

Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S. Executive Deputy Commissioner

June 10, 2024

Jacey Cooper, Director State Demonstrations Group Centers for Medicare and Medicaid Services 7500 Security Blvd, Mail Stop S2-25-26 Baltimore, MD 21244-1850

Dear Director Cooper:

Pursuant to the terms of the New York State Medicaid Section 1115 Demonstration Medicaid Redesign Team (MRT) Waiver (11-W-00114/2), New York State (NYS or the State) is pleased to submit the enclosed waiver amendment proposal to the Centers for Medicare and Medicaid Services (CMS) for its approval.

New York State is requesting approval from CMS for an amendment to its MRT 1115 Demonstration that would keep children enrolled in health coverage, improve continuity of care, and promote health equity. The amendment would authorize continuous enrollment for Medicaid and Child Health Plus (NYS's Children's Health Insurance Program) coverage for children during the first six years of their lives and federal Medicaid and Children's Health Insurance Program matching funds without regard to whether a child's family income exceeds eligibility limits. As of March 2024, there were a total of 2.2 million children enrolled in Medicaid and 493,206 enrolled in Child Health Plus (CHP), while only 2.6% of children were uninsured.

Through this amendment, NYS is seeking to ensure continuous Medicaid and CHP coverage for children during the first six years of their lives. This proposal is aimed at ending churn for young children and will not change eligibility limits for Medicaid or CHP. New York State estimates that an average of 66,177 young children will receive continuous enrollment on an annual basis as a result of this proposal. We estimate the total State and federal funds to implement continuous enrollment will be \$60 million annually.

New York State has fully complied with federal transparency requirements in preparation for formally submitting this waiver amendment proposal. New York State transmitted tribal and public notices referencing the preliminary proposal draft (January 17, 2024), conducted virtual public hearings (February 21, 2024, and February 28, 2024), and received 34 verbal and written comments. The State's engagement with stakeholders informed the structure and substance of this submission and have been addressed in the attached waiver amendment application.

The partnership between CMS and NYS continues to be important to the success of the underlying 1115 Demonstration MRT Waiver and will also be critical to this amendment's

success. We look forward to continuing to work with you and your colleagues. If you have any questions, please contact me at

Amir Bassiri Medicaid Director Office of Health Insurance Programs

cc: Jonathan Morancy, CMS
Nicole McKnight, CMS
Francis McCullough, CMS
Juliana Sharp, CMS
Melvina Harrison, CMS
Selena Hajiani, NYS DOH
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NEW YORK STATE MEDICAID REDESIGN TEAM (MRT) WAIVER

1115 Research and Demonstration Waiver #11-W-00114/2

Continuous Eligibility Waiver Amendment

New York State Department of Health Office of Health Insurance Programs

One Commerce Plaza Albany, NY 12207

June 10, 2024



Department of Health

Office of Health Insurance Programs

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Introduction

New York State (NYS or the State) is requesting approval from the Centers for Medicare and Medicaid Services (CMS) for an amendment to its Medicaid Redesign 1115 Demonstration that would keep children enrolled in health coverage, improve continuity of care, and promote health equity. The amendment would authorize continuous enrollment for Medicaid and Child Health Plus (NYS's Children's Health Insurance Program) coverage for children during the first six years of their lives and federal Medicaid and Children's Health Insurance Program (CHIP) matching funds without regard to whether a child's family income exceeds eligibility limits. As of November 2023, there were a total of 2.3 million children enrolled in Medicaid and 429,262 enrolled in Child Health Plus (CHP), while only 2.6% of children were uninsured.

On March 23, 2022, NYS received approval from CMS to renew the Medicaid Redesign 1115 Demonstration for an additional five years. NYS also received approval from CMS for the New York Health Equity Reform (NYHER) 1115 waiver amendment that will allow Medicaid to pay for certain health-related social need (HRSN) services, including for children, on January 9, 2024. The current Medicaid Redesign 1115 Demonstration is effective through March 31, 2027.

Program Description, Goals and Objectives

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York's children estimated that about 4,200 children lost a parent or caregiver, 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience.³ These experiences can have negative long-term implications for children's mental and physical health, educational attainment, and financial security.⁴

The impacts of the pandemic underscore the importance and urgency of ensuring uninterrupted coverage and access to physical health, behavioral health, and social care for children. Continuous enrollment in Medicaid and CHP will keep young children connected to coverage and care during their formative years without the risk of losing coverage and incurring gaps in needed care, including important preventive and primary care services. Researchers estimate that, nationwide, up to 11.2 percent of children on Medicaid disenroll and subsequently re-enroll in the program.⁵ This churn and the loss of health coverage is particularly problematic for young children, since events in the early years of a child's life can significantly impact later health and

¹ New York State Department of Health, Child Health Plus Enrollment, Total Enrollment by County Report for November 2023. Available at https://www.health.ny.gov/statistics/child_health_plus/enrollment/docs/2023-11.pdf ² U.S. Census Bureau 2022 American Community Survey (ACS).

³ Ramos-Callan, K. and Brundage, S, Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, Part 1: Death of a Parent or Caregiver, United Hospital Fund, September, 2020. Available at https://uhfnyc.org/media/filer_public/22/4b/224bf5ba-6ab2-42f6-8744-929135f2f42b/covid_ripple_effect_part_1_final.pdf.

⁴ Ramos-Callan, K. and Brundage, S, Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, United Hospital Fund, September 30, 2020. Available at https://uhfnyc.org/publications/publication/covid-19-ripple-effect-impact-covid-19-children-new-york-state/.

⁵ Corallo, Bradley, Garfield, R, Tolbert, J, and Rudowitz, R. Medicaid Enrollment Churn and Implications for Continuous Coverage Policies, Kaiser Family Foundation, Dec. 14, 2021, available at https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/.

social outcomes.⁶ Medicaid coverage early in life is associated with fewer chronic conditions in adulthood, such as high blood pressure, heart disease, obesity, and diabetes.⁷ Continuity in coverage can also increase consistency in providers, helping children maintain the same providers throughout their childhood, and allow providers to focus on primary and preventive care, as well as early diagnosis and treatment.

Continuous eligibility is a strategy that can be employed to reduce disparities in churn rates and promote health equity. One national analysis found that Hispanic children experienced the largest increase in churn rates following annual renewals. A multi-year continuous eligibility policy can keep children from birth up to age six enrolled in health coverage and reduce the number of children disenrolled due to temporary fluctuations in family income at annual renewal. Continuous eligibility can also reduce administrative burdens and costs on the State and health plans, and, more importantly, the paperwork and reporting burdens on Medicaid and CHP-enrolled families themselves.

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and CHP. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

There is strong support for a longer continuous eligibility policy among New York stakeholders. During the public comment period for the NYHER 1115 waiver amendment in 2022, the State received a substantial number of comments from stakeholders urging greater investments in children, including adopting a policy of continuous eligibility for ages zero to three.

Through this amendment, NYS is seeking to ensure continuous Medicaid and CHP coverage for children during the first six years of their lives. This proposal is aimed at ending churn for young children and will not change eligibility limits for Medicaid or CHP. NYS currently covers children ages zero to one up to 223 percent of the Federal Poverty Level (FPL) and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with CHIP funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for

⁶ Somers, Stephen A. and Maul, A. Preventing Early Childhood Adversity Before It Starts: Maximizing Medicaid Opportunities, Center for Health Care Strategies, June 14, 2017. Available at https://www.chcs.org/maximize-medicaid-opportunities-prevent-early-childhood-adversity-starts/.

⁷ Miller, S. and Wherry, L.R., "The Long-Term Effects of Early Life Medicaid Coverage," Journal of Human Resources 54, no. 3 (Summer 2019): 785–824, available at https://muse.jhu.edu/article/729939 as reported in Brooks, T. and Gardner, A., Continuous Coverage in Medicaid and CHIP, Georgetown University Health Policy Institute Center for Children and Families, July 2021. Available at https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf.

⁸ Williams, E., Corallo, B., Tolbert, J., Burns, A., and Rudowitz, R., Implications of Continuous Eligibility Policies for Children's Medicaid Enrollment Churn, Kaiser Family Foundation, December 21, 2022. Available at https://www.kff.org/medicaid/issue-brief/implications-of-continuous-eligibility-policies-for-childrens-medicaid-enrollment-churn/.

⁹ Sugar, S., Peters C., DeLew. N., Sommers, BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 12, 2021. Available at https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

individuals receiving treatment in a setting where Medicaid and/or CHP eligibility is not available (e.g., institution for mental disease). NYS estimates that an average of 66,177 young children will receive continuous enrollment on an annual basis as a result of this proposal. We estimate the total state and federal funds to implement continuous enrollment will be \$60 million annually.

Eligibility, Benefits and Cost-Sharing Requirements

NYS is not seeking to modify existing eligibility criteria for Medicaid and CHP. The populations affected by this amendment request are:

- Children in Medicaid from birth to age six, even if a child's family income exceeds eligibility limits. NYS estimates 60,152 enrollees will be continuously enrolled in the first year under this amendment, and 60,152 will be continuously enrolled during DY27 to DY28.
- Children in CHP from birth to age six, even if a child's family income exceeds eligibility limits. NYS estimates 6,025 enrollees will be continuously enrolled in the first year under this amendment, and 6,025 will be continuously enrolled during DY27 to DY28.

Table 1: Existing Eligibility Criteria

Eligibility Group Name	Federal Regulation Citation	Income Level
Children in Medicaid 0-1 year old	42 CFR 435.118	223%
Children in Medicaid 1 up to 6 years old	42 CFR 435.118	154%
Children in CHP 0 up to 6 years old	42 CFR 457.310	400%

Benefits provided under this waiver amendment request, as well as cost-sharing requirements, will not change from those provided under the Medicaid or CHP state plan.

Delivery System Implications

NYS is not seeking any changes to the existing Medicaid or CHIP delivery systems. These delivery systems include both managed care and fee-for-service.

Implementation Timeline

NYS plans to implement continuous eligibility for children in Medicaid and CHP, from birth up to age six, by January 1, 2025.

Waiver and Expenditure Authorities

Waiver Authority: In addition to the waiver authorities already granted in the current 1115 waiver demonstration, the State is requesting the following waiver authority necessary to implement the continuous eligibility for children from birth up to age six.

#	Authority	Waived
1	To permit New York to waive the annual redetermination requirements with respect to income eligibility and requirements for individuals to report and the agency to act on changes, thereby providing continuous Medicaid enrollment for children until their sixth birthday.	42 CFR 435.916
2	To enable New York to waive the annual redetermination requirements, including required procedures for reporting and acting on changes, thereby providing continuous CHP enrollment for children until their sixth birthday.	42 CFR 457.343

Expenditure Authority:

#	Program	Authority
1	Continuous enrollment for	Expenditures to allow federal financial participation for
	children	the continuous enrollment of children in Medicaid and
		CHP without regard to whether a child's family income
		exceeds eligibility limits.

Budget Neutrality

The addition of the continuous eligibility for children from birth up to age six to New York's MRT 1115 Demonstration is estimated to result in an additional enrollment of approximately 66,177 members annually. Current average annual enrollment is estimated to be 4.8 million.

This amendment is expected to increase the average annual demonstration cost of \$67.3 billion by \$60 million. More detailed enrollment and cost breakdowns by demonstration year are included in the tables below.

1115 Waiver Amendment Projected Enrollment

Proposal	DY24	DY25	DY26	DY27	DY28
Projected Enrollment	4,709,605	4,723,377	4,735,030	4,746,899	4,758,993
Enrollment- Continuous Eligibility Ages 0 up to 6	-	•	16,544	66,177	66,177
Total Projected Enrollment:	4,709,605	4,723,377	4,751,574	4,813,076	4,825,170

1115 Waiver Amendment Estimated Funding Schedule (\$ in Millions)

Proposal	DY24	DY25	DY26	DY27	DY28	Total
Estimated Cost	\$69,132	\$61,593	\$64,997	\$68,601	\$72,416	\$336,739
Estimated Cost- Continuous Eligibility Ages 0 up to 6	-	-	\$15.2	\$60	\$60	\$128
Total Estimated Cost:	\$69,132	\$61,593	\$65,012	\$68,645	\$72,460	\$336,834

Demonstration Evaluation and Hypotheses

NYS will evaluate this waiver amendment in alignment with all CMS requirements. The State will amend its existing evaluation design to evaluate the hypotheses identified below and will include the methodology, measures, and data sources that will be used to assess the impact of the amendment. This evaluation design will be incorporated into the current, approved evaluation design. Additionally, NYS will work with CMS to ensure that 1115 monitoring reports required by the Special Terms and Conditions for NYS's 1115 MRT Demonstration are updated to incorporate monitoring and reporting for this amendment, as necessary and appropriate.

Hypothesis	Example Measures (Not Final)	Data Sources					
Goal: Expand coverage to additional low-income New Yorkers (Children from birth up to age six)							
	s in the targeted population will b	pe enrolled in Medicaid					
Was the percentage of uninsured children reduced?	Examine health care coverage for children from birth up to age six by race and ethnicity to determine uninsured rates over time.	The Behavioral Risk Factor Surveillance System The National Survey of Children's Health (Children enrolled in Medicaid)					
Hypothesis 2: Members will ha	ave more comprehensive covera	nge					
Did continuous eligibility for children up to age six reduce gaps in coverage for young children enrolled in Medicaid and CHIP?	Examine enrollment data for children by race and ethnicity to determine churn rate over time.	State reported data					

Public Notice Compliance and Documentation

In compliance with 42 CFR § 431.408(a), the Department of Health conducted a 30-day public comment period from January 17, 2024 – February 16, 2024. While all comments have been considered, no edits were made to the amendment request.

In compliance with 42 CFR § 431.408(a)(3), the State conducted two virtual public hearings on February 21, 2024 and February 28, 2024. The February 28, 2024 public hearing also served as the 1115 Annual Public Forum. While all comments have been considered, no edits were made to the amendment request.

Public Comments and State Responses

The State received 28 written comments regarding the amendment application, as well as an additional six comments received verbally from the virtual hearings, including individuals, advocacy groups, community providers, and other stakeholders. Each of the written letters and emails, as well as verbal testimony during the public hearings, contained suggestions, questions and comments of support. NYS appreciates all of the comments and feedback shared by its stakeholders regarding this 1115 waiver amendment application. These comments help inform the 1115 waiver amendment and will continue to help shape NYS's pursuit of future programmatic initiatives and will be taken under advisement as the State works to implement this amendment once approved.

Summary of Comments

After review and due consideration of the public comments received on the Continuous Eligibility for Children from birth up to age six amendment, NYS has made no changes to the proposed amendment. The majority of the recommended changes would either alter the proposal to the point that an additional comment period would be necessary or are primarily implementation issues that will be considered after the application has been approved by the Centers for Medicare and Medicaid Services (CMS). NYS will further review these recommendations and consider them for possible future implementation. Themes from the public comments received on the continuous eligibility 1115 amendment are summarized below with the State's response.

