	\$165,818,038	\$10,956,184,392	854.7
Staff Rec. Above/-Below Request	\$33,187,724	\$13,547,810	\$1,813,694	\$0	\$17,826,220	-5.1

[1] These requests will be discussed in presentations for requesting agency.

[2] Elements of these recommendations are discussed in this document and are itemized in the following sections. Total in this table may not reflect final JBC staff recommendations to be presented by other staff.

Changes are assumed to be one-time unless otherwise noted.

## Medical Forecast

### Medical forecast

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
S1 Medical Services Premiums	\$903,506,547	\$169,695,381	\$190,137,305	\$0	\$543,673,861	0.0
S2 Behavioral health	129,809,174	18,580,986	6,635,629	0	104,592,559	0.0
S5 OCL caseload [1]	59,301,174	32,293,538	-116,084	0	27,123,720	0.0
S4 Other programs & services	16,707,669	16,707,669	0	0	0	0.0
S7g Fed match supplemental payments	0	-3,633,121	0	-28,263	3,661,384	0.0
S3 Child Health Plan Plus	-21,325,620	-6,530,017	-933,950	0	-13,861,653	0.0
S7d NEMT corrective plan	-17,647,557	-5,275,534	-3,548,245	0	-8,823,778	0.0
S15 Public school health services	-11,112,717	0	-5,556,359	0	-5,556,358	0.0
S6.05 Immigrant family planning	-500,000	-500,000	0	0	0	0.0
	\$1,058,738,67					
Total	0	\$221,338,902	\$186,618,296	-\$28,263	\$650,809,735	0.0

[1] Only this item is discussed in this document. Other items are discussed in separate staff presentations and may not reflect actual recommendations.

**S5 OCL caseload:** The request includes an increase of \$59.3 million total funds, including \$32.3 million General Fund, to adjust for forecasted enrollments in each Medicaid Home and Community Based Services waiver programs for people with intellectual and developmental disabilities. The recommendation is to approve the request.

## Provider rates

### Provider rates

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
S7p Movement therapy rates	\$119,412	\$59,706	\$0	\$0	\$59,706	0.0
S6.11 Provider rates -1.6%	-108,167,253	-38,277,173	-5,938,052	0	-63,952,028	0.0
S7e XL wheelchair transport	-32,916,295	-9,899,892	-6,558,355	0	-16,458,048	0.0
S6.16 Dental rates	-13,779,299	-2,516,100	-2,080,674	0	-9,182,525	0.0
S6.23 Rates above 85% Medicare	-12,307,017	-3,477,963	-873,798	0	-7,955,256	0.0
S6.13 Nursing minimum wage	-8,719,922	-4,359,961	0	0	-4,359,961	0.0
S6.12 Community connector -15% [1]	-6,026,470	-3,013,235	0	0	-3,013,235	0.0
S6.02 Behavioral health incentives	-5,996,844	-1,500,000	-1,498,422	0	-2,998,422	0.0
S6.15 Pediatric behavioral therapy rates	-5,440,445	-2,720,222	0	0	-2,720,223	0.0
S6.03 Primary care stabilization	-4,585,035	-1,500,000	-169,032	0	-2,916,003	0.0
S7j Rates above 85% Medicare	-4,013,452	-1,134,202	-284,955	0	-2,594,295	0.0
S6.33 Community connector -23% [1]	-3,055,311	-1,527,656	0	0	-1,527,655	0.0
S6.14 Individual residential srvc & supports [1]	-2,900,558	-1,450,279	0	0	-1,450,279	0.0
S6.24 Outpatient drug rates	-2,634,322	-628,713	-196,419	0	-1,809,190	0.0
S6.01 Accountable care incentives	-2,317,086	-750,000	-408,543	0	-1,158,543	0.0
S6.28 Drug dispensing fees	-281,817	-84,918	-18,616	0	-178,283	0.0
S6.35 Movement therapy rates	-119,412	-59,706	0	0	-59,706	0.0
S6.27 Specialty drug rates	-86,155	-32,238	-4,135	0	-49,782	0.0
Total	-\$213,227,281	-\$72,872,552	-\$18,031,001	\$0	-\$122,323,728	0.0

[1] Only this item is discussed in this document. Other items are discussed in separate staff presentations and may not reflect actual recommendations.

**S6.12 Community connector -15%:** The request includes a forecast reduction of \$6.0 million total funds, including \$3.0 million General Fund, for a 15.0 percent reduction to the community connector service rate. This rate reduction went into effect on January 1, 2026. This request is associated with a prioritized FY 2026-27 budget request (R6.12). Staff recommends approval of the request.

**S6.33 Community connector -23%:** The request a forecast reduction of \$3.1 million total funds, including \$1.5 million General Fund, for a 23.0 percent reduction to the community connector service rate. This rate reduction is scheduled to go into effect on April 1, 2026. This request is associated with a prioritized FY 2026-27 budget request (R6.33). Staff recommends approval of the request.

**S6.14 Individual residential services and supports:** The request includes a forecast reduction of \$2.9 million total funds, including \$1.5 million General Fund, for adjustments to the rate structure for individual residential services and supports (IRSS). The Department anticipates implementing this change April 1, 2026. This request is associated with a prioritized FY 2026-27 budget request (R6.14). Staff recommends denial of the request and will re-evaluate during figure setting in March.

## Eligibility and benefits changes

### Eligibility & benefit changes

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
S6.17 IDD youth transitions [1]	\$0	\$0	\$0	\$0	\$0	0.0
S6.18 IDD waitlist [1]	0	0	0	0	0	0.0
S6.09 Outpatient psychotherapy prior authorization	0	0	0	0	0	0.0
S6.10 Pediatric behavioral therapy reviews	0	0	0	0	0	0.0
S6.04 Continuous coverage	-13,604,503	-5,613,171	-358,438	0	-7,632,894	0.0
S6.08 Tests for specific drugs	-12,930,713	-1,719,785	-949,114	0	-10,261,814	0.0
S6.20 Community health workers	-5,713,346	-1,364,558	-342,750	0	-4,006,038	0.0
S10 DOJ housing vouchers [1]	-5,580,999	-2,790,499	0	0	-2,790,500	0.0
S6.25 Biosimilars	-5,131,802	-982,330	-516,862	0	-3,632,610	0.0
S6.26 3rd Party pay for drugs	-4,071,186	-1,226,741	-268,926	0	-2,575,519	0.0
S6.34 Community connector units [1]	-2,533,994	-1,266,997	0	0	-1,266,997	0.0
S6.30 HCBS hours soft cap [1]	-2,416,695	-1,208,349	0	0	-1,208,346	0.8
S6.29 LTSS presumptive eligibility [1]	-1,303,093	-690,802	0	0	-612,291	0.0
S6.19 Senior dental	-500,000	-500,000	0	0	0	0.0
S6.31 Caregiving hours soft cap [1]	-396,415	-198,208	0	0	-198,207	0.0
S7n Ambulatory surgical centers eligible benefits	-248,471	-54,664	-14,908	0	-178,899	0.0
S6.32 Homemaker hours soft cap [1]	-74,350	-37,175	0	0	-37,175	0.0
Total	-\$54,505,567	-\$17,653,279	-\$2,450,998	\$0	-\$34,401,290	0.8

[1] Only this item is discussed in this document. Other items are discussed in separate staff presentations and may not reflect actual recommendations.

**S6.17 IDD youth transitions:** The request includes \$72,922 total funds, including \$36,461 General Fund, and 0.5 FTE to support a policy change ending the automatic enrollment to the Adult Comprehensive (DD) waiver of youth who age out of the Children's Extensive Support (CES) and Children's Habilitation Residential Services (CHRP) waivers. This policy change is proposed to take effect July 1, 2026. This request is associated with a prioritized FY 2026-27 budget request (R6.17).

Staff recommends denial. Staff emphasizes that this denial is only for the FY 2025-26 FTE request and does not apply to the FY 2026-27 policy change or staffing request, which will be addressed during figure setting for the Office of Community Living in March 2026.

**S6.18 IDD waitlist:** The request includes \$72,922 total funds, including \$36,461 General Fund, and 0.5 FTE to support a policy change reducing by half the number of individuals enrolled from the waitlist for the Adult Comprehensive (DD) waiver. This policy change is proposed to take effect July 1, 2026. This request is associated with a prioritized FY 2026-27 budget request (R6.18).

Staff recommends denial. Staff emphasizes that this denial is only for the FY 2025-26 FTE request and does not apply to the FY 2026-27 policy change or staffing request, which will be addressed during figure setting for the Office of Community Living in March 2026.

**S10 DOJ housing vouchers:** The request includes a reduction of \$5.5 million total funds, including \$2.8 million General Fund, and an increase of 0.7 FTE in FY 2025-26 to support the implementation of a voluntary settlement agreement with the federal Department of Justice (DOJ). This request is associated with a prioritized FY 2026-27 budget request (BA10). The request includes:

- a decrease of \$5,580,999 total funds, including \$2,790,499 General Fund, for individuals transitioning from nursing facilities into a community setting; and
- an increase of \$86,525 total funds, including \$43,263 General Fund, and 0.7 FTE for two staff positions to provide in-reach counseling, converting contractor resources in FY 2026-27 to offset a portion of the costs.

Staff recommends:

- approval of the decrease of \$5,580,999 total funds, including \$2,790,499 General Fund, for individuals transitioning from nursing facilities into a community setting; and
- denial of the request for additional FTE.

**S6.34 Community connector units:** The request includes a net reduction of \$2.5 million total funds, including \$1.2 million General Fund, and an increase of 0.5 FTE for a policy change instituting a soft cap on annual units for community connector services. This request is associated with a prioritized FY 2026-27 budget request (R6.34). The request:

- reduces the Department's forecast by \$2,533,994, total funds, including \$1,266,998 General Fund, in FY 2025-26; and
- increases administrative appropriations by \$60,811 total funds, including \$30,405 General Fund, and 0.5 FTE.

Staff recommends:

- approval of the \$2,533,994 total funds forecast adjustment, on the assumption the policy change is implemented; and
- denial of the funding for the requested FTE.

**S6.30 HCBS hours soft cap:** The request includes a net reduction of \$2.3 million total funds, including \$1.2 million General Fund, and an increase of 1.5 FTE for a policy change instituting a soft cap on annual hours use of personal care, homemaker, and health maintenance activities benefits. This request is associated with a prioritized FY 2026-27 budget request (R6.30). The request:

- reduces the Department's forecast by \$2,503,441 total funds, including \$1,251,722 General Fund, in FY 2025-26; and
- increases administrative appropriations by \$182,433 total funds, including \$91,218 General Fund, and 1.5 FTE.

Staff recommends approval of:

- the \$2,503,441 total funds forecast adjustment, on the assumption the policy change is implemented; and
- an increase of \$86,746 total funds, including \$43,373 General Fund, and 1.5 FTE that are term-limited through FY 2027-28.



### HCBS Annual Hours Soft Cap (\$6.30) Staffing Recommendation

Item	FY 2025-26	FY 2026-27	FY 2027-28
Personal services	\$64,722	\$242,706	\$242,706
Operating expenses	22,024	3,840	3,840
Centrally appropriated costs	0	66,079	66,079
Total	\$86,746	\$312,625	\$312,625
Term-limited FTE	0.8	3.0	3.0

**S6.29 LTSS presumptive eligibility:** The request includes a reduction of \$1.3 million total funds, including \$0.7 million General Fund, to delay the implementation of presumptive eligibility for long-term services and supports (LTSS) until July 1, 2027. This request is associated with a prioritized FY 2026-27 budget request (R6.29). Staff recommends approval of the request.

**S6.31 Caregiving hours soft cap:** The request includes a net reduction of \$335,604 total funds, including \$167,802 General Fund, and an increase of 0.5 FTE for a policy change instituting a soft cap on the paid weekly hours per caregiver providing services. This request is associated with a prioritized FY 2026-27 budget request (R6.31). The request:

- reduces the Department's forecast by \$396,415 total funds, including \$167,802 General Fund, in FY 2025-26; and
- increases administrative appropriations by \$60,811 total funds, including \$30,406 General Fund, and 1.5 FTE.

Staff recommends:

- approval of the Department's forecast by \$396,415 total funds, including \$167,802 General Fund, in FY 2025-26; and
- denial of the funding for the requested FTE.

**S6.32 Homemaker hours soft cap:** The request includes a forecast reduction of \$74,350 total funds, including \$37,175 General Fund, for a policy change instituting a soft cap on paid weekly hours for legally responsible persons providing these services. The Department anticipates implementing this change in the Spring of 2026. This request is associated with a prioritized FY 2026-27 budget request (R6.32). Staff recommends approval of the request.

## Administration

### Administration

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
S16 Technical adjustments	\$21,733,422	\$0	-\$45,998	\$21,825,418	-\$45,998	0.0
S8 Federal HR 1 compliance	5,366,498	333,708	179,361	0	4,853,429	4.0
S13 Disability determinations [1]	1,275,000	802,544	-165,044	0	637,500	0.0
S9 Federal rule compliance	173,016	73,531	12,978	0	86,507	1.3
S14 Home health admin	38,022	12,405	6,604	0	19,013	0.3
S12 Eligibility administration [1]	0	0	0	0	0	0.0
S7c Recovery audits	0	-7,322,432	15,734,919	0	-8,412,487	0.0

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
S7a Prepayment claims review	-4,467,500	-2,233,750	0	0	-2,233,750	0.0
S7b Claims rules enforcement	-3,062,499	-957,601	-159,798	0	-1,945,100	0.0
S6.22 Provider credentialing ACC	-650,000	-40,950	-33,800	0	-575,250	0.0
S6.06 SBIRT training grants	-500,000	-500,000	0	0	0	0.0
S6.07 Immigrant services outreach	-375,000	-131,250	0	0	-243,750	0.0
S7o Member surveys	-264,567	-138,534	0	0	-126,033	0.0
Total	\$19,266,392	-\$10,102,329	\$15,529,222	\$21,825,418	-\$7,985,919	5.6

[1] Only this item is discussed in this document. Other items are discussed in separate staff presentations and may not reflect actual recommendations.

**S13 Disability determinations:** The request includes \$1.3 million total funds, including \$0.8 million General Fund, for projected disability determinations caseload increases and to rebalance funding sources to accurately reflect the caseload split of traditional Medicaid members versus expansion population members. This supplemental is associated with a prioritized FY 2026-27 request (R10.1). The impact of each element is:

- Caseload increase - \$1,275,000 total funds, including \$414,375 General Fund, \$223,125 from hospital provider fees, and \$637,500 federal Medicaid funds.
- Rebalance funding sources - \$0 total funds, including an increase of \$388,169 General fund and a decrease of \$388,169 from hospital provider fees.

Staff recommends approval of the request.

**S12 Eligibility administration [legislation]:** The request includes \$636,866 total funds, including \$206, 979 General Fund, and 1.0 FTE in FY 2025-26 for staffing and contractor resources in anticipation of the implementation of the proposed shared services system. The FTE represents three positions for contract administration and operation supervision in the current year with each position funded for four months. The contractor resources are to support the creation of the central Medicaid quality assurance and fraud investigation units. This request is associated with a prioritized FY 2026-27 budget request (R7).

Staff recommends denial of the request as a supplemental action. Presuming legislation is introduced for this proposal, the requested FTE and contractor resources for FY 2025-26 should be included as part of that bill's appropriations clause. It is standard practice to include any fiscal impact from a legislative proposal in the legislation making statutory change.

# Department Supplemental Requests

## → S5 OCL caseload

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$59,301,174	\$32,293,538	-\$116,084	\$0	\$27,123,720	0.0
Recommendation	59,301,174	32,293,538	-116,084	0	27,123,720	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

## Request

The Department requests \$59.3 million total funds, including \$32.3 million General Fund, to align appropriations with the estimated number of enrollments in each Medicaid Home and Community Based Services waiver programs for people with intellectual and developmental disabilities.

Intellectual and developmental disability waiver services are not subject to standard Medicaid State Plan service and duration limits. Instead, these services are provided under a Medicaid waiver program. Colorado has four Medicaid waivers for individuals who qualify for intellectual and developmental disability services:

- Adult Comprehensive/Developmental Disabilities waiver (DD waiver) is for individuals over the age of 18 who require residential and daily support services to live in the community.
- Supported Living Services waiver (SLS waiver) is for individuals over the age of 18 who do not require residential services but require daily support services to live in the community.
- Children's Extensive Services waiver (CES waiver or children's waiver) is for youth aged 5 to 18 who do not require residential services but do require daily support services to be able to live in their family home.
- Children's Habilitation Residential Services waiver (CHRP waiver) is for children with intellectual and developmental disabilities and complex behavioral support needs requiring home- and community-based services.

As part of the waivers, Colorado is allowed to limit the number of waiver program participants. Annually, the General Assembly appropriates sufficient funding to ensure no waiting list for the SLS, CES, and CHRP waivers.

## Medicaid Programs

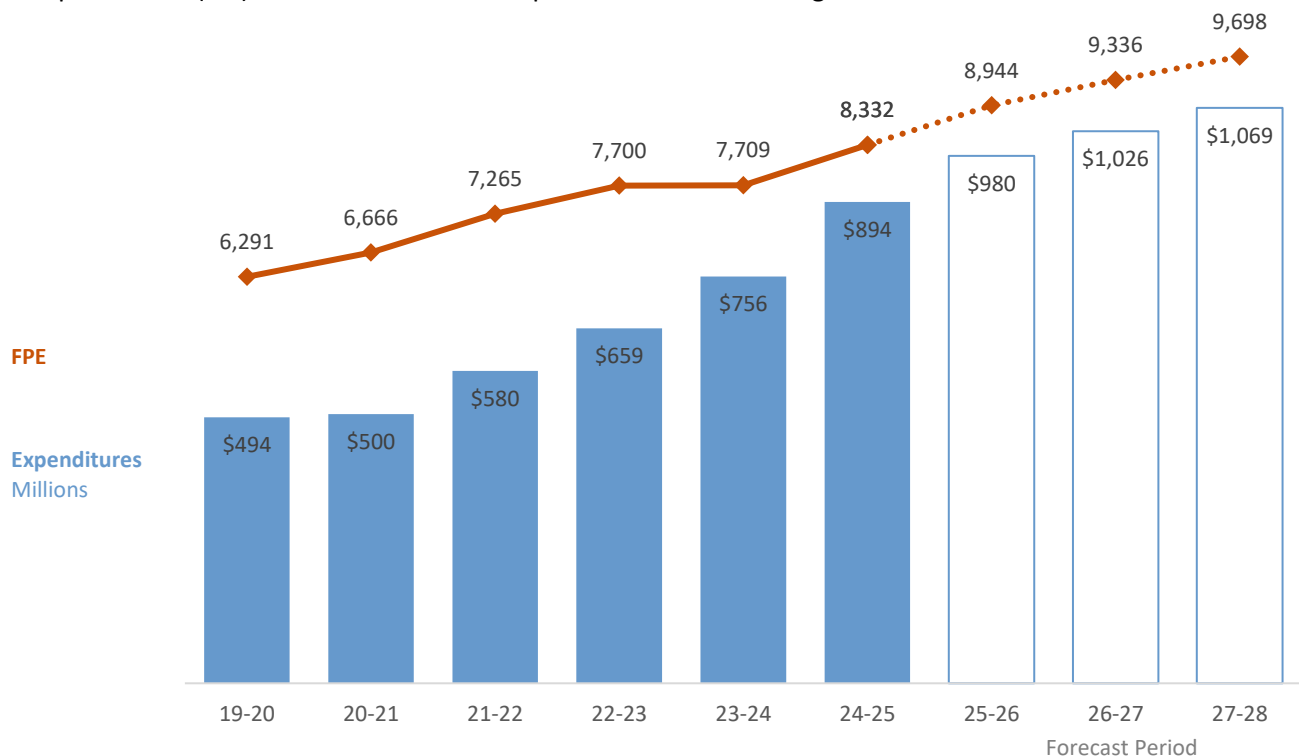
### Comprehensive/Developmental Disabilities Waiver

The Comprehensive waiver provides access to 24-hour/seven-day-a-week supervision through Residential Habilitation and Day Habilitation Services and Supports. The service provider is responsible for supporting individuals in securing living arrangements that can range from host home settings with 1-2 persons, individualized settings of 1-3 persons, and group settings of 4-8 persons. Support is also available for participants who live in their own home or who live with and/or are provided services by members of their family.

