

Schedule 13

Funding Request for the FY 2016-17 Budget Cycle

Department of Health Care Policy and Financing

Request Title

R-07 County Administration Financing

Dept. Approval By: Josh Block *[Signature]* 11/2/15

Supplemental FY 2015-16

Change Request FY 2016-17

Base Reduction FY 2016-17

OSPB Approval By: *[Signature]* 10/31/15

Budget Amendment FY 2016-17

Summary Information	Fund	FY 2015-16		FY 2016-17		FY 2017-18
		Initial	Supplemental	Base Request	Change Request	Continuation
		Appropriation	Request			
Total		\$61,226,774	\$0	\$61,226,774	\$7,105,769	\$7,105,769
FTE		\$0	0.0	\$0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$11,114,448	\$0	\$11,114,448	\$0	\$0
	CF	\$12,953,395	\$0	\$12,953,395	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$37,158,931	\$0	\$37,158,931	\$7,105,769	\$7,105,769

Line Item Information	Fund	FY 2015-16		FY 2016-17		FY 2017-18
		Initial	Supplemental	Base Request	Change Request	Continuation
		Appropriation	Request			
Total		\$9,133,612	\$0	\$9,133,612	(\$9,133,612)	(\$9,133,612)
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office - Centralized Eligibility Vendor Contract Project	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$3,145,326	\$0	\$3,145,326	(\$3,145,326)	(\$3,145,326)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$5,988,286	\$0	\$5,988,286	(\$5,988,286)	(\$5,988,286)

Total		\$0	\$0	\$0	\$5,053,644	\$5,053,644
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office - Centralized Eligibility Vendor Contract Project	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$0	\$0	\$0	\$1,745,342	\$1,745,342
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$3,308,302	\$3,308,302

	Total	\$39,536,478	\$0	\$39,536,478	\$6,461,585	\$6,461,585
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office - County Administration	GF	\$11,114,448	\$0	\$11,114,448	\$0	\$0
	CF	\$5,859,623	\$0	\$5,859,623	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$22,562,407	\$0	\$22,562,407	\$6,461,585	\$6,461,585

	Total	\$11,104,684	\$0	\$11,104,684	\$4,644,184	\$4,644,184
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office - Hospital Provider Fee County Administration	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$3,585,446	\$0	\$3,585,446	\$1,360,000	\$1,360,000
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$7,519,238	\$0	\$7,519,238	\$3,284,184	\$3,284,184

	Total	\$1,452,000	\$0	\$1,452,000	\$79,968	\$79,968
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office - Medical Assistance Sites	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$363,000	\$0	\$363,000	\$39,984	\$39,984
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$1,089,000	\$0	\$1,089,000	\$39,984	\$39,984

Letternote Text Revision Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number: FF: Title XIX CF: CHP Trust Fund (11G0) Hospital Provider Fee (24A0)
Reappropriated Funds Source, by Department and Line Item Name:
Approval by OIT? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required: <input checked="" type="checkbox"/> X
Schedule 13s from Affected Departments: N/A
Other Information:



Cost and FTE

- The Department requests \$7,105,769 total funds, \$0 General Fund, \$0 cash funds and \$7,105,769 federal funds to increase the federal funds appropriation for county administration to more accurately reflect the percentage of activities eligible for the enhanced match rate.
- The request also includes transferring existing funding between line items related to eligibility determination and to re-organize the Long Bill to more accurately reflect the Department's current strategy as the eligibility vendor has been re-procured and certain activities previously performed by the vendor have been transferred to counties.

Current Program

- The eligibility vendor and Colorado's counties are reimbursed for Medicaid and Children's Health Plan Plus (CHP+) eligibility determination based upon staffing and related costs necessary to provide service to Coloradans.

Problem or Opportunity

- The current appropriations for eligibility determination do not include the appropriate amount of federal funds to reflect the current programs.
- As the Department's strategy for eligibility determination and ongoing case management has evolved, the General Assembly's organization of the Department's Long Bill and spending authority has not been completely updated.