Public Comment Themes and State Responses

General Comments of Support

There were an overwhelming number of commenters who expressed support for the Continuous Eligibility waiver amendment and NYS's approach. In particular, comments lauded New York's approach to covering children up to six years old and the impacts this is anticipated to have on improving outcomes and health equity. NYS appreciates their support and looks forward to working with all stakeholders to implement the 1115 waiver amendment.

Avoid Phased-in Implementation

Two commenters discouraged the State from pursuing a phased-in implementation of this amendment, citing concerns that doing so might exclude children who would benefit from this policy during the period of the phase-in.

New York is not pursuing a phased-in implementation for this amendment. All eligible children under the age of six will be included at the start of implementation. As children in this population report a life status change or complete a renewal, they will maintain their coverage, regardless of changes in income or other eligibility factors that would previously have made the child ineligible for continued coverage.

Consumer Outreach

One commenter urged NYS to allow the public, including advocates, families, community members, and providers, ample time to review and comment on consumer education materials, announcements, and notices. They also suggested that NYS should make every effort to reach consumers to inform them of this policy change.

NYS appreciates this comment and acknowledges the importance of engaging stakeholders in outreach to ensure the success of this amendment. NYS intends to roll out a comprehensive outreach plan, including training for application assistors and notifications through the typical channels, such as listservs, emails, and other digital communications to ensure that all stakeholders are informed of all developments. NYS will notify members through eligibility notice language and on-screen messaging if the child is found ineligible based on changes in income or other circumstances but will maintain their coverage due to Continuous Eligibility provisions. Health plans will also be informed about any relevant changes to upcoming programs and policies. NYS looks forward to working with all stakeholders to effectively implement this amendment.

Re-Enroll Children Disenrolled During Unwind

One commenter requested that NYS re-enroll all children who were disenrolled during the unwind.

Throughout the Public Health Emergency (PHE) unwind, NYS has conducted a robust outreach effort to reach as many enrollees as possible and is continuing auto-renewal processes that were in place prior to the PHE. Children who were inappropriately disenrolled due to technical errors have been re-enrolled and will be covered under this amendment if they are still enrolled when the policy has been implemented.

Data Tracking

Several comments were received that requested that additional data on the current rates of churn for children in the demonstration population be made available to assist outside entities in evaluating the effectiveness of this amendment. Another suggested that data should be closely tracked by NYS and CMS to demonstrate success and ensure this demonstration is made permanent, and possibly expanded beyond age six in the future.

As part of the amendment, if approved, NYS will conduct an evaluation using available state and federal data aimed at determining whether continuous eligibility for children up to age six reduced gaps in coverage for young children enrolled in Medicaid and Child Health Plus. This will be used to evaluate the policy's effectiveness at reducing the churn rate for eligible children over time and will be made publicly available.

Universal Benefits Package

NYS received three comments recommending that the state develop a universal benefit package similar to Oregon's which includes Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits and certain services for children with intellectual and developmental disabilities. They also state that, should NYS choose not to pursue a Universal Benefit Package, the State should ensure that families that are eligible for Medicaid and CHP benefits are allowed to enroll their child into either program based on family preference and be subject to most favorable budgeting rules.

NYS is committed to ensuring that all children on Medicaid and Child Health Plus have comprehensive benefits that cover all medically necessary services. NYS will take these comments into consideration when implementing the waiver, if approved.

CHP Guardrails/Premiums

The State received several comments suggesting that guardrails be put in place to ensure that any change in income is reflected in the beneficiary's monthly premium to ensure that families do not pay any more than is required by the program. We also received a comment suggesting that the State waive CHP Premiums for indigenous children regardless of their family's income.

Children in households with an increase in income that changes their monthly family premium contribution category will maintain their coverage at the lower family premium category during their Continuous Eligibility period.

Consistent with current policy, children identified as Native American/Alaskan Natives are not responsible for monthly family premium contributions, if applicable.

Invest in Primary Care

Several comments encouraged NYS to increase investment in Primary Care, citing access and workforce shortage concerns.

In conjunction with the New York Health Equity Reform 1115 waiver amendment that was approved in January 2024, NYS has already committed to nearly \$500M in primary care delivery system investments. These investments are intended to align with and augment two federal models from the Centers for Medicare and Medicaid Services supporting primary care – Making Care Primary and States Advancing All-Payer Health Equity Approaches and Development (AHEAD). New York's investments will have a special focus on care for children and advancing primary care towards value-based payment (VBP) through New York's existing Patient-Centered Medical Home (PCMH) program. These investments build off the State's longstanding commitment to increasing support for primary care, including benchmarking primary care reimbursement to 80 percent of current Medicare rates.

Tribal Notification

In accordance with 42 CFR § 431.408(b), the Department of Health conducted a 30-day tribal comment period from January 17, 2024 – February 23, 2024. No comments were received during the tribal comment period.

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Department of Health

Continuous Eligibility for Children up to Age Six and Annual 1115
Public Forum

In compliance with 42 CFR 431.408(a)(1), the New York State Department of Health is pleased to announce that it will conduct two virtual public hearings, to provide an overview of the State's 1115 waiver Continuous Eligibility for Children up to Age Six amendment request and allow members of the public to provide comments. Additionally, the second of these hearings, indicated below, will serve as the Annual 1115 Public forum, during which the public may also provide oral comments on the entirety of New York's Medicaid Redesign Team 1115 waiver.

This notice further serves to open the 30-day public comment period for the Continuous Eligibility for Children up to Age Six Amendment, which will close on February 16, 2024, during which the public will be afforded the opportunity to provide written comments on this amendment.

Through this amendment, the New York State Department of Health ("NYSDOH") is seeking to ensure continuous Medicaid and Child Health Plus (CHP) coverage for children up to six years of age. Continuous enrollment would ensure that children receiving Medicaid and CHP remain enrolled in health coverage during the first years of their lives, improve continuity of care, and promote health equity.

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York's children estimated that about 4,200 children lost a parent or caregiver, 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience. These experiences can have negative long-term implications for children's mental and physical health, educational attainment, and financial security.²

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and Child Health Plus. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

This proposal is aimed at ending churn for young children and will not change eligibility limits for Children's Medicaid or Child Health Plus. New York State currently covers children ages zero to one up to 223 percent FPL and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with Children's Health Insurance Program (CHIP) funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for individuals receiving treatment in a setting where Medicaid eligibility is not available (e.g., institution for mental disease).

There is strong support for a longer continuous eligibility policy among New York stakeholders. During the public comment period for the pending NYHER waiver amendment in 2022, the State received a substantial number of comments from stakeholders urging greater investments in children, including adopting a policy of continuous eligibility for ages zero to three.

A draft of the amendment request is available for review under the "MRT 1115 Waiver Amendments" tab, under "Continuous Medicaid and Child Health Plus Eligibility for Children up to Age Six" at:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

The Department of Health will host two virtual public hearings during which the public may provide oral comments. Any updates related to the public hearings will be sent via the MRT ListServ. The two virtual public hearings will be held as follows:

- 1. First Public Hearing
 - a. Wednesday, February 21, 2024, 1:00 PM 4:00 PM
- b. Pre-registration is required for anyone wishing to provide oral comment using this link: https://meetny.webex.com/weblink/register/r1939adfa0f20020858cc4bc655879d24
- c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 20, 2024, at 4 PM to confirm registration.
- d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.
 - 2. Second Public Hearing and Annual 1115 Public Forum
 - a. Wednesday, February 28, 2024, 1:00 PM 4:00 PM
- b. Pre-registration is required for anyone wishing to provide oral comment using this link: https://meetny.webex.com/weblink/register/rffed05506eb878b9847bddba913c7773

- c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 27, 2024, at 4 PM to confirm registration.
- d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

American Sign Language (ASL) interpretation will be available, and the WebEx platform includes a closed captioning feature.

For individuals with limited online access and require special accommodation to access paper copies, please call (518)-473-0868.

Prior to finalizing the proposed MRT Waiver Continuous Eligibility for Children up to age six amendment application, the Department of Health will consider all written and verbal comments received. These comments will be summarized and addressed in the final version of the amendment request that is submitted to CMS. The Department will post a transcript of the public hearings and 1115 Annual Public Forum on the following website: https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

Please direct all questions to 1115waivers@health.ny.gov.

Written comments will be accepted by email at 1115waivers@health.ny.gov (please include "1115 Public Forum Comment," "Continuous Eligibility for Children up to Age Six 1115 Amendment," or both in the subject line) or by mail at: Department of Health, Office of Health Insurance Programs, Waiver Management Unit, 99 Washington Ave., 8th Fl. (Suite 826), Albany, NY 12210

All written comments must be postmarked or emailed by February 16, 2024.

- Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, Part 1: Death of a Parent or Caregiver, United Hospital Fund, September, 2020. Available at https://uhfnyc.org/media/filer_public/22/4b/224bf5ba-6ab2-42f6-8744-929135f2f42b/covid_ripple_effect_part_1_final.pdf.
- ² Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, United Hospital Fund, September 30, 2020. Available at https://uhfnyc.org/publications/publication/covid-19-ripple-effect-impact-covid-19-children-new-york-state/.

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- 1. First Public Hearing
 - a. Wednesday, February 21, 2024, 1:00 PM 4:00 PM
- b. Pre-registration is required for anyone wishing to provide oral comment using this link: https://meetny.webex.com/weblink/register/r1939adfa0f20020858cc4bc655879d24

- c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 20, 2024, at 4 PM to confirm registration.
- d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.
 - 2. Second Public Hearing and Annual 1115 Public Forum
 - a. Wednesday, February 28, 2024, 1:00 PM 4:00 PM
- b. Pre-registration is required for anyone wishing to provide oral comment using this link: https://meetny.webex.com/weblink/register/rffed05506eb878b9847bddba913c7773
- c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 27, 2024, at 4 PM to confirm registration.
- d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

American Sign Language (ASL) interpretation will be available, and the WebEx platform includes a closed captioning feature.

Public comment may also be submitted in writing through Friday, February 16, 2024. Please see the end of this notice for details.

About the 1115 Waiver

- The 1115 Demonstration Waiver, also known as the MRT Waiver in New York State, is an agreement between the federal Centers for Medicare and Medicaid Services (CMS) and New York State that allows the State to use a managed care delivery system to deliver benefits to Medicaid recipients, create efficiencies in the Medicaid program, and enable the extension of coverage to certain individuals who would otherwise be without health insurance.
- The MRT Waiver was renewed on April 1, 2022, effective through March 31, 2027.
- The MRT Waiver is a vehicle by which the State has implemented the initiatives of the Medicaid Redesign Team and subsequent health systems reforms.
- In addition, New York's goals in implementing its MRT Waiver include improving access to health services and the quality of health care services for New Yorkers through multiple programs.

Continuous Eligibility Amendment Proposal Summary and Objectives

Through this amendment, New York State is seeking to ensure continuous Children's Medicaid and Child Health Plus coverage for children up to six years of age. Continuous enrollment would ensure that children receiving Medicaid and CHP remain enrolled in health coverage during the first years of their lives, improve continuity of care, and promote health equity.

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York's children estimated that about 4,200 children lost a parent or caregiver, 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience. These experiences can have negative long-term implications for children's mental and physical health, educational attainment, and financial security.²

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and Child Health Plus. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or

income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

This proposal is aimed at ending churn for young children and will not change eligibility limits for Children's Medicaid or Child Health Plus. New York State currently covers children ages zero to one up to 223 percent FPL and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with Children's Health Insurance Program (CHIP) funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for individuals receiving treatment in a setting where Medicaid eligibility is not available (e.g., institution for mental disease).

Eligibility, Benefits, and Cost-Sharing Changes

NYS is not seeking to modify existing eligibility criteria for Medicaid and Child Health Plus. The populations affected by this amendment request are:

- 1. Children in Medicaid from birth up to age six, even if a child's family income exceeds eligibility limits. NYS estimates 60,152 enrollees will be continuously enrolled in the first year under this amendment, and 60,152 will be continuously enrolled during DY27 to DY28.
- 2. Children in Child Health Plus from birth up to age six, even if a child's family income exceeds eligibility limits. NYS estimates 6,025 enrollees will be continuously enrolled in the first year under this amendment, and 6,025 will be continuously enrolled during DY27 to DY28

Benefits provided under this waiver amendment request, as well as cost-sharing requirements, will not change from those provided under the Medicaid or Child Health Plus state plan.

Enrollment and Fiscal Projections

The addition of the continuous eligibility for children from birth up to age six to New York's MRT 1115 Demonstration is estimated to result in an additional enrollment of approximately 66,177 members annually. Current average annual enrollment is estimated to be 4.8 million.

This amendment is expected to increase the average annual demonstration cost of \$45.2 billion by \$44.5 million. More detailed enrollment and cost breakdowns by demonstration year are included in the tables below.

1115 Waiver Amendment Projected Enrollment

Proposal	DY24	DY25	DY26	DY27	DY28
Projected Enroll- ment	4,709,605	4,720,694	4,732,039	4,743,646	4,755,524
Enrollment- Continu- ous Eligibility Ages 0 up to 6	•	•	66,177	66,177	66,177
Total Projected Enrollment:	4,709,605	4,720,694	4,798,216	4,809,823	4,821,701

1115 Waiver Amendment Estimated Funding Schedule (\$ in Millions)

HOHS)						
Pro- posal	DY24	DY25	DY26	DY27	DY28	Total
Estimated Cost	\$37,740	\$44,009	\$46,227	\$48,035	\$50,035	\$226,046
Enrollment- Continu- ous Eligibil- ity Ages 0 up to 6		•	\$23	\$45	\$45	\$112

Total \$37,740 \$44,009 \$46,250 \$48,080 \$50,080 \$226,158 Estimated Cost:

Hypotheses and Evaluation

NYS will evaluate this waiver amendment in alignment with all CMS requirements. The State will amend its existing evaluation design to evaluate the hypotheses identified below and will include the methodology, measures, and data sources that will be used to assess the impact of the amendment. This evaluation design will be incorporated into the current evaluation design.

Hypothesis Example Measures Data Sources (Not Final)

Goal: Expand coverage to additional low-income New Yorkers (Children from birth up to age six)

Hypothesis 1: More individuals in the targeted population will be enrolled in Medicaid

Was the percentage of uninsured children reduced?

Examine health care coverage for children from birth up to age six by race and ethnicity to determine uninsured rates over time.

Examine health care coverage for children Surveillance System National Survey of Children's Health (Children enrolled in Medicaid)

State reported data

Hypothesis 2: Members will have more comprehensive coverage

Did continuous
eligibility for children up to age six
reduce gaps in
coverage for young
children enrolled in
Medicaid and
CHIP?

Examine enrollment
data for children by
race and ethnicity to
determine churn rate
over time.

Waiver and Expenditure Authorities

In addition to the Waiver and Expenditure authorities already granted in the current 1115 waiver demonstration, the State is requesting the following Waiver and Expenditure authorities necessary to implement the continuous eligibility for children from birth up to age six.