Annually, the Department requests funding for reserved capacity and emergency enrollments. The FY 2025-26 appropriation includes funding for 510 enrollments, including 54 transitions from institutions, 266 emergency enrollments, 11 foster care transitions, and 179 youth transitions.

Accounting for churn and enrollment lag, the estimated fiscal year-end enrollment is 8,651 members. The forecast is based on the number of full program equivalent (FPE) who are anticipated to be served, in this case 8,944 FPE at an anticipated cost of \$106,830 per FPE. The request reflects an increase of \$36.3 million total funds, including \$18.2 million General Fund.

Comprehensive (DD) waiver caseload and expenditures continue to grow.



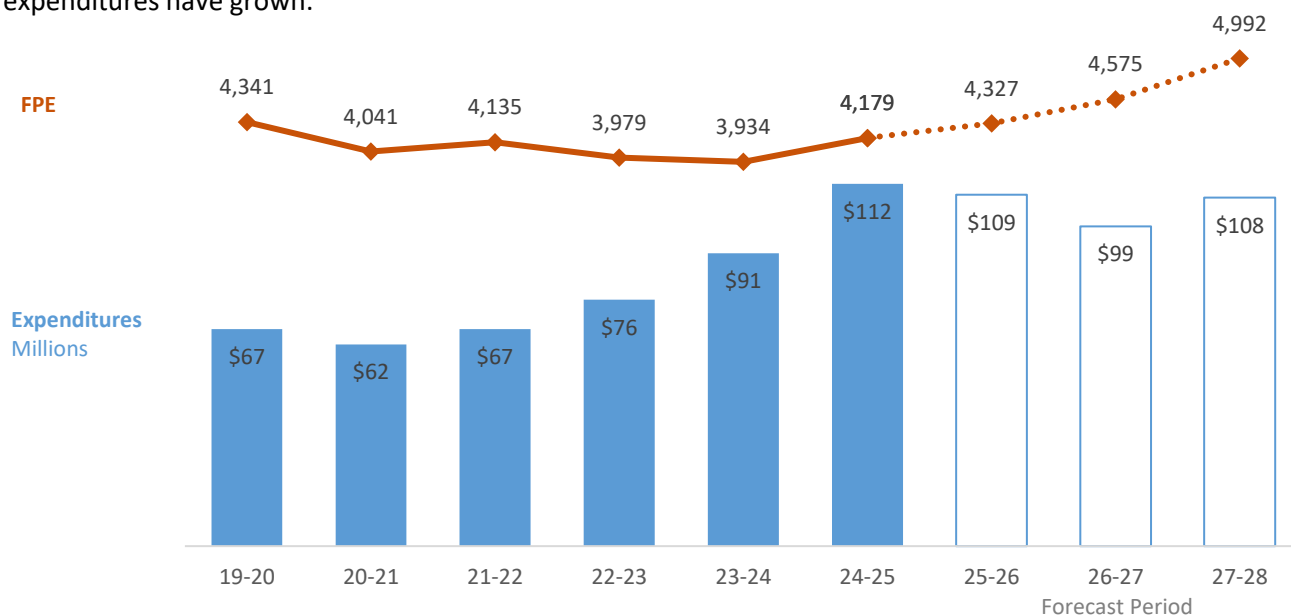
### Supported Living Services Waiver

The Supported Living Services (SLS) waiver provides necessary services and supports for adults with intellectual or developmental disabilities so they can remain in their homes and communities with minimal impact to the individual's community and social supports. The waiver promotes individual choice and decision-making through the individualized planning process and the tailoring of services and supports to address prioritized, unmet needs. In addition, this waiver is designed to supplement existing natural supports and traditional community resources with targeted and cost-effective services and supports. The person receiving services is responsible for

his or her living arrangements that can include living with family or in their own home. Up to three persons receiving services can live together. Participants on this waiver do not require 24-hour supervision on a continuous basis for services and supports offered on this waiver. The rate of some services and the Service Plan Authorization Limit (SPAL) is determined through member intake and assessments.

The forecast reflects a growing FPE for upcoming fiscal years related to enrollment trends. The number of FPE anticipated to be served in FY 2025-26 is 4,327 with an average cost of \$21,495. There is no waiting list for SLS waiver enrollment, therefore the Department adjusts costs based on actual enrollment, utilization, and per capita trends. The Department projects a decrease of \$16.8 million total funds, including \$5.3 million General Fund in FY 2025-26.

Supported Living Services (SLS) caseload has declined in the last several fiscal years, but expenditures have grown.

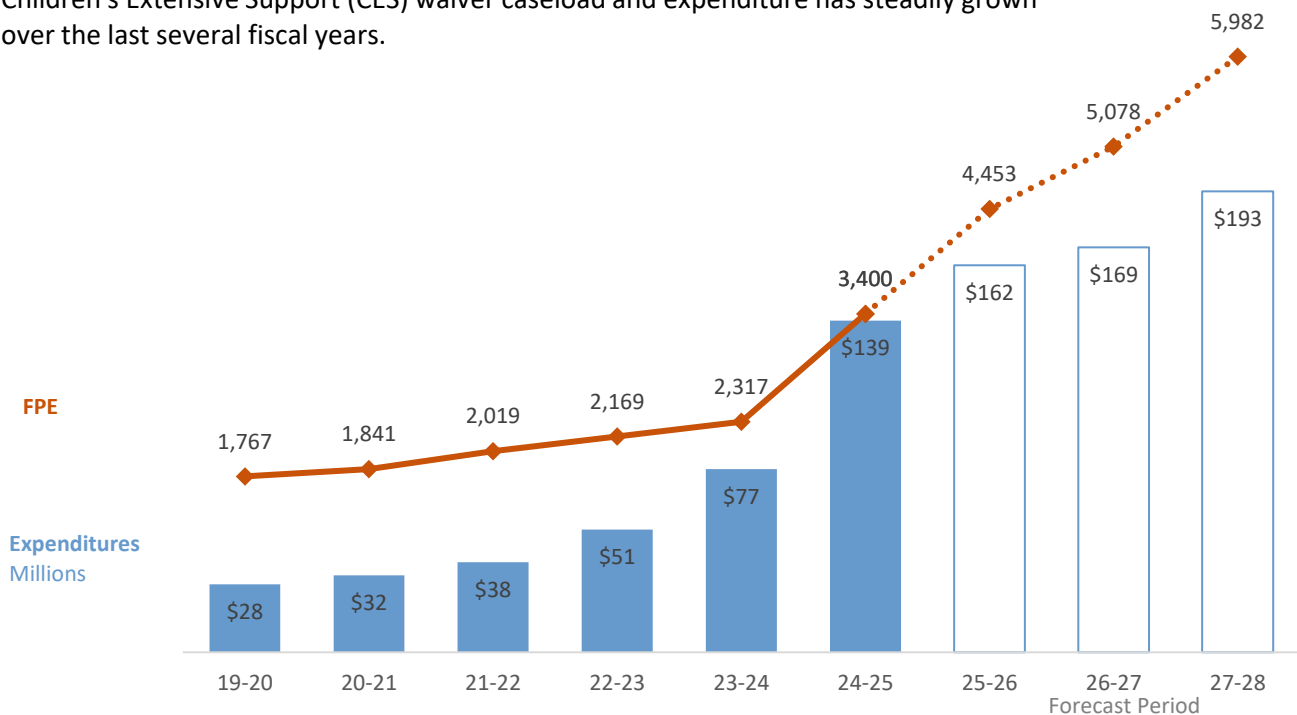


### Children's Extensive Support Waiver

The Children's Extensive Support (CES) waiver provides services and supports to children and families that will help children establish a long-term foundation for community inclusion as they grow into adulthood. Caseload and expenditures for the CES waiver have grown over the last six fiscal years. The Department anticipates significant growth in caseload in the next three fiscal years, as they have recorded a nearly 60.0 percent increase in enrollments since January 2024. New enrollees onto this waiver tend to be younger than previously experienced, with the highest proportion of new enrollees in the 0-6 age range. Additionally, homemaker and community connector services are the highest used services by new enrollees.

The number of FPE anticipated to be served in FY 2025-26 is 4,453, at an average cost of \$31,141. There is no waiting list for CES enrollment, therefore the Department adjusts costs based on actual enrollment, utilization, and per capita trends. The Department projects an increase of \$14.3 million total funds, including \$8.5 million General Fund.

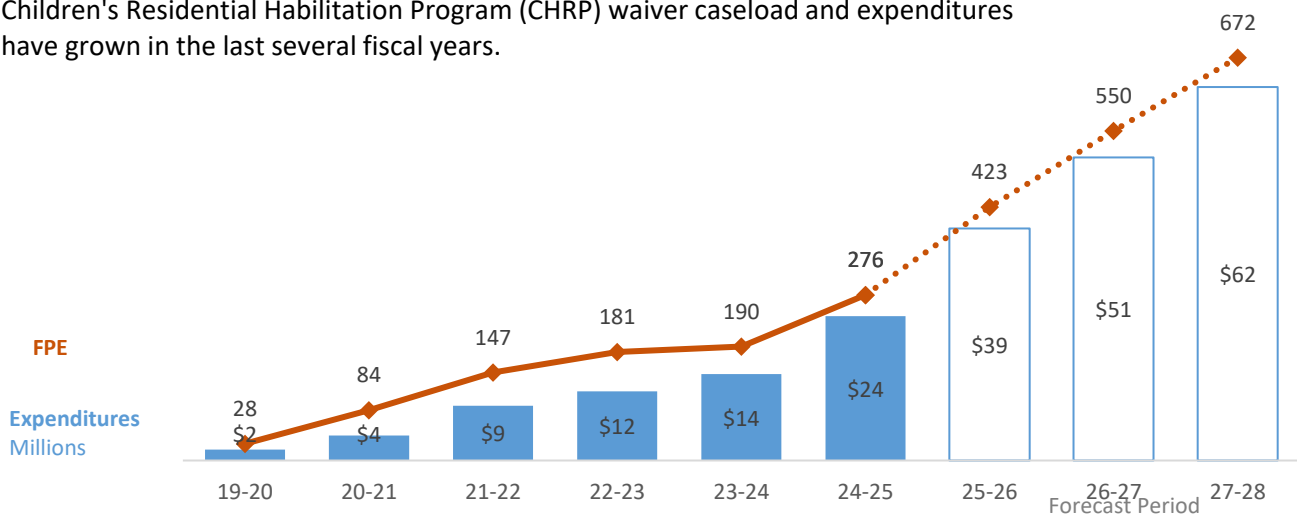
Children's Extensive Support (CES) waiver caseload and expenditure has steadily grown over the last several fiscal years.



### Children's Habilitation Residential Program Waiver

The Children's Habilitation Residential Program (CHRP) waiver provides residential services for children and youth in foster care or at risk of child welfare involvement who have a developmental disability and very high needs that put them at risk for institutional care. Services are intended to help children and youth learn and maintain skills that are necessary for successful community living. The number of FPE anticipated to be serviced in FY 2025-26 is 423 at an average cost of \$68,019. There is no waiting list for CHRP enrollment, therefore the Department adjusts costs based on actual enrollment, utilization, and per capita trends. The November forecast reflects an upward trend resulting in an increase of \$7.1 million total funds, including \$3.6 million General Fund.

Children's Residential Habilitation Program (CHRP) waiver caseload and expenditures have grown in the last several fiscal years.



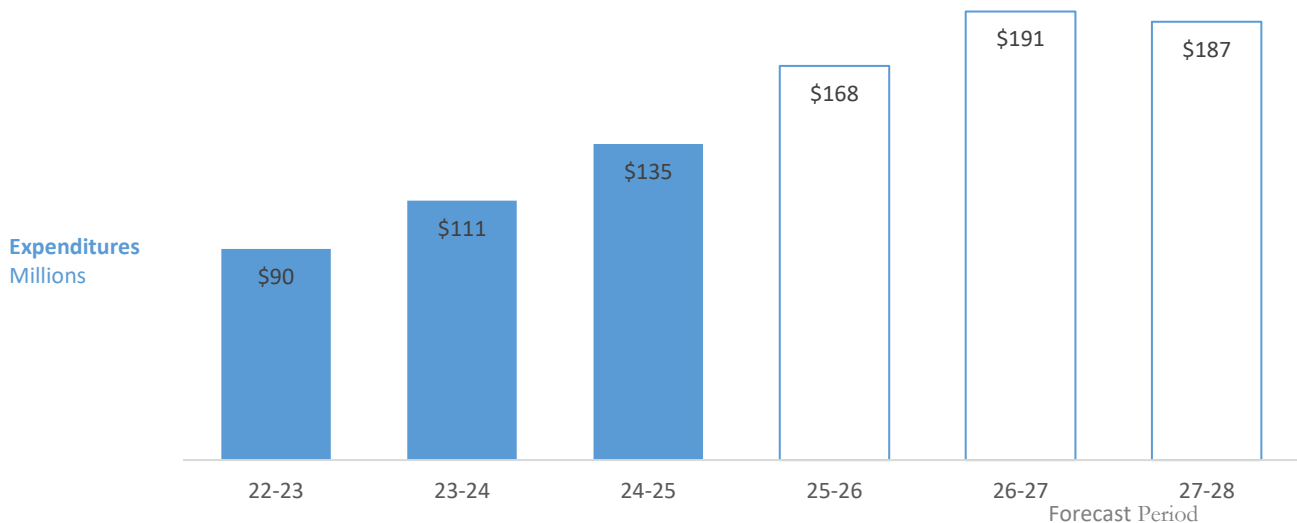
### Case Management

Individuals with IDD who are enrolled in HCBS waivers receive case management, monitoring, and assessment services.

- Targeted Case Management provides assessment of each client’s long-term care needs, the development and implementation of personalized care plans, coordination and monitoring of the delivery of services, and evaluation of the effectiveness of services (estimated \$117.3 million in FY 2025-26).
- Four monitoring visits per year are provided to each client. These quarterly visits with a case manager include an evaluation of service delivery and quality, evaluation of choice in providers, and the promotion of self-determination, self-representation, and self-advocacy (an estimated \$13.0 million in FY 2025-26).
- Intake, an annual Continued Stay Review assessment, and a Supports Intensity Scale (SIS) assessment are required and are necessary to determine the member’s functional level for activities of daily living (an estimated \$37.9 million in FY 2025-26). The SIS specifically measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. For children enrolled in the CHRP waiver, the Inventory for Client and Agency Planning assessment is used to measure support needs by determining adaptive behavior skills. Support needs identified by the assessments help determine the level of support each client needs, which subsequently informs the Service Plan Authorization Limit (SPAL).

The forecast reflects an increase of \$18.3 million total funds, including \$7.4 million General Fund, for case management activities in FY 2025-26.

Targeted Case Management expenditures have increased in the last three years due to caseload growth and the transition to conflict-free case management.



## State-only Programs

State-only programs are made available to individuals with intellectual and developmental disabilities who do not meet the Medicaid eligibility requirements. The November 2025 forecast reflects no additional funding necessary for state funded programs.

## Recommendation

Staff recommends that the Committee approve the request. All of the expenditures contained in the supplemental are for programs authorized in current law. If the February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill.

### → S6.12 Community connector -15%

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$6,026,470	-\$3,013,235	\$0	\$0	-\$3,013,235	0.0
Recommendation	-6,026,470	-3,013,235	0	0	-3,013,235	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

#### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is proposing this reduction as part of its responsibilities to address the Governor's Executive Orders date August 28 and October 31, 2025, which were issued during the interim between legislative sessions in response to anticipated revenue shortfalls.

## Request

The Department requests a forecast reduction of \$6.0 million total funds, including \$3.0 million General Fund, for a 15.0 percent reduction to the community connector service rate. This rate reduction went into effect on January 1, 2026.

This request is associated with a prioritized FY 2026-27 budget request (R6.12).

## Recommendation

Staff recommends that the Committee approve the request.

## Analysis

Community connector services help individuals enrolled in the Children's Extensive Services (CES) and Children's Habilitation Residential Program (CHRP) waivers participate in typical childhood activities and to become more fully integrate into their communities. These services help members develop skills and abilities to be active participants in their communities, build relationships and natural supports, and interact one-on-one with non-



familial persons without disabilities. Examples of engagement supported by this benefit are volunteering, attending enrichment classes, and going to the library alongside peers without disabilities.

