MEDICAID CONSENSUS FORECASTING

EXECUTIVE APPROPRIATIONS COMMITTEE
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ISSUE BRIEF

SUMMARY

The Medicaid consensus forecast team estimates changes from traditional Medicaid and Children's Health Insurance Program (CHIP) to the General Fund in FY 2023 of ($42.0) million reduction one-time and increases of $44.3 million ongoing and $21.1 million one-time in FY 2024. Medicaid Expansion Fund ongoing revenues may exceed ongoing expenses by $55 million in FY 2023 and $70 million in FY 2024. The consensus team recommends a 3% buffer of $24.7 million from existing funds in the Medicaid Restricted Account for FY 2023. These estimates do not include any new funding for state administration or any optional provider inflation.

RECOMMENDATIONS

By statute, the Legislature must include in the base budget $7.5 million ongoing General Fund in FY 2024 with a one-time offset of $0.2 million for accountable care organization costs, increases to funding for mental health, and mandated program changes. These increases are included in the overall estimate above.

Medicaid Consensus General Fund Cost/(Savings) Estimates, $ in Millions	FY 2023	6.2% Bump (6 More Months)	FY 2024	One-time Offsets
Caseload	$749.7	($105.4)	$629.2	$29.7
Inflationary Changes	$33.7	($11.5)	$46.4	($8.4)
Program Changes	$2.5	$0.5	$4.8	($0.2)
Human Services - FMAP (Federal Medical	$0.0	($26.4)	$1.5	$0.0
Corrections - FMAP	$0.0	($0.0)	$0.0	$0.0
Children's Health Insurance Program	$2.4	($4.5)	($4.6)	$0.0
Less Base Medicaid Funding	($683.2)	$0.0	($633.1)	$0.0
Total - Medicaid & CHIP	**$105.2**	**($147.2)**	**$44.3**	**$21.1**
Medicaid Expansion Fund Balance Closing Year Fund Balance (Negative Number = Funds Available)	($254)		($323)	
Medicaid Expansion Fund Ongoing Expense vs Revenue - Above/(Below)	($55)		($70)	

DISCUSSION AND ANALYSIS

The table above has a summary of the consensus General Fund mandatory cost estimates for FY 2023 and FY 2024. All numbers for FY 2023 are as compared to the amounts expended in FY 2022 plus 2022 General Session appropriations for FY 2023 and ongoing appropriations for FY 2024.

Medicaid – What is Included in Consensus for Mandatory Costs?

The Medicaid consensus forecast team (Legislative Fiscal Analyst, Governor's Office of Planning and Budget, and the Department of Health) estimates changes from traditional Medicaid and Children's Health

Insurance Program (CHIP) to the General Fund in FY 2023 of ($42.0) million reduction one-time and increases of $44.3 million ongoing and $21.1 million one-time in FY 2024. Medicaid Expansion Fund ongoing revenues may exceed ongoing expenses by $55 million in FY 2023 and $70 million in FY 2024. The consensus team recommends a 3% buffer of $24.7 million from existing funds in the Medicaid Restricted Account for FY 2023. Each of the items in the forecast has a more detailed discussion below. All numbers for FY 2023 are as compared to the expenditures incurred in FY 2022. The cost increases mentioned for FY 2023 carry forward into FY 2024 unless specifically noted. The FY 2024 numbers are as compared to the updated FY 2023 estimates. The estimates are all ongoing changes unless specifically noted. Further, some inflationary changes take place mid-FY 2024, so the full ongoing cost has been projected with a one-time back to account for the later start date of the changes.