Waiver Authority:

#	Authority	Waived
1)	To permit New York to waive the annual redetermination requirements with respect to income eligibility and requirements for individuals to report and the agency to act on changes, thereby providing continuous Medicaid enrollment for children until their sixth birthday.	42 CFR 435.916
2	To enable New York to waive the annual redetermination requirements, including required procedures for reporting and acting on changes, thereby providing continuous Child Health Plus enrollment for children until their sixth birthday.	42 CFR 457,343

Expenditure Authority:

Program Authority

1 Continuous enrollment for children.

Expenditures to allow federal financial participation for the continuous enrollment of children in Medicaid and Child Health Plus without regard to whether a child's family income exceeds eligibility limits.

Submission and Review of Public Comments

A draft of the proposed amendment request is available for review under the "MRT 1115 Waiver Amendments" tab, under "Continuous Medicaid and Child Health Plus Eligibility for Children up to Age Six" at:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

For individuals with limited online access and require special accommodation to access paper copies, please call (518) 473-0868.

Prior to finalizing the proposed MRT Waiver Continuous Eligibility for Children up to Age Six Amendment application, the Department of Health will consider all written and verbal comments received. These comments will be summarized and addressed in the final version of the amendment request that is submitted to CMS. The Department will post a transcript of the public hearings and 1115 Annual Public Forum on the following website: https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm.

Please direct all questions to 1115waivers@health.ny.gov.

Written comments will be accepted by email at 1115waivers@health.ny.gov (please include "1115 Public Forum Comment," "Continuous Eligibility for Children up to Age Six 1115 Amendment," or both in the subject line) or by mail at: Department of Health, Office of Health Insurance Programs, Waiver Management Unit, 99 Washington Ave., 8th Fl. (Suite 826), Albany, NY 12210

All written comments must be postmarked or emailed by February 16, 2024.

- Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, Part 1: Death of a Parent or Caregiver, United Hospital Fund, September, 2020. Available at https://uhfnyc.org/media/filer_public/22/4b/224bf5ba-6ab2-42f6-8744-929135f2f42b/covid_ripple_effect_part_1_final.pdf.
- Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, United Hospital Fund, September 30, 2020. Available at https://uhfnyc.org/publications/publication/covid-19-ripple-effect-impact-covid-19-children-new-york-state/.

PUBLIC NOTICE

Deferred Compensation Board

The New York State Deferred Compensation Board, which is responsible for the State's Deferred Compensation Plan pursuant to Section 457(b) of the Internal Revenue Code and Section 5 of the State Finance Law, beginning on January 17, 2024, is seeking formal written proposals from law firms to act as General Counsel to provide legal services to the Board and the New York State Deferred Compensation Plan. The general scope of services include: general legal representation subject to the statutory responsibility of the State Attorney General; preparation of amendments to the State and model plans in compliance with the applicable statutory and regulatory framework; amendment of the Board's rules and regulations; assist in responding to inquiries from local governments; interpretation of New York State Law as it relates to the Board and Plan; and, the negotiation and preparation of the Board's contracts with providers of financial products, auditing, trustee and administrative services.

A copy of the request for proposals may be obtained from the Board's website: www.deferredcompboard.ny.gov, or by contacting

Tara Anderson, Procurement Coordinator, New York State Deferred Compensation Plan, (518) 473-6619 or by e-mail to: tara.anderson@nysdcp.com. All proposals must be received no later than the close of business on February 28 2024.

PUBLIC NOTICE

Department of State F-2023-0552

Date of Issuance - January 17, 2024

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2023-0552, National Grid is proposing removal of approximately 8,900 cubic yards of coal tar impacted sediment below the mean high-water line (MHWL) from the Hudson River and associated embayments. Engineering controls, including turbidity curtains and booms, will be implemented during this dredging work to capture turbid water and sheens and mitigate potential NAPL migration. Additionally, both community air monitoring and water quality monitoring will be performed. Dredged sediment will be loaded onto watertight barges or scows for decanting and transport, then unloaded via an existing bulkhead and moved to a temporary staging and support area. This temporary staging and support area, which will be constructed upland on the tax parcel directly east of the project area, will be set up for sediment processing and final loading of materials for offsite upland disposal. The area will also include a temporary water treatment structure to facilitate discharge of wastewater streams (e.g., decanted water) to the river. Ultimately, the dredged area will be restored with clean backfill. The project is located at the Operable Unit 2 at the Water Street Manufactured Gas Plant in the city of Hudson, Columbia County, on the Hudson River.

The stated purpose of the proposed action is to remove contaminated sediment from the Hudson River riverbed.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2024/01/f-2023-0552.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or February 1, 2024.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State F-2023-0914 (DA)

Date of Issuance - January 17, 2024

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The United States Department of Housing and Urban Development (HUD) has determined that the proposed activity will be undertaken



JAMES V. McDONALD, M.D., M.P.H. Commissioner **JOHANNE E. MORNE, M.S.**Acting Executive Deputy Commissioner

January 17, 2024

Dear Colleague:

Governor

The New York State Department of Health ("NYSDOH") is requesting to amend the 1115 Medicaid Redesign Team Waiver to allow for continuous eligibility for children up to the age of six. Continuous enrollment would ensure that children receiving Medicaid and CHP remain enrolled in health coverage during the first years of their lives, improve continuity of care, and promote health equity.

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York's children estimated that about 4,200 children lost a parent or caregiver, 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience. These experiences can have negative long-term implications for children's mental and physical health, educational attainment, and financial security.

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and Child Health Plus. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

This proposal is aimed at ending churn for young children and will not change eligibility limits for Children's Medicaid or Child Health Plus. New York State currently covers children ages zero to one up to 223 percent FPL and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with Children's Health Insurance Program (CHIP) funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for individuals receiving treatment in a setting where Medicaid eligibility is not available (e.g., institution for mental disease).

The anticipated impact of this amendment on Tribal members is that members will benefit from improved continuity of care and uninterrupted coverage during the early years of their lives contributing to better long-term health and well-being.

Eligibility, Benefits, and Cost-Sharing Changes

NYS is not seeking to modify existing eligibility criteria for Medicaid and Child Health Plus. The populations affected by this amendment request are:

- Children in Medicaid from birth to age six, even if a child's family income exceeds eligibility limits. NYS estimates 60,152 enrollees will be continuously enrolled in the first year under this amendment, and 60,152 will be continuously enrolled during DY27 to DY28.
- Children in Child Health Plus from birth to age six, even if a child's family income
 exceeds eligibility limits. NYS estimates 6,025 enrollees will be continuously enrolled in
 the first year under this amendment, and 6,025 will be continuously enrolled during
 DY27 to DY28.

Benefits provided under this waiver amendment request, as well as cost-sharing requirements, will not change from those provided under the Medicaid or Child Health Plus state plan.

Enrollment and Fiscal Projections

The addition of the continuous eligibility for children from birth up to age six to New York's MRT 1115 Demonstration is estimated to result in an additional enrollment of approximately 66,177 members annually. Current average annual enrollment is estimated to be 4.8 million.

This amendment is expected to increase the average annual demonstration cost of \$45.2 billion by \$44.5 million. More detailed enrollment and cost breakdowns by demonstration year are included in the tables below.

1115 Waiver Amendment Projected Enrollment

Proposal	DY24	DY25	DY26	DY27	DY28
Projected Enrollment	4,709,605	4,720,694	4,732,039	4,743,646	4,755,524
Enrollment- Continuous Eligibility Ages 0 up to 6	-	-	66,177	66,177	66,177
Total Projected Enrollment:	4,709,605	4,720,694	4,798,216	4,809,823	4,821,701

1115 Waiver Amendment Estimated Funding Schedule (\$ in Millions)

Proposal	DY24	DY25	DY26	DY27	DY28	Total
Estimated Cost	\$37,740	\$44,009	\$46,227	\$48,035	\$50,035	\$226,046
Estimated Cost- Continuous			\$23	\$45	\$4 5	\$112
Eligibility Ages 0 up to 6	_	-	\$25	94 0	940	Ψ11Z
Total Estimated Cost:	\$37,740	\$44,009	\$46,250	\$48,080	\$50,080	\$226,158

Hypotheses and Evaluation

NYS will evaluate this waiver amendment in alignment with all CMS requirements. The State will amend its existing evaluation design to evaluate the hypotheses identified below and will include the methodology, measures, and data sources that will be used to assess the impact of the amendment. This evaluation design will be incorporated into the current, approved evaluation design.

Hypothesis	Example Measures (Not Final)	Data Sources						
Goal: Expand coverage to addition	nal low-income New Yorkers (Children	from birth up to age six)						
Hypothesis 1: More individuals in the targeted population will be enrolled in Medicaid								
Was the percentage of uninsured children reduced?	Examine health care coverage for children from birth up to age six by race and ethnicity to determine uninsured rates over time.	Behavioral Risk Factor Surveillance System National Survey of Children's Health (Children enrolled in Medicaid)						
Hypothesis 2: Members will have m	ore comprehensive coverage							
Did continuous eligibility for children up to age six reduce gaps in coverage for young children enrolled in Medicaid and CHIP?	Examine enrollment data for children by race and ethnicity to determine churn rate over time.	State reported data						

Waiver and Expenditure Authorities

In addition to the Waiver and Expenditure authorities already granted in the current 1115 waiver demonstration, the State is requesting the following Waiver and Expenditure authorities necessary to implement the continuous eligibility for children from birth up to age six.

Waiver Authority

#	Authority	Waived
1	To permit New York to waive the annual redetermination requirements with respect to income eligibility and requirements for individuals to report and the agency to act on changes, thereby providing continuous Medicaid enrollment for children until their sixth birthday.	42 CFR 435.916
2	To enable New York to waive the annual redetermination requirements, including required procedures for reporting and acting on changes, thereby providing continuous Child Health Plus enrollment for children until their sixth birthday.	42 CFR 457.343

Expenditure Authority

	on an area of tacing	
#	Program	Authority
1	Continuous enrollment for children	Expenditures to allow federal financial participation for the continuous enrollment of children in Medicaid and Child Health Plus without regard to whether a child's family income exceeds eligibility limits.

Submission and Review of Public Comments

A draft of the proposed amendment request is available for review under the "MRT 1115 Waiver Amendments" tab, under "Continuous Medicaid and Child Health Plus Eligibility for Children up to Age Six" at:

https://www.health.ny.gov/health care/medicaid/redesign/medicaid waiver 1115.htm. For individuals with limited online access and require special accommodation to access paper copies, please call (518) 473-0868. In addition, the Department of Health will be hosting two virtual public hearings, on February 21, 2024, and February 28, 2024, during which the public may provide oral comments. The February 28, 2024,

public hearing will also serve as the Annual 1115 Public forum, during which the public may also provide oral comments on the entirety of New York's Medicaid Redesign Team 1115 waiver. Any updates related to the public hearings will be sent via the MRT Listserv.

Prior to finalizing the proposed amendment application, the Department of Health will consider all written and verbal comments received. These comments will be summarized in the final submitted version. The Department will post a transcript of the public hearings and 1115 Annual Public Forum on the following website:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm.

Written comments will be accepted by email at 1115waivers@health.ny.gov (please include "Continuous Eligibility for Children up to Age Six 1115 Amendment" in the subject line) or by mail at:

NYS Department of Health
Office of Health Insurance Programs
Waiver Management Unit
99 Washington Avenue
8th Floor, Suite 826
Albany, NY 12210

All written comments must be postmarked or emailed by February 23, 2024.

We look forward to our continued collaboration.

Sincerely,

Amir Bassiri Medicaid Director Office of Health Insurance Programs

cc: Phil Alotta, NYSDOH Selena Hajiani, NYSDOH Michele Hamel, NYSDOH Sean Hightower, HHS Nancy Grano, CMS

New York 1115 Amendment: Continuous Eligibility Waiver Amendment

Introduction

New York State (NYS) is requesting approval from the Centers for Medicare and Medicaid Services (CMS) for an amendment to its Medicaid Redesign 1115 Demonstration that would keep children enrolled in health coverage, improve continuity of care, and promote health equity. The amendment would authorize continuous enrollment for Children's Medicaid and Child Health Plus (New York State's CHIP program) coverage for children during the first six years of their lives and federal Medicaid and Children's Health Insurance Program (CHIP) matching funds without regard to whether a child's family income exceeds eligibility limits. As of November 2023, there were a total of 2.3 million children enrolled in Medicaid and 429,262 enrolled in Child Health Plus, while only 2.6% of children were uninsured. Please see Title XXI Allotment Neutrality Workbook for details on the CHIP population.

On March 23, 2022, NYS received approval from CMS to renew the Medicaid Redesign 1115 Demonstration for an additional five years. New York State also received approval from CMS for the New York Health Equity Reform (NYHER) 1115 waiver amendment that will allow Medicaid to pay for certain health-related social need (HRSN) services, including for children, on January 9, 2024. The current Medicaid Redesign 1115 Demonstration is effective through March 31, 2027.