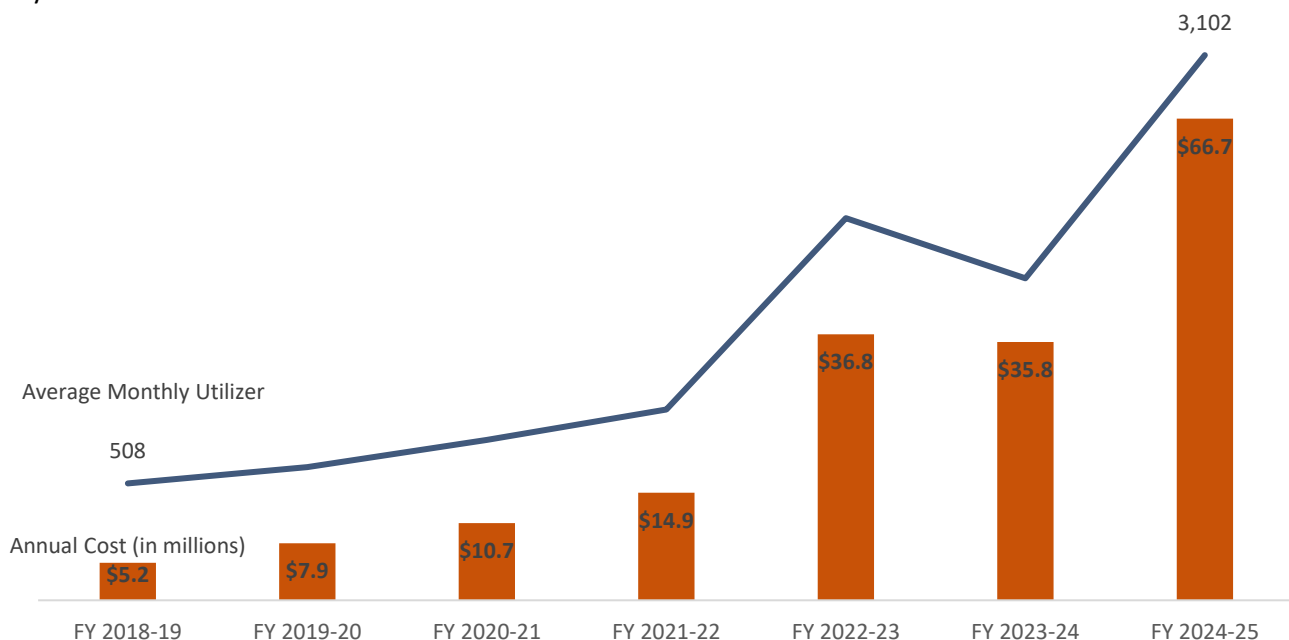
Community connector services are provided by agency-based, program approved service agencies (PASAs), who hire staff to deliver the service. The following requirements must be met to be a provider:

- The provider must be enrolled as a Medicaid provider of Home and Community-Based Services.
- The provider must be 18 or older, able to communicate effectively and complete documentation, able to provide services according to the service plan, have completed state-required training, and have the skills and interpersonal abilities needed to work with people with developmental disabilities.
- When parents are also the provider, they must still follow the same community connector service definition—working in inclusive community settings on skill-building and connection, not simply providing routine parental care.

These qualifications align with the supported community connections (SCC) benefit, which is the comparable service in the adult waivers.

Utilization of CES and CHRP community connector services have grown much faster than the Department expected. In particular, the last three fiscal years have seen a marked increase in both utilization and total cost. Utilization has increased by 510.6 percent between FY 2018-19 and FY 2024-25. Total cost has increased by 1,179.1 percent in the same time period. The Department’s analysis shows that utilization and expenditure increases are driving in large part by the provision of community connector services for children under the age of 6 years. Total average monthly utilization for member under 6 years old has increase from 45 to 523, while total expenditures for this group has increase from \$0.5 million to \$11.2 million. The Department has expressed concern that community connector services are being utilized, in some cases, for activities that should already be provided by the child’s caregiver as typical parental responsibilities. The Department reports that few state office this service to children, and fewer compensate parents for providing the service.

The use and cost of community connector services has increased substantially in the last seven fiscal years.



To address the unexpected, order of magnitude cost increase of the community connector services, the Department is proposing four distinct budgetary actions: two rate reductions and two eligibility and benefits changes. The rate reductions are intended to bring the community connector services in line with the adult SCC rates. The eligibility and benefits changes are intended to manage utilization to address the unexpected growth through an annual 1,040 unit<sup>1</sup> cap and an age-based eligibility restriction. The Department anticipates \$11.6 million total funds, including \$5.8 million General Fund, savings in FY 2025-26 from the two rate reductions and the unit cap. In FY 2026-27, the Department's proposed cost containment measure would save \$50.7 million total funds, including \$25.4 million General Fund.

#### Impacts of Proposed Changes to Community Connector Services [1]

Item	FY 2025-26	FY 2026-27 and ongoing
<u>Provider rates</u>		
15% reduction	-\$6,026,470	-\$12,052,939
23% reduction	-3,055,311	-18,331,864
Sub-total	-\$9,081,781	-\$30,384,803
<u>Eligibility &amp; benefits changes</u>		
Unit cap	-\$2,533,994	-\$15,092,224
Age limit [2]	n/a	-5,229,310
Sub-total	-\$2,533,994	-\$20,321,534
Total	-\$11,615,775	-\$50,706,337

[1] Amounts are total funds, which are split evenly between General Fund and federal funds. Amounts shown reflect requested changes excluding administrative costs.

[2] This request will be presented during figure setting in March 2026.

## Rate reductions for FY 2025-26

The Department argues that because of the similarities in provider requirements and services provided by the community connector and supported community connections services the two rate structures should be aligned. Both rate reductions are at the direction of the Governor's August 28 and October 31, 2025 Executive Orders. The rate changes proposed by the Department for FY 2025-26 represent a 38.0 reduction for providers in the Denver metro area and a 37.0 percent reduction for providers outside of the Denver metro area. The 15.0 percent rate reduction became effective January 1, 2026. The 23.0 percent rate reduction will be effective April 1, 2026, at which point the community connector rate will be aligned with the supported community connector rate for adults.

#### Community Connector Services Rate Change for FY 2025-26

Municipality	July 1, 2025	October 1, 2025	January 1, 2026 (-15%)	April 1, 2026 (-23%)	Total Change (%)
Denver	\$12.56	\$12.36	\$10.67	\$7.83	-38.0%
Non-Denver	\$12.22	\$12.03	\$10.39	\$7.71	-37.0%

<sup>1</sup> A unit is a 15-minute increment.

## Annual Unit Cap

The Department is planning a 50.0 percent reduction to the annual cap for community connector services to 1,040 units. Community connector services are billed in 15-minute increments, so the new cap equates to 260 hours per year per member. The Department anticipates hundreds of exceptions requests and requests an addition staff position to support the review process for this change to the community connector benefit. However, specific workload estimates have not been provided to JBC staff. Given the implementation date of the annual unit cap and incremental nature of the renewal and approval process for Person-centered Support Plans, providing supplemental funding for administrative staff resources is not supported. For at least FY 2025-26, the Department can absorb the exception workload within existing resources.

### → S6.33 Community connector -23%

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$3,055,311	-\$1,527,656	\$0	\$0	-\$1,527,655	0.0
Recommendation	-3,055,311	-1,527,656	0	0	-1,527,655	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

#### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is proposing this reduction as part of its responsibilities to address the Governor's Executive Orders date August 28 and October 31, 2025, which were issued during the interim between legislative sessions in response to anticipated revenue shortfalls.

## Request

The Department requests a forecast reduction of \$3.1 million total funds, including \$1.5 million General Fund, for a 23.0 percent reduction to the community connector service rate. This rate reduction is scheduled to go into effect on April 1, 2026.

This request is associated with a prioritized FY 2026-27 budget request (R6.33).

## Recommendation

Staff recommends that the Committee approve the request.

## Analysis

This is one of three supplemental requests affecting the community connector services. Please see the Analysis section for S6.12 (Community connector -15%) for details regarding the department's proposals and JBC staff analysis.

### → S6.34 Community connector units

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$2,473,183	-\$1,236,592	\$0	\$0	-\$1,236,591	0.5
Recommendation	-2,533,994	-1,266,997	0	0	-1,266,997	0.0
Staff Recommendation Higher/-Lower than Request	-\$60,811	-\$30,405	\$0	\$0	-\$30,406	-0.5

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is proposing this reduction as part of its responsibilities to address the Governor's Executive Orders date August 28 and October 31, 2025, which were issued during the interim between legislative sessions in response to anticipated revenue shortfalls.

## Request

The Department requests a net reduction of \$2.5 million total funds, including \$1.2 million General Fund, and an increase of 0.5 FTE for a policy change instituting a soft cap on annual units<sup>2</sup> for community connector services. The request:

- reduces the Department's forecast by \$2,533,994, total funds, including \$1,266,998 General Fund, in FY 2025-26; and
- increases administrative appropriations by \$60,811 total funds, including \$30,405 General Fund, and 0.5 FTE.

This request is associated with a prioritized FY 2026-27 budget request (R6.34).

## Recommendation

Staff recommends that the Committee:

- approve the \$2,533,994 total funds forecast adjustment, on the assumption the policy change is implemented; and

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<sup>2</sup> A unit is a 15-minute increment.

- deny the funding for the requested FTE.

## Analysis

This is one of three supplemental requests affecting the community connector services. Please see the Analysis section for S6.12 (Community connector -15%) for details regarding the department's proposals and JBC staff analysis.

## → S6.14 Individual residential services and supports

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$2,900,558	-\$1,450,279	\$0	\$0	-\$1,450,279	0.0
Recommendation	0	0	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	\$2,900,558	\$1,450,279	\$0	\$0	\$1,450,279	0.0

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? NO

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department disagree that this request is the result of any supplemental criteria. The current billing practices have been in place for many years. While it may not have been the Department's intent that family caregivers bill at the IRSS staffed home rate, it has been occurring for years. The Department acknowledges that confusing and unclear communication about IRSS policies and rates has led to inconsistent billing practices and higher than expected expenditures. Circumstances have led to many providers billing at the higher Individual Residential Services and Supports rate series for family caregivers for many years.

## Request

The Department requests a forecast reduction of \$2.9 million total funds, including \$1.5 million General Fund, for adjustments to the rate structure for individual residential services and supports (IRSS). The Department anticipates implementing this change April 1, 2026.

This request is associated with a prioritized FY 2026-27 budget request (R6.14).

## Recommendation

Staff recommends that the Committee deny the requested supplemental adjustment at this time and re-evaluate the proposal during figure setting.

Staff's recommendation is based on the assessment that this request does not meet supplemental criteria, concerns expressed to staff from those affected by this policy change, and the inaccuracies of the savings

projections provided by the Department. The reduction requested by the Department is based on a half year of implementation, whereas their communications to staff and official guidance regarding this proposal cites an April 1, 2026 implementation date.<sup>3</sup> Applying the officially stated implementation date to the Department’s savings calculations cuts those savings in half what is requested, a reduction of \$1.45 million total funds (\$725,000 General Fund).

## Analysis

Individual residential services and supports (IRSS) use a variety of living arrangements to meet the unique needs for support, guidance and habilitation of individuals enrolled in the DD waiver. Individuals may access IRSS services in several settings, including host homes, family homes, member homes, and staffed homes. The Department establishes IRSS daily rates through the standard fee-for-service rate-setting process. Daily rates are tiered by support level, with higher acuity levels receiving higher per-diem payments. Separate rate lines exist for the setting in which the service is delivered, in host homes and staffed home, with distinctions between Denver and non-Denver areas. The host home rate is intended for host homes, family homes, and member homes. The staffed home rate is intended for care settings with rotating agency staff, which have higher costs.

**IRSS Per Diem Rate Ranges, Support Levels 1 to 7**

Region	Host Home	Staffed
Denver	\$84.91 to 312.56	\$92.11 to 339.35
Non-Denver	\$91.40 to 343.40	\$99.32 to \$373.65

The way IRSS settings are defined in regulation is unclear and does not account for the variety of settings available to members receiving these services. Historically, when IRSS is provided by a family caregiver in the family home, those services have often been reimbursed under a distinct IRSS rate series that is higher than the standard host home IRSS rate for the same support level. This occurred despite the IRSS rate methodology being designed to support higher reimbursement for only staffed settings, which are more expensive to operate due to the use of rotating agency staff and associated higher administrative staffing costs. The Department acknowledges that confusing and unclear communication about IRSS policies and rates has led to inconsistent billing practices and higher than expected expenditures.

The Department’s proposed change will align rates for family-home settings with host-home settings, so that services are paid consistently regardless of whether the live-in caregiver is a host-home provider or a family caregiver. The proposal will ensure that services delivered in settings that are staffed by qualified professionals, including family homes where agency staff provide more than 50.0 percent of the care, may continue to be billed under the staffed home rate structure. Individuals with a support level 7 negotiated rate will not be impacted by this change and those rates will continue to be individualized and member-specific.

Billing data shows that roughly half of those billing for IRSS are billing at the higher staffed home rate. The Department is proposing to institute policies and guidance to reduce the rate of providers billing at the higher rate to 25.0 percent. For the Denver metro area this results in an annual savings of \$0.7 million total funds. For the non-Denver regions this results in an annual savings of \$5.1 million total funds. The proposed policy would shift services provider billing for 351,585 individuals from the higher rate to the lower rate: 35,870 in the Denver

<sup>3</sup> HCPF Operational Memo 26-002, dated January 15, 2026: <https://hcpf.colorado.gov/2026-memo-series-communication>.

metro and 315,715 in non-Denver regions. It is unclear to JBC staff the make-up of those services settings and providers (e.g., host homes, family homes, or other share living environments).

#### Fiscal Impact of Proposed IRSS Billing Practice Change

Item	Current Billing	Proposed Billing	Full-year Change [1]	FY 2025-26 Savings [1]
<u>Denver</u>				
Individuals	130,198	130,198	0	n/a
Billing at higher rate	52.6%	25.0%	-27.6%	n/a
Billing at lower rate	47.5%	75.0%	27.6%	n/a
Expenditure	\$28,293,310	\$27,639,408	-\$653,902	-\$163,476
<u>Non-Denver</u>				
Individuals	1,204,561	1,204,561	0	n/a
Billing at higher rate	51.2%	25.0%	-26.2%	n/a
Billing at lower rate	48.8%	75.0%	26.2%	n/a
Expenditure	\$239,704,302	\$234,558,141	-\$5,146,161	-\$1,286,540
Total	\$267,997,612	\$262,197,549	-\$5,800,063	-\$1,450,016

[1] Amounts shown are total funds, which are split evenly between General Fund and federal funds.

As shown in the FY 2025-26 Savings column, staff's calculations of current fiscal year savings diverge from those requested by the Department. It appears to staff that there may be some technical errors in the Department's calculations and staff is uncertain that their own calculations are wholly accurate, as most of the assumptions in staff's calculations mirror those of the Department. This uncertainty leads staff to recommend against a supplemental adjustment at this time, as further evaluation is necessary. Staff will continue to evaluate this request, as it is associated with an FY 2026-27 prioritized budget request, and make a recommendation during figure setting in March.

#### Community concerns with policy change process

Anecdotal reports from advocates and care providers paint a picture of confusion and uncertainty. The billing practices the Department seeks to change have been a standard of practice for many years. The timing and speed of the proposed change has caught many off guard, with some expressing concern about the Department's ability to clearly communicate the reasoning and results of the proposed change. Some have also expressed concern about the impacts on those receiving services, given the reduced billing rate many providers will experience.

### → S6.17 IDD youth transitions

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$72,922	\$36,461	\$0	\$0	\$36,461	0.5
Recommendation	0	0	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	-\$72,922	-\$36,461	\$0	\$0	-\$36,461	-0.5

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? NO**

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department disagree that this request is the result of any of the supplemental criteria. The proposed policy change does not take effect until July 1, 2026 and the associated workload incrementally increases over time. Additionally, the work to be conducted by the requested FTE is work the department already engages in, so current staffing resources can be used while the new hire (if approved) is onboarded and trained. Providing advanced funding for staff resources for a discretionary policy change that begins in FY 2026-27 does not meet supplemental criteria.

## Request

The Department requests \$72,922 total funds, including \$36,461 General Fund, and 0.5 FTE to support a policy change ending the automatic enrollment to the Adult Comprehensive (DD) waiver of youth who age out of the Children's Extensive Support (CES) and Children's Habilitation Residential Services (CHRP) waivers. This policy change is proposed to take effect July 1, 2026.

This request is associated with a prioritized FY 2026-27 budget request (R6.17).

## Recommendation

Staff recommends that the Committee deny the request. Staff emphasizes that this denial is only for the FY 2025-26 FTE request and does not apply to the FY 2026-27 policy change or staffing request, which will be addressed during figure setting for the Office of Community Living in March 2026.

## Analysis

The supplemental budget request seeks current fiscal year funding to support a policy change that begins in FY 2026-27. The Department anticipates 30 individuals per month will no longer be automatically enrolled in the DD waiver, but will still receive services through the Supported Living Services (SLS) and Elderly, Blind, and Disabled (EBD) waivers. The Department estimates the impact of the policy change will be a net reduction of \$15.4 million total funds, split evenly between General Fund and federal funds, in FY 2026-27. The estimated FY 2027-28 impact of the policy change is a net reduction of \$43.7 million total funds, split evenly between General Fund and federal funds.

### Enrollment Impact of R6.17 (IDD Youth Transitions) Policy Change

Item	Monthly	Annual
Average CES and CHRP transitions [1]	65	780
<u>Placements not subject to policy change</u>		
Transitions from institutions	-3	-36
Emergency	-14	-168
JBC approved increase [2]	-11	-129
Sub-total - enrollments subject to policy change	37	447
<u>Emergency enrollments due to policy change</u>	-7	-84
Total enrollments not transitioning to DD waiver	30	363



Item	Monthly	Annual
[1] FY 2024-25 data provided by HCPF.		
[2] FY 2024-25 Committee action to fund 129 additional DD enrollments. Monthly figure calculated and rounded up to account for whole person.		

Preemptively funding and hiring the FTE, given the anticipated incremental workload increase and the current budgetary constraints, is not justified. The workload increases anticipated by the Department begins in FY 2026-27 and will phase in over the course of the fiscal year. The Department estimates 7 additional emergency enrollments per month resulting from this policy change. Of the 30 individuals per month that will no longer be enrolled in the DD waiver, the Department anticipates 24 will enroll in the SLS waiver and 6 will enroll in the EBD waiver. These individuals are likely to be placed on the DD waiver waitlist. The process of emergency enrollments, placement on the DD waiver, and assisting in enrollment on alternative waivers is work the Department currently conducts.

## → S6.18 IDD waitlist

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$72,922	\$36,461	\$0	\$0	\$36,461	0.5
Recommendation	0	0	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	-\$72,922	-\$36,461	\$0	\$0	-\$36,461	-0.5

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? NO

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department disagree that this request is the result of any of the supplemental criteria. The proposed policy change does not take effect until July 1, 2026 and the associated workload incrementally increases over time. Additionally, the work to be conducted by the requested FTE is work the department already engages in, so current staffing resources can be used while the new hire (if approved) is onboarded and trained. Providing advanced funding for staff resources for a discretionary policy change that begins in FY 2026-27 does not meet supplemental criteria.

