

Schedule 13

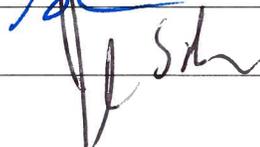
Department of Health Care Policy and Financing

Funding Request for The FY 2019-20 Budget Cycle

Request Title

R-06 Local Administration Transformation

Dept. Approval By:  11/1/18 _____ **Supplemental FY 2018-19**

OSPB Approval By:  _____ **Budget Amendment FY 2019-20**

_____ **X** _____ **Change Request FY 2019-20**

Summary Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$7,775,721,742	\$0	\$7,635,749,817	\$3,266,842	(\$1,434,589)
FTE		465.8	0.0	471.3	2.5	3.0
Total of All Line Items Impacted by Change Request	GF	\$2,147,661,098	\$0	\$2,103,644,281	\$2,090,396	\$683,420
	CF	\$962,451,847	\$0	\$959,331,396	\$202,724	\$96,059
	RF	\$79,963,817	\$0	\$79,908,041	\$3	\$111,942
	FF	\$4,585,644,980	\$0	\$4,492,866,099	\$973,719	(\$2,326,010)

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$34,785,923	\$0	\$36,413,166	\$188,624	\$227,691
FTE		465.8	0.0	471.3	2.5	3.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$11,935,474	\$0	\$12,577,193	\$64,132	\$77,414
General Administration - Personal Services	CF	\$3,129,300	\$0	\$3,273,826	\$30,179	\$36,431
	RF	\$2,242,657	\$0	\$2,274,826	\$0	\$0
	FF	\$17,478,492	\$0	\$18,287,321	\$94,313	\$113,846

Total		\$4,647,883	\$0	\$4,655,713	\$23,781	\$23,781
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,575,324	\$0	\$1,651,283	\$8,086	\$8,086
General Administration - Health, Life, and Dental	CF	\$399,501	\$0	\$409,280	\$3,805	\$3,805
	RF	\$135,355	\$0	\$123,276	\$0	\$0
	FF	\$2,537,703	\$0	\$2,471,874	\$11,890	\$11,890

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$60,727	\$0	\$66,035	\$320	\$387
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$21,043	\$0	\$24,054	\$109	\$132
General Administration - Short-term Disability	CF	\$5,213	\$0	\$5,306	\$51	\$62
	RF	\$1,484	\$0	\$1,522	\$0	\$0
	FF	\$32,987	\$0	\$35,153	\$160	\$193
	Total	\$1,855,596	\$0	\$1,985,443	\$8,433	\$10,179
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$642,806	\$0	\$723,280	\$2,867	\$3,461
General Administration - Amortization	CF	\$159,439	\$0	\$159,516	\$1,349	\$1,629
Equalization	RF	\$45,371	\$0	\$45,699	\$0	\$0
Disbursement	FF	\$1,007,980	\$0	\$1,056,948	\$4,217	\$5,089
	Total	\$1,855,596	\$0	\$1,985,443	\$8,433	\$10,179
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$642,806	\$0	\$723,280	\$2,867	\$3,461
General Administration - Supplemental	CF	\$159,439	\$0	\$159,516	\$1,349	\$1,629
Amortization	RF	\$45,371	\$0	\$45,699	\$0	\$0
Equalization	FF	\$1,007,980	\$0	\$1,056,948	\$4,217	\$5,089
Disbursement						
	Total	\$2,450,635	\$0	\$2,245,370	\$43,876	\$19,480
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$961,623	\$0	\$889,835	\$14,918	\$6,623
General Administration - Operating Expenses	CF	\$239,823	\$0	\$210,072	\$7,019	\$3,117
	RF	\$13,297	\$0	\$13,297	\$0	\$0
	FF	\$1,235,892	\$0	\$1,132,166	\$21,939	\$9,740
	Total	\$30,068,612	\$0	\$29,583,284	\$793,375	\$19,321
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (C) Information Technology Contracts and Projects, (1)	GF	\$6,587,252	\$0	\$6,541,450	\$245,417	\$5,977
Information Technology Contracts and Projects - Colorado Benefits	CF	\$3,754,018	\$0	\$3,735,991	\$60,972	\$1,485
Management Systems, Operating & Contracts	RF	\$94,608	\$0	\$93,047	\$3	\$0
	FF	\$19,632,734	\$0	\$19,212,796	\$486,983	\$11,859

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$68,516,841	\$0	\$68,516,841	\$1,500,000	\$1,500,000
01. Executive Director's Office, (D) Eligibility Determinations and Client Services, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Eligibility Determinations and Client Services - County Administration	GF	\$11,114,448	\$0	\$11,114,448	\$1,500,000	\$1,500,000
	CF	\$14,892,419	\$0	\$14,892,419	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$42,509,974	\$0	\$42,509,974	\$0	\$0
	Total	\$0	\$0	\$0	\$0	\$3,298,808
01. Executive Director's Office, (D) Eligibility Determinations and Client Services, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Eligibility Determinations and Client Services - Consolidated Mail Contract Project	GF	\$0	\$0	\$0	\$0	\$985,808
	CF	\$0	\$0	\$0	\$0	\$244,919
	RF	\$0	\$0	\$0	\$0	\$111,942
	FF	\$0	\$0	\$0	\$0	\$1,956,139
	Total	\$7,631,479,929	\$0	\$7,490,298,522	\$700,000	(\$6,544,415)
02. Medical Services Premiums, (A) Medical Services Premiums, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Medical Services Premiums - Medical Services Premiums	GF	\$2,114,180,322	\$0	\$2,069,399,458	\$252,000	(\$1,907,542)
	CF	\$939,712,695	\$0	\$936,485,470	\$98,000	(\$197,018)
	RF	\$77,385,674	\$0	\$77,310,675	\$0	\$0
	FF	\$4,500,201,238	\$0	\$4,407,102,919	\$350,000	(\$4,439,855)

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Department of Health Care Policy and Financing Prioritized Request	Interagency Approval or Related Schedule 13s:	Impacts Other Agency



Cost and FTE

- The Department requests \$3,266,842 total funds, including \$2,090,396 General Fund and 2.5 FTE in FY 2019-20 and a reduction of \$1,434,589 total funds, including an increase of \$683,420 General Fund and 3.0 FTE in FY 2020-21 and a reduction of \$3,332,941 total funds, including an increase of \$83,450 General Fund and 3.0 FTE in FY 2021-22 and ongoing to implement changes to local administration of Department programs that would lead to efficiencies, improved member experience and improved performance.

Current Program

- Colorado's counties are reimbursed for administrative tasks for Department programs including eligibility determination and ongoing case maintenance based upon actual costs and are reimbursed below cost due to the contribution of local funds. The Department currently has a county incentive and grant program which have been successful in encouraging counties to improve timeliness and processes for Department programs.
- 55 counties are responsible for administering Non-Emergent Medical Transportation (NEMT) while the state contracts with a broker to administer NEMT for the remaining nine counties.
- Counties are responsible for returned mail processing which is a manual and time intensive process for county staff.

Problem or Opportunity

- County costs continue to rise each year. Although federal and local funds appropriations have been increased, the state share of funding to cover increased costs and encourage process improvements and innovation has not increased.
- NEMT administration is currently fragmented across the state. This prevents the Department from providing necessary oversight and efficient, consistent administration of this important service which is necessary for some members to access care.
- Tens of thousands of member addresses are inaccurate in Colorado's eligibility system which causes over three million pieces of returned mail to be sent back to Colorado's counties and medical assistance sites each year. This mail must be processed in the eligibility system to update the case; however, the current process is manual and time intensive leading to an unmanageable level of work. Not prioritizing returned mail processing increases costs due to cases remaining open longer than they should.

Consequences of Problem

- If changes are not made to the funding and structure of local administration of Department programs, the Department will continue to see county costs higher than appropriations and workload that cannot be completed. This leads to backlogged work that needs to be fulfilled to ensure eligibility processing is accurate and that members can access benefits.
- When returned mail processing is not prioritized, case closure is delayed for clients who may have moved out of state or become otherwise ineligible. This leads to increased costs through additional monthly capitation payments for those clients that should have been disenrolled.

Proposed Solution

- The Department requests funding to implement three initiatives that would improve county performance and accountability, increasing incentive funding and oversight, removing NEMT administration from county administration responsibilities, and consolidating returned mail processing.



COLORADO
 Department of Health Care
 Policy & Financing

FY 2019-20 Funding Request | November 1, 2018

John W. Hickenlooper
 Governor

Kim Bimestefer
 Executive Director

Department Priority: R-6

Request Detail: Local Administration Transformation

Summary of Incremental Funding Change for FY 2019-20	Total Funds	General Fund
Local Administration Transformation	\$3,266,842	\$2,090,396

Problem or Opportunity:

The current funding and state oversight structure for county administration is not sufficient to encourage counties to innovate and prioritize providing high quality, real-time customer support. Colorado is a state-supervised, locally (county) administered system for public assistance, including Medicaid and Children’s Health Plan Plus (CHP+). The level of funding is not sufficient to cover county costs for administering Department programs and the Department needs additional incentive funding to encourage better performance. Additionally, through stakeholder and local feedback and internal analysis, the Department has identified two functions, Non-Emergent Medical Transportation (NEMT) administration and returned mail processing, which, if administered by the Department through a consolidated contractor or entity, would bring greater oversight and accountability. This would lead to more efficiency which would allow counties to focus efforts on core duties of eligibility determination and ongoing case maintenance.