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1	A		ONSTRATION WITHOU					п	'
2		DEIVIC	DIASTRATION WITHOU	T WAIVER (WOW) BO	DGET FROJECTION.	COVERAGE COSTSTO	KTOTOLATIONS		
3									
4	ELIGIBILITY	BASE YEAR							TOTAL
		(DY 21)		DY 24	DY 25	DY 26	DY 27	DY 28	
_	GROUP	(4/1/19 - 3/30/20)	Trend Rate	(4/1/22 - 3/31/23)	(4/1/23 - 3/31/24)	(4/1/24-3/31/25)	(4/1/25-3/31/26)	(4/1/26-3/31/27)	wow
6									
	MEG 1: TANF Children 1-20								
	Pop Type: Main Eligible Member Months	22,043,598	-	31,052,990	21,987,344	21,987,344	21,987,344	21,987,344	
_	PMPM Cost	\$ 274.63	2.8%		\$ 306.70			\$ 333.20	
_	Total Expenditure	Ç 27 11.03	2.070	\$ 9,282,359,771					\$ 37,410,988,823
12	·								
13	MEG 2: TANF Adults 21-64								
14	Pop Type: Main								
	Eligible Member Months	6,215,381	-	8,425,260	5,977,119	6,014,949	6,053,018	6,091,329	
	PMPM Cost	\$ 724.05	5.3%	\$ 845.39	\$ 890.20		\$ 987.06	\$ 1,039.37	
	Total Expenditure			\$ 7,122,630,551	\$ 5,320,831,334	\$ 5,638,292,894	\$ 5,974,691,947	\$ 6,331,144,623	\$ 30,387,591,349
8	MEC 2, CCI 0 64								
	MEG 3: SSI 0-64 Pop Type: Main								
	Eligible Member Months	3,887,882	-	5,237,485	4,495,236	4,495,236	4,495,236	4,495,236	
Ť	V	5,55.,602		5,25. , 105	., .55,250	., .:5)250	.,,	., .55,250	
2	PMPM Cost	\$ 2,126.11	4.3%	\$ 2,412.34	\$ 2,516.07	\$ 2,624.26	\$ 2,737.10	\$ 2,854.80	
	Total Expenditure	,			\$ 11,310,328,443				\$ 60,878,501,221
4									
	MEG 4: SSI 65+					<u> </u>			
	Pop Type: Main								
7	Eligible Member Months	543,505	-	1,094,155	423,073	423,073	423,073	423,073	
١									
	PMPM Cost	\$ 1,973.08	3.9%		\$ 2,299.36				
	Total Expenditure			\$ 2,421,419,723	\$ 972,797,133	\$ 1,010,738,320	\$ 1,050,156,031	\$ 1,091,113,728	\$ 6,546,224,936
)									
	MEG 5: Non-duals 18-64 Pop Type: Main								
_	Eligible Member Months	157,805	-	157,836	195,354	197,130	198,922	200,731	
Ť	Eligible Member Months	137,003		137,030	155,554	137,130	130,322	200,731	
4	PMPM Cost	\$ 6,763.46	4.3%	\$ 7,674.00	\$ 8,003.98	\$ 8,348.15	\$ 8,707.12	\$ 9,081.53	
	Total Expenditure	φ 0,703.10	11.570	\$ 1,211,233,464					\$ 7,975,496,105
6									
7	MEG 6: Non-duals 65+								
	Pop Type: Main								
9	Eligible Member Months	45,864	÷	52,971	71,253	73,480	75,776	78,144	
	PMPM Cost	\$ 6,574.94	3.9%		\$ 7,662.21				A 2040 000 405
2	Total Expenditure			\$ 390,639,937	\$ 545,955,449	\$ 584,977,219	\$ 626,782,700	\$ 671,578,132	\$ 2,819,933,436
_	MEG 7: MLTC Adult 18-64 Duals								
	Pop Type: Main								
_	Eligible Member Months	427,818	-	354,787	575,556	580,788	586,068	591,396	
1		.2.,510		22.,.07	2.2,330	222,700	222,300	222,330	
6	PMPM Cost	\$ 3,643.74	4.3%	\$ 4,134.27	\$ 4,312.04	\$ 4,497.46	\$ 4,690.85	\$ 4,892.56	
7	Total Expenditure				\$ 2,481,820,494				\$ 12,203,274,035
3									
	MEG 8: MLTC Adult 65+ Duals								
_	Pop Type: Main	2 400 4		2 443 5	2 242 5	2 222 211	2 222 555	2 424	
1	Eligible Member Months	2,490,196	=	2,447,503	2,848,983	2,938,014	3,029,827	3,124,509	
,	PMPM Cost	\$ 5,073.30	3.9%	¢ 5,600.33	¢ 5012.24	¢ 6143.03	¢ 630330	¢ 624.20	
	Total Expenditure	5,0/3.30	3.9%	\$ 5,690.32 \$ 13,927,075,271	\$ 5,912.24 \$ 16,843,871,252		\$ 6,382.39 \$ 19,337,537,547	\$ 6,631.30 \$ 20,719,556,532	\$ 88,875,731,761
ļ				- 15,521,015,211	- 10,043,071,232	- 10,047,031,133	+ 15,557,557,547	- 20,713,330,332	- 30,073,731,701
_	New Adult Group								
	Pop Type: Hypothetical								
	Eligible Member Months	21,381,037	-	27,880,053	20,062,097	20,062,097	20,062,097	20,062,097	
1									
	PMPM Cost	\$ 624.56	5.8%						
	Total Expenditure			\$ 20,621,760,002	\$ 15,699,794,628	\$ 16,610,413,211	\$ 17,573,795,109	\$ 18,593,150,258	\$ 89,098,913,208
)									
	Family of One Non-1915 Children								
	Pop Type: Hypothetical Eligible Member Months	F 454		44.400	6.000	6.000	6.000	6.000	
4	cuginie wiember wonths	5,151	Ē	11,186	6,882	6,882	6,882	6,882	
ا ؍	PMPM Cost	¢ 476434	0.00/	¢ 476434	¢ 476434	¢ 476434	¢ 476434	¢ 476434	
	Total Expenditure	\$ 4,764.24	0.0%	\$ 4,764.24 \$ 53,292,789					\$ 184,442,787
┙	rotar Experiuiture			وه/,۷۳۷,۵۶	عر 32,767,500	32,767,500	32,767,300	7 32,767,500	y 104,442,767

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HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

				_		_				
cc	A	В	С	D	E	F	G	Н	l	J
66	SUB-1415 A156									
	SUD IMD MEGs									
	Pop Type: Hypothetical									
69										
	SUD IMD TANF Children 1 to 20 *									
71	Eligible Member Months	189	-		225	259	290 319			
	PMPM Cost	\$ 298.35	4.9%		\$ 312.97		\$ 344.40	\$ 361.28		
	Total Expenditure				\$ 70,418	\$ 85,032	\$ 99,876	\$ 115,248	\$ 370,575	
74										
75										
76	Eligible Member Months	1,095	-		1,275	1,432	1,566	1,678		
77	PMPM Cost	\$ 845.39	4.8%		\$ 885.97	\$ 928.50	\$ 973.07	\$ 1,019.78		
78	Total Expenditure				\$ 1,129,612	\$ 1,329,612	\$ 1,523,828	\$ 1,711,191	\$ 5,694,242	
79										
	SUD IMD SSI 0 to 64									
81	Eligible Member Months	688	-		809	917	1,013	1,096		
82	PMPM Cost	\$ 2,412.34	5.0%		\$ 2,532.96	\$ 2,659.61	\$ 2,792.59	\$ 2,932.22		
	Total Expenditure	,	,,,,,		\$ 2,049,165		\$ 2,828,894	\$ 3,213,713	\$ 10,530,634	
84									·	
	SUD IMD New Adult Group *									
	Eligible Member Months	24647.0	-		28,566	31,920	34,741	37,060		
	-				-,					
87	PMPM Cost	\$ 739.66	4.6%		\$ 773.68	\$ 809.27	\$ 846.50	\$ 885.44		
	Total Expenditure	7 ,33.00	4.070		\$ 22,100,943			\$ 32,814,406	\$ 110,155,504	
89					,,	7,	7,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+ ===,===,==	
	SUD IMD FFS *									
	Eligible Member Months	6658	3		6,747	6,837	6,929	7,021		
Ħ	U	0030			0,7 1.7	0,007	3,323	7,021		
92	PMPM Cost	\$ 7,449.29	4.8%		\$ 7,806.86	\$ 8,181.59	\$ 8,574.31	\$ 8,985.88		
	Total Expenditure	7,443.23	4.0%		\$ 52,672,884			\$ 63,089,863	\$ 231,111,673	
94	Total Experiatore				2 32,072,004	2 33,337,331	y 33,411,334	y 03,083,803	201,111,073	
95	TOTAL				\$ 78,023,022	\$ 85,622,936	\$ 93,272,248	\$ 100,944,422	\$ 357,862,628	
96										
97										
	HRSN Direct Services									
99	Pop Type: Capped Hypothetical									
100				\$ -	\$ -	\$ 662,773,442.00	\$ 1,170,243,946.00	\$ 1,340,243,946.00	\$ 3,173,261,334	
101	•									
	HRSN Infrastucture (Social Care Networks)			1						
	Pop Type: Capped Hypothetical									
	Total Expenditure			\$ -	\$ -	\$ 260,000,000.00	\$ 190,000,000.00	\$ 50,000,000.00	\$ 500,000,000	
105	. D.D. Experience			-	-	- 200,000,000.00	, 150,000,000.00	- 30,000,000.00	- 300,000,000	1
106				+			+			
	Continuous Eligibility for Children Ages 0-6									
	Pop Type: Hypothetical									
109	op . ipc. //ipomencai									
	<u>Medicaid</u>									
	Eligible Member Months					180,457	721,826	721,826		
	PMPM Cost					\$ 73.42	\$ 73.42	\$ 73.42		
	Total Expenditure					\$ 13,250,000		\$ 53,000,000	\$ 119,250,000	
114			 			15,250,000	- 55,000,000	- 55,000,000	- 113,230,000	
	TOTAL					\$ 13,250,000	\$ 53,000,000	\$ 53,000,000	\$ 119,250,000	
116	· - · · · ·					- 13,230,000	, 33,000,000	- 33,000,000	- IIJ,E30,000	1
117						1				-
	NOTES									
	DY24 member months reflect actuals for Apr 2	022 - Sen 2022 and project	ections for Oct 2022 - Mar 20	123						
	* The base year for the MEG is 4/1/2022 - 3/31			,,						
120	5050 year for the MEG 15 4/ 1/2022 - 3/31	,, 2020	1			1	1			

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DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

	1	1		DV 0 -f 4	DV	4 -4 4	DV 2 -f A		/ 2 - f A d t	TOTAL WW
ELIGIBILITY GROUP	Trend Rate	(4/1	DY 24 L/22 - 3/31/23)	DY 0 of Amendment DY 25 (4/1/23 - 3/31/24)		1 of Amendment DY 26 4/1/24-3/31/25)	DY 2 of Amendment DY 27 (4/1/25-3/31/26)		Y 3 of Amendment DY 28 (4/1/26-3/31/27)	TOTAL WW
MEG 1: TANF Children 1-20 Pop Type: Main										
Eligible Member Months PMPM Cost	-	\$	31,052,990 280.79	21,987,344 307.49	ć	21,987,344 316.30	21,987,344 \$ 325.36	¢	21,987,344 334.68	
Total Expenditure		,	\$8,719,369,062	\$6,760,888,407	Þ	\$6,954,596,907	\$7,153,802,244	Ş	\$7,358,724,290 \$	36,947,380,910
MEG 2: TANF Adults 21-64										
Pop Type: Main Eligible Member Months	-	I	8,425,260	5,977,119		6,014,949	6,053,018		6,091,329	
PMPM Cost Total Expenditure	-	\$	645.25 \$ \$5,436,399,015	\$13.50 \$4,862,386,307	\$	837.54 \$5,037,760,385	\$ 862.29 \$5,219,456,891	\$	887.77 \$5,407,699,146 \$	25,963,701,745
MEG 3: SSI 0-64										
Pop Type: Main Eligible Member Months	-	1	5,237,485	4,495,236		4,495,236	4,495,236		4,495,236	
PMPM Cost Total Expenditure	-	\$	1,482.78 \$ \$7,766,038,008	2,623.27 \$11,792,217,742	\$	2,764.76 \$12,428,248,683		\$	3,071.04 \$13,805,049,565 \$	58,890,132,275
MEG 4: SSI 65+	•	•								
Pop Type: Main Eligible Member Months	T .	1	1,094,155	423,073		423,073	423,073		423,073	
PMPM Cost Total Expenditure	-	\$	1,258.60 \$ \$1,377,103,483		\$	2,565.75 \$1,085,499,550			2,849.99 \$1,205,753,819 \$	5,842,355,539
	1		ÿ1,577,105,465	\$1,023,330,003		\$1,083,433,330	\$1,144,040,022		\$1,203,733,013	3,042,333,333
MEG 5: Non-duals 18-64 Pop Type: Main	1								T	
Eligible Member Months PMPM Cost	-	\$	157,836 7,099.76		\$	197,130 7,047.89			200,731 7,164.99	
Total Expenditure	<u> </u>	<u> </u>	\$1,120,597,719	\$1,365,536,181		\$1,389,350,556	\$1,413,579,516		\$1,438,235,608 \$	6,727,299,580
MEG 6: Non-duals 65+ Pop Type: Main										
Eligible Member Months PMPM Cost	-	\$	52,971 4,683.43		\$	73,480 6,851.45	75,776 \$ 6,908.13		78,144 6,965.28	
Total Expenditure		<u> </u>	\$248,085,971	\$484,180,523		\$503,444,546	\$523,470,459		\$544,294,840 \$	2,303,476,339
MEG 7: MLTC Adult 18-64 Duals Pop Type: Main										
Eligible Member Months PMPM Cost		\$	354,787 4,399.60	575,556 3,765.82	s	580,788 3,796.97	586,068 \$ 3,828.38	\$	591,396 3,860.05	
Total Expenditure		,	\$1,560,920,885	\$2,167,440,296	,	\$2,205,234,612	\$2,243,691,010	,	\$2,282,818,130 \$	10,460,104,933
MEG 8: MLTC Adult 65+ Duals										
Pop Type: Main Eligible Member Months	-	1.	2,447,503	2,848,983		2,938,014	3,029,827		3,124,509	
PMPM Cost Total Expenditure	-	\$	4,655.45 \$ \$11,394,227,841	5,243.28 \$14,938,015,584	\$	5,286.66 \$15,532,281,093	\$ 5,330.40 \$16,150,189,841	Ş	5,374.50 \$16,792,673,621 \$	74,807,387,980
MEG 9: BH HCBS										
Pop Type: WW-only CNOM Total Expenditure		\$	20,221,417	23,280,618	\$	26,802,632	\$ 30,857,474	\$	35,525,753 \$	136,687,894
MEG 10: Demonstration Only Services in MMMC										
Pop Type: WW-only CNOM Total Expenditure		Ś	45,723,857	44,437,720	Ś	43,187,760	\$ 41,972,959	Ś	40,792,328 \$	216,114,624
MEG 11: Transportation (to HRSN Services)	•									
Pop Type: WW-only CNOM Total Expenditure	1	1		_	\$	24,818,814	\$ 61,745,308	\$	61,745,308 \$	148,309,430
	1				7	24,010,014	ý 01,745,500	,	01,743,300 \$	140,303,430
MEG 12: Cooking Supplies Pop Type: WW-only CNOM										
Total Expenditure		1	-	-	\$	7,209,161	\$ 17,613,583	\$	17,613,583 \$	42,436,326
MEG 13: Medicaid Hospital Global Budget Initiative Pop Type: WW-only CNOM										
Total Expenditure			- 5	550,000,000	\$	550,000,000	\$ 550,000,000	\$	550,000,000 \$	2,200,000,000
MEG 14a: Student Loan Repayment Pop Type: WW-only CNOM										
Total Expenditure	ļ	ļ.,	- 9	-	\$	12,075,000	\$ 24,150,000	\$	12,075,000 \$	48,300,000
MEG 14b: Career Pathways Training (CPT) Pop Type: WW-only CNOM										
Total Expenditure			- 9	-	\$	175,770,000	\$ 310,480,000	\$	159,500,000 \$	645,750,000
MEG 15: DSHP										
Pop Type: WW-only CNOM Total Expenditure		\$	- 5	1,512,948,150	\$	915,731,775	\$ 836,102,925	\$	716,659,650 \$	3,981,442,500
MEG 16: HERO (Health Equity Regional Organization)										
Pop Type: WW-only CNOM Total Expenditure		\$	- 5	<u>-</u> -	\$	50,000,000	\$ 40,000,000	\$	35,000,000 \$	125,000,000
MEG 17: HCBS Expansion										
Pop Type: WW-only CNOM Total Expenditure		\$	16,700 \$	558,867	\$	558,867	\$ 558,867	Ś	558,867 \$	2,252,168
MEG 18: Institution to Community	i i		/	,007	_	,31			/ I A	_,,_00
Pop Type: WW-only CNOM Total Expenditure		I ¢	6,328,014	19,437,150	ė	19,884,564	\$ 20,342,311	ė	20,810,556 \$	86,802,595
•	+	15	0,528,014 \$	19,437,150	ş	17,884,304	20,342,311	٠	20,010,550 \$	80,802,595
MEG 19: Brokerage Fees Pop Type: WW-only CNOM		Le			^	400 55-	A 207:	_	207.44.14	000.000
Total Expenditure	1	\$	-	-	\$	198,582	\$ 397,164	Ş	397,164 \$	992,910
New Adult Group Pop Type: Hypothetical		,								
Eligible Member Months PMPM Cost	5.8%	6 \$	27,880,053 739.66			20,062,097 827.95			20,062,097 926.78	
Total Expenditure	<u> </u>	\$	20,621,760,002		\$	16,610,413,211			18,593,150,258 \$	89,098,913,208
Family of One Non-1915 Children Pop Type: Hypothetical										
Eligible Member Months PMPM Cost	- 0.0%	6 \$	11,186 4,764.24	6,882 4,764.24	Ś	6,882 4,764.24	6,882 \$ 4,764.24	s	6,882 4,764.24	
Total Expenditure	3.0%	\$	53,292,789			32,787,500			32,787,500 \$	184,442,787
SUD IMD MEGS										
Pop Type: Hypothetical	1	I								