Consequences of Problem

- If additional federal funding spending authority is not approved, the General Fund restriction due to the (M) headnote would limit the Department's ability to fully reimburse counties for the state share of expenditures, requiring additional county funds be used to cover costs, which in turn limits the funding available for counties to reinvest in other programs.

Proposed Solution

- The Department requests to align the County Administration federal funds appropriation with the expected percentage of enhanced match eligible activities, 65%, in order to reimburse the counties as much of their cost to process applications and provide case maintenance as possible and to encourage counties to continue to meet timeliness and backlog requirements.
- The Department requests to move funding from the Centralized Eligibility Vendor line item to other contracts, as the re-procured contract has shifted activities and costs to other vendors and the counties. Adjustments to the Long Bill structure and spending authority are imperative to ensure transparency and allocate funding efficiently across contracts.



COLORADO
Department of Health Care
Policy & Financing

FY 2016-17 Funding Request | November 2, 2015

John W. Hickenlooper
Governor

Susan E. Birch
Executive Director

Department Priority: R-7
Request Detail: County Administration Financing

Summary of Incremental Funding Change for FY 2016-17	Total Funds	General Fund
County Administration Financing	\$7,105,769	\$0

Problem or Opportunity:

As the Department's strategy for eligibility determination and ongoing case management has evolved, the Department's spending authority has not been completely updated and adjustments to spending authority are imperative to ensure the system is able to function in the most efficient and effective way. Based upon county expenditures in FY 2014-15, the first full year since the enhanced match rate had been implemented, the federal funds received in subsequent years is expected to be higher than appropriated in the Long Bill. Due to the (M) headnote restriction on the county administration appropriation, which requires a General Fund restriction equal to the amount of the additional federal funds received, without additional federal funding appropriated the Department would be unable to fully reimburse counties the state's share of their costs. This could lead to counties reducing staffing or having to contribute more county funds than anticipated. Additionally, the request includes changes to the organization of the Department's Long Bill related to eligibility determination activities.

Since the implementation of the Affordable Care Act and the expansion of Medicaid through SB 13-200 "Expand Medicaid Eligibility" the Department has experienced a number of changes in both the strategy and funding streams for efficiently and effectively determining eligibility and enrolling clients into Medicaid and Children's Health Insurance Program (referred to in Colorado as the Child Health Plan Plus, or "CHP+"). In order to support the state's "no wrong door" approach which allows clients to receive service at state-wide locations of their choice, Colorado has a complex and sprawling web of people, processes and technologies that enable Medicaid eligibility determinations to be made. The Department pays some, but not all of these partners for this work. As of June 2015 there are 64 county departments of human/social services, 284 certified application assistance sites (CAAS), 128 presumptive eligibility (PE) sites and 9 medical assistance (MA) sites. Additionally, the Department funds hospitals to help get clients enrolled in Medicaid and CHP+. Applicants can apply online through the Program Eligibility Application Kit (PEAK) website or receive in-person and phone assistance through the applicant's local county office, a CAAS, PE or MA site. This diversity of organizations spread across the state provides the large number of access points needed to adequately support a "high-touch" medical application process for those who prefer this type of assistance.

Despite the challenges of system limitations and organizational alignments, Colorado has been steadily improving service delivery and administrative efficiencies.

County Administration and Hospital Provider Fee County Administration¹

The changing eligibility and enrollment environment has also resulted in significant changes to the management and funding available for county administration. Counties received additional funding through SB 13-200 “Expand Medicaid Eligibility”, the Department’s FY 2014-15 R-6 “Eligibility Determination Enhanced Match” budget request and received federal approval through the Maintenance and Operations Advanced Planning Document (MOAPD). However, with the current restrictions placed on the funding, the Department is at risk of being unable to fully reimburse counties for their costs related to Medicaid and CHP+ because the Department’s County Administration appropriation does not contain sufficient federal funds spending authority and because the line item is restricted by an (M) headnote.