Medicaid is known nationally for being difficult to administer due to the various populations it serves, and the complex means tested rules required for eligibility. Findings from the recent workload study required by SB 16-190 “Improve County Administration Public Assistance Programs” found that current appropriations are not sufficient to provide all the administrative services counties are required to provide for medical assistance programs. The SB 16-190 report also showed that for the nine counties analyzed, between 85 and 91 percent of costs are for salary and benefits of staff. Because staffing is such a high percentage of cost, funding shortfalls cause counties to make difficult decisions, including reducing needed staffing or reallocating resources that are needed elsewhere. Inadequate staffing levels prevent individuals from accessing necessary medical services when members cannot be determined eligible in a timely manner. It also leads to individuals inappropriately remaining eligible when eligibility cases are not updated with new information.

Existing Programs Supporting County Administration

The Department’s County Incentive Program that was approved by the General Assembly in FY 2014-15 has allowed the Department to enter into performance-based incentive contracts with counties to hold them

accountable for meeting performance benchmarks, measures, and deliverables. The current appropriation for the incentive is \$4,394,717 and reimburses counties a portion of their local share paid for administration of Department programs. This program has been successful in encouraging counties to prioritize meeting Department-specified metrics, such as increasing timeliness of application processing and reducing backlog, improving processes related to Long-Term Care eligibility, and increasing worker knowledge through increased training. Incentives were key to significant improvement in backlogged eligibility determinations and redeterminations between June 2015 and June 2016, resulting in an approximate 65 percent decrease in the determination backlog and about a 50 percent decrease in the redetermination backlog since implementing the program. The workload study completed as part of SB 16-190 found that these performance-related benchmarks are successful in changing behaviors and encourage counties to prioritize Department goals. However, incentive funding has not increased in line with the increase in the local share expenditure. Although federal regulation prevents the Department from paying more than the amount of each county's costs, county local share expenditure continues to increase each year. This creates an opportunity to increase the incentive amount and encourage further partnership and alignment with Department objectives while maintaining compliance with federal regulations.

The County Grant Program authorized in FY 2014-15 has an annual appropriation of \$1,000,000 that supports efficiency and innovation grants to county departments of human and social services. Through the program, the Department has supported local investment in efficiency improvements, such as workflow management systems, business process re-engineering, and technology support, as well as innovation grants such as human services/local public health partnerships, implementation of member fraud programs, and community collaboration and supports.

Additionally, federal county administration funding requirements have increased in complexity since the implementation of enhanced federal funding with the Affordable Care Act and the addition of County Grant and Incentive Programs. Staff resources for county relationship management are not sufficient; currently the Department has 1.5 FTE who serve as the dedicated county liaison, county contract administrator, and county communications staff and manage all aspects of the County Grant and Incentive Programs. The Department cannot continue to absorb the increased workload required to maintain federal compliance while encouraging more accountability statewide, to ensure sound stewardship of financial resources.

Programs Administered by Counties with Inadequate Support

Based on county and stakeholder feedback, the SB 16-190 report findings, and through internal evaluation, the Department has identified two functions that are locally administered by each individual county, Non-Emergent Medical Transportation (NEMT) administration and returned mail processing, where greater accountability and efficiency could be achieved if the administrative functions were consolidated.

Non-Emergent Medical Transportation (NEMT) Administration

NEMT is transportation to and from covered non-emergency medical appointments or services and is only available when a member has no other means of transportation. NEMT is an important and federally required component of the Medicaid program. NEMT provides greater consistency for members and providers by adhering to scheduled appointments and reducing the amount of missed appointments. NEMT services are coordinated by a State Designated Entity (SDE). Colorado has three types of SDEs: county departments of

human/social services, three multi-county collaboratives, and the state contracted NEMT broker who serves nine counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld).

The Department has funding in its Medical Services Premiums line item to pay for the administrative costs for the nine metro counties served by the state contracted broker and this cost is not paid by those counties. The other 55 counties, however, are required to pay administrative costs for NEMT, which includes building a provider network, arranging for and confirming eligibility of transportation, and ensuring the safety of members and qualifications of drivers, through their limited county administration funding. The county department of human/social services in these 55 counties can either administer NEMT in-house or pay another entity to administer the program using their county administration funding and contract directly with that entity. Most choose to administer NEMT in-house.

This fragmented administration is not an efficient use of resources and causes confusion for members about who to contact to access NEMT services as processes vary from county to county. NEMT administration is complex and it takes expertise to do it well to ensure safe and reliable transportation, many times across county borders. Although several counties have developed efficient regional models for NEMT administration, typically county employees are not transportation experts and administering NEMT falls well outside their area of expertise. County leaders have also voiced concerns with their lack of transportation knowledge which limits their ability to recruit an adequate provider network, particularly in rural areas, and lack of resources available through county administration funding. HB 18-1321 “Efficient Administration Medicaid Transportation” allows the NEMT broker currently serving the nine metro counties to serve the remaining 55 counties for administrative duties specific to urgent NEMT situations. However, non-urgent situations, which are the majority of NEMT, continue to remain an administrative duty that is paid for with county administration funding for these 55 counties.

Additionally, NEMT workload is not a variable that is accounted for in the county administration allocation formula. Therefore, counties are absorbing these duties within their limited allocations. The nine metro counties who are part of the broker contract do not have to cover the costs for NEMT administration out of their county administration allocations. This means the 55 counties utilize the same bucket of funding which includes local, state and federal funds, to perform administrative functions for NEMT which is also used to fund counties to process applications, redeterminations, ongoing case maintenance, and fraud investigations. County NEMT administration requires county staff and resources to take time away from core county administration duties, including eligibility determinations and ongoing case maintenance, to focus on NEMT. This leads to challenges with ongoing case maintenance and difficulty providing consistent customer service.

Consolidated Returned Mail Center

Another opportunity for greater accountability and efficiency is the receipt and processing of returned mail. Undeliverable mail is a costly problem and prevents the Department from notifying individuals about important changes or information needed for their health coverage. County staff have provided feedback that the process is unmanageable with the quantity of returned mail received. Based on county feedback, the recent SB 16-190 study, and audit findings, the Department estimates that 15 percent of correspondence sent to members through the state’s eligibility system, CBMS, is returned to the county as undeliverable. The

Department and the Department of Human Services (CDHS) mail over 12 million pieces of correspondence regarding eligibility for public assistance programs annually to over 1.3 million members and applicants, which represents over 800,000 unique Colorado households. At a return mail rate of 15 percent, that represents 1.8 million pieces of returned mail annually.

Due to limited available funding, counties must prioritize workload within available resources. This leads to some work, including returned mail processing, being lower priority than others. Working returned mail is important for overall Medicaid caseload management because it provides a signal to the Department that the household is not receiving correspondence allowing it to request updated information for individuals who are still eligible or allows for an individual's case to be closed if a certain threshold is met when the individual's whereabouts are unknown. Without working this mail, the case closure is delayed leading to increased costs through additional capitation payments for those clients that should have been disenrolled. Processing returned mail also can identify when a member's household composition has changed which requires a redetermination of eligibility. The receipt and processing of returned mail has historically been a low priority item for counties given other responsibilities and limited funding.

The Department and CDHS convened a workgroup in February 2017 to address county workload issues regarding returned mail. In addition, the Department reviewed federal regulations (including 42 CFR §§ 435.914(b)(3), 435.916(d), 431.231(d) and 431.17(b)(1)(v)) to identify flexibility for minimizing the workload associated with returned mail. The current process is cumbersome and counties with high volumes have indicated they do not have the resources to timely process most of the returned mail. The current process is cumbersome, requiring workers to open each piece of mail to find the case ID, navigate multiple screens, enter any updates, reissue and resend letters if appropriate, and scan the envelope and internal letter for record retention. Due to workload, it is difficult for counties to prioritize receipt and processing of returned mail, often leading to a low priority for counties with the largest volumes. Developing a certain level of automation in processing returned mail would reduce inefficient use of worker hours. It would also increase timeliness of processing changes in circumstances, such as members who have moved out of state or changes in household composition, leading to a more accurate determination of eligibility.

Proposed Solution:

The Department requests \$3,266,842 total funds, including \$2,090,396 General Fund and 2.5 FTE in FY 2019-20 and a reduction of \$1,434,589 total funds, including an increase of \$683,420 General Fund and 3.0 FTE in FY 2020-21 and a reduction of \$3,332,941 total funds, including an increase of \$83,450 General Fund and 3.0 FTE in FY 2021-22 and ongoing to implement changes to local administration of Department programs that would lead to efficiencies, improved member experience, and improved performance. The requested funding would be used to increase the County Incentive to promote focus on accountability, performance benchmarks and deliverables, and to decrease waste and improve customer experience. The Department also requests an FTE to serve as the Contract Manager for the County Grant and Incentive Programs. The Department requests to implement a state-administered regional Non-Emergent Medical Transportation (NEMT) contract for the additional 55 counties who are not currently part of the state contract, and funding to implement a consolidated and automated returned mail center.