## Request

The Department requests \$72,922 total funds, including \$36,461 General Fund, and 0.5 FTE to support a policy change reducing by half the number of individuals enrolled from the waitlist for the Adult Comprehensive (DD) waiver. This policy change is proposed to take effect July 1, 2026.

This request is associated with a prioritized FY 2026-27 budget request (R6.18).

## Recommendation

Staff recommends that the Committee deny the request. Staff emphasizes that this denial is only for the FY 2025-26 FTE request and does not apply to the FY 2026-27 policy change or staffing request, which will be addressed during figure setting for the Office of Community Living in March 2026.

## Analysis

The DD waiver currently has a waitlist. When an individual leaves the DD waiver, the next person on the waitlist is authorized to replace them. The process of filling vacant enrollment with new enrollments from the waiting list is referred to as “churn.” The Department monthly approves churn enrollments from the waiting list for individuals based on the date they were determined eligible and placed on the waiting list. As of September 2025, 2,749 individuals were identified as needing DD services as soon as available. The majority of these individuals receive services through other programs, including the Supported Living Services (SLS) waiver and the Elderly, Blind, and Disabled (EBD) waiver. The process maintains a rolling enrollment list, based on the previous month’s reported vacancies.

The Department proposes reducing churn enrollments by 50.0 percent, increasing the length of time individuals are on the waitlist and the number of individuals on the waitlist. For every two members that disenroll from the DD waiver, the Department would enroll one individual. The department reports that an average of 25 individuals disenroll from the DD waiver each month. Under the proposed policy change, 12 individuals will be enrolled in the DD waiver through churn. The Department estimates the impact of the policy change will be a net reduction of \$6.6 million total funds, split evenly between General Fund and federal funds, in FY 2026-27. The estimated FY 2027-28 impact of the policy change is a net reduction of \$18.9 million total funds, split evenly between General Fund and federal funds.

The supplemental budget request seeks current fiscal year funding to support a policy change that begins in FY 2026-27. The funding request is for an additional staff position to support the review of emergency enrollment authorizations and the appeals process. This is work already conducted by the Department as it manages the current waitlist. The workload impacts from the proposed policy change do not happen all at once, but are incremental over the course of a fiscal year. The reduced number of churn enrollments suggests that the Department would be able to absorb any additional workload with existing resources, at least for a few months. The incremental nature of the workload impact and the policy effective date of July 1, 2026 underpins staff’s assessment that this supplemental request does not meet criteria and is not necessary.

## → S10 DOJ housing voucher

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$5,494,474	-\$2,747,236	\$0	\$0	-\$2,747,238	0.7
Recommendation	-5,580,999	-2,790,499	0	0	-2,790,500	0.0
Staff Recommendation Higher/-Lower than Request	-\$86,525	-\$43,263	\$0	\$0	-\$43,262	-0.7

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is anticipating contracting with local contact agencies (LCAs) to provide in-reach counseling service in 16 regions covering the entire state. The Department has been successful in finding contract support for 14 regions, but the request for proposal process did not yield adequate proposals for two regions. A portion of the supplemental request is for the conversion of contractor resources into state staffing resources.

## Request

The Department requests a reduction of \$5.5 million total funds, including \$2.8 million General Fund, and an increase of 0.7 FTE in FY 2025-26 to support the implementation of a voluntary settlement agreement with the federal Department of Justice (DOJ). The request includes:

- a decrease of \$5,580,999 total funds, including \$2,790,499 General Fund, for individuals transitioning from nursing facilities into a community setting; and
- an increase of \$86,525 total funds, including \$43,263 General Fund, and 0.7 FTE for two staff positions to provide in-reach counseling, converting contractor resources in FY 2026-27 to offset a portion of the costs.

This request is associated with a prioritized FY 2026-27 budget request (BA10).

## Recommendation

Staff recommends that the Committee:

- approve the decrease of \$5,580,999 total funds, including \$2,790,499 General Fund, for individuals transitioning from nursing facilities into a community setting; and
- deny the request for additional FTE.

Given the recent appropriations the Department has received for the administration of the DOJ settlement agreement, staff believes the Department can meet its obligations for the provision of in-reach counseling within existing resources.

## Analysis

In March 2022, the Department of Justice issued a findings letter alleging that Colorado is violating Title II of the Americans with Disabilities Act by “administering its long-term care system in a way that unnecessarily segregates individuals with physical disabilities in nursing facilities and places others with physical disabilities at serious risk of unnecessary institutionalization.” The letter suggested four main areas for improvement, including:

- providing additional information to members to prevent unnecessary institutionalization
- providing effective transition services
- expanding access to Colorado’s community-based service system

- increasing access to integrated community-based housing opportunities

On September 29, 2023, the DOJ filed a lawsuit against the State of Colorado based on these allegations.

While the Department disputes the DOJ’s allegations, the Department and the DOJ entered negotiations in February 2024 in order to settle the lawsuit. Through the settlement process, the Department continued to advocate for provisions that aligned with funding approved by the legislature. On October 31, 2024, the DOJ and the State signed a voluntary Settlement Agreement.

The settlement agreement outlines the allegations and the parties’ positions, while detailing those actions that are to be taken to prevent litigation. Of particular relevance to the Joint Budget Committee, Section XII of the settlement agreement acknowledges the General Assembly’s authority to determine the level of appropriations made in support of the execution of the agreement. It also acknowledges that, if funding is insufficient to ensure the Department’s efforts to meet its obligations, the federal government has the right to revive litigation.

### Nursing facilities to community care setting transition savings

The supplemental request includes adjustments for assumed savings from individuals moving from nursing facilities to community-based setting where services are less costly. The Department assumes that individuals transitioning out of nursing facilities will be enrolled on the Elderly, Blind, and Disabled (EBD) waiver. The EBD waiver provides services in a community setting at a lower cost than in a nursing facility — \$109.49 per day as compared to \$239.94 per day. The Department assumes that 39 individuals per month, from November 2025 through June 2026, will leave nursing facilities for a community setting. The net savings from this transition is calculated to be \$5.6 million total funds, including \$2.8 million General Fund.

#### Nursing Facility to EBD Waiver Transition Savings

Month	Transitions (39 per month)	Elderly, Blind, and Disabled Waiver (\$109.49 per diem)	Nursing Facility (\$239.94 per diem)	Savings
Nov-25	39	\$128,104	\$280,730	-\$152,625
Dec-25	78	264,749	580,175	-315,426
Jan-26	117	397,124	870,262	-473,139
Feb-26	156	478,257	1,048,058	-569,801
Mar-26	195	661,873	1,450,437	-788,564
Apr-26	234	768,627	1,684,379	-915,752
May-26	273	926,622	2,030,612	-1,103,990
Jun-26	312	1,058,997	2,320,700	-1,261,703
Total expenditures [1]		\$4,684,311	\$10,265,353	-\$5,581,000

[1] May not add due to rounding.

The inclusion of these transition savings in the supplemental request gives the JBC staff some pause. In reviewing prior years’ forecast documentation, at least a portion of these costs and savings were included as adjustments to the forecasts. It also appears that some of these savings were recorded as annualizations of a FY 2022-23 budget request for the Department of Local Affairs, which manages the housing assistance portion of the transitions. Suffice it to say, the tracking of these transitions savings is a mosaic of budgetary records. Staff is concerned that the request may be double counting savings that are already captured in the forecast and annualizations.

Staff suggests that the Department choose one method for reflecting these transitions and to clearly itemize the costs and savings. In staff's opinion, the forecast is the appropriate means for this accounting because of the nature of the settlement agreement and its requirements, as well as the prior approval for such transitions from the General Assembly through the budgeting process.

## Funding history of DOJ settlement agreement administration

The Department has received funding for the administration of the settlement agreement with the DOJ for the last three fiscal years. From FY 2023-24 through FY 2025-26, the General Assembly has appropriated a total of \$47.0 million dollars, including \$16.1 million General Fund, and 30.7 FTE for this purpose. Funding has been provided for staff to support escalations, workforce support, oversight and monitoring, compliance, IT systems support, and eligibility support. The Department has included transition support and services, including in-reach counseling and monitoring and support, in the responsibilities of the previously-approved positions.

In-reach counseling is a service designed to engage and provide members living in a nursing facility with information regarding housing, transition, and other community-based services available to support them living in the community. These services are currently provided by contractors who visit nursing facilities to provide group and individual counseling sessions, informing residents of their right to live in the community and the support available to make that transition possible. In-reach Counseling comes in two forms, Group and Individual:

- Group in-reach is conducted in a group setting and provides a referral process to either individual in-reach or transition coordination services while supporting members with making an educated choice about their options for where they live.
- Individual in-reach is conducted one-on-one with a member and their chosen supports, if needed. Individual in-reach provides an opportunity for the resident to receive a person-centered informational session regarding community transition options, local resources, and other available services.

Individuals who express interest in moving are referred to transition coordination services for further assessment and planning. Once using transition coordination services, the member is referred to housing navigation when housing supports are needed.

### Appropriations History Related to DOJ Settlement Agreement Administration

Fiscal Year	Budget action	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2023-24	BA7 Community based access to services	\$6,341,474	\$175,000	\$2,974,232	\$0	\$3,192,242	0.0
	S8 Adjustment to community-based access to services	-1,307,652	508,390	-908,021	0	-908,021	0.0
FY 2024-25	Annualization of FY 2023-24 BA7	10,722,858	7,835,809	-2,974,232	0	5,861,281	13.0
	Annualization of FY 2023-24 S8	1,307,652	-508,390	908,021	0	908,021	0.0
	BA8 Adjustment to community-based access to services	589,049	833,954	0	0	-244,905	0.0
	S9 DOJ settlement	2,384,037	-687,424	0	0	3,071,461	2.6
FY 2025-26	Annualization of FY 2023-24 BA7	24,789,485	6,817,473	1,439,870	0	16,532,142	4.9
	Annualization of FY 2024-25 BA8	839,685	419,843	0	0	419,842	0.0
	Annualization of FY 2024-25 S9	-2,384,037	687,424	0	0	-3,071,461	-2.6
	BA9 DOJ settlement	3,739,179	22,842	0	0	3,716,337	12.8

Fiscal Year	Budget action	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Total		\$47,021,730	\$16,104,921	\$1,439,870	\$0	\$29,476,939	30.7

JBC staff would note that the request for FY 2025-26 funding for state staff does not include any offset from the conversion of contractor resources. That offset is proposed in FY 2026-27 and is only partial. The FY 2026-27 portion of this request includes \$229,845 total funds for 2.0 FTE, but the reduction in contractor resources is only for \$171,165 total funds. If the Committee wishes to add resources for state FTE in the current year, then staff suggests that reducing the contract funding would be appropriate.

## → S6.30 HCBS hours soft cap

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$2,321,008	-\$1,160,504	\$0	\$0	-\$1,160,504	1.5
Recommendation	-2,416,695	-1,208,349	0	0	-1,208,346	0.8
Staff Recommendation Higher/-Lower than Request	-\$95,687	-\$47,845	\$0	\$0	-\$47,842	-0.7

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is proposing this reduction as part of its responsibilities to address the Governor's Executive Orders date August 28 and October 31, 2025, which were issued during the interim between legislative sessions in response to anticipated revenue shortfalls.

## Request

The Department requests a net reduction of \$2.3 million total funds, including \$1.2 million General Fund, and an increase of 1.5 FTE for a policy change instituting a soft cap on annual hours use of personal care, homemaker, and health maintenance activities benefits. The request:

- reduces the Department's forecast by \$2,503,441 total funds, including \$1,251,722 General Fund, in FY 2025-26; and
- increases administrative appropriations by \$182,433 total funds, including \$91,218 General Fund, and 1.5 FTE.

This request is associated with a prioritized FY 2026-27 budget request (R6.30).

## Recommendation

Staff recommends that the Committee approve:

- the \$2,503,441 total funds forecast adjustment, on the assumption the policy change is implemented; and

- an increase of \$86,746 total funds, including \$43,373 General Fund, and 1.5 FTE that are term-limited through FY 2027-28.

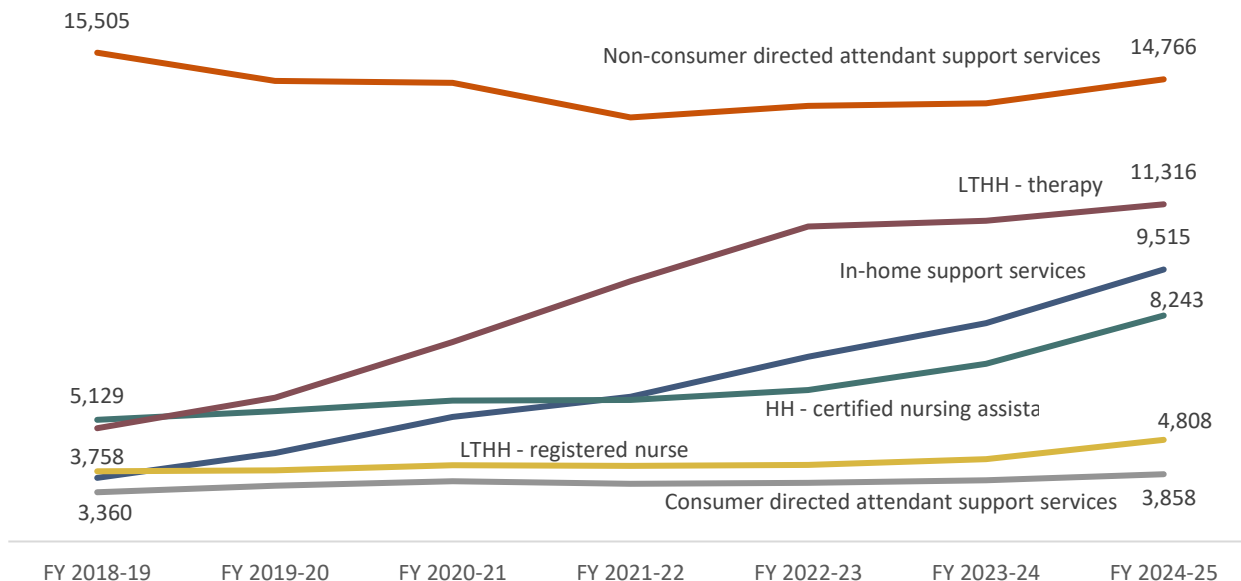
#### HCBS Annual Hours Soft Cap (\$6.30) Staffing Recommendation

Item	FY 2025-26	FY 2026-27	FY 2027-28
Personal services	\$64,722	\$242,706	\$242,706
Operating expenses	22,024	3,840	3,840
Centrally appropriated costs	0	66,079	66,079
Total	\$86,746	\$312,625	\$312,625
Term-limited FTE	0.8	3.0	3.0

## Analysis

Personal care, homemaker, and health maintenance activities are core home and community-based services (HCBS) benefits and are available under Community First Choice. These services are not currently limited and are authorized base on assessed need. Personal Care services assist with activities such as bathing, dressing, eating, mobility, and hygiene. Homemaker services provide assistance with household tasks including meal preparation, cleaning, laundry, and shopping. Health maintenance activities include supports such as medication administration, catheter care, or respiratory assistance that can be safely performed in the home or community setting.

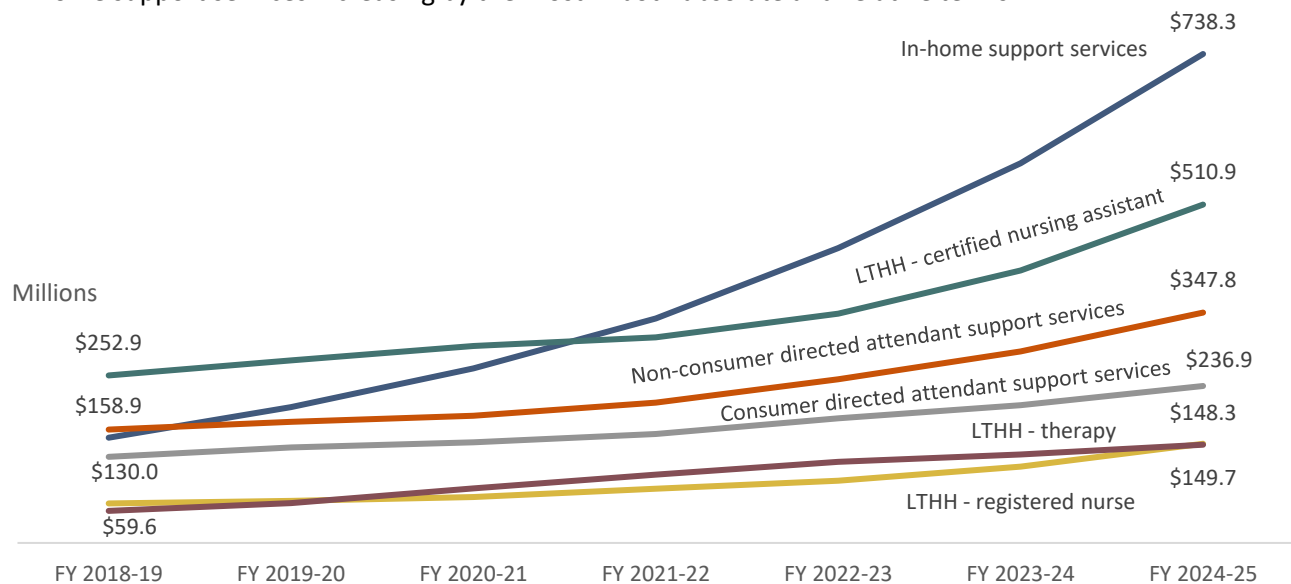
Average monthly individuals using HCBS core services has generally increased over the last seven years, with in-home support services and LTHH therapy increasing by 153 and 121 percent, respectively.



The growth in HCBS services, both in terms of individuals using those service and the total cost, over the last seven fiscal years has been substantial. From FY 2018-19 to FY 2024-25, the number of individuals using in-home support services has grown by 153.2 percent, from 3,758 to 9,515. In the same period, the total cost for these

services has increase by 364.7 percent, from \$158.9 million to \$738.3 million. While the growth trend in average monthly individuals has a wide variance (-4.8 percent to 153.2 percent), the annual cost for services has grown across the board (82.3 percent to 364.7 percent). This comparison shows that, generally, more people are using services and the cost of those services are increasing at a considerable rate.

The annual cost of HCBS core services has increased across the board in the last seven years, with in-home support services increasing by the most in both absolute and relative terms.



