

Joint Budget Committee



Supplemental Budget Requests FY 2024-25

Department of Health Care Policy and Financing (Behavioral Health Community Programs)

JBC Working Document - Subject to Change
Staff Recommendation Does Not Represent Committee Decision

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Overview of Department

The Department helps pay health and long-term care costs for low-income and vulnerable people. This document only discusses Behavioral Health Community Programs. This section of the budget provides Medicaid funding for behavioral health and substance use treatment through a statewide managed care or “capitated” program. The Department contracts with Regional Accountability Entities (RAEs) to provide services for clients enrolled with each RAE. Rates paid to providers by RAEs are unique for service, region, and may vary by provider.

Summary of Staff Recommendations

Department of Health Care Policy and Financing: Recommended Changes for FY 2024-25					
Item	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2024-25 Appropriation					
FY 2024-25 Appropriation	\$1,040,269,703	\$275,847,686	\$79,656,824	\$684,765,193	0.0
Current FY 2024-25 Appropriation	\$1,040,269,703	\$275,847,686	\$79,656,824	\$684,765,193	0.0
Recommended Changes					
Current FY 2024-25 Appropriation	\$1,040,269,703	\$275,847,686	\$79,656,824	\$684,765,193	0.0
S2 Behavioral Health	93,619,593	12,606,480	15,141,040	65,872,073	0.0
S10 Youth system of care	1,350,000	675,000	0	675,000	0.0
Recommended FY 2024-25 Appropriation	\$1,135,239,296	\$289,129,166	\$94,797,864	\$751,312,266	0.0
Recommended Increase/-Decrease from 2024-25	\$94,969,593	\$13,281,480	\$15,141,040	\$66,547,073	0.0
Percentage Change	9.1%	4.8%	19.0%	9.7%	n/a
FY 2024-25 Executive Request	\$1,135,239,296	\$289,129,166	\$94,797,864	\$751,312,266	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	0.0

FY 2024-25 Description of Incremental Changes

S2 Behavioral health: Staff recommends approval of the Department request to increase the behavioral health forecast by \$93.6 million in FY 2024-25. This amount includes \$12.6 million General Fund.

S10 Youth system of care: The Department requests an increase of \$33,205 total funds and 0.2 FTE across the Department related to the youth behavioral health system of care. This includes a net increase of \$1.4 million total funds, including \$675,000 General Fund, for Behavioral Health Community Programs. Staff recommends approval of one component of the request to move the appropriation for intensive care coordination from medical services premiums to behavioral health capitation, but denial of funding associated with 0.2 FTE.

Prioritized Supplemental Requests

S2 Behavioral health

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$93,619,593	\$12,606,480	\$15,141,040	\$0	\$65,872,073	0.0
Recommendation	93,619,593	12,606,480	15,141,040	0	65,872,073	0.0
Recommend Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES
[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

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

Request

The Department requests an increase of \$93.6 million total funds for the behavioral health forecast in FY 2024-25. This amount includes \$12.6 million General Fund.

Recommendation

Staff recommends approval of the request.

Analysis

The request provides the Department's most recent forecast of expenditures for behavioral health under current law. The current appropriation is based on data collected through December 2023. This forecast reflects data as of June 2024. The Department will submit an updated forecast in February based on data through December 2024 that the Committee will consider during figure setting. The FY 2024-25 amount approved for the supplemental will be adjusted through the Long Bill if the Committee approves adjustments due to the February forecast.