The Department believes that it is critical to have flexibility in the amount of funding appropriated to counties. Counties are reimbursed below cost for the processing of Medicaid and other major public assistance programs applications. For example, for Medicaid programs, counties are required to contribute between 9% and 18% of the total cost of processing applications. When the State is not able to fully fund the state and federal portion of the costs, those unreimbursed costs are fully financed by the counties themselves. Colorado county human services department staff provide critical services to Coloradans, including assisting with eligibility determination and annual re-determination for Medicaid and CHP+ programs. County workloads associated with Medicaid and CHP+ eligibility processing have increased dramatically, with Medicaid caseload increasing from 860,957 in June 2014 to 1,247,541 in July 2015, a 30% increase. Caseload is expected to increase an additional 11% in FY 2015-16 and activities related to new application processing are generally eligible for the enhanced match rate. Therefore, as caseload continues to increase it is expected that enhanced match activities would remain higher than currently assumed in the budget.

In Fall 2013, when estimating the amount of federal funds that could be drawn with the enhanced match, the Department evaluated historical data of county worker activities and cost pool data in the County Financial Management System (CFMS) and estimated that 56% of county administration activities would be eligible for the enhanced match. However, as JBC staff noted, on page 6 of the document “JBC Staff Interim Supplemental Recommendations: FY 2013-14” dated September 20, 2013, due to the uncertainties about what portion of county activities would qualify for the enhanced match, future revisions to the appropriation may be required if the 56% assumption needs modification. As the counties implemented the enhanced funding, closer to 65% of their activities were attributable to the 75% enhanced match rate. As a result, in FY 2014-15 the Department was headed towards an overexpenditure of federal funds which would have required a General Fund restriction due to the (M) headnote and would have prevented the Department from reimbursing counties the full amount of the General Fund appropriated. The Department expects that with caseload increases that the level of enhanced match activities will continue to be higher than the current

¹ (1) Executive Director’s Office, (D) Eligibility and Client Services, County Administration, and (1) Executive Director’s Office, (D) Eligibility and Client Services, Hospital Provider Fee County Administration

amount in the Long Bill and this problem is likely to continue without additional federal funds in the appropriation.

In an effort to ensure that counties could be reimbursed for the full state share of their costs, the Department submitted, and had approved, an interim supplemental request in June 2015 to allow an overexpenditure of federal funds so that the Department could reimburse counties for their enhanced match eligible activities without restricting General Fund. Even with the approval of the supplemental request, the Department was unable to reimburse counties for \$175,530 of costs related to Medicaid and CHP+ eligibility determination. If the interim supplemental had not been approved, this problem would have been worse and the Department would have been required to restrict \$719,000 General Fund which would have decreased the amount reimbursed to counties, resulting in counties having to cover \$894,530 of costs instead of \$175,530. Additionally, the General Assembly's action in 2014 to eliminate the Department's ability to overexpend any of the lines in Executive Director's Office and the presence of the (M) headnote on the County Administration line item have increased the likelihood that counties will have uncovered costs in addition to the required county share.

The (M) headnote requires the Department to restrict, and ultimately revert, General Fund spending authority in the event that additional federal funds are available. Because the counties are able to attribute nearly 10% more of their activities to the enhanced match than was originally estimated and appropriated, the Department expects to have to restrict General Fund in the future without supplemental appropriations. This had not been an issue in the past as the counties historically had underspent the Medicaid appropriation and since the Department had unlimited overexpenditure authority. However, as stated above, for the first time in recent history, in FY 2014-15, counties fully expended the state share and were not reimbursed for \$175,530 of costs which had to be covered with county only funds. The Department believes this will continue to be a problem in the future due to increased caseload.

County Incentive and Grant Program Flexibility

Additionally, counties received funding for a county incentive program through the Department's R-6 "Eligibility Determination Enhanced Match" budget request. As efficiencies are realized through real time eligibility determination, the strategy of the Department and the role of the counties continues to evolve. In order to continue that progress the Department needs full flexibility in the types of incentives and grants that are provided in order to incent not only timely application processing but collaboration with other state agencies to create efficiencies, reporting, etc.