The Department proposes implementing soft caps for these services. The caps will limit annual utilization, but a process for requesting an exception will be established. The workload for the exception process is relatively unknown, as a cap for these services is a new proposition. Rather than providing funding for permanent staff, JBC staff sees it as a prudent measure to provide term-limited funding so that the Department can establish base workload trends. The behavioral changes in the individuals using these services are estimated and reality may not align with the current assumptions. Without actual exception request and processing data, it is difficult to justify ongoing staffing resources.

#### Annual HCBS Service Limits

Service	Limit (units)	Daily Hours
Personal care	10,000	6.5
Homemaker	4,500	3.0
Health maintenance activities	19,000	13.0

The Department used statistical modeling to establish the soft caps for the three services affected by this proposed change. The limits were set at two standard deviations above the mean utilization for each service. The Department used utilization data on the average number of units, members, and amount paid for utilization that fell two standard deviations above the mean. The methodology accounts for individual behavior, the overlapping of multiple caps, and adjustments for the effective date of the proposed change (April 1, 2026). The method assumes that half of the affected population will change their utilization behavior and decrease services to the cap levels. The method also establishes a 75.0 percent overlap factor to capture the effect of duplicative savings for individuals using multiple services affected by other savings proposals. For health maintenance



activities, the Department also assumes that a substantial portion of individuals will transition into long-term home health (LTHH) services, which reduces the savings realized from the proposed 19,000 unit cap.

#### Savings from Soft Caps on HCBS Annual Hours

Item	Personal Care	Homemaker	Health Maintenance Activities
Individuals over two standard deviations	284	353	329
Utilization above two standard deviations	5,427	12,517	24,568
Expenditure for excess utilization	\$9,630,095	\$12,293,322	\$58,017,395
Behavior factor	50.0%	50.0%	50.0%
Overlap factor	75.0%	75.0%	75.0%
Individuals moving to LTHH	n/a	n/a	80.0%
Expenditure for LTHH utilization	n/a	n/a	\$14,957,159
Full year savings	\$3,611,286	\$4,609,996	\$6,799,364
FY 2025-26 savings	\$601,881	\$768,333	\$1,133,227

## → S6.31 Caregiver hours soft cap

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$335,604	-\$167,802	\$0	\$0	-\$167,802	0.5
Recommendation	-396,415	-198,208	0	0	-198,207	0.0
Staff Recommendation Higher/-Lower than Request	-\$60,811	-\$30,406	\$0	\$0	-\$30,405	-0.5

#### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is proposing this reduction as part of its responsibilities to address the Governor's Executive Orders date August 28 and October 31, 2025, which were issued during the interim between legislative sessions in response to anticipated revenue shortfalls.

## Request

The Department requests a net reduction of \$335,604 total funds, including \$167,802 General Fund, and an increase of 0.5 FTE for a policy change instituting a soft cap on the paid weekly hours per caregiver providing services. The request:

- reduces the Department's forecast by \$396,415 total funds, including \$167,802 General Fund, in FY 2025-26; and
- increases administrative appropriations by \$60,811 total funds, including \$30,406 General Fund, and 1.5 FTE.

This request is associated with a prioritized FY 2026-27 budget request (R6.31).

## Recommendation

Staff recommends that the Committee:

- approve the Department's forecast by \$396,415 total funds, including \$167,802 General Fund, in FY 2025-26; and
- deny the funding for the requested FTE.

## Analysis

The Department plans to implement a weekly limit of 56 hours per caregiver per member. The limit applies to total hours across personal care, homemaker, health maintenance activities, home health aide, and nursing services. The cap would apply to a single caregiver rendering all services, so they would only be able to provide a total of 56 hours per week. The Department argues the cap will improve the safety of caregivers and clients, while promoting sustainable care delivery. The Department anticipates authorizing exceptions to the cap only in extraordinary and short-term circumstances and requests a staffing resource to manage policy compliance and the exception review process.

### Savings from Soft Cap on Caregiver Weekly Hours

Item	Home Health Aid	Homemaker, Personal Care, Health Maintenance Activities
Individuals above the cap	664	3,304
Estimated individuals affected by policy change	50.0%	50.0%
Average hours per member above cap	1.7	3.0
Expenditure for excess hours	\$7,512,436	\$107,655,917
Behavior factor	30.0%	20.0%
Overlap factor	20.0%	20.0%
Full year savings	\$225,373	\$2,153,118
FY 2025-26 savings	\$37,562	\$358,853

The Department used caseload data to assess the fiscal impact of the proposed change. The methodology accounts for individual behavior, the overlapping of multiple caps, and adjustments for the effective date of the proposed change (April 1, 2026). The method assumes that a portion of the affected population will change their utilization behavior and decrease services to the cap levels. The method also establishes a 20.0 percent overlap factor to capture the effect of duplicative savings for individuals using multiple services affected by other savings proposals. The Department estimated the number of individuals receiving services in excess of the proposed cap (50.0 percent), the average hours per affected individual above the cap, and the total cost of those hours.

Access to provider was not a data point staff has been able to fully assess. A cursory review of available caregivers reported by Health First Colorado, the state's Medicaid program, most service providers and in the metro areas along the Front Range. The rural and frontier regions of the state have substantially fewer provider options. From a statewide perspective, there seems to be a sufficient number of providers to allow those that need additional caregivers to find them. However, both from anecdotal reports and the mapping of providers

shown by Health First Colorado, access is not evenly distributed across the state. Practically, this makes sense because it is anticipated that a higher concentration of providers will be found in the higher density population centers. Staff's concern is that the effects of this change will be disproportionately felt by those who are most isolated in the state. Despite this concern, staff still recommends approval of the change because the full-year savings is meaningful in the current budgetary circumstances.

## → S6.32 Homemaker hours soft cap

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$74,350	-\$37,175	\$0	\$0	-\$37,175	0.0
Recommendation	-74,350	-37,175	0	0	-37,175	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is proposing this reduction as part of its responsibilities to address the Governor's Executive Orders date August 28 and October 31, 2025, which were issued during the interim between legislative sessions in response to anticipated revenue shortfalls.

## Request

The Department requests a forecast reduction of \$74,350 total funds, including \$37,175 General Fund, for a policy change instituting a soft cap on paid weekly hours for legally responsible persons providing these services. The Department anticipates implementing this change in the Spring of 2026.

This request is associated with a prioritized FY 2026-27 budget request (R6.32).

## Recommendation

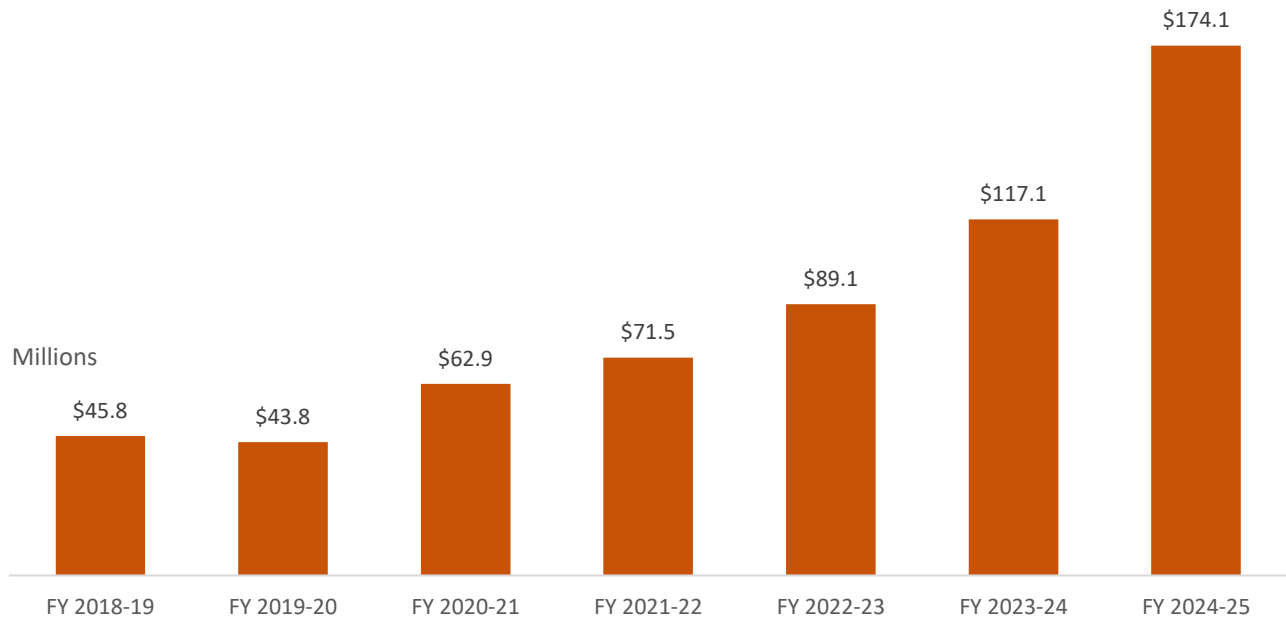
Staff recommends that the Committee approve the request.

## Analysis

Homemaker services provide assistance with household tasks including meal preparation, cleaning, laundry, and shopping. The Department proposes reducing the cap for legally responsible persons from 10 hours per week to 5 hours per week. Legally responsible persons are typically family members who have a legal responsibility to care for the individual enrolled in Medicaid. Homemaker services are core HCBS services and are available under Community First Choice.

Expenditures for homemaker services have increase substantially in recent year, showing a sharp uptick in the last two fiscal years. From FY 2018-19 to FY 2024-25, homemaker expenditures increase from \$45.8 million to \$174.1 million, a 280.4 percent increase. In the last three fiscal years, these expenditures have increased by 95.4 percent.

Total expenditures for homemaker services, excluding those provide through consumer directed attendant support services, have increase by 280.4 percent in the last seven fiscal years.



The Department used utilization data to determine the cap level. The Department reports that most individuals use between 5-6 hours of homemaker services per week. The saving calculations do not include a behavior factor because of the small population served and the closeness to the limit for the majority of those served. The Department assumes that all individuals currently using homemaker services will adjust their use to the proposed cap.

#### Savings from Soft Cap on Homemaker Weekly Hours

Item	Homemaker
Individuals above the cap	94
Average units per member above cap	1.3
Expenditure for excess units	2,230,511
Overlap factor	20.0%
Full year savings	\$446,102
FY 2025-26 savings	\$74,350

## → S6.29 LTSS presumptive eligibility

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$1,303,093	-\$690,802	\$0	\$0	-\$612,291	0.0
Recommendation	-1,303,093	-690,802	0	0	-612,291	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen contingency. The Department is proposing this reduction as part of its responsibilities to address the Governor's Executive Orders date August 28 and October 31, 2025, which were issued during the interim between legislative sessions in response to anticipated revenue shortfalls.

## Request

The Department requests a reduction of \$1.3 million total funds, including \$0.7 million General Fund, to delay the implementation of presumptive eligibility for long-term services and supports (LTSS) until July 1, 2027.

This request is associated with a prioritized FY 2026-27 budget request (R6.29).

## Recommendation

Staff recommends that the Committee approve the request.

## Analysis

The Department is currently developing a new presumptive eligibility program for long-term support services that would allow adults with disabilities access to some community-based services while their Medicaid application is processed. The program is intended to help individuals in crisis situations to stabilize in the community, preventing unnecessary and unwanted institutionalization. The Department plans for presumptive eligibility to be initiated through a self-declaration of eligibility referral, followed by application verification. The program was approved through the budgeting process in FY 2023-24.<sup>4</sup>

The Department plans to implement the delay based on feedback and guidance from the Centers for Medicare and Medicaid Services (CMS). CMS gave verbal notice that the State's 1115 waiver will be renewed with a no-cost extension, which means the federal government will not consider any new additions to the waiver and has

<sup>4</sup> The FY 2023-24 budget request was BA7 Community-based access to services.

a year to review the presumptive eligibility program. The department's proposed delay aligns with the timing of the federal review.

## → S12 Eligibility administration [legislation]

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$636,866	\$206,979	\$111,452	\$0	\$318,435	1.0
Recommendation	0	0	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	-\$636,866	-\$206,979	-\$111,452	\$0	-\$318,435	-1.0

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? NO

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department disagree that this request is the result of any supplemental criteria. While the Department's impetus for the request is the passage of federal H.R. 1, the underlying issues the request seeks to address have been present for many years. The State's payment error rates for Medicaid and the Supplemental Nutrition Assistance Program (SNAP) have been of concern for years. Eligibility determination quality control and fraud investigations are ongoing efforts. The change in federal enforcement strategies is new, but the underlying problems are not unforeseen. In addition, the proposal shifts administrative work already being done by counties to a centralized model whose implementation timeframe falls outside the window of addressing the immediate concerns of a shift in federal enforcement priorities.

## Request

The Department requests \$636,866 total funds, including \$206, 979 General Fund, and 1.0 FTE in FY 2025-26 for staffing and contractor resources in anticipation of the implementation of the proposed shared services system. The FTE represents three positions for contract administration and operation supervision in the current year with each position funded for four months. The contractor resources are to support the creation of the central Medicaid quality assurance and fraud investigation units.

This request is associated with a prioritized FY 2026-27 budget request (R7).

## Recommendation

Staff recommends that the Committee deny the request as a supplemental action. Presuming legislation is introduced for this proposal, the requested FTE and contractor resources for FY 2025-26 should be included as part of that bill's appropriations clause. It is standard practice to include any fiscal impact from a legislative proposal in the legislation making statutory change.

Additionally, staff has concerns with the perceived urgency with which the Departments of Health Care Policy and Financing and Human Services proffer this proposal. The proposed shared services would not be fully implemented until FY 2028-29, well beyond the point of addressing immediate concerns regarding payment error rates in Medicaid and SNAP.

## Analysis

Colorado operates a state-supervised, county-administered system for the administration of medical and public assistance programs. Counties are responsible for all administrative, eligibility, and enrollment activities. However, the State is accountable to the federal government for meeting performance standards. The variability of county resources throughout the state (e.g., revenue, staffing, training, etc.) can create inequities for recipients of medical and public assistance and hinder the ability of counties and the State in meeting federal standards. The passage of federal H.R. 1 creates additional federal requirements and monetary penalties. New and increase work requirements for recipients, twice yearly renewals, and an increased federal focus on fraud, waste, and abuse place added burdens on counties. Counties have long argued that state funding levels are insufficient to meet their administrative needs.

The Department of Health Care Policy and Financing (HCPF), in collaboration with the Department of Human Services (DHS), is proposing the centralization of four administrative services for statewide medical and public assistance programs: call center support, document management, quality assurance for Medicaid programs, and fraud investigations for Medicaid programs. To accomplish this centralization, the departments propose contracting with high-performing counties who will provide these services statewide. The departments argue that centralizing specific services will provide operational efficiencies and assist in addressing federal policy changes to medical and public assistance programs.

The request proposes to manage each centralized service through a separate contract. Each contract will be with a single county, with up to four counties being the primary service providers. The contracts would begin in FY 2026-27 with centralization of services being fully implemented by July 1, 2028. Both HCPF and DHS are requesting appropriations for the contracts. To offset some of the impact of this request, HCPF is requesting reductions to the County Incentive Program, the Colorado Medical Assistance Program, and Eligibility Assistance Partner site.

For FY 2025-26, the request proposes \$636,866 total funds, including \$206,979 General Fund. However, anticipated costs increase rapidly starting next year. In FY 2026-27, R7 requests a total of \$19.1 million, including \$2.7 million General Fund. The appropriations increase to \$48.8 million total funds, including \$7.8 million General Fund, in FY 2027-28, before decreasing slightly to \$45.6 million total funds in FY 2028-29. The estimated ongoing cost of this proposal starting in FY 2029-30 is \$45.0 million total funds per year, including \$7.2 million General Fund. The totals in the following table accounts for the proposed offsets discussed later in this write-up.

**Total Cost for Centralized Services (HCPF and DHS)**

Fiscal year	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
2025-26	\$636,866	\$206,979	\$111,452	\$0	\$318,435	1.0
2026-27	19,082,151	2,652,893	1,665,904	2,455,447	12,307,907	3.0
2027-28	48,785,219	7,775,256	4,125,759	7,950,874	28,933,330	3.0
2028-29	45,616,277	7,376,217	3,808,837	7,588,527	26,842,696	3.0
2029-30 and ongoing	45,023,999	7,183,727	3,705,188	7,588,527	26,546,557	3.0

Fiscal year	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
5-year total cost	\$159,144,512	\$25,195,072	\$13,417,140	\$25,583,375	\$94,948,925	n/a

HCPF is requesting 3.0 new State FTE to manage and oversee these contracts, with an ongoing cost of more than \$400,000 total funds (\$133,229 General Fund).

#### HCPF Staffing Request for Contract Administration

Cost element	FY 2025-26	FY 2026-27	FY 2027-28 and ongoing
Personal Services	\$103,521	\$315,939	\$315,939
Employee benefits	24,351	77,847	82,692
Operating costs	26,400	16,155	16,155
Total	\$154,272	\$409,941	\$414,786
FTE	1.0	3.0	3.0

### Four services proposed to be centralized

#### Statewide call center shared by HCPF and DHS

The Department proposes creating a two-tiered statewide call center system to replace the county-by-county call response system currently in place. Currently, 11 counties have their own call centers that field eligibility-related calls. The remaining counties use less formal response systems. The first tier of the proposal is a statewide call center that would take all eligibility calls for all programs managed through the Colorado Benefits Management System (CBMS). Calls would be initially answered by an automated interactive voice response system. If this system does not address the caller's issue, the system would forward the call to center staff. The staff would then attempt to address the reason for the call by accessing the individuals case information in CBMS. An unsuccessful attempt by the statewide call center staff would prompt the call to be forwarded again, this time to the relevant county call center. The county-level call centers are considered the second tier of the system; the proposal would require every county to staff and maintain their own call center or equivalent.

The statewide call center is the most expensive component of the request, accounting for \$39.5 million of the \$45.0 million total funds in ongoing costs. The ongoing costs would require \$9.1 million General Fund per year starting in FY 2027-28.

#### Statewide Call Center Costs (HCPF and DHS)

Fiscal year	Total Funds	General Fund	Cash Funds	Reapprop Funds	Federal Funds	FTE
2025-26	\$51,424	\$16,713	\$8,999	\$0	\$25,712	0.3
2026-27	13,032,793	2,576,660	886,839	2,085,608	7,483,685	1.0
2027-28	41,168,259	9,078,572	2,652,752	6,829,162	22,607,773	1.0
2028-29	39,467,537	9,070,337	2,546,018	6,542,409	21,308,773	1.0
2029-30 and ongoing	39,467,537	9,070,337	2,546,018	6,542,409	21,308,773	1.0
5-year total cost	\$133,187,550	\$29,795,906	\$8,631,627	\$21,999,588	\$72,709,004	n/a

The statewide call center would be managed by a county under contract with HCPF. The request asks for funding for 251 call center agents, 40 supervisors and managers, four call center systems managers, and systems access licenses. The contracted county would be responsible for the daily operations of the statewide call center under the Department's supervision. The Department requests 1.0 FTE for state staffing, starting in FY 2025-26, to act



as the contract administrator and operations supervisor. The Department assumes the statewide call center will be able to address the majority of calls, thereby reducing call volumes handled by individual counties.