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SUD IMD TANF Children 1 to 20	Í	İ									ĺ
Eligible Member Months	-		225		259		290		319		
PMPM Cost	4.9%	Ś	312.97	Ś	328.31	Ś	344.40	Ś	361.28		
Total Expenditure		s	70,418		85,032		99,876	Ś	115,248	Ś	370,575
·											
SUD IMD TANF Aduts 21 to 64											
Eligible Member Months	-		1,275		1,432		1,566		1,678		
PMPM Cost	4.8%	\$	885.97	\$	928.50	\$	973.07	\$	1,019.78		
Total Expenditure		\$	1,129,612	\$	1,329,612	\$	1,523,828	\$	1,711,191	\$	5,694,242
SUD IMD SSI 0 to 64											
Eligible Member Months	-		809		917		1,013		1,096		
PMPM Cost	5.0%	\$	2,532.96	\$	2,659.61	\$	2,792.59	\$	2,932.22		
Total Expenditure		\$	2,049,165	\$	2,438,862	\$	2,828,894	\$	3,213,713	\$	10,530,634
SUD IMD New Adult Group											
Eligible Member Months			28,566		31,920		34,741		37,060		
PMPM Cost	4.6%	ė	773.68	ė	809.27	ė	846.50	ć	885.44		
Total Expenditure	4.0%	,	22,100,943		25,831,898		29,408,257		32,814,406	c	110,155,504
Total Experiulture			22,100,543	,	23,031,030	,	29,400,237	,	32,014,400	,	110,133,304
SUD IMD FFS											
Eligible Member Months	-		6,747		6,837		6,929		7,021		
PMPM Cost	4.8%	Ś	7,806.86	\$	8,181.59	\$	8,574.31	\$	8,985.88		
Total Expenditure		\$	52,672,884	\$	55,937,531	\$	59,411,394	\$	63,089,863	\$	231,111,673
TOTAL		\$	78,023,022	\$	85,622,936	\$	93,272,248	\$	100,944,422	\$	357,862,628

Capped Hypothetical 1: HRSN Direct Services							
Pop Type: Capped Hypothetical							
Total Expenditure	\$	- \$	- \$	662,773,442 \$	1,170,243,946 \$	1,340,243,946 \$	3,173,261,334
e lu di la periori							
Capped Hypothetical 2: HRSN Infrastucture Pop Type: Capped Hypothetical							
Total Expenditure	Is	- \$	- \$	260,000,000 \$	190,000,000 \$	50,000,000 \$	500,000,000
					//	,,,+	333,533,533
Continuous Eligibility for Children Ages 0-6							
Continuous Eligibility for Children Ages 0-6 Pop Type: Hypothetical							
Pop Type: Hypothetical							
Pop Type: Hypothetical Medicaid				180 457	721 826	721 826	
Pop Type: Hypothetical Medicaid Eligible Member Months			ę	180,457	721,826	721,826	
Pop Type: Hypothetical Medicaid Eligible Member Months PMPM Cost			\$	73.42 \$	73.42 \$	73.42	119.250.000
Pop Type: Hypothetical Medicaid Eligible Member Months			\$ \$				119,250,000