Centralized Eligibility Vendor²

The purpose and structure of the centralized eligibility vendor has changed significantly in the last two years. In order to fully incorporate these changes, an adjustment to the structure of the Long Bill and its components is required to accurately reflect how the Department processes Medicaid and CHP+ applications. With the passage of HB 09-1293 "Medicaid Hospital Provider Fee", which expanded eligibility in Medicaid and

² (1) Executive Director's Office, (C) Information Technology Contracts and Projects, Centralized Eligibility Vendor Contract Project

CHP+, the General Assembly provided funding for a contract with a centralized eligibility vendor in order to provide assistance to the county departments of social services in processing cases and providing ongoing case management. The Department received additional funding for the centralized eligibility vendor with the passage of the Affordable Care Act and SB 13-200 “Expand Medicaid Eligibility” to support the dramatic caseload increase that resulted. Through the Department’s FY 2014-15 R-6 “Eligibility Determination Enhanced Match” budget request, the fund splits were adjusted for this line item to include a 75% enhanced federal match rate for activities related to application processing, which became effective in October 2013.

In addition to funding changes, the centralized eligibility vendor contract ended June 30, 2015 and required re-procurement. As the Department evaluated the roles and responsibilities of the vendor and reviewed performance metrics across all eligibility determination sites, the review indicated that the centralized eligibility vendor performance in areas of timeliness and customer service standards were far below the performance of the counties and other sites. In addition to the performance concerns, the Department had received feedback from county staff and clients reporting that having a centralized vendor in place for ongoing case management led to customer confusion as clients were transferred from one site to another to have issues resolved since the county could not access the cases assigned to the vendor.

Based upon this review and consultation with stakeholders, some of the duties were transferred to the counties, who are the primary eligibility determination sites in the state. The scope of work transferred to the counties is similar to the core services that the counties provide to Coloradans state-wide and includes including ongoing case maintenance of thousands of additional cases and completion of online applications that do not receive Real Time Eligibility (RTE) determination. Although the counties have already started this work, the Long Bill does not reflect the transfer of funding from the Centralized Eligibility Vendor line item to the County Administration Line item. Updating the Long Bill will increase which transparency in the Department’s activities. Additionally, while counties will provide case maintenance and assistance related to application processing and redeterminations, a number of activities including case management of the Department’s Medicaid Buy-In Program, CHP+ enrollment fee processing and CHP+ case management were transferred to the new eligibility vendor, Denver Health and Hospital Authority. The current structure of the Long Bill does not reflect this change in policy and needs to be updated to reflect current practice.

Proposed Solution:

The Department requests \$7,105,769 total funds, comprised of only federal funds, in order to update the county administration appropriations federal funds spending authority to more accurately reflect county activities. The Department requests to remove the (M) headnote restriction on county administration to allow the Department to reimburse counties for the full amount of expenditures associated with the General Fund appropriation. Additionally, The Department requests to increase flexibility in the county incentive and grant program to allow the Department to incentivize activities other than those related to eligibility determination. The Department requests shifting funding from the Centralized Eligibility Vendor line item to the County Administration and to Medical Assistance Sites line items. Finally, the Department requests a correction related to the cash fund for the Centralized Eligibility Vendor contract line item.

County Administration and Hospital Provider Fee County Administration

The Department requests to increase the federal funds portion of the FY 2016-17 County Administration appropriation by \$6,461,585. This would align the appropriation with the expected percentage of enhanced match eligible activities, 65%. Through the Department's R-6 "Eligibility Determination Enhanced Match" budget request the appropriation was set assuming 56% of activities would be eligible for enhanced funding.

As the 75% enhanced match was implemented, counties were able to attribute closer to 65% of their activities to the enhanced funding. Increasing the FY 2016-17 and ongoing fiscal years' federal funds appropriations would allow the counties to provide a higher percentage of enhanced activities and receive reimbursement for doing so without needing to restrict the General Fund portion of the appropriation. Additional federal funding in the appropriation gives the counties the flexibility to maximize federal funding which not only increases how much funding is available to reimburse counties but also decreases the portion that counties are required to share in their costs, which in turn frees up funds for counties to reinvest in other programs.