County Incentive Funding Increase

The Department requests an increase in funding for the County Incentive Program to support continued investments in efficiencies, and increase focus on performance benchmarks and deliverables. The Department would utilize this funding to add additional performance benchmarks and deliverables to the incentive contracts, and to encourage a focus on accountability and pay for performance. Additional funding tied to the incentive contracts would allow counties to focus effort on Department priorities, including supporting the returned mail vendor, to transition work, and to ensure timely updates of cases as necessary. Additionally, the funding would be used to encourage counties to increase accuracy of case maintenance ensuring only those eligible are enrolled and implementing audit recommendations to encourage consistent, efficient and high-quality county administration across the state. Due to federal regulations, publicly funded entities including counties, are limited to being reimbursed up to their costs. Therefore, the incentive program offsets the local county share that each county pays of county administration. Providing an incentive that allows the county to earn back a portion of their local share helps the county to focus on Department goals while benefiting the county by increasing funding available that they otherwise would have spent on administration of Department programs. The Department also requests an FTE dedicated to managing the County Incentive and Grant Programs contracts and deliverables to maintain state and federal compliance and to track and report performance and outcomes. Although the Department has absorbed these duties since FY 2014-15 when the programs were authorized, it cannot continue to absorb an increase in the workload to appropriately track and monitor these contracts within existing resources.

State Administered Regional Non-Emergent Medical Transportation (NEMT) Contract

The Department requests funding to build upon the successes of the regional model employed by several counties to implement a state-administered, regional NEMT broker model. Consolidating this function with state-managed vendors would free up county resources to focus on core county administration functions, including eligibility determination, customer service, and ongoing case maintenance. In addition to encouraging counties to focus on core county administration and eligibility determination duties, this model would also improve and streamline the delivery of NEMT administration across the state through centralization and ensuring that individuals with transportation expertise are administering the program. Implementing an NEMT brokerage model statewide would increase efficiencies, increase access to transportation services, and increase oversight of services and administration.

This model would move every county to a state contracted broker utilizing state and federal funding. Changing NEMT to state-administered would alleviate the need for the 55 counties who are not currently part of the state broker contract to use local funds to pay for a portion of the NEMT administration costs and would free up some portion of their county administration funding for core administration duties. Along the Accountable Care Collaborative (ACC) region boundaries, NEMT would use a regionalized broker model. In addition to funding for the contract, the Department would also need an additional FTE to support state-administered NEMT for the additional 55 counties. The Department currently has two FTE dedicated to NEMT administration and cannot absorb the increased workload within existing resources of adding the additional 55 counties, while ensuring safety and reliability for members and providers.

Consolidated Mail Center Contract

The Department requests funding to contract with an entity, which could be a vendor, county or other public entity, to receive and process all returned mail generated from CBMS, funding for development and ongoing maintenance to automate the process within CBMS and an FTE to support the contract ongoing. This would expedite the process with cases requiring closure when return mail is received. The consolidating of the return mail process would reduce workload and backlog for counties and encourage local resources to focus on ongoing case maintenance. When members cannot be located, eligibility would be closed in a matter consistent with state and federal regulations.

A consolidated mail center would also allow for the work to be standardized with performance benchmarks to allow for faster processing. The purpose of this request is for CBMS correspondence to have a single address where all returned mail would be routed, instead of the individual county or medical assistance site address. This would include automating the process with scanning technology used in many other industries so that processing the returned mail would be automated and streamlined, allowing for more efficient and faster processing.

Anticipated Outcomes:

This request supports enhancing the quality of life and community experience of individuals and families by encouraging county staff to focus efforts on core duties to assist individuals and families in their eligibility for health programs. Additionally, it aligns with the Department's strategic policy initiative of operational excellence to be a model for compliant, efficient, and effective business practices that are consumer centric and person and family-centered by redesigning county workload to allow county staff to focus their time more directly on assisting members and their families. The request also supports increasing interagency collaboration to build efficiencies and support program administration, increasing data sharing across state and local systems, improving customer experience, and holding vendors and partners more accountable through additional contractual requirements and standardized performance benchmarks.

The Department expects that centralizing NEMT and consolidating returned mail administration would help to reduce county workload for these functions once the transition to state administration was complete and would allow counties to focus on improved case maintenance and customer service. The Department would measure outcomes for these two changes through contract management and deliverable review, including tracking service level agreements and customer feedback. The Department would measure the impact of county performance funding through the county incentives program benchmarks.

Assumptions and Calculations:

Detailed FTE descriptions can be found in Appendix A and detailed calculations can be found in Appendix B. The increases requested would be updated in the Department's Public Assistance Cost Allocation Plan for federal approval of the standard 50% match on the administrative costs. Any enhanced match funding would require federal approval through an Advanced Planning Document (APD). This request assumes that approval would be received, and the Department would utilize the budget process to request any changes in funding necessary if the APD's are not approved.

County Incentive Funding Increase

The Department assumes the increased County Incentives funding would not be eligible for federal financial participation (FFP) based on federal requirements (2 CFR § 200 and 42 CFR § 433.34), consistent with the existing County Incentive funding. Federal regulations for Department programs do not permit counties to be reimbursed more than cost and do not allow contingency based payments to public entities; therefore, the Department is limited to state-only reimbursement up to county cost. This reimbursement of local share allows counties to reinvest these funds in county programs, which could include human services programs or other county needs, such as roads or school funding. Consistent with the existing County Incentives funding, the Department assumes the state share of the increase would be General Fund because the other state funds source in the appropriation, Colorado Healthcare Affordability and Sustainability Fee Cash Fund, requires federal matching as outlined in section 25.5-4-402.4(5)(b), C.R.S.

This request includes 0.9 FTE in FY 2019-20 to manage the County Grant and Incentive Program contracts and grant funding agreements and the Department assumes this cost would qualify for 50% FFP. The Department assumes the FTE would be hired July 1, 2019 and that the workload to effectively manage the 64 counties contracts cannot continue to be absorbed by existing FTE, especially with the increased workload of managing the additional incentive contract requirements. This request also includes a request for additional operating funds for this FTE for mileage and other travel reimbursement costs. The Department has estimated this cost to be an additional \$250 per month, totaling \$3,000 per year, based on current travel costs for staff who are responsible for monitoring all 64 counties. Currently, onsite visits for the grant and incentive programs is limited to an annual onsite review of grant projects which the Department absorbs within its operating budget. With this modest increase in travel funding, the FTE could conduct onsite contract reviews to ensure counties are meeting performance benchmarks and initiate corrective actions. The funding would also allow additional onsite grant reviews to ensure counties are meeting project deliverables would be implemented to increase oversight of grant funding.

State Administered Regional Non-Emergent Medical Transportation Contract

The Department assumes the state funds for the regional broker contracts would be eligible for 50% FFP and would be split between General Fund and Healthcare Affordability and Sustainability Fee Cash Fund based on caseload. The Department would begin the competitive procurement process in FY 2019-20 to facilitate transition and startup costs for each of the five regions. The state administered broker model including all 64 counties would begin July 1, 2020.

The Department is not requesting a decrease in county administration funding to implement the NEMT contract because county funding is not sufficient to cover existing workload. Additionally, the Department does not have data through the County Financial Management System (CFMS) or through Random Moment Time Study (RMTS) that identifies the current level of costs for each county related to NEMT administration, therefore it is uncertain the amount that counties are currently spending. The Department requests that county administration funding levels remain the same to allow counties to focus on eligibility determination functions and ongoing case maintenance. Reducing funding would further the inequity for the 55 counties who are currently required to cover these costs within their county administration allocation. Because counties are reimbursed based on actual costs for administration of Department programs, if county costs are

reduced then that reduction will show up in county cost reports and the Department would request any changes through the budget process.

The Department assumes no change to NEMT service utilization levels in this request. Approval of this request would not change member needs for NEMT services. Although there is a potential impact to utilization, the Department does not have data to support whether a transition to a state administered NEMT model would increase or decrease NEMT utilization. For example, the vendor may have a more adequate network or a more efficient process to arrange for transportation which could lead to increased utilization of NEMT services. However, an increase could be offset by decreased emergency department and emergency transportation costs. The Department would utilize the budget process to account for any changes in service costs.

The Department is currently preparing an Request for Proposals (RFP) for the NEMT broker contract for the nine counties as required by state procurement rules and the new contract will be effective July 1, 2019. If this request is approved, the Department assumes state procurement rules would require a new RFP due to change in scope of the existing broker contract to include all 55 counties and to develop RFPs for each new region. Because an RFP would likely be required to implement the regionalized statewide administration requested, this could result in a required transition of contractor for all regions. The contracts would be finalized, and transition planning would begin in FY 2019-20. The state-administered broker model would be implemented statewide on July 1, 2020.