Eligibility Category	General Fund PMPM*	FY 2023 Est. Enrollment	FY 2023 Costs	FY 2024 Est. Enrollment	FY 2024 Costs
Adult	$ 160.96	53,113	$ 102,600,000	35,376	$ 68,300,000
Breast Cervical Cancer	$ 642.33	100	$ 800,000	101	$ 800,000
Aged	$ 2,096.95	4,908	$ 123,500,000	4,250	$ 106,900,000
Qualified Medicare Beneficiary (QMB)	$ 324.28	13,778	$ 53,600,000	13,014	$ 50,600,000
Blind/Disabled	$ 346.02	46,835	$ 194,500,000	45,063	$ 187,100,000
Tech Dependent	$ 3,773.35	144	$ 6,500,000	144	$ 6,500,000
Child	$ 48.64	214,078	$ 125,000,000	172,103	$ 100,500,000
Medically Needy Child (Spenddown)	$ 62.19	740	$ 600,000	370	$ 300,000
Newborns	$ 489.81	14,297	$ 84,000,000	14,154	$ 83,200,000
Pregnant	$ 187.31	9,878	$ 22,200,000	8,274	$ 18,600,000
Non-traditional Restriction	$ 494.77	149	$ 900,000	146	$ 900,000
Traditional Restriction	$ 827.15	135	$ 1,300,000	128	$ 1,300,000
Grand Total		**358,200**	**$ 715,500,000**	**293,100**	**$ 625,000,000**
*PMPM = per member per month					

Caseload Changes - $14.5 Million Combined Ongoing and One-time Increases in FY 2024

1. ***Change in caseloads*** **–** estimated increase over FY 2022 of 9,600 or 2.8% clients in FY 2023 and a decrease of (55,400) or (15.9%) in FY 2024 compared to the FY 2022 actuals. The baseline caseload costs are $644.4 million in FY 2023 and $658.9 million in FY 2024.

2. ***Federal medical assistance percentage*** **–** unfavorable ongoing changes of 0.9% in FY 2023 at a cost of $18.7 million ongoing and 0.2% in FY 2024 for a cost of $1.0 million. Unfavorable match rate changes of 0.9% and 1.1% in FY 2023 and FY 2024 respectively as compared to FY 2022.

3. ***6.2% temporary bump in Federal medical assistance percentage*** – ($105.4) million one-time offset from an additional nine months with a 6.2% temporary increase in the federal match rate during the nationwide public health emergency.

4. ***Recent General Session ongoing appropriations*** **–** The items over $0.1 million include:

    a. $3.0 million for Equal Medicaid Reimbursement Rate for Autism

b. $2.1 million one-time for Individuals Transitioning from Intermediate Care Facilities to Community-Based Disability Services from the 2021 General Session

c. $0.9 million for H.B. 200, Medically Complex Children's Waiver

d. $0.4 million for Fertility Treatment Amendments (H.B. 192 from the 2021 General Session)

e. $0.4 million for H.B. 413, Medicaid Amendments

f. ($0.4) million for Transition Program

g. $0.1 million for Dental Hygienist Amendments (S.B. 103 from the 2021 General Session)

h. $0.1 million for Better Materials for Dental Crowns and Fillings

i. $0.1 million for LTSS for Behaviorally Complex Individuals

For more information on the appropriations listed above, please visit https://cobi.utah.gov/2022/3587/issues.

5. ***Collections by the Office of the Inspector General, Medicaid Fraud Control Unit, Department of Health, Department of Workforce Services, and Office of Recovery Services*** – the updated estimates assume that collections from these five entities will be higher (saving Medicaid more) by ($0.1 million) in FY 2023 primarily due to a projected decrease in collections from the Office of Recovery Services. For FY 2024 the estimates assume a $0.8 million cost impact primarily due to a projected decrease in collections from the Office of Recovery Services. There was a $5.0 million increase in collections for FY 2023 that was approved by the Legislature for the office now being able to keep for the state money recovered on claims in accountable care organizations after the first year. Medicaid made a contract change effective January 2021 to allow for this type of collection and the first time that there will be claims older than a year under the new contract is July 2022. Thus far the Office of Inspector General has begun reviewing encounter claims from accountable care organizations from July and August 2022. This $5.0 million collection increase is not included in the current estimates because there have been no new collections thus far.