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			Budget Neutra	elity Summary				
Without-Waiver Total Expenditures								
Medicaid per capita	DY 24 (4/1/22 - 3/31/23)	DY 25 (4/1/23 - 3/31/24)	DY 26 (4/1/24 - 3/31/25)		DY 27 (4/1/25-3/31/26)	DY 28 (4/1/26-3/31/27)	TOTAL
MEG 1: TANF Children 1-20 MEG 2: TANF Adults 21-64	\$ 9,282,35 \$ 7,122,63	,551 \$		\$ 6,932,389,690 \$ 5,638,292,894	4 \$	7,126,537,937 5,974,691,947	7,326,183,021 6,331,144,623	\$ 37,410,988 \$ 30,387,591
NEG 3: SSI 0-64 NEG 4: SSI 65+	\$ 12,634,59 \$ 2,421,41 \$ 1,211,23	ccc c		\$ 11,796,668,025 \$ 1,010,738,320 \$ 1,645,670,810	5 5	12,303,910,456	12,832,999,733 1,091,113,728 1,822,944,598	\$ 60,878,501 \$ 6,546,224 \$ 7,975,496
1EG 5: Non-duals 18-64 1EG 6: Non-duals 65+	\$ 390.63	9.937 S	545,955,449	S 584,977,219	9 S	1,732,037,725 626,782,700	1,822,944,598 671,578,132	\$ 2.819.933
IEG 7: MLTC Adult 18-64 Duals IEG 8: MLTC Adult 65+ Duals	\$ 1,466,78 \$ 13,927,07			\$ 2,612,070,798 \$ 18,047,691,159		626,782,700 : 2,749,157,078 : 19,337,537,547 :	2,893,440,414 20,719,556,532	\$ 12,203,274 \$ 88,875,731
OTAL	\$ 48,456,73	532 \$	45,782,732,019	\$ 48,268,498,919	5 \$	50,900,811,420	53,688,960,781	\$ 247,097,741
fith-Waiver Total Expenditures	DY 24		DY 25	DY 26		DY 27	DY 28	TOTAL
edicaid per capita EG 1: TANF Children 1-20	(4/1/22 - 3/31/23 \$ 8,719,36		(4/1/23 - 3/31/24) 6,760,888,407	(4/1/24 - 3/31/25) 5 6 954 596 901	7 5	(4/1/25-3/31/26) 7,153,802,244	(4/1/26-3/31/27) 7,358,724,290	\$ 36,947,380
IEG 2: TANF Adults 21-64 IEG 3: SSI 0-64	\$ 5,436,39 \$ 7,766,03	,015 \$	4,862,386,307	\$ 5,037,760,385 \$ 12,428,248,685	5 \$ 3 \$	5,219,456,891 13,098,578,276	5,407,699,146 13,805,049,565	\$ 25,963,701 \$ 58.890.132
IEG 4: SSI 65+ IEG 5: Non-duals 18-64	\$ 1,377,10 \$ 1,120,59	,483 S		\$ 1,085,499,550 \$ 1,389,350,550	5 5	1,144,048,622	1,205,753,819	\$ 5,842,355 \$ 6,727,299
IEG 6: Non-duals 65+ IEG 7: MLTC Adult 18-64 Duals	\$ 248,08 \$ 1,560,92	,971 \$	484,180,523	\$ 503,444,546	6 \$	523,470,459	544,294,840 2,282,818,130	\$ 2,303,476
IEG 8: MLTC Adult 65+ Duals	\$ 11,394,22	,841 \$	14,938,015,584	\$ 2,205,234,612 \$ 15,532,281,093		2,243,691,010 16,150,189,841	16,792,673,621	\$ 10,460,104 \$ 74,807,387
ledicaid Aggregate - WW only IEG 9: BH HCBS	S 20.22	L417 S	23,280,618	\$ 26,802,633	2 5	30,857,474	35,525,753	\$ 136,687
IEG 10: Demonstration Only Services in MMMC IEG 11: Transportation (to HRSN Services)	\$ 45,72	8,857 \$	44,437,720	\$ 43,187,760 \$ 24,818,814	0 \$	41,972,959 61.745.308	40,792,328 61.745.308	\$ 216,114 \$ 148.309
IEG 12: Cooking Supplies	:		550,000,000	\$ 7,209,16: \$ 550,000,00	1 \$	17,613,583 550,000,000	17,613,583 550,000,000	\$ 42,436 \$ 2,200,000
IEG 13: Medicaid Hospital Global Budget Initiative IEG 14a: Student Loan Repayment IEG 14b: Career Pathways Training (CPT)	:	s s		\$ 12,075,000 \$ 175,770,000	0 \$	550,000,000 24,150,000 310,480,000		\$ 48,300 \$ 645,750
NEG 15: DSHP NEG 16: HERO (Health Equity Regional Organization)	\$	- S	1,512,948,150	\$ 915,731,775 \$ 50,000,000	5 \$	836,102,925 40,000,000	716,659,650 35,000,000	\$ 3,981,442 \$ 125,000
IEG 17: HCBS Expansion IEG 18: Institution to Community	\$ 1 \$ 6,32	5.700 S		\$ 558,86 \$ 19.884.56	7 S	558,867 20,342,311	558,867 20,810,556	\$ 2,252 \$ 86,800
IEG 19: Brokerage Fees DTAL (Excluding WW-only CNOMs)	\$ 2762274	- S	42 400 615 104	\$ 198,58 \$ 45,136,416,33	2 \$	397,164 46,946,816,859	397,164	\$ 993 \$ 221,941,835
avings generated in current demonstration period	1,011,14	,,,,,,,	43,460,013,104				40,033,243,023	
xcluding WW-only CNOMs)	\$ 10,833,99	5,547 \$	2,382,116,914	\$ 3,132,082,582	2 \$	3,953,994,561	4,853,711,761	\$ 25,155,902
ypothetical Test 1 - New Adult Group	_	_	HYPOTHETICAL	BUDGET NEUTRALITY TESTS	i i	_	_	
Without-Waiver Total Expenditures	DY 24		DY 25	DY 26		DY 27	DY 28	1
	(4/1/22 - 3/31/23)	(4/1/23 - 3/31/24)	(4/1/24 - 3/31/25)		(4/1/25-3/31/26)	(4/1/26-3/31/27)	TOTAL
lew Adult Group	\$ 20,621,76	0,002 \$	15,699,794,628	\$ 16,610,413,21	1 \$	17,573,795,109	18,593,150,258	\$ 89,098,913
DTAL	\$ 20,621,76	0,002 \$	15,699,794,628	\$ 16,610,413,211	1 \$	17,573,795,109	18,593,150,258	\$ 89,098,913
fith-Waiver Total Expenditures	DY 24		DY 25	DY 26		DY 27	DY 28	1
	(4/1/22 - 3/31/23)	(4/1/23 - 3/31/24)	(4/1/24 - 3/31/25)		(4/1/25-3/31/26)	(4/1/26-3/31/27)	TOTAL
ew Adult Group	\$ 20,621,76	0,002 \$	15,699,794,628	\$ 16,610,413,21	1 \$	17,573,795,109	18,593,150,258	\$ 89,098,91
DTAL	\$ 20,621,76	0,002 \$	15,699,794,628	\$ 16,610,413,21	1 \$	17,573,795,109	18,593,150,258	\$ 89,098,913
ypothetical Test 2 - Family of One Non-1915 Children Gthout-Waiver Total Expenditures	DY 24 (4/1/22 - 3/31/23) 2,789 S	DY 25 (4/1/23 - 3/31/24)	DY 26 (4/1/24 - 3/31/25)		DY 27 (4/1/25-3/31/26)	DY 28 (4/1/26-3/31/27)	TOTAL
amily of One Non-1915 Children	\$ 53,29		32,787,500	\$ 32,787,500	0 \$	32,787,500	32,787,500	\$ 184,442
amily of One Non-1915 Children	\$ 53,29 \$ 53,29		32,787,500 32,787,500	\$ 32,787,500 \$ 32,787,500		32,787,500 32,787,500	32,787,500	S 184,442 S 184,442
DTAL	\$ 53,29 DY 24	2,789 \$	32,787,500 DY 25	\$ 32,787,500 DY 26		32,787,500 S	32,787,500 DY 28	\$ 184,442
DTAL Fith-Walver Total Expenditures	DY 24 (4/1/22 - 3/31/23	2,789 \$	32,787,500 DY 25 (4/1/23 - 3/31/24)	\$ 32,787,500 DY 26 (4/1/24 - 3/31/25)	0 S	32,787,500 : DY 27 (4/1/25-3/31/26)	32,787,500 DY 28 (4/1/26-3/31/27)	\$ 184,44.
DTAL Fith-Walver Total Expenditures	DY 24 (4/1/22 - 3/31/23	2,789 \$	32,787,500 DY 25 (4/1/23 - 3/31/24)	\$ 32,787,500 DY 26 (4/1/24 - 3/31/25)	0 S	32,787,500 S	32,787,500 DY 28 (4/1/26-3/31/27)	\$ 184,44
DTAL Walver Total Expenditures smily of One Non-1915 Children DTAL	DY 24 (4/1/22 - 3/31/23	2,789 \$	32,787,500 DY 25 (4/1/23 - 3/31/24)	\$ 32,787,500 DY 26 (4/1/24 - 3/31/25)	0 S	32,787,500 : DY 27 (4/1/25-3/31/26)	32,787,500 DY 28 (4/1/26-3/31/27)	\$ 184,44.
OFAL TID: Walver Total Expanditures Intilly of One Non-1915 Children TFAL TFAL TFOTHETICALS VARIANCE 2	DY 24 (4/1/22 - 3/31/23	2,789 \$	32,787,500 DY 25 (4/1/23 - 3/31/24)	\$ 32,787,500 DY 26 (4/1/24 - 3/31/25)	0 S	32,787,500 : DY 27 (4/1/25-3/31/26)	32,787,500 DY 28 (4/1/26-3/31/27)	\$ 184,44 TOTAL
OTAL OTAL OTAL OTAL OTAL OTAL OTAL OTAL OTAL VANTHETICALS VANDANCE 2 VANTHETICALS VANDANCE 2 VANTHETICALS VANDANCE 2 VANTHETICALS VANDANCE 3	DY 24 (4/1/22 - 3/31/23	2,789 \$	32,787,500 DY 25 (4/1/23 - 3/31/24)	\$ 32,787,500 DY 26 (4/1/24 - 3/31/25)	0 S	32,787,500 : DY 27 (4/1/25-3/31/26)	32,787,500 DY 28 (4/1/26-3/31/27)	\$ 184,44 TOTAL
OTAL TID-Waiver Total Expanditures	DY 24 (4/1/22 - 3/31/23	2,789 S	32,787,500 DY 25 (4/1/23 - 3/31/24)	\$ 32,787,500 DY 26 (4/1/24 - 3/31/25)	0 S	32,787,500 : DY 27 (4/1/25-3/31/26)	32,787,500 DY 28 (4/1/26-3/31/27)	\$ 184,44 TOTAL
STAL IND. Molecus Total Expenditures unity of Chie Non-3315 Children STAL VECTOR TICLES VARIANCE 2 VECTOR TICLES VARIANCE 2 VECTOR TICLES VARIANCE 2 William Total Expenditures William Total Expenditures	DY 24 (4/1/22 - 3/31/23 5 53,29 5 53,29 5 DY 24 (4/1/22 - 3/31/23	2,789 \$	32,787,500 DY 25 (4/1/23 - 3/31/24) 32,787,500 32,787,500 DY 25 (4/1/23 - 3/31/24)	5 32,787,500 DY 26 (4/1/24 - 3/31/25) \$ 32,787,500 \$ 32,787,500 \$ DY 26 (4/1/24 - 3/31/25)	0 S	32,787,500 : 0Y27 (4/1,725-3/31/26) 32,787,500 : 12,787,500 : 0Y27 (4/1,725-3/31/26)	33,787,500 GY 28 (4/126-3/31/27) 5 32,787,500 32,787,500 DY 28 (4/126-3/31/27)	5 184,44 TOTAL 5 184,44 5 184,44
OTAL TOM Disperditures INDI-Videor Total Expenditures INDI-Videor Total Expenditures INDI-VIDEOR TOTAL Expenditures INDI-VIDEOR TOTAL EXPENDITURE IND	DY 24 (4/1/22 - 3/31/23 5 53,29 5 53,29 5 DY 24 (4/1/22 - 3/31/23) 2,789 S 2,789 S - S	32,787,500 DY 25 (4/2/23 - 3/31/24) 32,787,500 32,787,500 DY 25 (4/1/23 - 3/31/24)	\$ 12,787,506 DY26 (A/1/24 - 3/31/25) \$ 32,787,500 \$ 12,787,500 DY26 (4/1/24 - 3/31/25) \$ \$ 85,035 \$ 18,035 \$ 18,035	0 5	32,787,500 : 0Y27 (4/1,725-3/31/26) 32,787,500 : 12,787,500 : 0Y27 (4/1,725-3/31/26)	33,787,500 GY 28 (4/126-3/31/27) 5 32,787,500 32,787,500 DY 28 (4/126-3/31/27)	5 184,44 YOTAL 5 184,44 5 184,44 5 184,54
TTAL TO NOTION TO STATE Expenditures THIS OF ON THO STATE Expenditures THIS OF THE STATE EXPENDITURE T	5 53,29 DY24 (4/1/22-3/31/23 5 53,29 5 53,29	2,789 S 2,789 S 2,789 S - S	32,787,500 OF 25 (4/1/23 - 3/31/24) 3 2,787,500 32,787,500 32,787,500 175,418 175,418 2 200,015 2 200,015	\$ 12,787,500 DY 26 (4/1/24 - 3/31/25) \$ 32,787,500 \$ 32,787,500 \$ 0726 (4/1/24 - 3/31/25) \$ 2,000 \$ 2,0	0 \$	12,787,550 : 07 27 (4/1/25-3/31/26) 32,787,550 : 32,787,550 : 7 (4/1/25-3/31/26) 99,576 1,23,238 1,23,238 2,3,036,357	32,787,500 07.28 (4/1/26-3/21/27) 5 32,787,500 32,787,500 10,787,500 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464	\$ 184,44 TOTAL \$ 184,44 \$ 186,44 \$ 186,44
TAL TO NO T	DY 24 (4/1/22 - 3/31/23 5 53,29 5 53,29 5 DY 24 (4/1/22 - 3/31/23) 2,789 S 2,789 S - S	07 25 (4/2/23 - 2/31/24) 3 2,787,500 3 2,787,500 07 25 (4/2/23 - 2/31/24) 1 1,128,622 2 ,049,165	\$ 32,787,500 DY26 (4/1/24 - 3/31/25) \$ 32,787,500 \$ 32,787,500 DY26 (4/1/24 - 3/31/25) \$ 1,129,615 \$ 1,129,615 \$ 2,438,820	0 \$	32,787,500 : DY27 (4/1/2-3/11/25) 32,787,500 : 32,787,500 : 0Y27 (4/1/2-3/11/25) 99,876 1,724,828 2,228,898	32,787,500 TO 28 (4/1/26-3/31/27) 3.2,787,500 3.2,787,500 0.728 (4/1/26-3/31/27) 1.15,248 1.711,191 1.3,213,191	\$ 184,44 TOTAL \$ 184,44 \$ 186,44 \$ 186,44
TAL In Marker Total Engendianes Inity of One Non-1915 Children FAL TOTHETICASI VARIANCE 2 protection 1 11 - 1, 100 IndM MEG THAN MARKET 2 ON DO TANY CHILDREN 1 to 20 ON DO TANY CHILDREN 1 to 20 ON DO TANY AND 2 to 64 ON DO SO WA AND 2 t	5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	2,789 S 2,789 S 2,789 S - S	12,787,500 OF 25 (47/23 - 3/31/24) 1 2,787,500 32,787,500 DF 25 (4/1/25 - 3/31/24) DF 25 (4/1/25 - 3/31/24) 2 1,129,612 2 1,129,612 3 2,672,834 5 2,672,834	\$ 12,787.50 DY 26 [4/1/24-3/31/25] \$ 32,787.50 \$ 32,787.50 \$ 12,787.50 \$ 12,787.50 \$ 1,729.50 \$ 1,729.50 \$ 5,537.51 \$ 5,537.51 \$ 5,537.51	0 \$	32,787,500 1 0727 (4/1/25-3/13/126) 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1	33,787,500 OY 28 (H/IZ6-M/31/27) 5 32,787,500 32,787,500 (4/IZ6-M/31/27) 115,248 1 171,1391 1	\$ 184.40 TOTAL 5 184.40 5 184.40 5 184.50 TOTAL 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
TAL Whiter Total Engendianes with of One Non-1915 Children FAL TOTHETICASI VARIANCE 2 protection 1 11 - 1, 100 Mod Mod (TOTHETICASI VARIANCE 2 protection 1 11 - 1, 100 Mod Mod (TOTHETICASI VARIANCE 2 ON DO TANY CHILD Facendianes O MAD TANY CHILD Facendianes O MAD TANY CHILD IS 64	DY 24 (4/1/22 - 3/31/23 5 53,29 5 53,29 5 DY 24 (4/1/22 - 3/31/23	2,789 S 2,789 S 2,789 S - S	32,787,500 OF 25 (4/1/23 - 3/31/24) 3 2,787,500 32,787,500 32,787,500 175,418 175,418 2 200,015 2 200,015	\$ 12,787.50 OV 26 (4/1/24 - 3/31/25) \$ 32,787.50 \$ 32,787.50 \$ 12,787.50 \$ 12,787.50 \$ 1,170,61 \$ 1,170,61 \$ 5,53,737.55 \$ 5,53,737.55 \$ 85,622.91	0 S 0 S 5 S	12,787,550 : 07 27 (4/1/25-3/31/26) 32,787,550 : 32,787,550 : 7 (4/1/25-3/31/26) 99,576 1,23,238 1,23,238 2,3,036,357	32,787,500 07.28 (4/1/26-3/21/27) 5 32,787,500 32,787,500 10,787,500 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464 11,5,464	\$ 184.40 TOTAL 5 184.40 5 184.40 5 184.50 TOTAL 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
TTAL TO-Winley Total Engenditures with yet One Non-1915 Children TTAL TOTHETICALS VARIANCE 2 TOTH	5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$	12,787,500 OY 25 (4/1/23 - 1/31/24) 32,787,500 32,787,500 OY 25 (4/1/23 - 1/31/24) 70,418 1,128,622 2,009,165 2,109,165 2	5 12,787.50 072.6 (4/12/4 - 1/31/25) 5 32,787.50 5 32,787.50 5 1,2787.50 5 1,2787.50 5 1,2787.50 5 2,418.66 5 2,418.66 5 2,418.66 5 3,517.51 5 5 2,518.60 5 5 2,518.60 5 5 2,518.60 5 5 2,518.60 5 5 3,518.70 5 5 3,518.70 5 5 5 5,518.70 6 7,723.50 5 5 5 5,518.70 6 7,723.50 5 5 5 5,518.70 6 7,723.50 5 5 5 5 5,518.70 6 7,723.50 5 5 5 5,518.70 6 7,723.50 5 5 5 5,518.70 6 7,723.50 5 5 5 5 5,518.70 6 7,723.50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0 S 0 S 5 S	32,787,500 1 0727 (471,75-3/11/26) 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 32,787,500 1 33,772,540 1 33,772,540 1 33,772,540 1	33,787,500 OY 28 (47/26-3/31/27) 32,787,500 32,787,500 32,787,500 4(47/26-3/31/27) 5 115,346 5 13,113,713 5 12,113,713 5 13,113,713 6 10,00,663 100,044,422 OY 28 (47/26-3/31/27)	\$ 184,44 10TAL 5 184,44 5 184,44 10TAL 5 184,44 5 185,14 5 185,14 5 185,14 5 185,14 5 185,15 5
ITAL Whiter Total Expenditures while A does Non-1915 Children ITAL TROTHETICAS VARIANCE 2 TROTHET	5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$	12,787,500 OV 25 (4/2/23 - 3/31/24) 32,787,500 32,787,500 OV 25 (4/2/23 - 3/31/24) 70,418 1,126,612 2,604,105 22,672,344 70,011,02 OV 25 (4/2/23 - 3/31/24)	5 12,702,505 D728 M/(24 12/15/25) 5 12,705,505 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5	0 \$ 0 \$ 5 5 5 5 6 \$ 5	0772 0772 0772 10772 10772 10772 107777 10777 10777 10777 10777 10777 10777 10777 10777 1077	12.707.000 107.28 107.2	\$ 184.4 TOTAL 5 184.4 2 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.5 5 184
TAL TO Money Total Engenethers Inity of One Non-1915 Children TAL TOTHETICAS VARIANCE 2 5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$	12,787,500 OV 25 (4/2/23 - 3/31/24) 32,787,500 32,787,500 OV 25 (4/2/23 - 3/31/24) 70,418 1,126,612 2,604,105 22,672,344 70,011,02 OV 25 (4/2/23 - 3/31/24)	\$ 12,787.00 O726. IO726. IO	0 \$ 0 \$ 5 5 5 5 6 \$ 5	13,787,500 1 DV27 (47,175-371,75) 32,787,500 1 23,787,500 1 24,785-301,793,500 1 27,275-301,793,500 1 27,275-301,793,500 1 27,275-301,793,500 1 27,275-301,793,500 1 27,275,28	12.707.000 107.28 107.2	\$ 184.4 TOTAL 5 184.4 2 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.4 5 184.5 5 184	
TAL TAL TO MANAGE TO A TO SPECIAL TO A TO	5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$	12,787,500 OV 25 (4/2/23 - 3/31/24) 32,787,500 32,787,500 OV 25 (4/2/23 - 3/31/24) 70,418 1,126,612 2,604,105 22,672,344 70,011,02 OV 25 (4/2/23 - 3/31/24)	5 12,702,505 D728 M/(24 12/15/25) 5 12,705,505 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5 12,705 5	0 \$ 0 \$ 0 \$ 5 0 \$	0772 0772 0772 10772 10772 10772 107777 10777 10777 10777 10777 10777 10777 10777 10777 1077	12.707.000 107.28 107.2	\$ 18A.4 TOTAL 5 18A.4 5 18A.4 5 18A.4 5 18A.4 5 18A.4 5 18A.4 5 5 5 5 5 18A.5 5 18A.5 TOTAL TOTAL
TAL TAL TO MANAGE TO A TO SPECIAL TO A TO	5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$	97.257.500 97.25 (5)(23.27)(24) 15)(23.27)(24) 12.787.500 12.787.500 12.787.500 12.787.500 97.25 (47.723.47)(24) 1.125,612 2.000.102 1.256.12 2.000.102 1.256.12 2.000.102 1.256.12 2.000.102 1.256.12 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102	\$ 13.787.00 OF 24 \$5,000 31,725.50 \$5,000 31,725.50 \$5,000 31,725.50 \$5,000 31,725.50 OF 25, \$6,000 31,725.50 OF 25, \$6,000,000 OF 25,	0 \$ 0 \$ 0 \$ 5 0 \$	0270 500 10 12 15 15 15 15 15 15 15 15 15 15 15 15 15	0712 (471247107) (5712 (471247107) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (\$ 184.4 TOTAL 5 184.6 5 184.6 5 184.6 5 184.6 15 184.6 5 184.6
TAL TAL TOTAL Expenditures Total Expenditures TOTAL TOTAL TOTAL Expenditures TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO	5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$	97.257.500 97.25 (5)(23.27)(24) 15)(23.27)(24) 12.787.500 12.787.500 12.787.500 12.787.500 97.25 (47.723.47)(24) 1.125,612 2.000.102 1.256.12 2.000.102 1.256.12 2.000.102 1.256.12 2.000.102 1.256.12 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102	\$ 13.787.00 OF \$1.787.00 \$5,000	0 \$ 0 \$ 0 \$ 5 0 \$	0270 500 10 12 15 15 15 15 15 15 15 15 15 15 15 15 15	0712 (471247107) (5712 (471247107) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (\$ 184.4 TOTAL 5 184.6 5 184.6 5 184.6 5 184.6 15 184.6 5 184.6
TAL TO MANY Trail Expenditures TO NO TON TO 1935 Children TAL TON	5 53,29 OY 24 (4/1/22 3/31/23 5 53,29 5 51,29 5 OY 24 (4/3/22 3/31/23 5 5 5 5 5 5 5 5 5 5 5 5	- S - S - S - S - S - S - S - S - S - S	97.257.500 97.25 (5)(23.27)(24) 15)(23.27)(24) 12.787.500 12.787.500 12.787.500 12.787.500 97.25 (47.723.47)(24) 1.125,612 2.000.102 1.256.12 2.000.102 1.256.12 2.000.102 1.256.12 2.000.102 1.256.12 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102 2.256.102	\$ 13.787.00 OF \$1.787.00 \$5,000	0 \$ 0 \$ 0 \$ 5 0 \$	0727 500 0 0 0727 10725 10727	0712 (471247107) (5712 (471247107) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (57127) (5712 (\$ 184.4 TOTAL 5 184.6 5 184.6 5 184.6 5 184.6 15 184.6 5 184.6
TAL TO MANY Trail Expenditures TO NO TON TO 1935 Children TAL TON	1 5129 0728 (0	- S - S - S - S - S - S - S - S - S - S	32.787.560 OT 25 (47/23-1/31/24) 12.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 447/23-2/31/24) T0.418 1.28.622 2.040.545 2.100.543 78.618 1.28.622 2.040.545 2.100.543 78.618 1.28.622 3.04.105 1.28.622 3.04.105	\$ 12,787.00 OTES MODEL MINERS S 22,777.50 S 32,777.50 OTES S 32,777.50 OTES	0 S 0 S 0 S 5 S 2 S S S 2 S S S S S S S S S S S S S S	0727 0727 10/25-9/12/08 22/27/500 22/27/500 22/27/500 22/27/500 22/27/500 24/25-9	17.70.500 17.72 17.72 17.72 17.75	3 184.4 1707AL 5 186.4 5 186.4 15 186.4 15 186.4 15 186.4 15 186.4 15 186.4 15 186.4 15 186.4 15 186.4 16 186.4 1707AL 18 18 186.4 1707AL
TAL TAL TO MANUARY TO ALL Expenditures TAL TAL TAL TAL TAL TAL TAL TA	1 5129 0728 (0	2,789 \$ 2,789 \$ 3 2,789 \$ 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	32.787.560 OT 25 (47/23-1/31/24) 12.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 447/23-2/31/24) T0.418 1.28.622 2.040.545 2.100.543 78.618 1.28.622 2.040.545 2.100.543 78.618 1.28.622 3.04.105 1.28.622 3.04.105	\$ 12,707.00 OF 28 MATER MATER MATER \$ 12,707.00 \$ 12,	0 S 0 S 0 S 5 0 S 6 0 S	\$2,70.500 0727	17.70.500 17.72 17.72 17.72 17.75	3 184.4 TOTAL 5 186.4 5 186.4 10 100 TOTAL 5 2 186.4 10 100 TOTAL 5 2 186.1 10 100
TAL TAL TAL TAL TAL TAL TAL TAL	\$ 53.25 1	2,789 \$ 2,789 \$ 3 2,789 \$ 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	72.787.560 77.25 (47/23 - 1/31/24) 12.787.560 12.787.560 12.787.560 12.787.560 12.787.560 12.787.560 12.787.560 12.178.613	\$ 12,787,500 OTES MACH MACH AUGUS	0 S 0 S 0 S 5 0 S 6 0 S	0727 0727 10/275-9/12/08 2/275-500 2/275	12.70.500 1972 1972 1972 1972 1972 1972 1972 1972	3 184.4 1707AL 5 186.4 1 186.4
TAL TO-Monter Total Engenetismes Inity of One Non-1935 Children TAL TOTHET ICAS VARIANCE 2 goodwicks 17 5.500 MON Medic TAL TOTHET ICAS VARIANCE 3 O MOD TARY Children 1 to 20 O MOD TOTAL And Group O MOD TOTAL ONE OF TALE CHILDREN 1 to 20 O MOD TARY Children 1 to 20 O MOD TOTAL ONE OF TALE CHILDREN 1 to 20 O MOD TOTAL ONE OF TALE CHILDREN 1 to 20 O MOD TOTAL ONE OF TALE CHILDREN 1 to 20 O MOD TOTAL ONE OF TALE CHILDREN 1 to 20 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TOTAL ONE OF TALE CHILDREN 1 to 30 O MOD TALE CHILDREN 1 to 30 O M	1 5129 0728 (0	2,789 \$ 2,789 \$ 3 - \$ - \$ - \$ - \$ - \$ - \$ - \$	32,787,560 OY 25 (4/1/23 - 1/31/24) 12,787,560 32,787,560 32,787,560 32,787,560 12,787,560 12,787,560 OY 25 (4/1/23 - 1/31/24) 78,023,022 OY 35 (4/1/23 - 1/31/24) 78,023,022 OY 35 (4/1/23 - 1/31/24) OY 25 (4/1/23 - 1/31/24)	\$ 12,702,50 OF28 MACH MACH MACH \$ 12,705,50 \$ 12,705,	0 S 0 S 0 S 5 S 2 S S S 2 S S S 1 S S 0 S S	0727 0727 10/25-9/12/00 22/27/500 22	12.70.500 1972 1972 1972 1972 1972 1972 1972 1972	3 184.4 TOTAL 5 184.4 5 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 16 184.4 17 17 184.4 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL TO MANUFACTURE Expenditures TO MANUFACTURE Expenditures TO MANUFACTURE EXPENDENCE TO MANUFACTURE EXPENDENCE TO MANUFACTURE EXPENDITURE TO MANUFACTURE EXPENDED TO MANUFACTURE EXPENDITURE	\$ 53.25 OF 24 (4/1/22-3/51/22) \$ 5 53.25 \$ 5 53.25 \$ 5 53.25 \$ 5 5 53.25 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,789 S	32,787,560 OY 25 (4/1/23 - 1/31/24) 12,787,560 32,787,560 32,787,560 32,787,560 12,787,560 12,787,560 OY 25 (4/1/23 - 1/31/24) 78,023,022 OY 35 (4/1/23 - 1/31/24) 78,023,022 OY 35 (4/1/23 - 1/31/24) OY 25 (4/1/23 - 1/31/24)	\$ 12,787,00 OF 26 1,777,77 \$	0 S 0 S 0 S 5 S 2 S S S 2 S S S 1 S S 0 S S	0270 500 10 17 27 10 10 10 17 27 10 10 10 10 10 10 10 10 10 10 10 10 10	12.70.500 1972 1972 1972 1972 1972 1972 1972 1972	3 184.4 TOTAL 5 184.4 5 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 16 184.4 17 17 184.4 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL THE STATE OF THE STATE SEPREMENTS DIRECTION OF THE STATE SEPREMENTS TH	\$ 53.25 OF 24 (4/1/22-3/51/22) \$ 5 53.25 \$ 5 53.25 \$ 5 53.25 \$ 5 5 53.25 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$ 2,789 \$ 3 - \$ - \$ - \$ - \$ - \$ - \$ - \$	32,787,560 OY 25 (4/1/23 - 1/31/24) 12,787,560 32,787,560 32,787,560 32,787,560 12,787,560 12,787,560 OY 25 (4/1/23 - 1/31/24) 78,023,022 OY 35 (4/1/23 - 1/31/24) 78,023,022 OY 35 (4/1/23 - 1/31/24) OY 25 (4/1/23 - 1/31/24)	\$ 12,702,50 OF28 MACH MACH MACH \$ 12,705,50 \$ 12,705,	0 S 0 S 0 S 5 S 2 S S S 2 S S S 1 S S 0 S S	0727 0727 10/25-9/12/00 22/27/500 22	12.70.500 1972 1972 1972 1972 1972 1972 1972 1972	3 184.4 TOTAL 5 184.4 5 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 16 184.4 17 17 184.4 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL TOTAL TOTAL Expenditures INITY of One Non-1935 Children TAL TOTAL TOTAL SUMMANUE 2 SOUTHWEST AND A SUMMAN	\$ 53.25 OF 24 (4/1/22-3/51/22) \$ 5 53.25 \$ 5 53.25 \$ 5 53.25 \$ 5 5 53.25 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$ 2,789 \$ 3 - \$ - \$ - \$ - \$ - \$ - \$ - \$	32.787.560 OT 23 (4/723 - 2/31/24) OT 25 (4/723 - 2/31/24) OT 25 (4/723 - 2/31/24) TO 418 1,129.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418	\$ 12,787.00 OTES MOTES MOTES MOTES \$ 2,777.50 \$ 1,777.50 MOTES M	0 S 0 S 0 S 0 S 0 S 2 S S S 2 S S S S S S S S S S S S S S	0727 0727 10/25-9/12/00 22/27/500 22	12.70.500 1972 1972 1972 1972 1972 1972 1972 1972	3 184.4 TOTAL 5 184.4 5 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 16 184.4 17 17 184.4 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL THE WATER TOTAL Expenditures THE CONTROL TO A TOTAL TOTAL EXPENDITURES THE CONTROL TO A TOTAL T	\$ 53.25 OF 24 (4/1/22-3/51/22) \$ 5 53.25 \$ 5 53.25 \$ 5 53.25 \$ 5 5 53.25 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,789 \$ 2,789 \$ 3 - \$ - \$ - \$ - \$ - \$ - \$ - \$	32.787.560 OT 23 (4/723 - 2/31/24) OT 25 (4/723 - 2/31/24) OT 25 (4/723 - 2/31/24) TO 418 1,129.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418 1,229.612 7,0418	\$ 12,702,50 OF28 MACH MACH MACH \$ 12,705,50 \$ 12,705,	0 S 0 S 0 S 0 S 0 S 2 S S S 2 S S S S S S S S S S S S S S	0727 0727 10/25-9/12/00 22/27/500 22	12.70.500 1972 1972 1972 1972 1972 1972 1972 1972	3 184.4 TOTAL 5 184.4 5 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 15 184.4 16 184.4 17 17 184.4 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL With Wolver Total Enganditures willy of One Non-1995 Children FEA. TOTAL TOTAL TOTAL STATE OF THE STA	\$ 53.25 G724 G	2,789 S	37.787.500 97.25 (4)(23.2)(23.2)(24.2) (5)(23.2)(23.2)(23.2) (5)(23.2)(23.2)(23.2) (6)(23.2)(23.2)(23.2) (6)(23.2)(23.2) (6)(23.2)(23.2) (6)(23.2)(23.2) (7)(23.2)(23.2) (6)(23.2)(23.2) (7)(23.2)(23.2) (6)(23.2)(23.2) (7)(23.2)(23.2) (7)(23.2)(23.2) (8)(23.2)(23.2) (9)(23.2)(23.2) (9)(23.2)(23.2) (127.2	\$ 13.707.00 OF \$1.707.00 \$ 1.707.00 \$ 1.707.00 \$ 1.707.00 \$ 1.707.00 \$ 1.707.00 OF \$1.707.00	0 S 0 S 0 S 0 S 0 S 2 S S S 2 S S S S S S S S S S S S S S	0727 (9/25-9/20) 13,75-500 13,75-500 13,75-500 13,75-500 13,75-500 13,75-500 13,75-500 13,75-500 14,75-3-3-7-7-70 14,75-3-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	97.70.00 97.20 10.712.70 10.71	\$ 184,44 1707AL 5 184,44 15 184,41 15 184,41 15 184,41 15 184,41 15 184,41 15 184,41 15 184,41 15 184,41 15 184,41 15 184,41 16 184,41 1707AL 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TALL Initial Department Total Enganditures Initial Con Non-1915 Children PEA. PEA. PEA. PEA. INITIAL STATE OF THE S	2 5122 O7 24 O7 24 (V/1/22 1/31/22) 5 512.0 5 512.0 15 15 (V/1/22 1/31/22) 15 5 512.0 15 15 15 15 15 15 15 15 15 1	2,789 S	92.787.500 97.25 (47.72.731.729) 32.787.500 32.787.500 32.787.500 32.787.500 32.787.500 32.787.500 32.787.500 32.787.500 32.787.500 32.787.500 97.25 (47.723.7284 78.021.007.21 78.021.007.21 78.021.007.21 78.021.007.21 78.021.007.21 78.021.007.21 97.25.72.884 78.021.007.21 97.25.72.884 97.25.72.884 97.25.72.884 97.25.72.884 97.25.72.884 97.25.72.884	\$ 12,787.08 MATERIA M	0 S 0 S 2 S S 2 S S S 6 S S 0 S S	0270 500 1 0727 1070 500 1 0727 1070 500 1 13.78 500 1	07 12 M106 31107 07 12 M106 31107 13.787.00 13.787	3 184.44 1707AL 5 184.44 5 184.44 10 10 10 10 10 10 10 10 10 10 10 10 10 1
ITAL Whiter Total Expenditures with and one Non-1915 Children TITAL TOTAL TOTAL SANDANCE 2 portherical Test 1-1500 Mol Med Medic TOTAL TOTAL SANDANCE 3 O MOL STANDANCE 1 to 20 O MOL STANDANCE 2 to 20 O MOL STANDANCE 3 to 20 O MOL STANDANCE 4 to 20 O MOL STANDANCE 5 to 20 O MOL STANDA	\$ 53.25 G724 G	2,789 S	32.787.560 OT 25 (47/23-1/31/24) 12.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.380 78.418 78.618 78	\$ 13.707.00 OF \$1.707.00 \$ 1.707.00 \$ 1.707.00 \$ 1.707.00 \$ 1.707.00 \$ 1.707.00 OF \$1.707.00	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0727 (9/25-9/20) 13/25-20 13/2	17.72 500 17.72 17.72 17.72 17.72 17.75	3 184.44 10TAL 5 184.44 13 14 10TAL 5 184.44 15 184.44 15 184.44 15 184.44 15 184.44 15 184.44 15 184.44 15 184.44 15 184.44 15 184.44 15 184.44 16 184.44 17 10TAL 18 184.44 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL TO MAN THAT Expenditures THE CONTROL THAT Expenditures THE CONTROL THAT EXPENDITURES THE CONTROL THAT EXPENDITURES THAT EXPENDITURES AND AND THAT EXPENDITURES THAT EXPENDITURES AND THAT EXPENDITURE	\$ 53.25 OF 24 OF	2,789 S	32.787.560 OT 25 (47/23-1/31/24) 12.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.380 78.418 78.618 78	\$ 12,787.08 MATERIA M	0 S 0 S S S S S S S S S S S S S S S S S	0270 500 10 17 27 11 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	17.72 500 17.72 17.72 17.72 17.72 17.75	3 184.44 1707AL 5 184,44 3 184,44 3 184,44 3 184,44 5 184,44
TAL THE MANUSCRIPT TOTAL Expenditures INITY of One No. 1595 Children TAL TAL TOTAL TOTAL TOTAL STANDARD 2 DO NOT TANK AND AND 2 DO NOT TANK AND 3 DO	\$ 53.29 07.24 (47/22-3/5)/23 3 53.29 3 53.29 3 53.29 4 52.20 4 67/22-3/5)/23 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,789 S	37.787.500 97.25 (4)(23.23)27.83 (5)(23.23)27.85 (4)(23.23)27.500 31.787.500 31.787.500 31.787.500 31.787.500 31.787.500 31.787.500 78.618 1.128.612 2.040.185 2.267.2884 78.023.072 87.52 (47.723.23)27.280 78.023.072 78.023.072 67.55 (47.723.23)27.2804 78.023.072 67.55 (47.723.23)27.2804 78.023.072 (47.723.23)27.2804 67.55 (47.723.23)27.2804	\$ 13.707.00 OF 15 NUTE	0 S 0 S S S S S S S S S S S S S S S S S	\$2,707.500 \$17.77	97.70.000 97.20 10.712.70 10.7	3 184.4 1707AL 5 184.6 5 184.6 13 184.6 13 184.6 13 184.6 14 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 16 184.6 1707AL 18 185.7 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL TAL TOTAL COLOR TOTAL Expenditures INITY of One Not-1955 Children TAL TAL TOTAL COLOR TOTAL COLOR TOTAL	\$ 53.25 OF 24 OF	2,789 S	32.787.560 OT 25 (47/23-1/31/24) 12.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.560 32.787.380 78.418 78.618 78	\$ 13,787.08 OTSE (F) 137,785 \$ 1,778.58 \$ 1,778.58 1,778.58	0 S 0 S S S S S S S S S S S S S S S S S	0727 0727 0727 10/12/12/10 13/20	07 12 (17.75 20.77	3 184.4 1707AL 5 184.6 5 184.6 13 184.6 13 184.6 13 184.6 14 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 15 184.6 16 184.6 1707AL 18 185.7 18 18 18 18 18 18 18 18 18 18 18 18 18 1
TAL TOTAL TOTAL SUPPLY TO THE SUPPLY	1 53.29 OF 24 (4/1/22-3/13/22) 1 5 53.29 1 5 53.29 1 5 53.29 1 5 53.29 1 6 (4/1/22-3/13/23) 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,789 S 2,789 S 3 4 5 5 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8	32.787.560 OY 23 (4/723 - 3/31/24) 12.787.560 32.787.560 32.787.560 32.787.560 32.787.560 75.418 1.128.632 1.128.632 2.049.156 22.100.938 78.031.022 78.031.022 1.128.632 2.049.156 2.100.938 78.031.022 OY 25 (4/7/23 - 3/31/24) OY 25 (4/7/23 - 3/31/24) CAPPED HYPOTHET CAPPED HYPOTHET (4/7/23 - 3/31/24)	\$ 12,787.00 OF 28. MOZE MATERIA OF 18. OF	0 5 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0270 500 10 12 12 12 12 12 12 12 12 12 12 12 12 12	07 12 107 12 107 12 107 12 107 12 107 12 107 13 107 13 107 13 107 13 107 13 107 13 107 13 107 13 107 14	\$ 184.44 1707AL 5 184,44
OTAL WITHOUT COME Expenditures WITHOUT COME AND ADDRESS CHIRD ON THE A	1 53.29 OF 24 (4/1/22-3/13/22) 1 5 53.29 1 5 53.29 1 5 53.29 1 5 53.29 1 6 (4/1/22-3/13/23) 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2,789 S 2,789 S 3 3 4 5 5 5 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8	32.787.560 OY 23 (4/723 - 3/31/24) 12.787.560 32.787.560 32.787.560 32.787.560 32.787.560 75.418 1.128.632 1.128.632 2.049.156 22.100.938 78.031.022 78.031.022 1.128.632 2.049.156 2.100.938 78.031.022 OY 25 (4/7/23 - 3/31/24) OY 25 (4/7/23 - 3/31/24) CAPPED HYPOTHET CAPPED HYPOTHET (4/7/23 - 3/31/24)	\$ 13.787.08 FOR 1715 FOR	0 S S S S S S S S S S S S S S S S S S S	\$2,707.500 \$17.77	07 12 107 12 107 12 107 12 107 12 107 12 107 13 107 13 107 13 107 13 107 13 107 13 107 13 107 13 107 14	3 184,44 1707AL 5 184,44 15 194,44 15 194,44 15 194,44 15 194,44 15 194,44 15 194,44 15 194,44 16 194,44 1707AL 1707AL 1707AL 1707AL 1707AL 1707AL 1707AL 1707AL