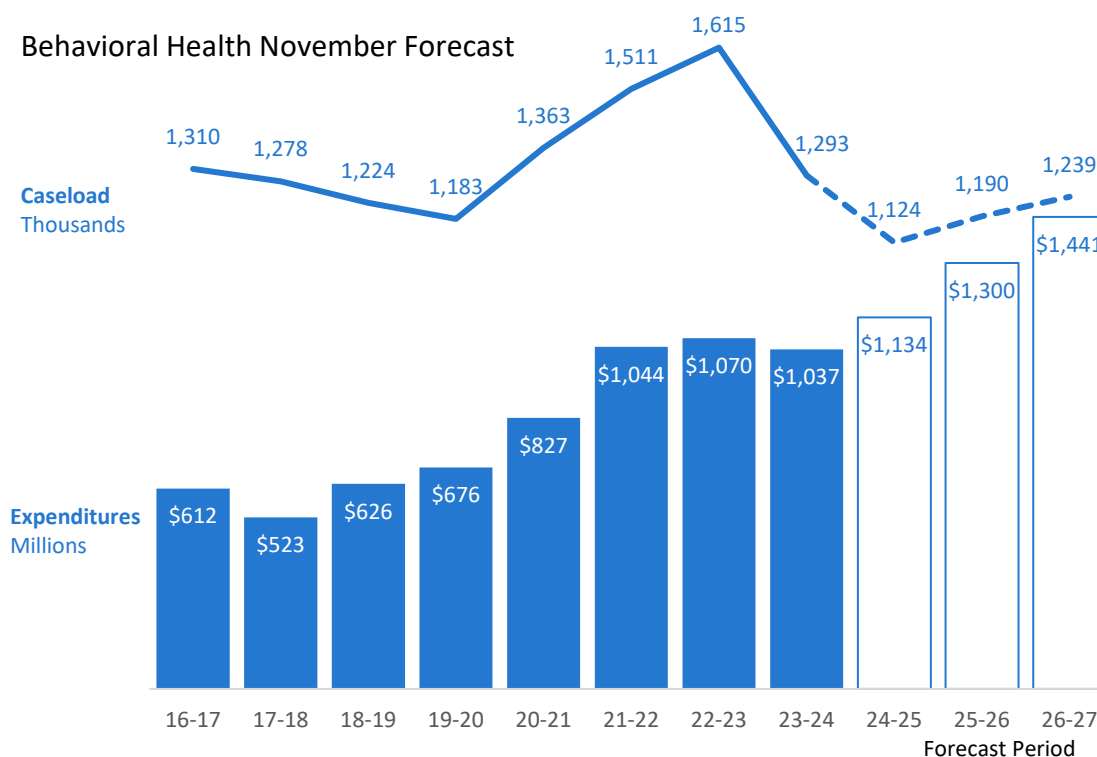
Behavioral health includes mental health and substance use treatment. The Behavioral Health forecast includes capitated and fee-for-service payments. For capitated payments, the Department negotiates rates with Regional Accountability Entities (RAEs) for the provision of behavioral health services in each region. Each RAE receives a pre-determined monthly amount for each eligible Medicaid client enrolled with the RAE, resulting in per-member-per-month rates. Rates are periodically adjusted based on actual utilization and expenditures.

Fee-for-service payments include services not included in capitation. Services may not be covered because the Medicaid client is not enrolled with the RAE, or the service is not within the RAE contract. Medicare/Medicaid crossover claims are also included in fee-for-service rather than the capitated payment.

Behavioral health services are primarily supported by General Fund and federal funds. Adults who are “newly eligible” through the federal Affordable Care Act receive a 90.0 percent federal match and the state share is financed by hospital fees from the Healthcare Affordability and Sustainability (HAS) Fee. Services for expansion adults represent a significant portion of total expenditures, but General Fund expenditures are driven by children (because there are a lot of them) and people with disabilities (because the per capita cost is high).

Forecast summary

The chart below summarizes the Department’s forecast for behavioral health enrollment and expenditures.



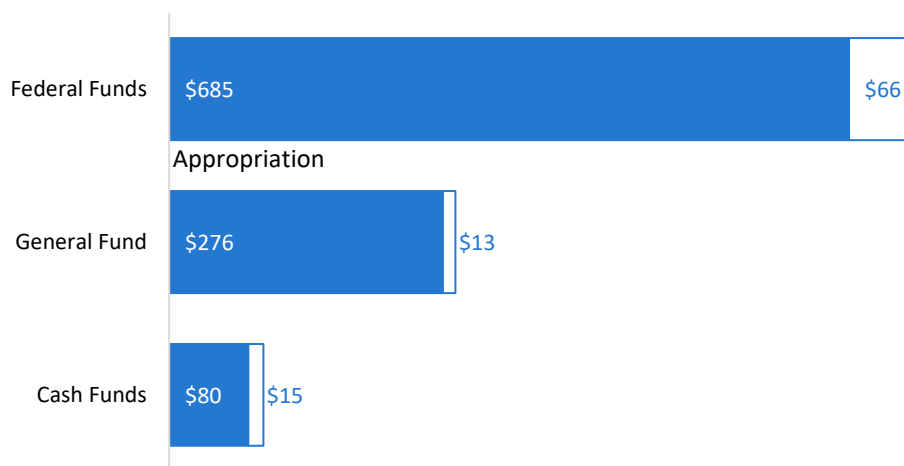
During the hearing, the Department attributed behavioral health increases to an increase in the number of providers, services, utilization per person, and rates. In FY 2018-19, RAEs were contracted with 6,391 providers compared to 12,478 in FY 2023-24. Per-member-per-month capitation rates increased by 9.6 percent from FY23 to FY24, and 21.7 percent from FY24 to FY25. The Department estimates that inflation has increased the cost of services by 25.3 percent from FY 2019-20 to FY 2023-24 excluding legislative impacts. The Department also pointed to the following bills that expanded eligible behavioral health services and associated expenditures:

- HB 18-1136 (SUD Residential and Inpatient): \$110 million
Fiscal note: \$174.2 million
- HB 17-207 and HB 22-1283 (Mobile Crisis Response): \$1.3 million
Fiscal note: \$7.4 million
- HB 21-1085 (Secure Transportation): \$1 million

- Fiscal note: \$0.5 million*
- SB 22-231 (Supportive Housing): \$0.9 million
Fiscal note: \$0.1 million
- HB 22-1303 (Mental Health Transitional Living): \$3.8 million
Fiscal note: \$0 for behavioral health capitation, \$23.0 million total
- SB 22-156 (Removal of Prior Authorization for Psychotherapy): \$38.8 million
Fiscal note: \$0

While the request reflects total expenditures of \$1.1 billion in FY 2024-25, only 25.4 percent of that amount is General Fund. Forecast changes by fund source are provided in the chart below.

FY 2024-25 Forecast adjustment by fund type



The table below provides a summary of forecast adjustments from the current appropriation for FY 2024-25.

Behavioral Health Capitation Forecast Changes		
Item	Total Funds	General Fund
FY 2024-25 Current Appropriation	\$1,040,269,703	\$275,847,686
Enrollment	-31,154,529	-2,644,329
Per capita cost	102,036,092	9,620,226
RAE Incentive payment delay	22,738,030	5,630,583
Forecast adjustment	\$93,619,593	\$12,606,480
FY 2024-25 Total	\$1,133,889,296	\$288,454,166

Enrollment. A decrease of \$31.2 million total funds, including \$2.6 million General Fund, is attributed to changes in enrollment. The Department projects decreases in almost all eligibility categories except adults over 65, disabled individuals, and the breast and cervical cancer program. Overall, enrollment is currently projected to decrease by 38,357 from the current appropriation, and decrease by 168,803 from FY 2023-24 actual caseload.

Per Capita. An increase of \$102.0 million total funds, including \$9.6 million General Fund, is attributed to changes in per capita payments. The Department projects increases in all eligibility categories as compared to FY 2023-24 and the current FY 2024-25 appropriation.

Incentive Payment. The Department pays incentives to RAEs based on performance metrics. The payment was not calculated and agreed upon before June 30, so the incentive payment incurred in FY 2023-24 is reflected in FY 2024-25.

The forecast does not include adjustments for RAE rate increases. The Department indicated during the hearing that negotiations with RAEs are ongoing. Staff anticipates that a rate increase could be included in the February forecast if an actuarially certified increase is negotiated between the Department and the RAEs, and approved by CMS, in time to be included.

In 2024, the Department submitted and the Committee approved an \$81.9 million retro-active rate increase to the FY 2023-24 appropriation. The increase followed actuarial reviews that identified a variation of more than 1.5 percent from actual and agreed-upon rates, triggering an adjustment under federal law. The increase was carried forward into FY 2024-25, but was offset by a decrease of \$70.0 million attributed to under-utilization of SUD inpatient services.

S10 Youth system of care

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$33,205	\$16,602	\$0	\$0	\$16,603	0.2
Recommendation	0	0	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	-\$33,205	-\$16,602	-\$0	-\$0	-\$16,603	-0.2

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? **NO**
 [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff does not find that the request is the result of new data, calculation error, or unforeseen contingency.