### Document management share by HCPF and DHS

The Department propose centralizing document scanning, indexing, and character recognition work for all counties. The centralization would apply to all documents except those submitted through PEAK, the state's online application system, and those physically dropped off at county offices. This is work currently being done by each county, with varying accuracy and completion rates owing to resource constraints. The Department estimates that the new system will scan and index 12,00 pages daily. Scanned documents will be reviewed for readability and attached to the correct case file. The request assumes that the Unified County System, which is a statewide document and workload management system, is implemented and available at the time the centralized document management service is stood up.

The document management system accounts for the next largest share of the proposal, with an ongoing cost of \$4.3 million total funds, including \$1.1 million General Fund.

#### Document Management Costs (HCPF and DHS)

Fiscal year	Total Funds	General Fund	Cash Funds	Reapprop Funds	Federal Funds	FTE
2025-26	\$0	\$0	\$0	\$0	\$0	0.0
2026-27	1,622,094	346,520	100,162	369,839	805,573	0.0
2027-28	4,748,163	1,159,033	264,104	1,121,712	2,203,314	0.0
2028-29	4,299,810	1,102,800	227,923	1,046,118	1,922,969	0.0
2029-30 and ongoing	4,299,810	1,102,800	227,923	1,046,118	1,922,969	0.0
5-year total cost	\$14,969,877	\$3,711,153	\$820,112	\$3,583,787	\$6,854,825	n/a

The request assumes that contract funding for the centralized document management services would support 51 staff, software and systems licenses, and the purchase and maintenance of scanning equipment. Staffing is a mix of scanning technicians, quality assurance and supervising staff, and systems maintenance personnel. The contract would be awarded to a county and supervised by HCPF.

### Medicaid quality assurance

The Department proposes centralizing quality assurance activities related to Medicaid programs only. Counties are currently mandated by the state to perform quality assurance reviews, but are allowed to use their own resources and technological solutions in conducting those reviews. There is a wide variance between counties in the availability of resources and technology used. Creating a shared service would consolidate quality assurance resources and standardize the systems and technology used.

The Department argues that centralizing quality assurance activities will better position the state to meet federal Payment Error Rate Measurement (PERM) standards. The federal government audits Medicaid programs and Child Health Plan Plus (CHP+) to examine eligibility decisions and payments to providers for accuracy. The federal PERM standard is a 3.0 percent error rate, non-compliance risks a loss of an estimated \$186.0 million in federal funds.

### Medicaid Quality Assurance Costs (HCPF only)

Fiscal year	Total Funds	General Fund	Cash Funds	Reapprop Funds	Federal Funds	FTE
2025-26	\$95,296	\$30,970	\$16,677	\$0	\$47,649	0.3
2026-27	1,502,706	476,881	239,973	0	785,851	1.0
2027-28	3,961,808	1,304,249	649,673	0	2,007,886	1.0
2028-29	3,801,461	1,250,968	623,289	0	1,927,204	1.0
2029-30 and ongoing	3,801,461	1,250,968	623,289	0	1,927,204	1.0
5-year total cost	\$13,162,732	\$4,283,066	\$2,136,224	\$0	\$6,648,145	n/a

Contract funding would support 20 quality assurance reviewers, 13 supervisors and managers, and contract software systems supports. The Department anticipates that centralizing quality assurance work will allow for 12,000 case reviews per year, a ten-fold increase from existing reviews. The software system used for quality assurance is also used for fraud investigations, so the department assumes that the contract systems support will be shared, too. The Department requests 1.0 FTE, starting in FY 2025-26, to act as the contract administrator and operations supervisor.

### Medicaid fraud investigations

The Department proposes centralizing fraud investigations to address variances across the state. Fraud investigations are a voluntary activity that most counties do not engage in. The Department reports that in FY 2023-24, fewer than 20 counties had active fraud investigations. The low rate of investigations is attributed to the appropriations structure for county administration. Without a dedicated fraud investigation appropriation, counties are required to make a priority decision between eligibility processing or fraud investigation.

The state has a policy that attempts to incentivize counties to conduct fraud investigations. If a county recoups money from an individual that received benefits through fraudulent activities, those funds are repaid to the federal and state governments. Currently, counties are able to retain the State's portion of those recoupments to defray the cost of those investigations. This incentive structure has not appreciably increased the number of fraud investigations across the state. If the Department's request to centralize investigations is approved, this incentive will end and the state's portion of fraud recoupments will contribute to the funding of this centralized service.

### Medicaid Fraud Investigations Costs (HCPF only)

Fiscal year	Total Funds	General Fund	Cash Funds	Reapprop Funds	Federal Funds	FTE
2025-26	\$95,296	\$30,970	\$16,677	\$0	\$47,649	0.3
2026-27	4,438,382	867,853	435,130	0	3,135,398	1.0
2027-28	6,274,734	2,072,807	1,030,258	0	3,171,669	1.0
2028-29	6,007,489	1,984,006	986,283	0	3,037,200	1.0
2029-30 and ongoing	6,007,489	1,984,006	986,283	0	3,037,200	1.0
5-year total cost	\$22,823,390	\$6,908,672	\$3,437,954	\$0	\$12,381,467	n/a

The request assumes funding for 40 investigators, 11 supervisors and managers, and four judicial liaisons and trainers. The Department also assumes that this contract will split the cost of contract software systems supports with the quality assurance contract. Additionally, the funding requests resources for an additional 16,870 pool hours for CBMS development to update the system to centralize fraud referrals, recoupments, and tax intercepts.

## **FY 2026-27 reductions to offset centralization costs**

The components of the request outlined above total to a greater cost than the overall request. That is because the request includes a number of proposed/assumed offsets through reductions to other appropriations. The following

### **County Incentive Program**

The Department's county incentive program uses performance-based contracts with counties to improve performance. Counties that meet their performance metrics receive money to offset their local share of administrative costs. The program is supported exclusively by the General Fund and was established in FY 2014-15 with an appropriation of \$5.7 million. In FY 2022-23, the appropriation for this program increased to \$8.2 million. The Department proposes reducing incentive program funding by \$2.0 million in FY 2026-27 and by \$6.2 million in FY 2027-28 and ongoing.

### **Colorado Medical Assistance Program**

The Colorado Medical Assistance Program operates a call center that supports members of the CHP+ program. The proposal to create a statewide call center system creates a redundancy in these efforts. The request seeks a 10.0 percent reduction to the Program's funding, which is funded with hospital provider fees and federal funds, to address this redundancy. The FY 2026-27 reduction is \$0.2 million total funds, increasing to a reduction of \$0.8 million in FY 2027-28 and ongoing.

### **Eligibility Application Partner Sites**

Eligibility Application Partner (EAP) sites can assist an individual in completing an application for medical assistance. Counties become responsible for ongoing case maintenance once those applications are approved and the individual becomes a member. The support services provided by EAP sites is not required by federal regulations. The General Assembly appropriates hospital provider fees, with matching federal funds, to the Department to support the EAP sites. However, not all sites are funded, with some receiving reimbursements while others do not. The request seeks a reduction of \$0.5 million total funds in FY 2026-27, increasing to a reduction of \$1.5 million total funds in FY 2027-28 and ongoing.

## **Counties' concerns are substantial and legitimate**

Counties have expressed concern with the implementation timing of this proposal and the proposal to move county administration to a district model. They are concerned that rushing a systemic change of this magnitude will lead to implementation failure. The interaction between the two proposals to change county administration is also an area of concern for counties. Despite the departments' assurance that these two proposals will work independently, counties have expressed uncertainty that this dual approach will ultimately function. Counties have also raised questions about administrative and governance logistics that are not addressed in either proposal. Ultimately, counties are concerned that rushing such a seismic shift in county administration will lead to worse outcomes for the state, counties, and those who are reliant on the services provided through Medicaid and public assistance programs.

Staff shares these concerns. These centralization efforts may be a good idea, but careful planning and coordination between the State and counties is essential to successful implementation. Deliberate planning and

consensus between the State and counties is critical to ensure a systemic change of this magnitude achieves its desired outcomes. Considering the timetable for full implementation of the proposal is planned for FY 2028-29, well beyond the point of addressing the immediate concerns regarding payment error rates in Medicaid and the Supplemental Nutrition Assistance Program, staff advises taking the necessary time to plan and build consensus for any deep systemic changes to county administration.

## → S13 Disability determinations

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$1,275,000	\$802,544	-\$165,044	\$0	\$637,500	0.0
Recommendation	1,275,000	802,544	-165,044	0	637,500	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made. The application processing data the Department would have used to develop either a Nov. 1, 2024 budget request or a Jan. 2, 2025 budget amendment would not have been sufficient to accurately capture the full extent of the spike in application volume actually experienced.

## Request

The Department requests \$1.3 million total funds, including \$0.8 million General Fund, for projected disability determinations caseload increases and to rebalance funding sources to accurately reflect the caseload split of traditional Medicaid members versus expansion population members. The impact of each element is:

- Caseload increase - \$1,275,000 total funds, including \$414,375 General Fund, \$223,125 from hospital provider fees, and \$637,500 federal Medicaid funds.
- Rebalance funding sources - \$0 total funds, including an increase of \$388,169 General fund and a decrease of \$388,169 from hospital provider fees.

This supplemental is associated with a prioritized FY 2026-27 request (R10.1).

## Recommendation

Staff recommends that the Committee approve the request.

## Analysis

Disability determinations assess whether an individual's medical condition qualifies for Medicaid benefits under disability-based eligibility. Disability determinations are provided through a contract and are required to meet a 60-day timeliness standard for application processing. The contractor hired by the Department uses licensed physicians with experience and training in disability determinations to review applications and make decisions. These determinations are a key step in the provision of Medicaid services for individuals with disabilities. Disability determinations may be appealed if an applicant disagrees with the decision.

### Disability Determinations

Monthly application volume has increased substantially over the last several years. The Department reports that 14,776 applications were processed in FY 2024-25, as compared to 8,917 in FY 2023-24 and 7,696 in FY 2022-23. The Department believes that the dramatic increase in applications from FY 2023-24 to FY 2024-25 is reflective of an acute spike in demand for disability services. The spike is likely in response to the public health emergency unwind when individuals needed to reapply for a disability determination to ensure continuity of benefits.

The Department anticipates application volumes will stabilize in FY 2025-26 and ongoing. The Department estimates that FY 2025-26 application volumes will approximately 15,000. The Department believes that application volumes will grow at 2.5 percent per year, mirroring the growth in Medicaid disability enrollments. Application processing costs are contracted at \$285 per application. The current appropriation for disability determination application process is \$3.0 million total funds. The Department's request for \$1.3 million total funds is calibrated to provide sufficient funding to process 15,000 applications in FY 2025-26.

### Fund Splits Correction

Administrative costs for disability determinations should be allocated according to the proportion of cases from traditional Medicaid (General Fund) versus the expansion population (hospital provider fees). Based on current caseload projections the correct funding splits should reflect two-thirds of determinations for the traditional Medicaid population and one-third for the expansion population. To accurately reflect this split, the appropriation needs to be reweighted toward the General Fund. The Department calculates that a shift of \$388,169 from hospital provider fees (cash funds) to General Fund is required to match the case proportions.

# Previously Approved Interim Supplemental Requests

## → June 1331 – County Administration Federal Funds

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$1,697,439	\$0	\$0	\$0	\$1,697,439	0.0
Recommendation	1,697,439	0	0	0	1,697,439	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

### Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

**Explanation:** JBC staff and the Department agree that this request meets the interim supplemental criteria. The expenditure data available at supplemental and figure setting during the 2025 legislative session show inconclusive trends for the County Administration line item.

## Request

The Department requested \$1,697,439 federal funds overexpenditure authority in FY 2024-25 for the County Administration line item.

## Summary

The County Administration line item in the Department of Health Care Policy and Financing (HCPF) supports county eligibility determinations for Medicaid, the Children's Basic Health Plan, and the Old Age Pension State Medical Program. Funds are distributed to counties based on random moment sampling to determine caseload. The current FY 2024-25 appropriation for county administration is \$123.0 million total funds, including \$21.0 million General Fund. The line item includes matching local and federal funds, as well as \$8.2 million in unmatched General Fund appropriations.

The General Fund appropriation for the County Administration line includes an “(M)” notation (aka, (M) Note). This notation is defined in Section 2 (1)(d) of the Long Bill Headnotes and places additional limitations and constraints on General Fund appropriations that are so notated. The (M) Note is occasionally used on appropriations for federally supported programs that have state-federal matching requirements. The notation requires that “in the event that additional federal funds are available for a federally supported program” the General Fund appropriation for that line item be “reduced by the amount of federal funds earned or received in excess” of the appropriation shown in the Long Bill.

The FY 2024-25 appropriation includes an assumption that the Department will receive \$75.4 million federal funds for matching purposes. The Department reports that match-eligible expenditures by counties for the administration of medical assistance programs will qualify for a total of \$77.1 million federal funds. As a result, the receipt of the additional \$1.7 million in federal funds will require an equivalent reduction in General Fund, due to the (M) Note applied to this appropriation.

#### Estimated FY 2024-25 County Administration Expenditures

Item	Total Funds	State Funds [1]	Local Funds	Reapprop Funds	Federal Funds
FY 2024-25 Appropriation	\$123,048,230	\$28,374,914	\$19,254,185	\$0	\$75,419,131
Anticipated expenditures	122,658,909	31,735,789	13,806,550	0	77,116,570
Subtotal - Reversion/-overexpenditure	\$389,321	-\$3,360,875	\$5,447,635	\$0	-\$1,697,439
State overexpenditure to county local funds	0	3,360,875	-3,360,875	0	0
Estimated year-end reversion/-overexpenditure	\$389,321	\$0	\$2,086,760	\$0	-\$1,697,439

[1] Includes \$21.0 million in General Fund and \$7.4 million in cash funds from the HAS Cash Fund.

The Department anticipates an overexpenditure of state funds for county administration in FY 2024-25. As a matter of practice, this overexpenditure in state funds is covered by county local funds. The current estimated *state funds* overexpenditure for this fiscal year is \$3.4 million, while anticipated *local funds* expenditures are projected to be \$5.4 million below what was budgeted. When accounting for the shifting of the state overexpenditure to counties, local funds are anticipated to have \$2.1 million remaining from the budgeted amount.

This interim supplemental request would not address the current anticipated overexpenditure, but would prevent an increase in the amount of that overexpenditure. If spending authority for the addition federal funds is not approved, the FY 2024-25 General Fund appropriation for county administration would be reduced by \$1.7 million, thereby increasing the state overexpenditure to be covered by county local funds by an equal amount. Rather than absorbing the \$3.4 million overexpenditure, counties would have to cover \$5.1 million. While there is sufficient budgetary room in the appropriation, it leaves a slim margin of error (less than \$400,000).

## Committee Action

Staff recommended and the Committee approved the request.

## Appendix A: Numbers Pages

Appendix A details the supplemental changes recommended by staff, including the actual expenditures for the previous state fiscal year, the appropriation for the current fiscal year, and the requested and recommended appropriation changes for the current fiscal year. Appendix A organizes this information by line item and fund source.



**JBC Staff Supplemental Recommendations - FY 2025-26**  
**Staff Working Document - Does Not Represent Committee Decision**

**Appendix A: Numbers Pages**

	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**Department of Health Care Policy and Financing**  
**Kim Bimestefer, Executive Director**

**1331 - June 2025 - County Admin FF**

**(1) Executive Director's Office**

**(D) Eligibility Determinations and Client Services**

County Administration	113,295,137	123,048,230	1,697,439	1,697,439	124,745,669
General Fund	20,478,568	21,004,349	0	0	21,004,349
Cash Funds	20,118,688	26,624,750	0	0	26,624,750
Reappropriated Funds	0	0	0	0	0
Federal Funds	72,697,881	75,419,131	1,697,439	1,697,439	77,116,570

<b>Total for 1331 - June 2025 - County Admin FF</b>	113,295,137	123,048,230	1,697,439	1,697,439	124,745,669
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	20,478,568	21,004,349	0	0	21,004,349
Cash Funds	20,118,688	26,624,750	0	0	26,624,750
Reappropriated Funds	0	0	0	0	0
Federal Funds	72,697,881	75,419,131	1,697,439	1,697,439	77,116,570

**Totals Excluding Pending Items**

**HEALTH CARE POLICY AND FINANCING**

<b>TOTALS for ALL Departmental line items</b>	15,088,867,727	15,960,548,064	1,697,439	1,697,439	15,962,245,503
<i>FTE</i>	844.5	844.5	0.0	0.0	844.5
General Fund	3,369,114,200	3,740,663,606	0	0	3,740,663,606
General Fund Exempt	1,180,204,749	1,247,571,367	0	0	1,247,571,367
Cash Funds	1,788,046,452	1,790,865,897	0	0	1,790,865,897
Reappropriated Funds	108,720,288	137,606,638	0	0	137,606,638
Federal Funds	8,642,782,038	9,043,840,556	1,697,439	1,697,439	9,045,537,995

**JBC Staff Supplemental Recommendations - FY 2025-26**  
**Staff Working Document - Does Not Represent Committee Decision**

**Appendix A: Numbers Pages**

	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**Department of Health Care Policy and Financing**  
**Kim Bimestefer, Executive Director**

**S5 OCL caseload**

**(4) Office of Community Living**

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

**Medicaid Programs**

Adult Comprehensive Waiver Services	<u>921,442,636</u>	<u>943,198,318</u>	<u>36,330,046</u>	<u>36,330,046</u>	<u>979,528,364</u>
General Fund	444,252,759	469,997,259	18,164,465	18,164,465	488,161,724
Cash Funds	13,706,609	1,601,900	558	558	1,602,458
Reappropriated Funds	0	0	0	0	0
Federal Funds	463,483,268	471,599,159	18,165,023	18,165,023	489,764,182
Adult Supported Living Waiver Services	<u>113,944,257</u>	<u>125,347,265</u>	<u>-16,756,836</u>	<u>-16,756,836</u>	<u>108,590,429</u>
General Fund	43,965,673	47,026,926	(5,327,512)	(5,327,512)	41,699,414
Cash Funds	12,391,494	14,346,101	(1,750,300)	(1,750,300)	12,595,801
Reappropriated Funds	0	0	0	0	0
Federal Funds	57,587,090	63,974,238	(9,679,024)	(9,679,024)	54,295,214
Children's Extensive Support Services	<u>142,581,791</u>	<u>147,638,446</u>	<u>14,327,962</u>	<u>14,327,962</u>	<u>161,966,408</u>
General Fund	70,634,623	72,523,503	8,459,701	8,459,701	80,983,204
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	71,947,168	75,114,943	5,868,261	5,868,261	80,983,204