6. ***Qualified Medicare Beneficiary Case mix*** - Billings from the federal government's Centers for Medicare and Medicaid Services have gone up and the case mix of Qualified Medicare Beneficiaries may change which would result in more costs to the State of $5.2 million in FY 2023 and a reduction of ($2.6) million in FY 2024.

7. ***Other budget adjustments*** – The following items beginning in FY 2023 are not driven by caseload, are paid separately from caseload, and do not represent cost increases:

   a. Graduate Medical Education - $1.8 million

   b. Disproportionate Share Hospital - $1.7 million Disproportionate Share Hospital cuts have been delayed until FFY2024 as per the Consolidated Appropriations Act of 2021.

8. ***Transfer of Preferred Drug List Savings*** – As per UCA 26-36b-208(2)(f), Preferred Drug List savings from psychotropic drugs are to be transferred into the Medicaid Expansion Fund. Since FY 2022 saw $0.1 million General Fund more in savings than in FY 2021, ($0.1) million will be transferred beginning in FY 2023 from Medicaid savings into the Medicaid Expansion Fund to reflect the increase in savings.

Inflationary Changes - $15.8 Million Combined Ongoing and One-time Increases in FY 2024

1. ***Clawback*** – Payments began in 2006 when the federal government took responsibility for the pharmacy costs of clients that are dually eligible for Medicaid and Medicare. State payments are projected to increase $18.4 million in FY 2023 and an additional $14.5 million in FY 2024 with a ($11.9) million one-time back out based on a 2.0% annual increase starting in January 2022. We had previously overstated the one-time vs ongoing impact of rate changes due to the temporary 6.2% federal match rate increase, which explains the large ongoing increases.
2. ***Accountable care organization contracts*** – $10.2 million in FY 2023 and an additional $4.7 million in FY 2024 to account for 3.06% increase starting in July of 2022 and a rate increase of 2.0% starting July 2023. Medicaid contracts with four accountable care organizations who utilize about 50% of the General Fund appropriated to Medicaid to perform services statewide. These organizations serve about 78% of clients. These contracts traditionally have annual increases.
3. ***Medicare buy-in*** – The federal government requires the State to pay Medicare premiums and coinsurance deductibles for aged, blind, and disabled persons with incomes up to 100 percent of the Federal Poverty Level. Medicare Part B premiums will decrease from $170.78 to $164.90 or (3.4%) for calendar year 2023. The estimates include a projected increase of $164.90 to $169.35 or 2.7% in calendar year 2024. Medicare cost sharing increases are projected to cost the State an additional $3.4 million in FY 2023 and then reduce by ($3.7) million with a $3.5 million one-time cost in FY 2024.
4. ***Mental Health Funding Increases*** – H.B. 236, *Behavioral Health Amendments*, from the 2022 General Session required total mental health funding to be increased up to 2% based on General Fund growth factor adjusted for county contribution. Increases are for mental health plans primarily run by the counties. This is a $1.0 million increase in FY 2023 and an additional increase of $0.8 million in FY 2024. This also requires more ongoing statewide match from the counties of $0.2 million in FY 2023 and an additional $0.2 million in FY 2024.
5. ***Forced provider inflation*** – This primarily includes cost changes to the State's fee-for-service program. The updated forecast includes an increase of $0.6 million for FY 2023 with a ($0.1) million reduction for FY 2024, primarily due to inflationary increase in hospice and pharmacy. The changes are areas over which the state has no control due to federal regulation or has opted not to exercise more state control over cost changes.
6. ***6.2% temporary bump in Federal medical assistance percentage*** – ($11.5) million one-time from an additional nine months with a 6.2% temporary increase in the federal match rate during the nationwide public health emergency.