Request

The Department requests a net increase of \$33,205 total funds and 0.2 FTE in FY 2024-25 related to the implementation of a youth system of care. Amounts are split equally between General Fund and federal funds. The Department has also submitted a budget amendment for \$12,894 total funds and 1.0 FTE in FY 2025-26 and ongoing that the Committee will consider during figure setting.

Recommendation

Staff recommends approval of a net-zero change to move intensive care coordination from medical services premiums to behavioral health capitation, but denial of \$33,205 total funds associated with 0.2 FTE.

If the Committee chooses to approve the FTE request, staff recommends an appropriation of \$28,096 total funds, including \$14,048 General Fund. The recommendation removes amounts associated with centrally appropriated line items for FTE costs in the first year pursuant to Committee common policy.

Analysis

The request is related to the Department's implementation of a system of care for youth behavioral health pursuant to S.B. 19-195 and H.B. 24-1038 (High Acuity Youth), as well as in response to the GA v Bimestefer settlement agreement. The request includes four components across the current and budget year detailed in the table below.

S10/BA10 Request				
Item	FY 2024-25		FY 2025-26	
	Total Funds	General Fund	Total Funds	General Fund
1 Reduce high fidelity wraparound	\$0	\$0	-\$4,095,000	-\$2,047,500
2 Create workforce capacity center	0	0	4,000,000	2,000,000
3 Move intensive care coordination (MSP impact)	-1,350,000	-675,000	-3,474,000	-1,737,000
Move intensive care coordination (BH impact)	1,350,000	675,000	3,474,000	1,737,000
4 FTE	33,205	16,602	107,894	53,947
Total	\$33,205	\$16,602	\$12,894	\$6,447

Terms

System of care (SOC) ensures that necessary and timely treatment options are available to anyone in need, regardless of payer and system involvement.

H.B. 24-1038 requires the Department, in collaboration with DHS and the BHA, to implement a system of care for youth with complex behavioral health needs. The statutory requirements include developing a standardized assessment tool, intensive care coordination, expanded support services, and expanded access to treatment foster care.¹

S.B. 19-195 requires the Department to implement wraparound services for children and youth at risk of out-of-home placement. The bill further required the Department, in coordination with DHS, to develop and implement a system of care for youth at risk of out-of-home placement by July 1, 2020. Implementation was paused in 2020 and later reinstated in 2021 for budget balancing. Wraparound services were expected to be implemented at a cost of \$9.6 million beginning in FY 2023-24 following the pause.

GA v Bimestefer is a federal class action lawsuit filed against the Department on behalf of three youth plaintiffs who alleged harm from not receiving services. A settlement was reached in February 2024. The agreement requires the Department to implement a system of care for intensive behavioral health services to all Medicaid members ages 0-21 by February 2029. The Department is in the process of developing and implementing a plan subject to ongoing conversations with stakeholders and plaintiff representatives. The plan must be submitted to the plaintiffs in February, and approved by both parties by April 2025.

¹ Section 25.5-6-2001 (1), C.R.S.

High Fidelity Wraparound is a team-based, collaborative planning process for developing and implementing individualized care plans for youth with intensive behavioral health needs and their families.²

Intensive Care Coordination (ICC) is a tier of care coordination used needs exceed the general population. While traditional care coordination may include assisting patients with finding and paying for care, ICC usually requires clinical experience, face-to-face and in-home contact with families, and developing and coordinating an ongoing treatment team. Intensive care coordination may be delivered via high fidelity wraparound or intensive treatment facilitation. Intensive care coordination via high fidelity wraparound is an evidence-based practice.³

Youth System of Care

The Committee discussed youth system of care during the Department briefing and hearing process. Senate Bill 19-195 and H.B. 24-1038 required HCPF to develop systems of care for specific youth populations. The GA v Bimestefer settlement agreement also requires the Department to develop a system of care for youth with intensive behavioral health needs ages 0-21 by 2029.

The preliminary system proposal includes seven components and five implementation phases, one phase for each year before full implementation. The proposed seven components are provided below.