The Department assumes it would need funding for startup and transition costs for the regional brokers in FY 2019-20, which would include hiring and training personnel, establishment of call centers and phone lines, notification to members, hospitals and health providers of the change, and creating provider and member websites. The brokers would also utilize this funding to create processes for reviewing eligibility, logging and managing trip requests, issuing denials, tracking utilization and collecting and reporting data. Additionally, startup costs would include creating required policies and procedures, ensure provider qualifications are met including vehicle inspections, driver requirements, and insurance and permit requirements and ensure reporting templates meet Department requirements. If the RFP vendor selection did not result in a change in vendors for those regions, then the Department assumes the transition costs for the existing state contracted broker nine-county region would not be needed therefore it would not utilize all the requested transition funds. However, if the RFP resulted in change in vendor then the Department would need all the transition funds, therefore has included that in this request, and would utilize the budget process to request any changes in funding if the requested transition funds were not fully utilized.

The Department has estimated the ongoing cost of the NEMT broker contract for each region based on eligible caseload and expected utilization in each region. This request only includes the additional cost of administering the 55 counties since the Department already has an appropriation for the nine counties served through the existing broker contract. The contract responsibilities and scope of work would include ongoing call center operations, verifying member and trip eligibility, scheduling thousands of NEMT trips daily, transportation provider network enrollment and oversight, bus pass distribution, complaint investigation and

follow up, medical provider and member outreach, claims submissions, member mileage reimbursement processing, and obtaining state approval for all air, train, out-of-state, and second escort requests.

The Department would need 0.7 FTE in FY 2019-20, to be hired October 1, 2019, to support the implementation and ongoing management of the state-administered regional broker contract. Because this position would be responsible for managing contractors who serve these 55 counties, this request includes additional travel reimbursement costs to allow the FTE and a supervisor to provide onsite guidance and contract oversight for the transition and ongoing. The Department has estimated that FY 2019-20 travel would be higher than subsequent years to oversee the outreach and implementation, along with coordinating with counties transitioning to a brokerage model. In future years, travel would decrease to onsite contract monitoring and oversight reviews, expected to be completed twice per year for each of the four regions. In addition to the FTE travel costs, the request includes travel for the supervisor to provide oversight and observation of the FTE's performance during a portion (25 percent) of the onsite meetings. These costs cannot be absorbed within the Department's existing operating budget.

Consolidated Mail Center Contract

The Department assumes federal regulations (2 CFR § 200 and 42 CFR § 433.34) would require the costs for the contract and CBMS changes to be allocated between Department and CDHS programs based on the methodology used to allocate CBMS systems costs which allocates 79.41 percent of cost to Department programs and 20.59 percent to CDHS programs. However, there is uncertainty if federal rules would require Supplemental Nutrition Assistance Program (SNAP) to allocate costs for this project because SNAP does not have specific program requirements to process returned mail. Therefore, this request has assumed that the SNAP portion of costs would not be eligible for Federal Financial Participation. Because of this, the Department has requested state-only funding for the SNAP portion of costs. Although this is the cost allocation methodology assumed for this budget request, the Department and CDHS would need to request federal approval for the federal share of costs through the Public Assistance Cost Allocation Plan (PACAP). The Department assumes it would be required to provide data about the workload of the contractor to support the cost allocation request. The Department would request any changes needed to comply with the approval methodology through the budget process.

The FTE would start July 1, 2019 to work with the counties to determine if a single county or other public entity was willing and could perform the work or write the RFP to contract with a vendor. In addition, the FTE would work with counties, Department, and CDHS staff to transition to the consolidated mail center. The FTE would be responsible for managing all programmatic and systemic changes required; detailed job duties can be found in Appendix A. The Department assumes state procurement rules require an RFP if a county or other public entity was not selected to perform the work and that the contract would be effective July 1, 2020. The Department assumes the CBMS funding would be reappropriated to OIT and that the system development and testing required to automate and consolidate returned mail processing could be completed by June 30, 2020.

The contractor cost estimate assumes that 12 million pieces of correspondence (envelopes) are mailed annually to 879,682 households and that 15 percent, 1.8 million pieces of correspondence to 125,705 unique

households, are returned annually. The cost estimate assumes that of the 1.8 million pieces of correspondence returned, there are duplicates for individuals living in the same household which would help the contractor would be able to process more quickly due to system automation. The estimate assumes 14 pieces of returned mail per household would need to be processed each year. Each piece of correspondence could be for a different household member or different public assistance program requiring specific action in CBMS. The contractor scope of work would include receiving all returned CBMS correspondence, updating CBMS with case comments, following all program rules including contacting clients when more information is needed, and making appropriate updates in the system including audit documentation. The contractor and Department would also be required to work with the 64 counties to transition any backlogged work to the contractor on July 1, 2020. The Department assumes the mail center would be housed at the contractor's location.

The Department assumes that consolidating returned mail processing would allow for returned mail to be processed more timely which would allow addresses to be updated more quickly when members have moved and need their address updated in CBMS. Consistent with the Department policy on returned mail processing, the system logic in CBMS would generate a termination notice which notifies the member that the medical case will be closed with a termination reason of 'whereabouts unknown' if the member cannot be contacted to provide a revised mailing address or updated household information. The member would have the option to respond to the termination notice to provide updated information on their address to remain eligible. This would allow for additional cases to be closed due to the consolidation because the Department would identify when members have moved or have an invalid address more quickly than it does with the current process.

The Department assumes case closure would lead to savings in Medical Services Premiums for cases that would have otherwise remained open for individuals who no longer reside in Colorado or who no longer qualify for Medicaid due to household change. The estimate assumes these members are likely not utilizing services, therefore the savings estimate has been calculated assuming that the only savings would be to the Accountable Care Collaborative (ACC) per member per month (PMPM) and Dental PMPM. To estimate the savings amount, the Department assumes that of the 131,585 of households (~15 percent) who have mail returned, that 25 percent of those households could not be reached or located, leading to case closure. This estimate assumes that 75 percent of the returned mail households could be reached or located and would remain eligible. The estimate assumes the first termination would occur August 31, 2020 after the contractor begins work on July 1, 2020. The Department would utilize the budget process to request any changes in this estimate.

Appendix A: FTE Descriptions

Position Name	Position Classification	Number of FTE	Description
County Programs Administrator	Contract Administrator IV	1.0	<p>The County Programs Administrator would be responsible for all existing aspects of the County Incentives and Grant Programs, including contract development and operationalization, stakeholder outreach, daily administration, and program closeouts. Additional duties would include periodic Department leadership reports, messaging successes and challenges of the programs, and additional performance benchmarks and deliverables across the Department. This staff would include 20% travel as part of contract and grant agreement oversight visits.</p>
Transportation Broker Contract Manager	Contract Administrator IV	1.0	<p>The Contract Manager would be responsible for implementation of NEMT Administrative Services Organization (ASO) Brokerages statewide including RFPs, contract execution, contract amendments, policy and regulatory revisions, and coordination of needed system changes. The position would ensure coordination and collaboration with internal and external stakeholders to implement the NEMT ASO Brokerage model statewide. The position would work closely with inter- and intra-Departmental teams. The position would coordinate with the vendors, counties, transportation providers, and medical facilities to provide guidance and technical assistance when necessary. This position would be responsible for the ongoing federal and state administration of regulatory and contractual requirements. The position would travel throughout the state to provide guidance of, and oversee the implementation of the NEMT ASO Brokerage model.</p> <p>The position would also provide ongoing oversight and administration of the brokerage contracts and ensure compliance from the vendor and transportation providers. The position would be responsible for tracking and ensuring compliance with all regulatory and contractual requirements. The position would use data to understand potential areas of concern and highlight audit risks when appropriate. The</p>

			position would identify instances of potential fraud/waste/abuse by analyzing claims and identifying patterns of potential fraud for making referrals to the Program Integrity division and recommendations on program improvement.
Returned Mail Contract Manager	Contract Administrator V	1.0	This position would implement the required contract(s) with the new returned mail vendor. The position would be responsible for contract administration, oversight and performance benchmarks for returned mail vendor. The position would also be responsible for stakeholder engagement regarding contract operationalization. This position must coordinate across state agencies and counties on effectiveness of vendor, address concerns regarding vendor or contract administration. The position would engage in corrective actions with vendor if performance benchmarks are not met.