**JBC Staff Supplemental Recommendations - FY 2025-26**  
**Staff Working Document - Does Not Represent Committee Decision**

	<b>FY 2024-25 Actual</b>	<b>FY 2025-26 Appropriation</b>	<b>FY 2025-26 Requested Change</b>	<b>FY 2025-26 Rec'd Change</b>	<b>FY 2025-26 Total w/Rec'd Change</b>
Children's Habilitation Residential Program	<u>24,562,757</u>	<u>31,570,797</u>	<u>7,132,245</u>	<u>7,132,245</u>	<u>38,703,042</u>
General Fund	12,104,032	15,784,057	3,566,122	3,566,122	19,350,179
Cash Funds	120,362	1,342	0	0	1,342
Reappropriated Funds	0	0	0	0	0
Federal Funds	12,338,363	15,785,398	3,566,123	3,566,123	19,351,521
Case Management for People with IDD	<u>142,075,488</u>	<u>149,895,987</u>	<u>18,267,757</u>	<u>18,267,757</u>	<u>168,163,744</u>
General Fund	67,405,726	70,613,942	7,430,762	7,430,762	78,044,704
Cash Funds	5,976,685	4,994,603	1,633,658	1,633,658	6,628,261
Reappropriated Funds	0	0	0	0	0
Federal Funds	68,693,077	74,287,442	9,203,337	9,203,337	83,490,779
<b>Total for S5 OCL caseload</b>	1,344,606,929	1,397,650,813	59,301,174	59,301,174	1,456,951,987
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	638,362,813	675,945,687	32,293,538	32,293,538	708,239,225
Cash Funds	32,195,150	20,943,946	(116,084)	(116,084)	20,827,862
Reappropriated Funds	0	0	0	0	0
Federal Funds	674,048,966	700,761,180	27,123,720	27,123,720	727,884,900

**JBC Staff Supplemental Recommendations - FY 2025-26**  
**Staff Working Document - Does Not Represent Committee Decision**

	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>S10 DOJ housing vouchers</b>					
<b>(1) Executive Director's Office</b>					
<b>(A) General Administration</b>					
Personal Services	<u>112,250,662</u>	<u>76,602,942</u>	<u>54,080</u>	<u>0</u>	<u>76,602,942</u>
FTE	840.7	800.7	0.7	0.0	800.7
General Fund	40,937,179	29,477,201	27,040	0	29,477,201
Cash Funds	9,317,990	6,407,940	0	0	6,407,940
Reappropriated Funds	3,270,441	3,155,881	0	0	3,155,881
Federal Funds	58,725,052	37,561,920	27,040	0	37,561,920
Health, Life, and Dental	<u>12,911,669</u>	<u>12,823,330</u>	<u>9,815</u>	<u>0</u>	<u>12,823,330</u>
General Fund	5,465,466	5,434,254	4,908	0	5,434,254
Cash Funds	854,712	702,241	0	0	702,241
Reappropriated Funds	59,708	0	0	0	0
Federal Funds	6,531,783	6,686,835	4,907	0	6,686,835
Short-term Disability	<u>65,134</u>	<u>51,482</u>	<u>33</u>	<u>0</u>	<u>51,482</u>
General Fund	52,016	23,801	16	0	23,801
Cash Funds	8,218	427	0	0	427
Reappropriated Funds	568	0	0	0	0
Federal Funds	4,332	27,254	17	0	27,254
Paid Family and Medical Leave Insurance	<u>363,855</u>	<u>377,655</u>	<u>215</u>	<u>0</u>	<u>377,655</u>
General Fund	156,036	152,639	107	0	152,639
Cash Funds	21,973	27,098	0	0	27,098
Reappropriated Funds	1,705	0	0	0	0
Federal Funds	184,141	197,918	108	0	197,918

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	<u>8,616,195</u>	<u>7,918,630</u>	<u>4,783</u>	<u>0</u>	<u>7,918,630</u>
General Fund	3,467,483	3,391,947	2,392	0	3,391,947
Cash Funds	753,289	365,358	0	0	365,358
Reappropriated Funds	37,888	0	0	0	0
Federal Funds	4,357,535	4,161,325	2,391	0	4,161,325
Operating Expenses	<u>3,023,583</u>	<u>3,400,167</u>	<u>14,491</u>	<u>0</u>	<u>3,400,167</u>
General Fund	1,331,689	1,344,473	7,246	0	1,344,473
Cash Funds	304,097	296,462	0	0	296,462
Reappropriated Funds	61,415	50,071	0	0	50,071
Federal Funds	1,326,382	1,709,161	7,245	0	1,709,161
Leased Space	<u>1,715,440</u>	<u>3,700,205</u>	<u>3,108</u>	<u>0</u>	<u>3,700,205</u>
General Fund	533,761	1,482,562	1,554	0	1,482,562
Cash Funds	285,110	322,276	0	0	322,276
Reappropriated Funds	38,849	38,849	0	0	38,849
Federal Funds	857,720	1,856,518	1,554	0	1,856,518
<b>(2) Medical Services Premiums</b>					
Medical and Long-Term Care Services for Medicaid					
Eligible Individuals	<u>12,627,795,252</u>	<u>13,367,552,286</u>	<u>-5,580,999</u>	<u>-5,580,999</u>	<u>13,361,971,287</u>
General Fund	2,465,553,736	2,590,473,389	(2,790,499)	(2,790,499)	2,587,682,890
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,346,192,427	1,481,967,035	0	0	1,481,967,035
Reappropriated Funds	118,098,773	124,197,922	0	0	124,197,922
Federal Funds	7,449,110,649	7,877,945,631	(2,790,500)	(2,790,500)	7,875,155,131

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>Total for S10 DOJ housing vouchers</b>	12,766,741,790	13,472,426,697	(5,494,474)	(5,580,999)	13,466,845,698
<i>FTE</i>	<u>840.7</u>	<u>800.7</u>	<u>0.7</u>	<u>0 .0</u>	<u>800.7</u>
General Fund	2,517,497,366	2,631,780,266	(2,747,236)	(2,790,499)	2,628,989,767
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,357,737,816	1,490,088,837	0	0	1,490,088,837
Reappropriated Funds	121,569,347	127,442,723	0	0	127,442,723
Federal Funds	7,521,097,594	7,930,146,562	(2,747,238)	(2,790,500)	7,927,356,062

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>S12 Eligibility administration</b>					
<b>(1) Executive Director's Office</b>					
<b>(A) General Administration</b>					
Personal Services	<u>112,250,662</u>	<u>76,602,942</u>	<u>103,521</u>	0	<u>76,602,942</u>
FTE	840.7	800.7	1.0	0.0	800.7
General Fund	40,937,179	29,477,201	33,644	0	29,477,201
Cash Funds	9,317,990	6,407,940	18,116	0	6,407,940
Reappropriated Funds	3,270,441	3,155,881	0	0	3,155,881
Federal Funds	58,725,052	37,561,920	51,761	0	37,561,920
Health, Life, and Dental	<u>12,911,669</u>	<u>12,823,330</u>	<u>14,721</u>	0	<u>12,823,330</u>
General Fund	5,465,466	5,434,254	4,784	0	5,434,254
Cash Funds	854,712	702,241	2,576	0	702,241
Reappropriated Funds	59,708	0	0	0	0
Federal Funds	6,531,783	6,686,835	7,361	0	6,686,835
Short-term Disability	<u>65,134</u>	<u>51,482</u>	<u>63</u>	0	<u>51,482</u>
General Fund	52,016	23,801	20	0	23,801
Cash Funds	8,218	427	11	0	427
Reappropriated Funds	568	0	0	0	0
Federal Funds	4,332	27,254	32	0	27,254
Paid Family and Medical Leave Insurance	<u>363,855</u>	<u>377,655</u>	<u>411</u>	0	<u>377,655</u>
General Fund	156,036	152,639	133	0	152,639
Cash Funds	21,973	27,098	72	0	27,098
Reappropriated Funds	1,705	0	0	0	0
Federal Funds	184,141	197,918	206	0	197,918

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	<u>8,616,195</u>	<u>7,918,630</u>	<u>9,156</u>	<u>0</u>	<u>7,918,630</u>
General Fund	3,467,483	3,391,947	2,976	0	3,391,947
Cash Funds	753,289	365,358	1,602	0	365,358
Reappropriated Funds	37,888	0	0	0	0
Federal Funds	4,357,535	4,161,325	4,578	0	4,161,325
Operating Expenses	<u>3,023,583</u>	<u>3,400,167</u>	<u>21,738</u>	<u>0</u>	<u>3,400,167</u>
General Fund	1,331,689	1,344,473	7,065	0	1,344,473
Cash Funds	304,097	296,462	3,804	0	296,462
Reappropriated Funds	61,415	50,071	0	0	50,071
Federal Funds	1,326,382	1,709,161	10,869	0	1,709,161
Leased Space	<u>1,715,440</u>	<u>3,700,205</u>	<u>4,662</u>	<u>0</u>	<u>3,700,205</u>
General Fund	533,761	1,482,562	1,515	0	1,482,562
Cash Funds	285,110	322,276	816	0	322,276
Reappropriated Funds	38,849	38,849	0	0	38,849
Federal Funds	857,720	1,856,518	2,331	0	1,856,518
General Professional Services and Special Projects	<u>38,155,777</u>	<u>45,936,358</u>	<u>482,594</u>	<u>0</u>	<u>45,936,358</u>
General Fund	8,714,623	16,663,486	156,842	0	16,663,486
Cash Funds	2,606,625	3,629,148	84,455	0	3,629,148
Reappropriated Funds	81,000	81,000	0	0	81,000
Federal Funds	26,753,529	25,562,724	241,297	0	25,562,724



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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>Total for S12 Eligibility administration</b>	177,102,315	150,810,769	636,866	0	150,810,769
<i>FTE</i>	<u>840.7</u>	<u>800.7</u>	<u>1.0</u>	<u>0.0</u>	<u>800.7</u>
General Fund	60,658,253	57,970,363	206,979	0	57,970,363
Cash Funds	14,152,014	11,750,950	111,452	0	11,750,950
Reappropriated Funds	3,551,574	3,325,801	0	0	3,325,801
Federal Funds	98,740,474	77,763,655	318,435	0	77,763,655

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**S13 Disability determinations**

**(1) Executive Director's Office**

**(D) Eligibility Determinations and Client Services**

Contracts for Special Eligibility Determinations	7,208,794	5,588,957	1,275,000	1,275,000	6,863,957
General Fund	934,171	1,234,071	802,544	802,544	2,036,615
Cash Funds	2,217,887	913,169	(165,044)	(165,044)	748,125
Reappropriated Funds	0	0	0	0	0
Federal Funds	4,056,736	3,441,717	637,500	637,500	4,079,217

<b>Total for S13 Disability determinations</b>	7,208,794	5,588,957	1,275,000	1,275,000	6,863,957
<i>FTE</i>	0.0	0.0	0.0	0.0	0.0
General Fund	934,171	1,234,071	802,544	802,544	2,036,615
Cash Funds	2,217,887	913,169	(165,044)	(165,044)	748,125
Reappropriated Funds	0	0	0	0	0
Federal Funds	4,056,736	3,441,717	637,500	637,500	4,079,217

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**S6.12 Community connector -15%**

**(4) Office of Community Living**

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

**Medicaid Programs**

Children's Extensive Support Services	<u>142,581,791</u>	<u>147,638,446</u>	<u>-6,026,470</u>	<u>-6,026,470</u>	<u>141,611,976</u>
General Fund	70,634,623	72,523,503	(3,013,235)	(3,013,235)	69,510,268
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	71,947,168	75,114,943	(3,013,235)	(3,013,235)	72,101,708

<b>Total for S6.12 Community connector -15%</b>	142,581,791	147,638,446	(6,026,470)	(6,026,470)	141,611,976
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	70,634,623	72,523,503	(3,013,235)	(3,013,235)	69,510,268
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	71,947,168	75,114,943	(3,013,235)	(3,013,235)	72,101,708

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**S6.14 Individual residential srvcs & supports**

**(4) Office of Community Living**

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

**Medicaid Programs**

Adult Comprehensive Waiver Services	<u>921,442,636</u>	<u>943,198,318</u>	<u>-2,900,558</u>	<u>-2,900,558</u>	<u>940,297,760</u>
General Fund	444,252,759	469,997,259	(1,450,279)	(1,450,279)	468,546,980
Cash Funds	13,706,609	1,601,900	0	0	1,601,900
Reappropriated Funds	0	0	0	0	0
Federal Funds	463,483,268	471,599,159	(1,450,279)	(1,450,279)	470,148,880

<b>Total for S6.14 Individual residential srvcs &amp; supports</b>	921,442,636	943,198,318	(2,900,558)	(2,900,558)	940,297,760
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	444,252,759	469,997,259	(1,450,279)	(1,450,279)	468,546,980
Cash Funds	13,706,609	1,601,900	0	0	1,601,900
Reappropriated Funds	0	0	0	0	0
Federal Funds	463,483,268	471,599,159	(1,450,279)	(1,450,279)	470,148,880

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>S6.17 IDD youth transitions</b>					
<b>(1) Executive Director's Office</b>					
<b>(A) General Administration</b>					
Personal Services	<u>112,250,662</u>	<u>76,602,942</u>	<u>51,205</u>	<u>0</u>	<u>76,602,942</u>
FTE	840.7	800.7	0.5	0.0	800.7
General Fund	40,937,179	29,477,201	25,602	0	29,477,201
Cash Funds	9,317,990	6,407,940	0	0	6,407,940
Reappropriated Funds	3,270,441	3,155,881	0	0	3,155,881
Federal Funds	58,725,052	37,561,920	25,603	0	37,561,920
Health, Life, and Dental	<u>12,911,669</u>	<u>12,823,330</u>	<u>7,282</u>	<u>0</u>	<u>12,823,330</u>
General Fund	5,465,466	5,434,254	3,641	0	5,434,254
Cash Funds	854,712	702,241	0	0	702,241
Reappropriated Funds	59,708	0	0	0	0
Federal Funds	6,531,783	6,686,835	3,641	0	6,686,835
Short-term Disability	<u>65,134</u>	<u>51,482</u>	<u>32</u>	<u>0</u>	<u>51,482</u>
General Fund	52,016	23,801	16	0	23,801
Cash Funds	8,218	427	0	0	427
Reappropriated Funds	568	0	0	0	0
Federal Funds	4,332	27,254	16	0	27,254
Paid Family and Medical Leave Insurance	<u>363,855</u>	<u>377,655</u>	<u>204</u>	<u>0</u>	<u>377,655</u>
General Fund	156,036	152,639	102	0	152,639
Cash Funds	21,973	27,098	0	0	27,098
Reappropriated Funds	1,705	0	0	0	0
Federal Funds	184,141	197,918	102	0	197,918

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	<u>8,616,195</u>	<u>7,918,630</u>	<u>4,528</u>	<u>0</u>	<u>7,918,630</u>
General Fund	3,467,483	3,391,947	2,264	0	3,391,947
Cash Funds	753,289	365,358	0	0	365,358
Reappropriated Funds	37,888	0	0	0	0
Federal Funds	4,357,535	4,161,325	2,264	0	4,161,325
Operating Expenses	<u>3,023,583</u>	<u>3,400,167</u>	<u>7,365</u>	<u>0</u>	<u>3,400,167</u>
General Fund	1,331,689	1,344,473	3,683	0	1,344,473
Cash Funds	304,097	296,462	0	0	296,462
Reappropriated Funds	61,415	50,071	0	0	50,071
Federal Funds	1,326,382	1,709,161	3,682	0	1,709,161
Leased Space	<u>1,715,440</u>	<u>3,700,205</u>	<u>2,306</u>	<u>0</u>	<u>3,700,205</u>
General Fund	533,761	1,482,562	1,153	0	1,482,562
Cash Funds	285,110	322,276	0	0	322,276
Reappropriated Funds	38,849	38,849	0	0	38,849
Federal Funds	857,720	1,856,518	1,153	0	1,856,518
<b>Total for S6.17 IDD youth transitions</b>	138,946,538	104,874,411	72,922	0	104,874,411
<i>FTE</i>	<u>840.7</u>	<u>800.7</u>	<u>0.5</u>	<u>0.0</u>	<u>800.7</u>
General Fund	51,943,630	41,306,877	36,461	0	41,306,877
Cash Funds	11,545,389	8,121,802	0	0	8,121,802
Reappropriated Funds	3,470,574	3,244,801	0	0	3,244,801
Federal Funds	71,986,945	52,200,931	36,461	0	52,200,931

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**S6.18 IDD waitlist**

**(1) Executive Director's Office**

**(A) General Administration**

Personal Services	<u>112,250,662</u>	<u>76,602,942</u>	<u>51,205</u>	<u>0</u>	<u>76,602,942</u>
FTE	840.7	800.7	0.5	0.0	800.7
General Fund	40,937,179	29,477,201	25,602	0	29,477,201
Cash Funds	9,317,990	6,407,940	0	0	6,407,940
Reappropriated Funds	3,270,441	3,155,881	0	0	3,155,881
Federal Funds	58,725,052	37,561,920	25,603	0	37,561,920
Health, Life, and Dental	<u>12,911,669</u>	<u>12,823,330</u>	<u>7,282</u>	<u>0</u>	<u>12,823,330</u>
General Fund	5,465,466	5,434,254	3,641	0	5,434,254
Cash Funds	854,712	702,241	0	0	702,241
Reappropriated Funds	59,708	0	0	0	0
Federal Funds	6,531,783	6,686,835	3,641	0	6,686,835
Short-term Disability	<u>65,134</u>	<u>51,482</u>	<u>32</u>	<u>0</u>	<u>51,482</u>
General Fund	52,016	23,801	16	0	23,801
Cash Funds	8,218	427	0	0	427
Reappropriated Funds	568	0	0	0	0
Federal Funds	4,332	27,254	16	0	27,254
Paid Family and Medical Leave Insurance	<u>363,855</u>	<u>377,655</u>	<u>204</u>	<u>0</u>	<u>377,655</u>
General Fund	156,036	152,639	102	0	152,639
Cash Funds	21,973	27,098	0	0	27,098
Reappropriated Funds	1,705	0	0	0	0
Federal Funds	184,141	197,918	102	0	197,918