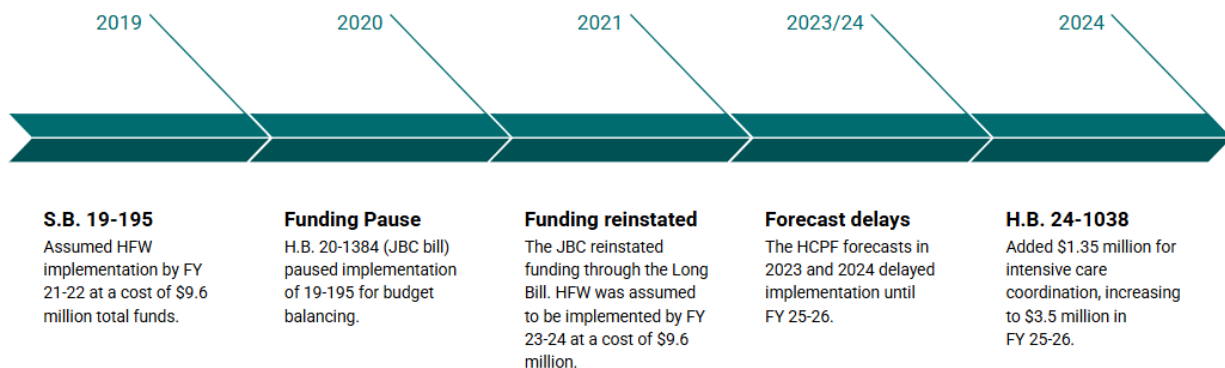
- 1 Identification tool to determine families that would benefit from assessment
- 2 Standardized assessments
- 3 Intensive care coordination
- 4 Mobile crisis response stabilization
- 5 Intensive home based treatment
- 6 Support services
- 7 Behavioral services

Some components are supported with existing resources. The Department indicates that the CANS assessment currently utilized by the BHA and child welfare will be used for the youth system of care for age appropriate youth. ARPA funds supported implementation of standardized assessments, including provider trainings. Intensive care coordination is expected to be supported through existing funding for high fidelity wraparound, as well as \$1.35 million from H.B. 24-1038. Youth mobile crisis response has been supported with a term-limited General Fund appropriation in the BHA, and is expected to be supported on an ongoing basis through Proposition KK beginning in FY 2025-26.

² [Virginia Office of Children's Services, High Fidelity Wraparound.](#)

³ [Title IV-E Clearinghouse, Intensive care coordination using high fidelity wraparound.](#)

High fidelity wraparound funding history



Request

The supplemental request moves funding from H.B. 24-1038 for intensive care coordination from the Medical Services Premiums line item to behavioral health capitation, as well as funding to support 0.2 FTE. The budget amendment for FY 2025-26 also reduces funding from S.B. 19-195 for high fidelity wraparound to create a workforce capacity center. The Committee will not consider the workforce capacity center until figure setting, but the FTE requested in the supplemental is expected to support development of the center.

The request indicates that budget assumptions for the implementation of H.B. 24-1038 and S.B. 19-195 were based on anticipated need. However, the Department has found that there is a lack of trained providers to implement wraparound services.

Move intensive care coordination appropriation

House Bill 24-1038 required HCPF to begin implementing intensive care coordination for children and youth with complex behavioral health needs by July 1, 2024. The appropriation included \$1.4 million total funds, including \$0.7 million General Fund in FY 2024-25 for this purpose to the medical premium services line item. This amount was based on an assumption that 10.0 percent of youth with intensive behavioral health needs will require the service, and a \$1,500 per-member-per-month rate through research of other states that provide the service.

The supplemental request retains this funding, but moves the appropriation from the medical services premiums line item to behavioral health capitation. All other system of care amounts were appropriated to behavioral health, so the requested change would align intensive care coordination with the rest of system of care services. Moving the appropriation will place all system of care funding under the RAEs, rather than separating out intensive care coordination.

Staffing

The request includes \$33,205 total funds, including \$16,603 General Fund, in FY 2024-25 for partial year funding of one staff position. The position is expected to support implementation of a workforce capacity center. Funding for the workforce capacity center is not requested until FY 2025-26, but includes \$4.0 million total funds. The workforce capacity center and FTE costs are offset by a decrease of \$4.1 million for high fidelity wraparound in FY 2025-26.