Table 1.1 FY 2019-20 Local Administration Transformation Summary by Line Item								
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Department of Health Care Policy and Financing (HCPF)								
A	(1) Executive Director's Office, (A) General Administration, Personal Services	\$188,624	2.5	\$64,132	\$30,179	\$0	\$94,313	Table 2.1 (Row A + Row F + Row K)
B	(1) Executive Director's Office, (A) General Administration, Health, Life and Dental	\$23,781	0.0	\$8,086	\$3,805	\$0	\$11,890	Table 7- FTE
C	(1) Executive Director's Office, (A) General Administration, Short-term Disability	\$320	0.0	\$109	\$51	\$0	\$160	Table 7- FTE
D	(1) Executive Director's Office, (A) General Administration, SB 04-257 Amortization Equalization Disbursement	\$8,433	0.0	\$2,867	\$1,349	\$0	\$4,217	Table 7- FTE
E	(1) Executive Director's Office, (A) General Administration, SB 06-235 Supplemental Amortization Equalization Disbursement	\$8,433	0.0	\$2,867	\$1,349	\$0	\$4,217	Table 7- FTE
F	(1) Executive Director's Office, (A) General Administration, Operating Expenses	\$43,876	0.0	\$14,918	\$7,019	\$0	\$21,939	Table 2.1 (Row C + Row H + Row M)
G	(1) Executive Director's Office, (C) Information Technology Contracts and Projects, Colorado Benefits Management Systems, Operating and Contract Expenses	\$793,375	0.0	\$245,417	\$60,972	\$3	\$486,983	Table 2.1 (Row Q + Row R + Row S + Row T)
H	(1) Executive Director's Office, (D) Eligibility Determinations and Client Services, County Administration ⁽¹⁾	\$1,500,000	0.0	\$1,500,000	\$0	\$0	\$0	Table 2.1 Row D
I	NEW LINE ITEM: (1) Executive Director's Office, (D) Eligibility Determinations and Client Services, Consolidated Mail Contract Project	\$0	0.0	\$0	\$0	\$0	\$0	Table 2.1 (Row N + Row O + Row P)
J	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	\$700,000	0.0	\$252,000	\$98,000	\$0	\$350,000	Table 2.1 (Row I+Row U)
K	Total Request for HCPF	\$3,266,842	2.5	\$2,090,396	\$202,724	\$3	\$973,719	Row A + Row B + Row C + Row D + Row E + Row F + Row G + Row H + Row I + Row J
Department of Human Services (CDHS)								
L	(2) Office of Information Technology Services, (B) Colorado Benefits Management System, (1) Ongoing Expenses, Operating and Contract Expenses ⁽¹⁾	\$27,865	0.0	\$4,578	\$13,401	\$0	\$9,886	Table 2.1 Row X, CDHS Schedule 13
M	Total Request for CDHS	\$27,865	0.0	\$4,578	\$13,401	\$0	\$9,886	Row L
N	Total Request	\$3,294,707	2.5	\$2,094,974	\$216,125	\$3	\$983,605	Row K + Row M

⁽¹⁾ Of this amount, \$27,865 is reappropriated to Office of Information Technology for CBMS development costs.

Table 1.2 FY 2020-21 Local Administration Transformation Summary by Line Item								
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Department of Health Care Policy and Financing (HCPF)								
A	(1) Executive Director's Office, (A) General Administration, Personal Services	\$227,691	3.0	\$77,414	\$36,431	\$0	\$113,846	Table 2.2 (Row A + Row F + Row K)
B	(1) Executive Director's Office, (A) General Administration, Health, Life and Dental	\$23,781	0.0	\$8,086	\$3,805	\$0	\$11,890	Table 7- FTE
C	(1) Executive Director's Office, (A) General Administration, Short-term Disability	\$387	0.0	\$132	\$62	\$0	\$193	Table 7- FTE
D	(1) Executive Director's Office, (A) General Administration, SB 04-257 Amortization Equalization Disbursement	\$10,179	0.0	\$3,461	\$1,629	\$0	\$5,089	Table 7- FTE
E	(1) Executive Director's Office, (A) General Administration, SB 06-235 Supplemental Amortization Equalization Disbursement	\$10,179	0.0	\$3,461	\$1,629	\$0	\$5,089	Table 7- FTE
F	(1) Executive Director's Office, (A) General Administration, Operating Expenses	\$19,480	0.0	\$6,623	\$3,117	\$0	\$9,740	Table 2.2 (Row C + Row H + Row M)
G	(1) Executive Director's Office, (C) Information Technology Contracts and Projects, Colorado Benefits Management Systems, Operating and Contract Expenses	\$19,321	0.0	\$5,977	\$1,485	\$0	\$11,859	Table 2.2 (Row Q + Row R + Row S + Row T)
H	(1) Executive Director's Office, (D) Eligibility Determinations and Client Services, County Administration ⁽¹⁾	\$1,500,000	0.0	\$1,500,000	\$0	\$0	\$0	Table 2.2 Row D
I	NEW LINE ITEM: (1) Executive Director's Office, (D) Eligibility Determinations and Client Services, Consolidated Mail Contract Project	\$3,298,808	0.0	\$985,808	\$244,919	\$111,942	\$1,956,139	Table 2.2 (Row N + Row O + Row P)
J	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	(\$6,544,415)	0.0	(\$1,907,542)	(\$197,018)	\$0	(\$4,439,855)	Table 2.2 (Row I + Row U)
K	Total Request for HCPF	(\$1,434,589)	3.0	\$683,420	\$96,059	\$111,942	(\$2,326,010)	Row A + Row B + Row C + Row D + Row E + Row F + Row G + Row H + Row I + Row J
Department of Human Services (CDHS)								
L	(2) Office of Information Technology Services, (B) Colorado Benefits Management System, (1) Ongoing Expenses, Operating and Contract Expenses ⁽¹⁾	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Table 2.2 Row X, CDHS Schedule 13
M	Total Request for CDHS	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Row L
N	Total Request	(\$1,321,981)	3.0	\$701,922	\$150,216	\$111,942	(\$2,286,061)	Row K + Row M

⁽¹⁾ Of this amount, \$111,929 is reappropriated to Department of Health Care Policy and Financing for Consolidated Mail Center Contract and \$679 is reappropriated to Office of Information Technology for CBMS support.

Table 1.3 FY 2021-22 Local Administration Transformation Summary by Line Item								
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Department of Health Care Policy and Financing (HCPF)								
A	(1) Executive Director's Office, (A) General Administration, Personal Services	\$227,691	3.0	\$77,414	\$36,431	\$0	\$113,846	Table 2.3 (Row A + Row F + Row K)
B	(1) Executive Director's Office, (A) General Administration, Health, Life and Dental	\$23,781	0.0	\$8,086	\$3,805	\$0	\$11,890	Table 7- FTE
C	(1) Executive Director's Office, (A) General Administration, Short-term Disability	\$387	0.0	\$132	\$62	\$0	\$193	Table 7- FTE
D	(1) Executive Director's Office, (A) General Administration, SB 04-257 Amortization Equalization Disbursement	\$10,179	0.0	\$3,461	\$1,629	\$0	\$5,089	Table 7- FTE
E	(1) Executive Director's Office, (A) General Administration, SB 06-235 Supplemental Amortization Equalization Disbursement	\$10,179	0.0	\$3,461	\$1,629	\$0	\$5,089	Table 7- FTE
F	(1) Executive Director's Office, (A) General Administration, Operating Expenses	\$19,480	0.0	\$6,623	\$3,117	\$0	\$9,740	Table 2.3 (Row C + Row H + Row M)
G	(1) Executive Director's Office, (C) Information Technology Contracts and Projects, Colorado Benefits Management Systems, Operating and Contract Expenses	\$19,321	0.0	\$5,977	\$1,485	\$0	\$11,859	Table 2.3 (Row Q + Row R + Row S + Row T))
H	(1) Executive Director's Office, (D) Eligibility Determinations and Client Services, County Administration ⁽¹⁾	\$1,500,000	0.0	\$1,500,000	\$0	\$0	\$0	Table 2.3 Row D
I	NEW LINE ITEM: (1) Executive Director's Office, (D) Eligibility Determinations and Client Services, Consolidated Mail Contract Project	\$3,298,808	0.0	\$985,808	\$244,919	\$111,942	\$1,956,139	Table 2.3 (Row N + Row O + Row P)
J	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	(\$8,442,767)	0.0	(\$2,507,512)	(\$302,377)	\$0	(\$5,632,878)	Table 2.3 (Row I + Row U)
K	Total Request for HCPF	(\$3,332,941)	3.0	\$83,450	(\$9,300)	\$111,942	(\$3,519,033)	Row A + Row B + Row C + Row D + Row E + Row F + Row G + Row H + Row I + Row J
Department of Human Services (CDHS)								
L	(2) Office of Information Technology Services, (B) Colorado Benefits Management System, (1) Ongoing Expenses, Operating and Contract Expenses ⁽¹⁾	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Table 2.3 Row X, CDHS Schedule 13
M	Total Request for CDHS	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Row L
N	Total Request	(\$3,220,333)	3.0	\$101,952	\$44,857	\$111,942	(\$3,479,084)	Row K + Row M

⁽¹⁾ Of this amount, \$111,929 is reappropriated to Department of Health Care Policy and Financing for Consolidated Mail Center Contract and \$679 is reappropriated to Office of Information Technology for CBMS support.