Additionally, the Department requests to remove the (M) headnote from the County Administration line item. FY 2014-15 was the first full year that the Department had experience with the enhanced match related to eligibility determination. Although the experience of the Department after implementation of the enhanced match is that on average 65% of the counties activities are eligible for the additional funding, changes through the shift in the eligibility vendor activities to the counties and open enrollment, could change the percentage of activities eligible. Removing the (M) headnote would allow the Department the flexibility to reimburse counties within the limitation of the appropriated General Fund, rather than the total funds amount.

This request also includes a similar increase of \$644,184 federal funds spending authority for the hospital provider fee county administration line item to more accurately reflect the amount of enhanced match activities experienced in FY 2014-15.

County Incentive and Grant Program Flexibility

The Department requests that the incentive and grant program could be broadened to provide flexibility to provide grants and to incentivize counties in other areas in addition to eligibility determination infrastructure. This may include initiatives related to the Colorado Opportunity Project or other key initiatives that involve counties and promote the Department's goals and mission.

Centralized Eligibility Vendor

The Department requests to adjust the centralized eligibility vendor line item to reflect new contract negotiations and desired transfer of responsibilities. The Department requests to decrease the entire appropriation in the current Long Bill line item group in the amount of \$9,133,612 total funds, \$3,145,326 Hospital Provider Fee cash funds and to create a new Long Bill line item in the amount of \$5,053,644 total funds, \$1,745,342 Hospital Provider Fee cash funds fund to:

- Shift funding to Hospital Provider Fee County Administration line item
- Shift funding to Medical Assistance Sites line item
- Re-name and move the line item

- Adjust the cash fund source to correct a technical error

Shift funding to Hospital Provider Fee County Administration line item

This request includes shifting \$4,000,000 total funds comprised of \$1,360,000 Hospital Provider Fee cash fund and \$2,640,000 federal funds to the Hospital Provider Fee County Administration line item. The scope of work transferred is similar to the core services that the counties provide to Coloradans state-wide; however, the increased caseload requires additional funding to maintain eligibility determination timeliness and accuracy.

Shift funding to Medical Assistance Sites line item

In addition to shifting funds to the counties, the Department requests to shift \$79,968 total funds comprised of \$39,984 Hospital Provider Fee cash fund and \$39,984 federal funds to the Medical Assistance (MA) Sites line item to cover the contractor costs of implementing the Random Moment Sampling process which is required for cost allocation. As is with all eligibility determination sites, MA sites are required by the Center for Medicare and Medicaid Services (CMS) to have a cost allocation methodology in place to not only show which costs are being attributed to the enhanced match, but to also ensure the Department is not paying more than its share of costs.

Re-name and move the line item

The Department also requests to move the re-named line item Eligibility Vendor Contract to (1) Executive Director's Office (D) Eligibility Determination and Client Services Long Bill Group. Moving eligibility and enrollment contracts to the same Long Bill group and updating the appropriation as requested provides greater transparency to the amount of funding spent on these services and more accurately reflects the work being performed, the cost of this contract and also creates administrative efficiencies for the Department.

Adjust the cash fund source to correct a technical error

Additionally, this request includes changing the cash fund appropriation amount of \$991,235 from the Children's Basic Health Plan Trust Fund to the Hospital Provider Fee cash fund. This is to correct a technical error in the FY 2015-16 Long Bill. This amount represents the final annualization to the Centralized Eligibility Vendor line item from SB 13-200 "Expand Medicaid Eligibility". The base request incorrectly referenced the Trust Fund and not the Hospital Provider Fee cash fund for this annualization and the Department did not catch and correct this error before the Long Bill was finalized.

Anticipated Outcomes:

Approval of this request would encourage counties to provide staffing levels necessary to provide excellent customer service to Coloradans without requiring them to contribute higher levels of county funding to support the increased workload.

Approval of this request would allow the Department's eligibility contractors to maintain and improve timeliness and reduce backlog, while also improving improve customer service and administrative efficiencies for the Department.