The position would manage the workforce center contract, analyze program effectiveness, and monitor provider expansion and delivery of service to families. The staff would be expected to travel around the state to meet with communities about the capacity center and workforce development opportunities. The position will also be the point of contact between RAEs and the workforce capacity center to ensure policy alignment.

Workforce Capacity Center

The Department indicates that implementation of high fidelity wraparound has been delayed because there is a lack of providers available to facilitate the service. To address this problem, the request proposes to utilize funding intended to support high fidelity wraparound services to instead establish a Workforce Capacity Center, or “Center of Excellence.” This portion of the request is not proposed to begin until FY 2025-26 and will not be considered until figure setting. However, the requested FY 2024-25 FTE is expected to support implementation of the Center.

The request reduces appropriations for high fidelity wraparound by \$4.0 million total funds (\$2.0 million General Fund) in FY 2025-26 to instead utilize the same amount for the center. The center will be placed with a state university and is expected to certify clinicians in evidence-based practices. The Department indicates that they are working both with institutions of higher education and the BHA to identify a willing and appropriate location and certification plan. The Department anticipates that clinicians will be referred to the center by RAEs.

Centers of excellence are specialized healthcare programs within institutions that supply concentrations of expertise and resources for specialized populations.⁴ The Department indicates that the request is modeled after a center in Ohio, and other states that have implemented youth systems of care in response to settlement agreements.

The Ohio Department of Mental Health and Addiction Services created a Child and Adolescent Behavioral Health Center of Excellence in 2021. The center was created through a two-year, \$3.6 million contract with Case Western Reserve University.⁵ The center is expected to provide technical assistance, training, professional development, coaching, consultation, evaluation, fidelity monitoring, and continuous quality improvement to build and sustain capacity in delivering evidence-based practices within a system of care framework.⁶

Existing programs and recent experiences

The BHA has created a Behavioral Health Workforce Learning Management System through S.B. 21-137 (Behavioral Health Recovery Act). The system is supported with a \$0.8 million General Fund appropriation and 1.0 FTE on an ongoing basis. The system is an online resource for statewide training opportunities, as well as online curriculum to support a geographically and culturally diverse behavioral health care workforce. Both S.B. 21-137 and S.B. 22-181 included funds that originated from the federal American Rescue Plan Act of 2021 (ARPA) for behavioral

⁴ [Elrod, J., Fortenberry, J. \(2017\). Centers of excellence in healthcare institutions: what they are and how to assemble them. National Library of Medicine.](#)

⁵ [Case Western University. Child and Adolescent Behavioral Health Center of Excellence.](#)

⁶ [Child and Adolescent Behavioral Health Center of Excellence Stakeholder Webinar \(2021\).](#)

health workforce development grants. Spending for workforce development has lagged spending for other BHA APRA programs.⁷

HCPF indicates that while the BHA has been working to develop the behavioral health workforce generally, this center will focus specifically on meeting the workforce gaps for youth with intensive behavioral health needs to support the youth system of care and settlement agreement. HCPF has been actively engaged with the BHA to develop a plan for the center to both leverage expertise and ensure that certifications align with BHA requirements.

Staff asked HCPF if the current lack of providers is simply due to an insufficient provider rates. HCPF indicated that sufficient rates are part of the calculation brought forward in the request. The requested amounts for high fidelity wraparound assume a \$1,250 per member per month rate based on rates paid in other states. The request further assumes that 367 youth will be served in FY 2025-26, and 440 in FY 2026-27 and ongoing from increased provider capacity.

Recommendation

Staff recommends approval of moving intensive care coordination resources to behavioral health capitation, but denial of amounts associated with FTE. The requested FTE are expected to begin implementing the workforce capacity center, which the Committee will not consider until figure setting. Staff is concerned that approving FTE now presumes that the Committee will approve the workforce center before that decision is made.

If the Committee chooses to approve the requested FTE, staff recommends an appropriation of \$28,096 total funds, including \$14,048 General Fund, to remove centrally appropriated line items in the first fiscal year. The Committee could also approve the FTE but not appropriate additional funding, requiring the Department to hire the position within existing resources. Options are outlined in the table below.