Table 2.1 FY 2019-20 Local Administration Transformation Summary by Initiative								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Department of Health Care Policy and Financing (HCPF)								
A	County Funding- Personal Services, PERA and Medicare	\$64,195	0.9	\$21,826	\$10,271	\$0	\$32,098	Table 7 FTE
B	County Funding- AED, SAED, STD and HLD	\$13,776	0.0	\$4,684	\$2,204	\$0	\$6,888	Table 7 FTE
C	County Funding- Operating Expenses	\$8,653	0.0	\$2,942	\$1,384	\$0	\$4,327	Table 7 FTE- Includes additional operating for staff travel costs
D	County Incentive Increase	\$1,500,000	0.0	\$1,500,000	\$0	\$0	\$0	Table 3.1 Row B
E	Total Request- County Funding Changes	\$1,586,624	0.9	\$1,529,452	\$13,859	\$0	\$43,313	Row A + Row B + Row C + Row D
F	NEMT Statewide Administration- Personal Services, PERA and Medicare	\$60,234	0.7	\$20,480	\$9,637	\$0	\$30,117	Table 7 FTE
G	NEMT Statewide Administration- AED, SAED, STD and HLD	\$13,415	0.0	\$4,561	\$2,146	\$0	\$6,708	Table 7 FTE
H	NEMT Statewide Administration- Operating Expenses	\$29,570	0.0	\$10,054	\$4,731	\$0	\$14,785	Table 7 FTE Includes additional operating for staff travel costs
I	NEMT Statewide Administration Contract	\$700,000	0.0	\$252,000	\$98,000	\$0	\$350,000	Table 4.1 Row E
J	Total Request- NEMT Statewide Administration	\$803,219	0.7	\$287,095	\$114,514	\$0	\$401,610	Row F + Row G + Row H + Row I
K	Consolidated Mail Center- Personal Services, PERA and Medicare	\$64,195	0.9	\$21,826	\$10,271	\$0	\$32,098	Table 7 FTE
L	Consolidated Mail Center- AED, SAED, STD and HLD	\$13,776	0.0	\$4,684	\$2,204	\$0	\$6,888	Table 7 FTE
M	Consolidated Mail Center - Operating Expenses	\$5,653	0.0	\$1,922	\$904	\$0	\$2,827	Table 7 FTE
N	HCPF Programs Portion of Consolidated Mail Center Contract	\$0	0.0	\$0	\$0	\$0	\$0	Contract effective 7/1/2020
O	State Only Portion of Consolidated Mail Center Contract	\$0	0.0	\$0	\$0	\$0	\$0	Contract effective 7/1/2020
P	Transfer from CDHS for Consolidated Mail Center Contract	\$0	0.0	\$0	\$0	\$0	\$0	Contract effective 7/1/2020
Q	HCPF Programs Consolidated Mail Center CBMS Development Costs	\$572,751	0.0	\$91,516	\$53,548	\$3	\$427,684	Table 5.2 Row F
R	State Only Portion of Consolidated Mail CBMS Development Costs	\$124,017	0.0	\$124,017	\$0	\$0	\$0	Table 5.2 Row G
S	HCPF Programs Consolidated Mail Center Hardware and Software Costs	\$79,412	0.0	\$12,689	\$7,424	\$0	\$59,299	Table 5.3 Row C
T	State Only Portion of Consolidated Mail Center Hardware and Software Costs	\$17,195	0.0	\$17,195	\$0	\$0	\$0	Table 5.3 Row D
U	Estimated Costs Avoided	\$0	0.0	\$0	\$0	\$0	\$0	Contract effective 7/1/2020
V	Total Request- Consolidated Mail Center	\$876,999	0.9	\$273,849	\$74,351	\$3	\$528,796	Row K + Row L + Row M + Row N + Row O + Row P + Row Q + Row R + Row S + Row T + Row U
W	Total Request for HCPF	\$3,266,842	2.5	\$2,090,396	\$202,724	\$3	\$973,719	Row E + Row J + Row V
Department of Human Services (CDHS)								
X	CDHS Portion of Returned Mail Systems	\$27,865	0.0	\$4,578	\$13,401	\$0	\$9,886	Table 5.2 Row H + Table 5.3 Row E
Y	Total Request for CDHS	\$27,865	0.0	\$4,578	\$13,401	\$0	\$9,886	Row X
Z	Total Request	\$3,294,707	2.5	\$2,094,974	\$216,125	\$3	\$983,605	Row W + Row Y

Table 2.2 FY 2020-21 Local Administration Transformation Summary by Initiative								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Department of Health Care Policy and Financing (HCPF)								
A	County Funding- Personal Services, PERA and Medicare	\$70,036	1.0	\$23,812	\$11,206	\$0	\$35,018	Table 7 FTE
B	County Funding- AED, SAED, STD and HLD	\$14,308	0.0	\$4,865	\$2,289	\$0	\$7,154	Table 7 FTE
C	County Funding- Operating Expenses	\$3,950	0.0	\$1,343	\$632	\$0	\$1,975	Table 7 FTE- Includes additional operating for staff travel costs
D	County Incentive Increase	\$1,500,000	0.0	\$1,500,000	\$0	\$0	\$0	Table 3.1 Row B
E	Total Request- County Funding Changes	\$1,588,294	1.0	\$1,530,020	\$14,127	\$0	\$44,147	Row A + Row B + Row C + Row D
F	NEMT Statewide Administration- Personal Services, PERA and Medicare	\$87,619	1.0	\$29,790	\$14,019	\$0	\$43,810	Table 7 FTE
G	NEMT Statewide Administration- AED, SAED, STD and HLD	\$15,910	0.0	\$5,409	\$2,546	\$0	\$7,955	Table 7 FTE
H	NEMT Statewide Administration- Operating Expenses	\$14,580	0.0	\$4,957	\$2,333	\$0	\$7,290	Table 7 FTE Includes additional operating for staff travel costs
I	NEMT Statewide Administration Contract	\$1,966,848	0.0	\$708,065	\$275,359	\$0	\$983,424	Table 4.1 Row E
J	Total Request- NEMT Statewide Administration	\$2,084,957	1.0	\$748,221	\$294,257	\$0	\$1,042,479	Row F + Row G + Row H + Row I
K	Consolidated Mail Center- Personal Services, PERA and Medicare	\$70,036	1.0	\$23,812	\$11,206	\$0	\$35,018	Table 7 FTE
L	Consolidated Mail Center- AED, SAED, STD and HLD	\$14,308	0.0	\$4,865	\$2,289	\$0	\$7,154	Table 7 FTE
M	Consolidated Mail Center - Operating Expenses	\$950	0.0	\$323	\$152	\$0	\$475	Table 7 FTE
N	HCPF Programs Portion of Consolidated Mail Center Contract	\$2,619,649	0.0	\$418,578	\$244,919	\$13	\$1,956,139	Table 5.1 Row Q
O	State Only Portion of Consolidated Mail Center Contract	\$567,230	0.0	\$567,230	\$0	\$0	\$0	Table 5.1 Row R
P	Transfer from CDHS for Consolidated Mail Center Contract	\$111,929	0.0	\$0	\$0	\$111,929	\$0	Table 5.1 Row S
Q	HCPF Programs Consolidated Mail Center CBMS Development Costs	\$0	0.0	\$0	\$0	\$0	\$0	Development complete 6/30/20
R	State Only Portion of Consolidated Mail CBMS Development Costs	\$0	0.0	\$0	\$0	\$0	\$0	Development complete 6/30/20
S	HCPF Programs Consolidated Mail Center Hardware and Software Costs	\$15,882	0.0	\$2,538	\$1,485	\$0	\$11,859	Table 5.3 Row C
T	State Only Portion of Consolidated Mail Center Hardware and Software Costs	\$3,439	0.0	\$3,439	\$0	\$0	\$0	Table 5.3 Row D
U	Estimated Costs Avoided	(\$8,511,263)	0.0	(\$2,615,607)	(\$472,377)	\$0	(\$5,423,279)	Table 6.1 Row K
V	Total Request- Consolidated Mail Center	(\$5,107,840)	1.0	(\$1,594,822)	(\$212,326)	\$111,942	(\$3,412,634)	Row K + Row L + Row M + Row N + Row O + Row P + Row Q + Row R + Row S + Row T + Row U
W	Total Request for HCPF	(\$1,434,589)	3.0	\$683,419	\$96,058	\$111,942	(\$2,326,008)	Row E + Row J + Row V
Department of Human Services (CDHS)								
X	CDHS Portion of Returned Mail Systems and Contract	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Table 5.1 Row S + Table 5.3 Row E, CDHS Schedule 13.
Y	Total Request for CDHS	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Row X
Z	Total Request	(\$1,321,981)	3.0	\$701,921	\$150,215	\$111,942	(\$2,286,059)	Row W + Row Y