This request links to the customer portion of its performance plan by improving the customer experience related to eligibility determination and providing funding for sites to provide adequate staffing levels.

By streamlining Medicaid application processing and customer service related to it, the Department assumes that the transition will result in improved coordination efforts and improved client experience. The Department also expects that the timeliness and backlog metrics measuring the counties and new vendor's performance will improve.

Assumptions and Calculations:

Detailed calculations can be found in the appendix, Tables 1 through 4.

Table 2.1 and 2.2 demonstrate the re-organization of the Long Bill being requested and the total appropriations for each of the line items in order to demonstrate the impact of the request to each of the line items total spending authority.

Table 3.1 summarizes the request related to the Eligibility Vendor Contract and shows the shifts in funding being requested.

The Department assumes that 65.89% of county administration activities will be eligible for the enhanced match and therefore, increased federal funds in the estimate to reflect that increase. The Department assumes that due to the transition of work from the eligibility vendor and increased caseload counties are likely to have greater expenditure related to county administration responsibilities than in FY 2014-15 and the Department may not be able to fully cover the state share of expenditure in FY 2015-16 and FY 2016-17, and therefore all federal funding available would be needed to reimburse counties as much as possible while limiting expenditure to the state share of funding.

Table 3.2 summarizes the request related to the County Administration line item. In order to determine the amount of additional federal funds spending authority to be requested, this table starts with the total appropriation, then subtracts the Public Assistance Reporting Information System (PARIS) and incentive program funding which are not part of the allocation development process, to determine the remaining appropriation amount to be allocated to counties. Further the Department assumes that 65.89% of expenditure would be eligible for the enhanced 75% FFP and has estimated enhanced and non-enhanced expenditure based upon this percentage calculated from Table 4.1 which shows the percentage of enhanced activities for FY 2014-15.

Table 3.3 summarizes the request related to Hospital Provider Fee County Administration line item. In order to determine the amount of additional federal funds spending authority, this tables shows the total appropriation, then subtracts the amount expected for the grant program, adds the amount to be shifted from the Eligibility Vendor Contract line item to determine the remaining appropriation to be used to calculate allocations. Enhanced allocations were calculated assuming 65.89% of expenditure would be eligible for the enhanced 75% FFP and has estimated enhanced and non-enhanced expenditure based upon this percentage calculated from Table 4.1 which shows the percentage of enhanced activities for FY 2014-15.

Table 3.4 summarizes the request related to Medical Assistance sites. The Department assumes that the RMS contract will cost \$79,968 total funds in FY 2016-17 and ongoing and would be eligible for 50% Federal Financial Participation (FFP). This is based upon the cost of the current year contract which is being paid for out of the centralized eligibility vendor line item.

The Department assumes that \$5,053,644 total funds, \$1,745,342 hospital provider fee cash fund would be utilized to pay the current contractor, Denver Health and Hospital Authority, to provide eligibility determination services as outlined in the contract.

Table 1.1 - County Administration Financing FY 2016-17 Summary by Line Item

FY 2016-17	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Total Request	\$7,105,769	0.0	\$0	\$0	\$0	\$0	\$7,105,769	
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Centralized Eligibility Vendor Contract Project	(\$9,133,612)	0.0	\$0	\$0	(\$3,145,326)	\$0	(\$5,988,286)	Table 2.1 Row C *-1
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Eligibility Vendor Contract	\$5,053,644	0.0	\$0	\$0	\$1,745,342	\$0	\$3,308,302	Table 3.1 Row D
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, County Administration	\$6,461,585	0.0	\$0	\$0	\$0	\$0	\$6,461,585	Table 3.2 Row H
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Hospital Provider Fee County Administration	\$4,644,184	0.0	\$0	\$0	\$1,360,000	\$0	\$3,284,184	Table 3.3 Row H
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Medical Assistance Sites	\$79,968	0.0	\$0	\$0	\$39,984	\$0	\$39,984	Table 3.4 Row D