S10 Request and Recommendation				
Item	Request	Recommendation	Option 2: FTE with no CALI	Option 3: FTE costs absorbed
Move intensive care coord (MSP)	-\$1,350,000	-\$1,350,000	-\$1,350,000	-\$1,350,000
Move intensive care coord (BH)	1,350,000	1,350,000	1,350,000	1,350,000
Workforce capacity center	0	0	0	0
High fidelity wraparound	0	0	0	0
FTE personal services and operating	6,268	0	0	0
FTE centrally appropriated	26,937	0	26,937	0
<i>FTE</i>	<i>0.2</i>	<i>0.0</i>	<i>0.2</i>	<i>0.2</i>
Total	\$33,205	\$0	\$26,937	\$0

⁷ [JBC Staff FY 2025-26 BHA Briefing document \(page 17\).](#)

Appendix A: Numbers Pages

JBC Staff Supplemental Recommendations - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Numbers Pages

	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2024-25 Requested Change	FY 2024-25 Rec'd Change	FY 2024-25 Total w/Rec'd Change
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Department of Health Care Policy and Financing
Kim Bimestefer, Executive Director

S2 Behavioral health programs

(3) Behavioral Health Community Programs

Behavioral Health Capitation Payments	<u>1,028,527,782</u>	<u>1,028,600,571</u>	<u>94,207,585</u>	<u>94,207,585</u>	<u>1,122,808,156</u>
General Fund	257,694,490	273,047,567	12,744,027	12,744,027	285,791,594
Cash Funds	75,710,138	78,964,399	15,176,117	15,176,117	94,140,516
Federal Funds	695,123,154	676,588,605	66,287,441	66,287,441	742,876,046
Behavioral Health Fee-for-service Payments	<u>10,956,804</u>	<u>11,669,132</u>	<u>-587,992</u>	<u>-587,992</u>	<u>11,081,140</u>
General Fund	2,563,728	2,800,119	(137,547)	(137,547)	2,662,572
Cash Funds	665,268	692,425	(35,077)	(35,077)	657,348
Federal Funds	7,727,808	8,176,588	(415,368)	(415,368)	7,761,220
Total for S2 Behavioral health programs	1,039,484,586	1,040,269,703	93,619,593	93,619,593	1,133,889,296
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	260,258,218	275,847,686	12,606,480	12,606,480	288,454,166
Cash Funds	76,375,406	79,656,824	15,141,040	15,141,040	94,797,864
Federal Funds	702,850,962	684,765,193	65,872,073	65,872,073	750,637,266

JBC Staff Supplemental Recommendations - FY 2024-25
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	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2024-25 Requested Change	FY 2024-25 Rec'd Change	FY 2024-25 Total w/Rec'd Change
S10 Youth system of care					
(1) Executive Director's Office					
(A) General Administration					
Personal Services	<u>80,135,753</u>	<u>74,559,074</u>	<u>19,753</u>	0	<u>74,559,074</u>
FTE	805.2	795.8	0.2	0.0	795.8
General Fund	28,314,157	27,137,849	9,877	0	27,137,849
Cash Funds	7,604,505	8,253,521	0	0	8,253,521
Reappropriated Funds	2,070,808	3,153,686	0	0	3,153,686
Federal Funds	42,146,283	36,014,018	9,876	0	36,014,018
Health, Life, and Dental	<u>10,639,237</u>	<u>13,109,391</u>	<u>3,253</u>	0	<u>13,109,391</u>
General Fund	4,148,063	5,465,466	1,627	0	5,465,466
Cash Funds	849,729	953,573	0	0	953,573
Reappropriated Funds	221,797	59,708	0	0	59,708
Federal Funds	5,419,648	6,630,644	1,626	0	6,630,644
Short-term Disability	<u>100,903</u>	<u>63,638</u>	<u>28</u>	0	<u>63,638</u>
General Fund	38,739	52,016	14	0	52,016
Cash Funds	8,239	9,094	0	0	9,094
Reappropriated Funds	1,911	568	0	0	568
Federal Funds	52,014	1,960	14	0	1,960
Paid Family and Medical Leave Insurance	<u>0</u>	<u>363,855</u>	<u>79</u>	0	<u>363,855</u>
General Fund	0	156,036	39	0	156,036
Cash Funds	0	21,973	0	0	21,973
Reappropriated Funds	0	1,705	0	0	1,705
Federal Funds	0	184,141	40	0	184,141