Table 2.3 FY 2021-22 Local Administration Transformation Summary by Initiative								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Department of Health Care Policy and Financing (HCPF)								
A	County Funding- Personal Services, PERA and Medicare	\$70,036	1.0	\$23,812	\$11,206	\$0	\$35,018	Table 7 FTE
B	County Funding- AED, SAED, STD and HLD	\$14,308	0.0	\$4,865	\$2,289	\$0	\$7,154	Table 7 FTE
C	County Funding- Operating Expenses	\$3,950	0.0	\$1,343	\$632	\$0	\$1,975	Table 7 FTE- Includes additional operating for staff travel costs
D	County Incentive Increase	\$1,500,000	0.0	\$1,500,000	\$0	\$0	\$0	Table 3.1 Row B
E	Total Request- County Funding Changes	\$1,588,294	1.0	\$1,530,020	\$14,127	\$0	\$44,147	Row A + Row B + Row C + Row D
F	NEMT Statewide Administration- Personal Services, PERA and Medicare	\$87,619	1.0	\$29,790	\$14,019	\$0	\$43,810	Table 7 FTE
G	NEMT Statewide Administration- AED, SAED, STD and HLD	\$15,910	0.0	\$5,409	\$2,546	\$0	\$7,955	Table 7 FTE
H	NEMT Statewide Administration- Operating Expenses	\$14,580	0.0	\$4,957	\$2,333	\$0	\$7,290	Table 7 FTE Includes additional operating for staff travel costs
I	NEMT Statewide Administration Contract	\$1,966,848	0.0	\$708,065	\$275,359	\$0	\$983,424	Table 4.1 Row E
J	Total Request- NEMT Statewide Administration	\$2,084,957	1.0	\$748,222	\$294,257	\$0	\$1,042,479	Row F + Row G + Row H + Row I
K	Consolidated Mail Center- Personal Services, PERA and Medicare	\$70,036	1.0	\$23,812	\$11,206	\$0	\$35,018	Table 7 FTE
L	Consolidated Mail Center- AED, SAED, STD and HLD	\$14,308	0.0	\$4,865	\$2,289	\$0	\$7,154	Table 7 FTE
M	Consolidated Mail Center - Operating Expenses	\$950	0.0	\$323	\$152	\$0	\$475	Table 7 FTE
N	HCPF Programs Portion of Consolidated Mail Center Contract	\$2,619,649	0.0	\$418,578	\$244,919	\$13	\$1,956,139	Table 5.1 Row Q
O	State Only Portion of Consolidated Mail Center Contract	\$567,230	0.0	\$567,230	\$0	\$0	\$0	Table 5.1 Row R
P	Transfer from CDHS for Consolidated Mail Center Contract	\$111,929	0.0	\$0	\$0	\$111,929	\$0	Table 5.1 Row S
Q	HCPF Programs Consolidated Mail Center CBMS Development Costs	\$0	0.0	\$0	\$0	\$0	\$0	Table 5.2 Row F
R	State Only Portion of Consolidated Mail CBMS Development Costs	\$0	0.0	\$0	\$0	\$0	\$0	Table 5.2 Row G
S	HCPF Programs Consolidated Mail Center Hardware and Software Costs	\$15,882	0.0	\$2,538	\$1,485	\$0	\$11,859	Table 5.3 Row C
T	State Only Portion of Consolidated Mail Center Hardware and Software Costs	\$3,439	0.0	\$3,439	\$0	\$0	\$0	Table 5.3 Row D
U	Estimated Costs Avoided	(\$10,409,615)	0.0	(\$3,215,577)	(\$577,736)	\$0	(\$6,616,302)	Table 6.4 Row K
V	Total Request- Consolidated Mail Center	(\$7,006,192)	1.0	(\$2,194,792)	(\$317,685)	\$111,942	(\$4,605,657)	Row K + Row L + Row M + Row N + Row O + Row P + Row Q + Row R + Row S + Row T + Row U
W	Total Request for HCPF	(\$3,332,941)	3.0	\$83,450	(\$9,301)	\$111,942	(\$3,519,031)	Row E + Row J + Row V
Department of Human Services (CDHS)								
X	CDHS Portion of Returned Mail Systems and Contract	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Table 5.2 Row H + 5.3 Row E, CDHS Schedule 13
Y	Total Request for CDHS	\$112,608	0.0	\$18,502	\$54,157	\$0	\$39,949	Row X
Z	Total Request	(\$3,220,333)	3.0	\$101,952	\$44,856	\$111,942	(\$3,479,082)	Row W + Row Y

R-6 Local Administration Transformation
Appendix B: Calculations and Assumptions

Table 3.1 FY 2019-20 and ongoing County Incentive Funding Increase									
Row	Item	Total Funds	General Fund	Total Cash Funds	Healthcare Affordability and Sustainability Fee Cash Fund	Local Funds	Federal Funds	FFP	Notes/Calculations
A	Appropriation	\$68,516,841	\$11,114,448	\$14,892,419	\$4,945,446	\$9,946,973	\$42,509,974	NA	HB 18-1322 Long Bill
B	Incentive Funding Increase	\$1,500,000	\$1,500,000	\$0	\$0	\$0	\$0	0%	Department estimate
C	Revised Appropriation	\$70,016,841	\$12,614,448	\$14,892,419	\$4,945,446	\$9,946,973	\$42,509,974	NA	Row A + Row B

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Appendix B: Calculations and Assumptions

Table 4.1 State Administered Regional NEMT New Funding Needed					
Row	RAE Region	FY 2019-20	FY 2020-21	FY 2021-22	Source/Calculation
A	1	\$175,000	\$547,715	\$547,715	FY 2019-20 is for startup/transition costs, FY 2020-21 and ongoing -Table 4.2 Row A
B	2	\$175,000	\$246,029	\$246,029	FY 2019-20 is for startup/transition costs, FY 2020-21 and ongoing -Table 4.2 Row B
C	3/5/6	\$175,000	\$17,274	\$17,274	FY 2019-20 is for startup/transition costs, FY 2020-21 and ongoing - Table 4.2 Row C
D	4/7	\$175,000	\$1,155,831	\$1,155,831	FY 2019-20 is for startup/transition costs, FY 2020-21 and ongoing -Table 4.2 Row D
E	Total	\$700,000	\$1,966,848	\$1,966,848	Row A + Row B + Row C + Row D

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Appendix B: Calculations and Assumptions

Table 4.2 State Administered NEMT Contract Estimates

Row	RAE Region	NEMT Eligible Member Count (1)	Estimated Contract Amount	Estimated Current Contract Amount	New Funding Needed	Source/Calculation
A	1	195,817	\$789,513	\$241,798	\$547,715	Current Contract only includes Larimer, other counties in region are county administered
B	2	90,873	\$503,473	\$257,444	\$246,029	Current Contract only includes Weld, other counties in region are county administered
C	3/5/6	659,819	\$2,054,258	\$2,036,984	\$17,274	Current Contract includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson
D	4/7	330,222	\$1,155,831	\$0	\$1,155,831	Currently administered by counties
E	Total	1,276,731	\$4,503,074	\$2,536,226	\$1,966,848	Row A + Row B + Row C + Row D

⁽¹⁾ Not all eligibility categories are eligible for NEMT services, therefore this member count does not tie out to the published Medicaid caseload.

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Appendix B: Calculations and Assumptions

Table 5.1 Consolidated Mail Center Contract Costs FY 2020-21 and ongoing			
Row	Label	Number	Source/Calculation
A	Annual Correspondence Volume	12,000,000	CBMS Data
B	Percent Returned	15%	Department estimate
C	Pieces of Correspondence Returned	1,800,000	Row A * Row B
D	Active CBMS Medical Cases	835,698	Table 6.2 Row A 2017 Data
E	Additional Cases that do not include medical	43,984	Row D/ 95% (95% of cases include medical)
F	Total Active Cases	879,682	Row D + Row E
G	Unique Households with Returned mail annually	131,952	Row F * Row B
H	Pieces of Returned Mail Per Unique Household	14	Row C / Row G
I	Minutes to complete returned mail duties per household, per year	60	Automated scanning, worker research, attempt to contact client, update case for various programs, coordination with counties, mail to new address if applicable, audit procedures
J	Total Minutes	7,917,139	Row G * Row I
K	Hours Per Year	131,952	Row J /60
L	Cost Per Hour	\$25	Department estimate
M	Annual Cost	\$3,298,808	Row K * Row L
N	HCPF Percentage Share of Cost	79.41%	CBMS Calculator (All Programs, Medicaid 75/25)
O	State-Only Percentage for SNAP Share of Cost	17.20%	CBMS Calculator (All Programs, Medicaid 75/25)
P	CDHS Percentage of Cost	3.39%	CBMS Calculator (All Programs, Medicaid 75/25)
Q	Total HCPF Programs Cost	\$2,619,649	Row M * Row N
R	Total State Only Cost	\$567,230	Row M * Row O
S	Total CDHS Cost	\$111,929	Row M * Row P

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Appendix B: Calculations and Assumptions

Table 5.2 FY 2019-20 Consolidated Mail Center CBMS Development and Implementation Costs					
Row	Phase	Hours	Hourly Rate	Total	Source/Calculation
A	Business Requirements	485	\$130.00	\$63,050	Order of Magnitude Estimate from Contractor
B	Design	635	\$130.00	\$82,550	Order of Magnitude Estimate from Contractor
C	Development	3,343	\$130.00	\$434,590	Order of Magnitude Estimate from Contractor
D	System Integration Testing	1,085	\$130.00	\$141,050	Order of Magnitude Estimate from Contractor
E	Total	5,548	\$130.00	\$721,240	Row A + Row B + Row C + Row D
F	Total HCPF Programs Cost	NA	NA	\$572,751	Row E * Table 5.1 Row N
G	Total State Only Cost	NA	NA	\$124,017	Row E * Table 5.1 Row O
H	Total CDHS Cost	NA	NA	\$24,472	Row E * Table 5.1 Row P

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Appendix B: Calculations and Assumptions