R-7 County Administration Financing

Table 1.2 - County Administration Financing FY 2017-18 Summary by Line Item								
FY 2016-17	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
Total Request	\$7,105,769	0.0	\$0	\$0	\$0	\$0	\$7,105,769	
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Eligibility Vendor Contract	\$5,053,644	0.0	\$0	\$0	\$1,745,342	\$0	\$3,308,302	Table 3.1 Row D. See Table 2.2 for requested change in name and group structure
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, County Administration	\$6,461,585	0.0	\$0	\$0	\$0	\$0	\$6,461,585	Table 3.2 Row H
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Hospital Provider Fee County Administration	\$4,644,184	0.0	\$0	\$0	\$1,360,000	\$0	\$3,284,184	Table 3.3 Row H
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Medical Assistance Sites	\$79,968	0.0	\$0	\$0	\$39,984	\$0	\$39,984	Table 3.4 Row D

Table 2.1 Current Organization of Long Bill						
Row	Long Bill Category	Total Funds	General Fund	Cash Funds	Federal Funds	Notes/Calculations
A	(1) Executive Director's Office					
B	(C) Information Technology Contracts and Projects (1)					
C	Centralized Eligibility Vendor Contract Project	\$9,133,612	\$0	\$3,145,326	\$5,988,286	SB 15-234
D	(D) Eligibility Determinations and Client Services (1)					
E	County Administration	\$39,536,478	\$11,114,448	\$5,859,623	\$22,562,407	SB 15-234
F	Hospital Provider Fee County Administration	\$11,104,684		\$3,585,446	\$7,519,238	SB 15-234
G	Medical Assistance Sites	\$1,452,000	\$0	\$363,000	\$1,089,000	SB 15-234
H	Total	\$61,226,774	\$11,114,448	\$12,953,395	\$37,158,931	Row C + Row E + Row F + Row G

(1) This Long Bill Group also includes other appropriations not listed and not impacted by this request.

Table 2.2 Requested Revised Organization of Long Bill						
Row	Long Bill Category	Total Funds	General Fund	Cash Funds	Federal Funds	Notes/Calculations
A	(1) Executive Director's Office					
B	(D) Eligibility Determinations and Client Services (1)					
C	Eligibility Vendor Contract	\$5,053,644	\$0	\$1,745,342	\$3,308,302	Table 3.1: Row A + Row E
D	County Administration	\$45,998,063	\$11,114,448	\$5,859,623	\$29,023,992	Table 3.2: Row A + Row H
E	Hospital Provider Fee County Administration	\$15,748,868	\$0	\$4,945,446	\$10,803,422	Table 3.3: Row A + Row H
F	Medical Assistance Sites	\$1,531,968	\$0	\$402,984	\$1,128,984	Table 3.4: Row A + Row D
G	Total	\$68,332,543	\$11,114,448	\$12,953,395	\$44,264,700	Row C + Row D + Row E + Row F

(1) This Long Bill Group also includes other appropriations not listed and not impacted by this request.

Table 3.1: Summary of Request: FY 2016-17 (1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Eligibility Vendor Contract						
Row	Label	Total Funds	General Fund	Cash Funds (1)	Federal Funds	Notes/Calculations
A	Appropriation	\$9,133,612	\$0	\$3,145,326	\$5,988,286	SB 15-234 Long Bill
B	Transfer Random Moment Sampling Contractor funding to Medical Assistance Sites line item	(\$79,968)	\$0	(\$39,984)	(\$39,984)	\$19,992 per quarter based upon current contract
C	Transfer to Hospital Provider Fee County Administration	(\$4,000,000)	\$0	(\$1,360,000)	(\$2,640,000)	Amount agreed upon with stakeholder input to transfer to counties for FY 2015-16
D	Total Projected Expenditure	\$5,053,644	\$0	\$1,745,342	\$3,308,302	Amount estimated for eligibility vendor contract
E	Total Request	(\$4,079,968)	\$0	(\$1,399,984)	(\$2,679,984)	Row D - Row A

(1) This request is also to change cash funding source in the amount of \$991, 235 from Children's Basic Health Plan Trust to hospital provider fee as intended by the General Assembly. Currently, a portion of the funding was appropriated from the Children's Basic Health Plan trust fund incorrectly.