JBC Staff Supplemental Recommendations - FY 2024-25
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	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2024-25 Requested Change	FY 2024-25 Rec'd Change	FY 2024-25 Total w/Rec'd Change
Unfunded Liability Amortization Equalization					
Disbursement Payments	0	8,320,007	1,749	0	8,320,007
General Fund	0	3,467,483	874	0	3,467,483
Cash Funds	0	605,199	0	0	605,199
Reappropriated Funds	0	37,888	0	0	37,888
Federal Funds	0	4,209,437	875	0	4,209,437
Operating Expenses	3,167,767	3,244,093	7,184	0	3,244,093
General Fund	1,429,780	1,302,594	3,592	0	1,302,594
Cash Funds	341,279	307,043	0	0	307,043
Reappropriated Funds	13,921	61,415	0	0	61,415
Federal Funds	1,382,787	1,573,041	3,592	0	1,573,041
Leased Space	2,677,250	3,773,214	1,159	0	3,773,214
General Fund	1,138,701	1,492,962	579	0	1,492,962
Cash Funds	190,024	357,429	0	0	357,429
Reappropriated Funds	9,900	38,849	0	0	38,849
Federal Funds	1,338,625	1,883,974	580	0	1,883,974
(2) Medical Services Premiums					
Medical and Long-Term Care Services for Medicaid					
Eligible Individuals	11,386,151,835	11,931,356,051	-1,350,000	-1,350,000	11,930,006,051
General Fund	2,134,324,780	2,326,499,446	(675,000)	(675,000)	2,325,824,446
General Fund Exempt	1,179,901,546	1,247,280,333	0	0	1,247,280,333
Cash Funds	1,314,296,704	1,321,506,284	0	0	1,321,506,284
Reappropriated Funds	99,207,497	120,304,766	0	0	120,304,766
Federal Funds	6,658,421,308	6,915,765,222	(675,000)	(675,000)	6,915,090,222

JBC Staff Supplemental Recommendations - FY 2024-25
Staff Working Document - Does Not Represent Committee Decision

	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2024-25 Requested Change	FY 2024-25 Rec'd Change	FY 2024-25 Total w/Rec'd Change
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(3) Behavioral Health Community Programs

Behavioral Health Capitation Payments	<u>1,028,527,782</u>	<u>1,028,600,571</u>	<u>1,350,000</u>	<u>1,350,000</u>	<u>1,029,950,571</u>
General Fund	257,694,490	273,047,567	675,000	675,000	273,722,567
Cash Funds	75,710,138	78,964,399	0	0	78,964,399
Federal Funds	695,123,154	676,588,605	675,000	675,000	677,263,605

Total for S10 Youth system of care	12,511,400,527	13,063,389,894	33,205	0	13,063,389,894
FTE	<u>805.2</u>	<u>795.8</u>	<u>0.2</u>	<u>0.0</u>	<u>795.8</u>
General Fund	2,427,088,710	2,638,621,419	16,602	0	2,638,621,419
General Fund Exempt	1,179,901,546	1,247,280,333	0	0	1,247,280,333
Cash Funds	1,399,000,618	1,410,978,515	0	0	1,410,978,515
Reappropriated Funds	101,525,834	123,658,585	0	0	123,658,585
Federal Funds	7,403,883,819	7,642,851,042	16,603	0	7,642,851,042

Totals Excluding Pending Items					
HEALTH CARE POLICY AND FINANCING					
TOTALS for ALL Departmental line items	15,088,867,727	15,960,548,064	93,652,798	93,619,593	16,054,167,657
FTE	<u>844.5</u>	<u>844.5</u>	<u>0.2</u>	<u>0.0</u>	<u>844.5</u>
General Fund	3,369,114,200	3,740,663,606	12,623,082	12,606,480	3,753,270,086
General Fund Exempt	1,180,204,749	1,247,571,367	0	0	1,247,571,367
Cash Funds	1,788,046,452	1,790,865,897	15,141,040	15,141,040	1,806,006,937
Reappropriated Funds	108,720,288	137,606,638	0	0	137,606,638
Federal Funds	8,642,782,038	9,043,840,556	65,888,676	65,872,073	9,109,712,629