Table 5.3 Consolidated Mail Center CBMS Hardware and Software Costs					
Row	Item	FY 2019-20	FY 2020-21	FY 2021-22	Source/Calculation
A	Scanner, hardware and software costs	\$100,000	\$20,000	\$20,000	Contractor estimate with 20% ongoing maintenance
B	Total	\$100,000	\$20,000	\$20,000	Row A
C	Total HCPF Programs Cost	\$79,412	\$15,882	\$15,882	Row B * Table 5.1 Row N
D	Total State Only Cost	\$17,195	\$3,439	\$3,439	Row B * Table 5.1 Row O
E	Total CDHS Cost	\$3,393	\$679	\$679	Row B * Table 5.1 Row P

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Appendix B: Calculations and Assumptions

Table 6.1 Consolidated Mail Center Processing Estimated Savings				
Row	Item	FY 2020-21	FY 2021-22	Source/Description
A	Total Medical Households	877,232	894,075	Table 6.2 (Row F and Row G)
B	Returned Mail Percentage	15%	15%	Department estimate
C	Total Medical Households with Returned Mail	131,585	134,111	Row A * Row B
D	Estimated Percentage of Households who would not be located resulting in case closure	25%	25%	Eligibility terminations would begin August 2020, 75% would remain eligible, 25% would result in case closure
E	Estimated Number of Households who would not be located resulting in case closure	32,896	33,528	Row C * Row D
F	Average Number of Members in Household	1.61	1.61	Table 6.2 Row C
G	Estimated Members who would result in case closure	53,063	54,082	Row E * Row F
H	Dental Administrative Service Organization PMPM	\$0.54	\$0.54	Current contract rate
I	Accountable Care Collaborative PMPM	\$15.50	\$15.50	Current contract rate
J	Number of Months of Implementation	10	12	Contract effective date 7/1/20 therefore soonest termination likely would be 8/31/20
K	Total Estimated Costs Avoided	\$8,511,263	\$10,409,615	Row G * (Row H + Row I) * Row J
L	General Fund	\$2,615,607	\$3,215,577	ACC and Dental ASO Fund Splits
M	Cash Funds	\$472,377	\$577,736	
N	Federal Funds	\$5,423,279	\$6,616,302	ACC and Dental ASO Fund Splits

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Appendix B: Calculations and Assumptions

Table 6.2 Average Medical Household Size and Total Medical Households			
Row	Label	Value	Source/Calculation
A	Total Medical Cases/Households	835,698	CBMS Calendar Year 2017 Total
B	Average Monthly Caseload	1,348,010	Table 6.3 Average
C	Average Household Size	1.61	Row B / Row A
D	FY 2018-19 Caseload Percent Change	1.13%	FY 2018-19 S-1 Exhibit B1
E	FY 2019-20 Caseload Percent Change	1.92%	FY 2018-19 S-1 Exhibit B1
F	FY 2020-21 Total Medical Cases/Households	877,232	Trended forward based on caseload projections. Assumes that FY 2019-20 caseload projection continues into FY 2020-21.
G	FY 2021-22 Total Medical Cases/Households	894,075	Trended forward based on caseload projections. Assumes that FY 2019-20 caseload projection continues into FY 2021-22.

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Appendix B: Calculations and Assumptions

Table 6.3 Calendar Year 2017 Average Monthly Caseload		
Month	Value	Source/Calculation
January	1,343,979	JBC Premiums Report June 2017
February	1,340,089	JBC Premiums Report June 2017
March	1,355,155	JBC Premiums Report June 2017
April	1,362,458	JBC Premiums Report June 2017
May	1,369,104	JBC Premiums Report June 2017
June	1,365,940	JBC Premiums Report January 2018
July	1,360,760	JBC Premiums Report January 2018
August	1,366,880	JBC Premiums Report January 2018
September	1,361,174	JBC Premiums Report January 2018
October	1,319,016	JBC Premiums Report January 2018
November	1,313,234	JBC Premiums Report January 2018
December	1,318,334	JBC Premiums Report January 2018
Average	1,348,010	Average of January through December 2017

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Appendix B: Calculations and Assumptions

Table 7 FTE					
FTE Calculation Assumptions:					
Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.					
Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).					
General Fund FTE -- New full-time General Fund positions are reflected in Year 1 as 0.9166 FTE to account for the pay-date shift. This applies to personal services costs only; operating costs are not subject to the pay-date shift.					
Expenditure Detail		FY 2019-20		FY 2020-21	
Personal Services:					
Classification Title	Monthly	FTE		FTE	
ADMINISTRATOR IV	\$5,218	0.9	\$57,394	1.0	\$62,616
PERA			\$5,969		\$6,512
AED			\$2,870		\$3,131
SAED			\$2,870		\$3,131
Medicare			\$832		\$908
STD			\$109		\$119
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 1, 0.9 FTE		0.9	\$77,971	1.0	\$84,344
Classification Title	Monthly	FTE		FTE	
ADMINISTRATOR V	\$6,528	0.7	\$53,852	1.0	\$78,336
PERA			\$5,601		\$8,147
AED			\$2,693		\$3,917
SAED			\$2,693		\$3,917
Medicare			\$781		\$1,136
STD			\$102		\$149
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 2, 0.7 FTE		0.7	\$73,649	1.0	\$103,529
Classification Title	Monthly	FTE		FTE	
CONTRACT ADMINISTRATOR IV	\$5,218	0.9	\$57,394	1.0	\$62,616
PERA			\$5,969		\$6,512
AED			\$2,870		\$3,131
SAED			\$2,870		\$3,131
Medicare			\$832		\$908
STD			\$109		\$119
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 3, 0.9 FTE		0.9	\$77,971	1.0	\$84,344
Subtotal Personal Services		2.5	\$229,591	3.0	\$272,217
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating Expenses	\$500	3.0	\$1,500	3.0	\$1,500
Telephone Expenses	\$450	3.0	\$1,350	3.0	\$1,350
PC, One-Time	\$1,230	3.0	\$3,690	-	
Office Furniture, One-Time	\$3,473	3.0	\$10,419	-	
County Programs Administrator mileage and travel reimbursement			\$3,000		\$3,000
NEMT Contract Manager and Supervisor mileage and travel reimbursement			\$23,917		\$13,630
Other					
Subtotal Operating Expenses			\$43,876		\$19,480
TOTAL REQUEST		2.5	\$273,467	3.0	\$291,697

R-6 Local Administration Transformation
Appendix B: Calculations and Assumptions

Table 8.1 FY 2019-20 NEMT Staff Travel Estimate										
Row	Traveler	Destination	Number of Days Traveling	Mileage (round trip total)	Mileage Total	Meals Total	Hotel Total	Incidentals Total	Total	Source/Calculation
A	Contract Manager	Grand Junction	20	1,960	\$235.20	\$1,175	\$4,750	\$100	\$6,260	4 5 day trips to each regional broker
B	Contract Manager	Durango	20	2,720	\$326.40	\$1,175	\$4,750	\$100	\$6,351	4 5 day trips to each regional broker
C	Contract Manager	Craig	20	1,600	\$192.00	\$1,175	\$4,750	\$100	\$6,217	4 5 day trips to each regional broker
D	Contract Manager	metro	20	3,200	\$384.00	\$0	\$0	\$0	\$384	20 day metro area trips
E	Supervisor	metro	5	200	\$96.00	\$0	\$0	\$0	\$96	5 metro area trips
F	Supervisor	Grand Junction	5	490	\$235.20	\$260	\$1,000	\$25	\$1,520	1 5 day trips to each regional broker
G	Supervisor	Durango	5	680	\$326.40	\$260	\$1,000	\$25	\$1,611	1 5 day trips to each regional broker
H	Supervisor	Craig	5	400	\$192.00	\$260	\$1,000	\$25	\$1,477	1 5 day trips to each regional broker
I	Total	NA	100	11,250	\$1,987	\$4,305	\$17,250	\$375	\$23,917	Row A + Row B + Row C + Row D + Row E + Row F + Row G + Row H

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Appendix B: Calculations and Assumptions

Table 8.2 FY 2020-21 and ongoing NEMT Staff Travel Estimate										
Row	Traveler	Destination	Number of Days Traveling	Mileage (round trip total)	Mileage Total	Meals Total	Hotel Total	Incidentals Total	Total	Source/Calculation
A	Contract Manager	Grand Junction	10	980	\$470.40	\$565	\$2,250	\$50	\$3,335	2 5 day trips to each regional broker
B	Contract Manager	Durango	10	1,360	\$652.80	\$565	\$2,250	\$50	\$3,518	2 5 day trips to each regional broker
C	Contract Manager	Craig	10	800	\$384.00	\$565	\$2,250	\$50	\$3,249	2 5 day trips to each regional broker
D	Contract Manager	metro	10	400	\$192.00	\$0	\$0	\$0	\$192	2 5 day trips to each regional broker
E	Supervisor	Grand Junction	10	980	\$470.40	\$565	\$2,250	\$50	\$3,335	2 5 day trips to one regional non-metro broker
F	Total	NA	50	4,520	\$2,170	\$2,260	\$9,000	\$200	\$13,630	