cal Impact Estimate – Continuous Enrollment for Children of age	e 0-6 years				
Implementation Date	01/01/20	25			
Implementation Date SFY 24-25 Months	01/01/20	3			
Marshay Marsha	DY 26		DY 27	DY 28	
Member Months	(4/1/24- 3/31/25)		(4/1/25- 3/31/26)	(4/1/26- 3/31/27)	
Medicaid CHP	180,45	_	721,826 72,300	721,826 72,300	
orn		, ,	·	·	
Total Expenditures	DY 26 (4/1/24- 3/31/25)*		DY 27 (4/1/25- 3/31/26)	DY 28 (4/1/26- 3/31/27)	
Medicaid	\$ 7,000,00			\$ 53,000,000	
CHP	\$ 750,00		\$ 7,000,000	\$ 7,000,000	t for the amo
	*DY26 Calcula	itea	at 25% of expe	cted annual cos	t for the ame
Summarized impact	C	- 1/2	25	CEV	25-26
	Low	- Y 24	l-25 High	Low	25-20 High
Gross Impact - Medicaid	\$ 8,000,00	00	\$ 28,000,000		
Gross Impact - CHP	\$ 1,000,00	_	\$ 3,000,000	\$ 2,000,000	\$ 7,000,0
State Share - Medicaid	\$ 4,000,00		\$ 14,000,000		
State Share - CHP	\$ 540,00	JU	\$ 1,620,000	\$ 1,080,000	\$ 3,780,0
	Low		High		
TANF Kids 0-5: Estimated SFY2023-24 Average Membership each month	669,76	_	669,760		
FFS Kids 0-5: Estimated SFY2023-24 Average Membership each month CHP Kids 0-5: Estimated SFY2024-25 Average Membership each month	52,06 72,30	_	52,066 72,300		
Avoidable Annual Churn Rate FANF Kids 0-5: Avoidable Membership Churn	6.5		8.0% 53,581		I
FFS Kids 0-5: Avoidable Membership Churn	3,38	_	4,165		
CHP Kids 0-5: Avoidable Membership Churn	4,70	_	5,784		
Avg duration of churn (months per member)	4.	.4	5.5		
TANF Kids 0-5: Additional Member Months	192,57	_	293,369		
FFS Kids 0-5: Additional Member Months CHP Kids 0-5: Additional Member Months	14,97 20,78	_	22,806 31,669		
TANF Kids: SFY23-24 mid-estimate PMPM	\$ 215.7	75	\$ 215.75		
CHP: CY24 Average PMPM	\$ 272.5	_	\$ 272.53		
Annual PMPM Trend	3.0)%	3.0%		
TANF Kids: SFY24-25 mid-estimate PMPM	\$ 222.2	22	\$ 222.22		
FFS Kids: SFY24-25 Average PMPM	\$ 276.6	_	\$ 276.62		
CHP: SFY24-25 Average PMPM	\$ 276.6	52	\$ 276.62		
Reduced Costs PMPM for Otherwise Disenrolled Months (Multiplier)		%	50%		
FANF Kids: SFY24-25 Average PMPM for Disenrolled Months FS Kids: SFY24-25 Average PMPM for Disenrolled Months	\$ 88.8 \$ 110.6		\$ 111.11 \$ 138.31		
CHP: SFY24-25 Average PMPM for Disenrolled Months	\$ 110.6	_	7		
Avoided Costs PMPM First Month After Churn (Multiplier)	(0.5	7)	(0.57)		
TANF Kids: SFY24-25 Avoided Costs PMPM First Month After Churn	\$ (126.9				
FFS Kids: SFY24-25 Avoided Costs PMPM First Month After Churn CHP: SFY24-25 Avoided Costs PMPM First Month After Churn	\$ (158.0 \$ (158.0	_	\$ (158.07) \$ (158.07)		
Admin savings (per churn)	\$ (100.0	(0)	\$ -		
TANF Kids 0-5: SFY24-25 Impact	\$ 7,236,46		\$ 25,792,764		
FFS Kids 0-5: SFY24-25 Impact CHP 0-5: SFY24-25 Impact	\$ 783,09 \$ 1,087,41		\$ 2,495,896 \$ 3,465,856		
Total 0-5: SFY24-25 Impact	\$ 9,106,97		\$ 31,754,515		
Annual Enrollment Growth	0.6	0/-	4 301		
FANN Kids 0-5: Estimated SFY2025-26 Average Membership Growth (MM)	48,22	_	1.2% 96,445		
FFS Kids 0-5: Estimated SFY2025-26 Average Membership Growth (MM)	3,74	19	7,498		
CHP Kids 0-5: Estimated SFY2025-26 Average Membership Growth (MM)	5,20	06	10,411		
Cost Reduction Factor	_	80	1.00		
TANF Kids: SFY25-26 PMPM for Enrollment Growth	\$183.	_	\$228.89		
FFS Kids: SFY25-26 PMPM for Enrollment Growth CHP: SFY25-26 PMPM for Enrollment Growth	\$227. \$227.	_	\$284.92 \$284.92		
TANF Kids 0-6: SFY25-26 Impact	\$ 16,283,71	18	\$ 48,641,945		
FFS Kids 0-6: SFY25-26 Impact	\$ 1,661,05	_			
CHP 0-6: SFY25-26 Impact	\$ 2,306,57		\$ 6,536,173		
Total 0-6: SFY25-26 Impact	\$ 20,251,35	- a L	\$ 59,885,067	i	Î.