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	<u>8,616,195</u>	<u>7,918,630</u>	<u>4,528</u>	<u>0</u>	<u>7,918,630</u>
General Fund	3,467,483	3,391,947	2,264	0	3,391,947
Cash Funds	753,289	365,358	0	0	365,358
Reappropriated Funds	37,888	0	0	0	0
Federal Funds	4,357,535	4,161,325	2,264	0	4,161,325
Operating Expenses	<u>3,023,583</u>	<u>3,400,167</u>	<u>7,365</u>	<u>0</u>	<u>3,400,167</u>
General Fund	1,331,689	1,344,473	3,683	0	1,344,473
Cash Funds	304,097	296,462	0	0	296,462
Reappropriated Funds	61,415	50,071	0	0	50,071
Federal Funds	1,326,382	1,709,161	3,682	0	1,709,161
Leased Space	<u>1,715,440</u>	<u>3,700,205</u>	<u>2,306</u>	<u>0</u>	<u>3,700,205</u>
General Fund	533,761	1,482,562	1,153	0	1,482,562
Cash Funds	285,110	322,276	0	0	322,276
Reappropriated Funds	38,849	38,849	0	0	38,849
Federal Funds	857,720	1,856,518	1,153	0	1,856,518
<b>Total for S6.18 IDD waitlist</b>	138,946,538	104,874,411	72,922	0	104,874,411
<i>FTE</i>	<u>840.7</u>	<u>800.7</u>	<u>0.5</u>	<u>0.0</u>	<u>800.7</u>
General Fund	51,943,630	41,306,877	36,461	0	41,306,877
Cash Funds	11,545,389	8,121,802	0	0	8,121,802
Reappropriated Funds	3,470,574	3,244,801	0	0	3,244,801
Federal Funds	71,986,945	52,200,931	36,461	0	52,200,931



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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**S6.29 LTSS presumptive eligibility**

**(2) Medical Services Premiums**

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	<u>12,627,795,252</u>	<u>13,367,552,286</u>	<u>-1,303,093</u>	<u>-1,303,093</u>	<u>13,366,249,193</u>
General Fund	2,465,553,736	2,590,473,389	(690,802)	(690,802)	2,589,782,587
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,346,192,427	1,481,967,035	0	0	1,481,967,035
Reappropriated Funds	118,098,773	124,197,922	0	0	124,197,922
Federal Funds	7,449,110,649	7,877,945,631	(612,291)	(612,291)	7,877,333,340

<b>Total for S6.29 LTSS presumptive eligibility</b>	12,627,795,252	13,367,552,286	(1,303,093)	(1,303,093)	13,366,249,193
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	2,465,553,736	2,590,473,389	(690,802)	(690,802)	2,589,782,587
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,346,192,427	1,481,967,035	0	0	1,481,967,035
Reappropriated Funds	118,098,773	124,197,922	0	0	124,197,922
Federal Funds	7,449,110,649	7,877,945,631	(612,291)	(612,291)	7,877,333,340

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>S6.30 HCBS hours soft cap</b>					
<b>(1) Executive Director's Office</b>					
<b>(A) General Administration</b>					
Personal Services	<u>112,250,662</u>	<u>76,602,942</u>	<u>120,375</u>	<u>64,722</u>	<u>76,667,664</u>
FTE	840.7	800.7	1.5	0.8	801.5
General Fund	40,937,179	29,477,201	60,188	32,361	29,509,562
Cash Funds	9,317,990	6,407,940	0	0	6,407,940
Reappropriated Funds	3,270,441	3,155,881	0	0	3,155,881
Federal Funds	58,725,052	37,561,920	60,187	32,361	37,594,281
Health, Life, and Dental	<u>12,911,669</u>	<u>12,823,330</u>	<u>21,846</u>	<u>0</u>	<u>12,823,330</u>
General Fund	5,465,466	5,434,254	10,923	0	5,434,254
Cash Funds	854,712	702,241	0	0	702,241
Reappropriated Funds	59,708	0	0	0	0
Federal Funds	6,531,783	6,686,835	10,923	0	6,686,835
Short-term Disability	<u>65,134</u>	<u>51,482</u>	<u>75</u>	<u>0</u>	<u>51,482</u>
General Fund	52,016	23,801	38	0	23,801
Cash Funds	8,218	427	0	0	427
Reappropriated Funds	568	0	0	0	0
Federal Funds	4,332	27,254	37	0	27,254
Paid Family and Medical Leave Insurance	<u>363,855</u>	<u>377,655</u>	<u>480</u>	<u>0</u>	<u>377,655</u>
General Fund	156,036	152,639	240	0	152,639
Cash Funds	21,973	27,098	0	0	27,098
Reappropriated Funds	1,705	0	0	0	0
Federal Funds	184,141	197,918	240	0	197,918

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	<u>8,616,195</u>	<u>7,918,630</u>	<u>10,644</u>	<u>0</u>	<u>7,918,630</u>
General Fund	3,467,483	3,391,947	5,322	0	3,391,947
Cash Funds	753,289	365,358	0	0	365,358
Reappropriated Funds	37,888	0	0	0	0
Federal Funds	4,357,535	4,161,325	5,322	0	4,161,325
Operating Expenses	<u>3,023,583</u>	<u>3,400,167</u>	<u>22,095</u>	<u>22,024</u>	<u>3,422,191</u>
General Fund	1,331,689	1,344,473	11,048	11,012	1,355,485
Cash Funds	304,097	296,462	0	0	296,462
Reappropriated Funds	61,415	50,071	0	0	50,071
Federal Funds	1,326,382	1,709,161	11,047	11,012	1,720,173
Leased Space	<u>1,715,440</u>	<u>3,700,205</u>	<u>6,918</u>	<u>0</u>	<u>3,700,205</u>
General Fund	533,761	1,482,562	3,459	0	1,482,562
Cash Funds	285,110	322,276	0	0	322,276
Reappropriated Funds	38,849	38,849	0	0	38,849
Federal Funds	857,720	1,856,518	3,459	0	1,856,518
<b>(2) Medical Services Premiums</b>					
Medical and Long-Term Care Services for Medicaid					
Eligible Individuals	<u>12,627,795,252</u>	<u>13,367,552,286</u>	<u>-2,503,441</u>	<u>-2,503,441</u>	<u>13,365,048,845</u>
General Fund	2,465,553,736	2,590,473,389	(1,251,722)	(1,251,722)	2,589,221,667
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,346,192,427	1,481,967,035	0	0	1,481,967,035
Reappropriated Funds	118,098,773	124,197,922	0	0	124,197,922
Federal Funds	7,449,110,649	7,877,945,631	(1,251,719)	(1,251,719)	7,876,693,912

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>Total for S6.30 HCBS hours soft cap</b>	12,766,741,790	13,472,426,697	(2,321,008)	(2,416,695)	13,470,010,002
<i>FTE</i>	<u>840.7</u>	<u>800.7</u>	<u>1.5</u>	<u>0.8</u>	<u>801.5</u>
General Fund	2,517,497,366	2,631,780,266	(1,160,504)	(1,208,349)	2,630,571,917
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,357,737,816	1,490,088,837	0	0	1,490,088,837
Reappropriated Funds	121,569,347	127,442,723	0	0	127,442,723
Federal Funds	7,521,097,594	7,930,146,562	(1,160,504)	(1,208,346)	7,928,938,216

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>S6.31 Caregiving hours soft cap</b>					
<b>(1) Executive Director's Office</b>					
<b>(A) General Administration</b>					
Personal Services	<u>112,250,662</u>	<u>76,602,942</u>	<u>40,125</u>	<u>0</u>	<u>76,602,942</u>
FTE	840.7	800.7	0.5	0.0	800.7
General Fund	40,937,179	29,477,201	20,063	0	29,477,201
Cash Funds	9,317,990	6,407,940	0	0	6,407,940
Reappropriated Funds	3,270,441	3,155,881	0	0	3,155,881
Federal Funds	58,725,052	37,561,920	20,062	0	37,561,920
Health, Life, and Dental	<u>12,911,669</u>	<u>12,823,330</u>	<u>7,282</u>	<u>0</u>	<u>12,823,330</u>
General Fund	5,465,466	5,434,254	3,641	0	5,434,254
Cash Funds	854,712	702,241	0	0	702,241
Reappropriated Funds	59,708	0	0	0	0
Federal Funds	6,531,783	6,686,835	3,641	0	6,686,835
Short-term Disability	<u>65,134</u>	<u>51,482</u>	<u>25</u>	<u>0</u>	<u>51,482</u>
General Fund	52,016	23,801	13	0	23,801
Cash Funds	8,218	427	0	0	427
Reappropriated Funds	568	0	0	0	0
Federal Funds	4,332	27,254	12	0	27,254
Paid Family and Medical Leave Insurance	<u>363,855</u>	<u>377,655</u>	<u>160</u>	<u>0</u>	<u>377,655</u>
General Fund	156,036	152,639	80	0	152,639
Cash Funds	21,973	27,098	0	0	27,098
Reappropriated Funds	1,705	0	0	0	0
Federal Funds	184,141	197,918	80	0	197,918

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	<u>8,616,195</u>	<u>7,918,630</u>	<u>3,548</u>	<u>0</u>	<u>7,918,630</u>
General Fund	3,467,483	3,391,947	1,774	0	3,391,947
Cash Funds	753,289	365,358	0	0	365,358
Reappropriated Funds	37,888	0	0	0	0
Federal Funds	4,357,535	4,161,325	1,774	0	4,161,325
Operating Expenses	<u>3,023,583</u>	<u>3,400,167</u>	<u>7,365</u>	<u>0</u>	<u>3,400,167</u>
General Fund	1,331,689	1,344,473	3,682	0	1,344,473
Cash Funds	304,097	296,462	0	0	296,462
Reappropriated Funds	61,415	50,071	0	0	50,071
Federal Funds	1,326,382	1,709,161	3,683	0	1,709,161
Leased Space	<u>1,715,440</u>	<u>3,700,205</u>	<u>2,306</u>	<u>0</u>	<u>3,700,205</u>
General Fund	533,761	1,482,562	1,153	0	1,482,562
Cash Funds	285,110	322,276	0	0	322,276
Reappropriated Funds	38,849	38,849	0	0	38,849
Federal Funds	857,720	1,856,518	1,153	0	1,856,518

**(2) Medical Services Premiums**

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	<u>12,627,795,252</u>	<u>13,367,552,286</u>	<u>-396,415</u>	<u>-396,415</u>	<u>13,367,155,871</u>
General Fund	2,465,553,736	2,590,473,389	(198,208)	(198,208)	2,590,275,181
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,346,192,427	1,481,967,035	0	0	1,481,967,035
Reappropriated Funds	118,098,773	124,197,922	0	0	124,197,922
Federal Funds	7,449,110,649	7,877,945,631	(198,207)	(198,207)	7,877,747,424

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>Total for S6.31 Caregiving hours soft cap</b>	12,766,741,790	13,472,426,697	(335,604)	(396,415)	13,472,030,282
<i>FTE</i>	<u>840.7</u>	<u>800.7</u>	<u>0.5</u>	<u>0.0</u>	<u>800.7</u>
General Fund	2,517,497,366	2,631,780,266	(167,802)	(198,208)	2,631,582,058
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,357,737,816	1,490,088,837	0	0	1,490,088,837
Reappropriated Funds	121,569,347	127,442,723	0	0	127,442,723
Federal Funds	7,521,097,594	7,930,146,562	(167,802)	(198,207)	7,929,948,355

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**S6.32 Homemaker hours soft cap**

**(2) Medical Services Premiums**

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	<u>12,627,795,252</u>	<u>13,367,552,286</u>	<u>-74,350</u>	<u>-74,350</u>	<u>13,367,477,936</u>
General Fund	2,465,553,736	2,590,473,389	(37,175)	(37,175)	2,590,436,214
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,346,192,427	1,481,967,035	0	0	1,481,967,035
Reappropriated Funds	118,098,773	124,197,922	0	0	124,197,922
Federal Funds	7,449,110,649	7,877,945,631	(37,175)	(37,175)	7,877,908,456

<b>Total for S6.32 Homemaker hours soft cap</b>	12,627,795,252	13,367,552,286	(74,350)	(74,350)	13,367,477,936
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	2,465,553,736	2,590,473,389	(37,175)	(37,175)	2,590,436,214
General Fund Exempt	1,248,839,667	1,292,968,309	0	0	1,292,968,309
Cash Funds	1,346,192,427	1,481,967,035	0	0	1,481,967,035
Reappropriated Funds	118,098,773	124,197,922	0	0	124,197,922
Federal Funds	7,449,110,649	7,877,945,631	(37,175)	(37,175)	7,877,908,456



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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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**S6.33 Community connector -23%**

**(4) Office of Community Living**

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

**Medicaid Programs**

Children's Extensive Support Services	<u>142,581,791</u>	<u>147,638,446</u>	<u>-3,055,311</u>	<u>-3,055,311</u>	<u>144,583,135</u>
General Fund	70,634,623	72,523,503	(1,527,656)	(1,527,656)	70,995,847
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	71,947,168	75,114,943	(1,527,655)	(1,527,655)	73,587,288

<b>Total for S6.33 Community connector -23%</b>	142,581,791	147,638,446	(3,055,311)	(3,055,311)	144,583,135
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	70,634,623	72,523,503	(1,527,656)	(1,527,656)	70,995,847
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	71,947,168	75,114,943	(1,527,655)	(1,527,655)	73,587,288

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
<b>S6.34 Community connector units</b>					
<b>(1) Executive Director's Office</b>					
<b>(A) General Administration</b>					
Personal Services	<u>112,250,662</u>	<u>76,602,942</u>	<u>40,125</u>	<u>0</u>	<u>76,602,942</u>
FTE	840.7	800.7	0.5	0.0	800.7
General Fund	40,937,179	29,477,201	20,064	0	29,477,201
Cash Funds	9,317,990	6,407,940	0	0	6,407,940
Reappropriated Funds	3,270,441	3,155,881	0	0	3,155,881
Federal Funds	58,725,052	37,561,920	20,061	0	37,561,920
Health, Life, and Dental	<u>12,911,669</u>	<u>12,823,330</u>	<u>7,282</u>	<u>0</u>	<u>12,823,330</u>
General Fund	5,465,466	5,434,254	3,641	0	5,434,254
Cash Funds	854,712	702,241	0	0	702,241
Reappropriated Funds	59,708	0	0	0	0
Federal Funds	6,531,783	6,686,835	3,641	0	6,686,835
Short-term Disability	<u>65,134</u>	<u>51,482</u>	<u>25</u>	<u>0</u>	<u>51,482</u>
General Fund	52,016	23,801	12	0	23,801
Cash Funds	8,218	427	0	0	427
Reappropriated Funds	568	0	0	0	0
Federal Funds	4,332	27,254	13	0	27,254
Paid Family and Medical Leave Insurance	<u>363,855</u>	<u>377,655</u>	<u>160</u>	<u>0</u>	<u>377,655</u>
General Fund	156,036	152,639	80	0	152,639
Cash Funds	21,973	27,098	0	0	27,098
Reappropriated Funds	1,705	0	0	0	0
Federal Funds	184,141	197,918	80	0	197,918

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	<u>8,616,195</u>	<u>7,918,630</u>	<u>3,548</u>	<u>0</u>	<u>7,918,630</u>
General Fund	3,467,483	3,391,947	1,774	0	3,391,947
Cash Funds	753,289	365,358	0	0	365,358
Reappropriated Funds	37,888	0	0	0	0
Federal Funds	4,357,535	4,161,325	1,774	0	4,161,325
Operating Expenses	<u>3,023,583</u>	<u>3,400,167</u>	<u>7,365</u>	<u>0</u>	<u>3,400,167</u>
General Fund	1,331,689	1,344,473	3,682	0	1,344,473
Cash Funds	304,097	296,462	0	0	296,462
Reappropriated Funds	61,415	50,071	0	0	50,071
Federal Funds	1,326,382	1,709,161	3,683	0	1,709,161
Leased Space	<u>1,715,440</u>	<u>3,700,205</u>	<u>2,306</u>	<u>0</u>	<u>3,700,205</u>
General Fund	533,761	1,482,562	1,153	0	1,482,562
Cash Funds	285,110	322,276	0	0	322,276
Reappropriated Funds	38,849	38,849	0	0	38,849
Federal Funds	857,720	1,856,518	1,153	0	1,856,518

**(4) Office of Community Living**

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

**Medicaid Programs**

Children's Extensive Support Services	<u>142,581,791</u>	<u>147,638,446</u>	<u>-2,533,994</u>	<u>-2,533,994</u>	<u>145,104,452</u>
General Fund	70,634,623	72,523,503	(1,266,998)	(1,266,997)	71,256,506
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	71,947,168	75,114,943	(1,266,996)	(1,266,997)	73,847,946

**JBC Staff Supplemental Recommendations - FY 2025-26**  
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	<b>FY 2024-25 Actual</b>	<b>FY 2025-26 Appropriation</b>	<b>FY 2025-26 Requested Change</b>	<b>FY 2025-26 Rec'd Change</b>	<b>FY 2025-26 Total w/Rec'd Change</b>
<b>Total for S6.34 Community connector units</b>	281,528,329	252,512,857	(2,473,183)	(2,533,994)	249,978,863
<i>FTE</i>	<u>840.7</u>	<u>800.7</u>	<u>0.5</u>	<u>0.0</u>	<u>800.7</u>
General Fund	122,578,253	113,830,380	(1,236,592)	(1,266,997)	112,563,383
Cash Funds	11,545,389	8,121,802	0	0	8,121,802
Reappropriated Funds	3,470,574	3,244,801	0	0	3,244,801
Federal Funds	143,934,113	127,315,874	(1,236,591)	(1,266,997)	126,048,877

<b>Totals Excluding Pending Items</b>					
<b>HEALTH CARE POLICY AND FINANCING</b>					
<b>TOTALS for ALL Departmental line items</b>	17,051,747,985	18,217,290,946	37,374,833	36,288,289	18,253,579,235
<i>FTE</i>	<u>882.2</u>	<u>843.2</u>	<u>5.2</u>	<u>0.8</u>	<u>844</u>
General Fund	3,973,261,016	4,261,054,636	21,344,702	20,912,882	4,281,967,518
General Fund Exempt	1,248,839,667	1,293,261,386	0	0	1,293,261,386
Cash Funds	1,867,850,352	2,030,279,577	(169,676)	(281,128)	2,029,998,449
Reappropriated Funds	151,467,742	144,020,883	0	0	144,020,883
Federal Funds	9,810,329,208	10,488,674,464	16,199,807	15,656,535	10,504,330,999