Program Changes – $1.6 Million Combined Ongoing and One-time Increases in FY 2024

1. ***Blockbuster drugs*** – The Department of Health will be paying for new costly drugs statewide via a high-risk pool for accountable care organizations and fee-for-service. There are projected costs of $0.5 million for new and emerging drugs where the annual cost per member-drug combination exceeds $240,000.
2. ***CHIPicaid Adjustment*** – ($4.4) million in FY 2023 and an increase of $3.6 million in FY 2024 to account for the consensus member growth among children enrolled in Medicaid.

3. ***Extra Week in FY 2023*** – $6.1 million one-time in FY 2023 only because of one more weekly payment day run compared to FY 2022.

4. ***Non-emergency Medical Transportation Contract Re-bid*** – increase of $0.3 million for increase for (1) Utah Transit Authority contract and (2) rate paid to contracted transportation provider.

5. ***Sunsetting the Disparity of Benefits in the Adult Expansion Population (Medicaid Reform 1115 Demonstration)*** – increase of $0.3 million ongoing beginning in FY 2024 with a one-time offset of $0.2 million for a federal requirement to provide the same non-emergency transportation services to traditional and non-traditional clients beginning in 2024.

6. ***6.2% temporary bump in Federal medical assistance percentage*** – $0.5 million cost from an additional nine months with a 6.2% temporary increase in the federal match rate during the nationwide public health emergency. Because the largest financial change in this area is the cost decrease for the CHIPicaid Adjustment, this provision for program changes has a cost to the State.

Human Services, Juvenile Justice Services, and Corrections – $1.5 Million Increase in FY 2024

Federal medical assistance percentage

1) FY 2023 – nine months more of a temporary federal match rate bump of 6.2% reducing state costs by ($26.2) million for the part of the Department of Health and Human Services overseen by the Social Services Appropriation Submission and ($173,300) for the Juvenile Justice Services portion of Health and Human Services overseen by the Executive Offices and Criminal Justice Appropriations Subcommittee as well as ($40,900) for the Department of Corrections.
2) FY 2024 – an unfavorable change of 0.2% for a cost of $1.5 million for the part of the Department of Health and Human Services overseen by the Social Services Appropriation Submission and $9,900 for the Juvenile Justice Services portion of Health and Human Services overseen by the Executive Offices and Criminal Justice Appropriations Subcommittee as well as $0 for the Department of Corrections.

Children's Health Insurance Program (CHIP) – ($2.1) Million One-time Decrease in FY 2023 and ($4.6) Million Decrease in FY 2024

The consensus team estimates one-time General Fund reductions of ($2.1) million in FY 2023 and ($4.6) million in FY 2024. The federal government initially approved and subsequently rejected applying the same eligibility maintenance of effort requirements to CHIP as those in Medicaid. This resulted in a large drop off CHIP clients until they completed their eligibility reviews. The consensus for CHIP includes the following components:

1. ***Caseload*** – (19.0%) or (1,600) client change in FY 2023 and 52.4% or 3,600 client increase in FY 2024.
2. ***Per-member-per-month costs*** – 5% inflationary growth in managed care contracts forecasted for FY 2024
3. ***Federal medical assistance percentage*** – Unfavorable ongoing changes of 0.6% in FY 2023 at a cost of $0.8 million and 0.2% in FY 2024 at an additional cost of $0.1 million.
4. ***Higher one-time federal match rates*** – ($4.5) million one-time in FY 2023 from nine more months of a 4.3% higher federal match rate during the national public health emergency.

5. ***Many CHIP clients now on Medicaid*** – Effective January 1, 2014, many former CHIP clients are now served by Medicaid. This primarily happened because Medicaid's asset test for children was removed. The federal government will still pay the higher CHIP match rate, but the benefits package for Medicaid costs more than CHIP's benefits package.