Approach:
The estimated fiscal impact is driven by enrollment growth of
High and low program cost estimates were developed based including: avoidable annual churn rate, average duration, un differing annual enrollment growth methodologies and cost
Final estimated costs for the amendment were determined
Key Assumptions, Low/High Estimates:
Avoidable Annual Churn Rate
Avg duration of churn (months per member)
Reduced Costs PMPM for Otherwise Disenrolled Months (Multiplier)
Admin savings (per churn)
Annual Enrollment Growth
Cost Reduction Factor

due to a reduction in churn as well as fewer disenrollments (outside of the impact of churn) over time.

I on different key assumptions (listed and defined in the table below) concerning churn factors, irealized costs resulting from disenrollment, and potential churn-related admin savings, as well as reduction from third party coverage.

using the high estimates.

Low end accounts for NY already offering 12-month continuous elibility and 8% (high end) avoidable children churn rate based on MACPAC external research. These amount are supported by an analysis we completed on churn in MMC for children 0-5. This rate is multiplied by enrollment to calculate Number of Avoided Churns.

Assumed average duration of churn in a 12-month period to be 4.4 months (low) and 5.5 months (high) based on analysis on New York Mainstream data for children 0-5 from 2017-2019.

Reduced PMPM rates by 60% (low) to 50% (high) to represent reduced spend during months that otherwise would not have been enrolled. For example, if enrolled in July / disenrolled in August / reenrolled in September, this seeks to estimate cost to the State for now covering August. In theory, this would serve to decrease average rates PMPM (subsequently offset by increasing overall costs to the program due to more months of coverage). A similar methodology was relied on in the development of MMC SFY 23-24 Rates when evaluating the PHE unwind.

Assumed \$100 (low) and \$0 (high) per churn in savings related to administrative cost. This is intended to represent potential impact to administrative trend assumptions. Plans have not indicated reduced administrative spend throughout the PHE despite reduced churn.

Assumed a 0.6% (low) to 1.2% (high) enrollment growth due to continuous coverage (but not related to churn) based on analysis of NY Medicaid enrollment trends during the PHE. This enrollment growth is on top of what would be normal enrollment growth in upcoming years. Our analysis is still expecting the State to disenroll children age 0-5 for appropriate reasons (e.g., leaving the State, individuals requesting termination of eligibility, eligibility for third party insurance, fraud, etc.) outside of the redetermination process. To the extent the State actively pursues this type of disenrollment, the fiscal estimate could

lean toward the lower end of the range. Regarding potential risks (e.g., concerns related to eligibility gaming behavior), no explicit adjustments were made. However, these types of issues would have also been evident during the PHE given continuous enrollment and PHE enrollment changes were analyzed as part of the enrollment growth assumption setting process.

Assumed a 0.8 factor (low) and 1 (high) for lower acuity members due to third party coverage for additional members covered due to enrollment growth rate.

Demonstration Budget Template for States Using CHIP Funds	10/1/2023-9/30/2024	10/1/2024-9/30/2025
	FFY24 Federal Fiscal Year 24	FFY25 Federal Fiscal Year 25
State's Allotment	\$ 1,465,534,436	
Funds Carried Over From Prior Year(s)	\$ 1,292,679,414	
SUBTOTAL (Allotment + Funds Carried Over)	\$ 2,758,213,850	
Reallocated Funds (Redistributed or Retained that are Currently Available)	Ψ 2,730,213,030	\$ -
TOTAL (Subtotal + Reallocated funds)	\$ 2,758,213,850	Ψ
State's Enhanced FMAP Rate	65.00%	65.00%
COST PROJECTIONS OF DEMONSTRATION PROPOSAL		
Demonstration Population: CHIP Enrollees who receive 1115(a)(2) demonstration benefits		
Eligible User Months Annually	-	54,225
Average Users Per Month	-	4,519
Benefit Costs		
Fee for Service	-	\$ 5,250,000
Fee for Service per member/per month rate @ # of eligibles		\$ 97
Total Benefit Costs	-	\$ 5,250,000
Federal Title XXI Share	\$ -	\$ 3,412,500
State Share	\$ -	\$ 1,837,500
TOTAL COSTS FOR DEMONSTRATION	\$ -	\$ 5,250,000
Program Costs		
Total Title XXI Program Costs (Separate CHIP State Plan) (federal share)	\$ 301,548,532	\$ 301,548,532
Total Title XXI Program Costs (Targeted Low Income Children covered under the Medicaid State Plan))(federal share)	001,010,002	* ***********************************
Total Title XXI Program Costs (Demonstration)	\$ -	\$ 5,250,000
Total Federal XXI Share at enhanced FFP	\$ -	\$ 3,412,500
Total State XXI Share	\$ -	\$ 1,837,500
TOTAL PROGRAM COSTS (State Plan + Demonstration) (Federal Share)	\$ 301,548,532	\$ 304,961,032
Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds)	\$ 2,758,213,850	
Total Federal Title XXI Program Costs (State Plan + Demonstration)	\$ 301,548,532	
Unused Title XXI Funds Expiring (Allotment or Reallocated)	\$ 1,163,985,904	
Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds)	\$ 1,292,679,414	\$ 2,453,252,818

FFY26 Federal Fiscal Year 26		FFY27 Federal Fiscal Year 27		FFY28 Federal Fiscal Year 28	
\$ 1,465,534,436	\$	1,465,534,436	\$	1,465,534,436	
\$ 2,453,252,818	\$	3,612,688,722	\$	4,772,124,626	
\$ 3,918,787,254	\$	5,078,223,158	\$	6,237,659,062	
\$ -	\$	-	\$	-	
\$ 3,918,787,254	\$	5,078,223,158	\$	6,237,659,062	
65.00%		65.00%		65.00%	

72,300	72,300	72,300
6,025	6,025	6,025
\$ 7,000,000	\$ 7,000,000	\$ 7,000,000
\$ 97	\$ 97	\$ 97
\$ 7,000,000	\$ 7,000,000	\$ 7,000,000
\$ 4,550,000	\$ 4,550,000	\$ 4,550,000
\$ 2,450,000	\$ 2,450,000	\$ 2,450,000
\$ 7,000,000	\$ 7,000,000	\$ 7,000,000

\$	301,548,532	\$	301,548,532	\$	301,548,532
¢	7 000 000	4	7 000 000	4	7 000 000
\$	7,000,000	\$	7,000,000	\$	7,000,000
\$	7,000,000 4,550,000	\$	7,000,000 4,550,000	\$	7,000,000 4,550,000
		_		_	

\$	3,918,787,254	\$	5,078,223,158	\$	6,237,659,062
\$	306,098,532	\$	306,098,532	\$	306,098,532
Unknown			Unknown	Unknown	
\$	3,612,688,722	\$	4,772,124,626	\$	5,931,560,530