Table 3.2 Summary of Request: FY 2016-17 (1) Executive Director's Office; (D) Eligibility Determinations and Client Services, County Administration						
Row	Item	Total Funds	General Fund	Local Funds	Federal Funds	Notes/Calculations
A	Appropriation	\$39,536,478	\$11,114,448	\$5,859,623	\$22,562,407	SB 15-234 Long Bill
B	PARIS	\$200,000	\$100,000	\$0	\$100,000	PARIS allocation
C	Incentive	\$4,394,717	\$4,394,717	\$0	\$0	FY 2014-15 R-6 "Eligibility Determination Enhanced Match"
D	Remaining Appropriation	\$34,941,761	\$6,619,731	\$5,859,623	\$22,462,407	Row A - Row B - Row C
E	Projected Expenditure- Enhanced	\$32,889,276	\$4,361,567	\$3,860,752	\$24,666,957	General Fund and Local Funds: Row D * Table 4.1 Percentage enhanced
F	Projected Expenditure- Non-Enhanced	\$8,514,070	\$2,258,164	\$1,998,871	\$4,257,035	General Fund and Local Funds: Row D - Row E. Federal funds: General Fund + Local Funds
G	Total Projected Expenditure	\$45,998,063	\$11,114,448	\$5,859,623	\$29,023,992	Row B + Row C + Row E + Row F
H	Total Request	\$6,461,585	\$0	\$0	\$6,461,585	Row G - Row A

Table 3.3 Summary of Request: FY 2016-17 (1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Hospital Provider Fee County Administration						
Row	Label	Total Funds	General Fund	Hospital Provider Fee Cash Fund	Federal Funds	Notes/Calculations
A	Appropriation	\$11,104,684	\$0	\$3,585,446	\$7,519,238	SB 15-234 Long Bill
B	Grant Payments	\$1,000,000	\$0	\$500,000	\$500,000	FY 2014-15 R-6 "Eligibility Determination Enhanced M
C	Increase from Centralized Eligibility Vendor Contract Project	\$4,000,000	\$0	\$1,360,000	\$2,640,000	Amount agreed upon with stakeholder input to transfer to counties for FY 2015-16
D	Remaining Appropriation	\$14,104,684	\$0	\$4,445,446	\$9,659,238	Row A- Row B + Row C
E	Allocations- Enhanced	\$11,715,952	\$0	\$2,928,988	\$8,786,964	Cash funds: Row D cash fund amount* Table 4.1 Percentage Enhanced
F	Allocations- Non-Enhanced	\$3,032,916	\$0	\$1,516,458	\$1,516,458	Cash Funds: Row D - Row E
G	Total Projected Expenditure	\$15,748,868	\$0	\$4,945,446	\$10,803,422	Row B + Row E + Row F
H	Total Request	\$4,644,184	\$0	\$1,360,000	\$3,284,184	Row H- Row A

Table 3.4 Summary of Request: FY 2016-17 (1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Medical Assistance Sites						
Row	Label	Total Funds	General Fund	Hospital Provider Fee Cash Fund	Federal Funds	Notes/Calculations
A	Appropriation	\$1,452,000	\$0	\$363,000	\$1,089,000	SB 15-234 Long Bill
B	Transfer Random Moment Sampling Contractor funding to Medical Assistance Sites line item	\$79,968	\$0	\$39,984	\$39,984	\$19,992 per quarter based upon current contract
C	Total Projected Expenditure	\$1,531,968	\$0	\$402,984	\$1,128,984	Row A + Row B
D	Total Request	\$79,968	\$0	\$39,984	\$39,984	Row C - Row A

Table 4.1 FY 2014-15 County Administration and Hospital Provider Fee County Administration Allocation Expenditure			
Item	Medicaid Enhanced Expenditures	Non-Enhanced Medicaid Expenditures	Percentage Enhanced
Total Expenditure	\$32,122,861	\$16,631,333	65.89%