Medicaid Expansion Fund – Ongoing Revenue to Exceed Ongoing Expenses by $70 million in FY 2024

The Medicaid Expansion Fund may be used to pay the costs to the state of serving those newly eligible for Medicaid as of April 2019. The ongoing revenues may exceed ongoing expenses in the Medicaid Expansion Fund by $55 million in FY 2023 and $70 million in FY 2024. The Medicaid Expansion Fund might end FY 2023 with $254 million and $323 million in FY 2024. Below are the explanations behind the cost forecasts:

1. ***Caseload*** **-** FY 2023 enrollment vs FY 2022 actuals increasing 26,300 or 23.1%. FY 2024 vs FY 2023 projected enrollment decreasing (7,700) or (5.5%).
2. ***Housing supports*** – $1.5 million in FY 2023 and an additional $4.6 million ongoing offset by $1.5 one-time in FY 2024 to provide housing supports to clients as per S.B. 96, *Medicaid Expansion Adjustments*, from the 2019 General Session. The federal government recently provided approval for housing supports starting near January 2023.
3. ***Sales 0.15% Tax Revenue Forecast*** - $3.8 million increase in available revenues beginning in FY 2024
4. ***Forced provider inflation*** – $2.3 million in FY 2023 and an additional $1.4 million in FY 2024 due to projected increases in rates paid to accountable care organizations of 3.06% in FY 2023 and 2.0% in FY 2024.
5. ***2022 General Session ongoing appropriations*** – The items over $0.1 million include:
    a. $0.7 million for Behavioral Health Service Code Alignment
    b. $0.6 million one-time in FY 2023 for Charge Full Programming Costs to Medicaid Expansion Fund
    c. $0.5 million in FY 2023 and $0.3 million in FY 2024 for Ongoing Maintenance of Medicaid Information Management System
    For more information on the appropriations above, please visit https://cobi.utah.gov/2022/3587/issues.

6. ***Extra Week in FY 2023*** – $1.2 million one-time in FY 2023 only because of one more weekly payment day run compared to FY 2022.

7. ***Federal medical assistance percentage*** – unfavorable changes 0.9% in FY 2023 for a cost of $0.3 million for certain services (i.e. – 12-month continuous eligibility for higher income clients) and clients (i.e. – clients with disabilities but disabled per State rules) who do not qualify for the expansion federal match rate of 90%.

8. ***Mental Health Funding Increases*** – H.B. 236, *Behavioral Health Amendments*, from the 2022 General Session required total mental health funding to be increased up to 2% based on General Fund growth factor adjusted for county contribution. Increases are for mental health plans primarily run by the counties. This is a $0.2 million increase in FY 2023 and an additional increase of $0.1 million in FY 2024.

9. ***Transfer of Preferred Drug List Savings*** – As per UCA 26-36b-208(2)(f), Preferred Drug List savings from psychotropic drugs are to be transferred into the Medicaid Expansion Fund. Since FY 2022 saw $0.1 million General Fund more in savings than in FY 2021, $0.1 million will be transferred beginning in FY 2023 from Medicaid savings into the Medicaid Expansion Fund to reflect the increase in savings.
10. ***Sunsetting the Disparity of Benefits in the Adult Expansion Population (Medicaid Reform 1115 Demonstration)*** – Increase of $0.1 million ongoing beginning in FY 2024 with one-half offset one-time for a federal requirement to provide the same non-emergency transportation services to traditional and non-traditional clients beginning in 2024.

Why Did FY 2022 Underspend by $23.7 Million for Medicaid Services?

Medicaid services ended FY 2022 $23.7 million General Fund under budget and did not use the $21.7 million buffer provided. The unexpected surplus was $23.7 million or 4.4%. There would have been $25.6 million not spent were it not for $1.9 million lower than expected collections. When you factor this out of the error rate for forecasting, there was a $25.6 million overestimate of costs which is a 4.7% error rate. The Department of Health and Human Services believes there was a surplus in FY 2022 due to non-General Fund revenue sources increasing at higher rates than overall expenditures, additional savings due to the COVID federal medical assistance percentage increase, and savings related to forecasted Qualified Medicare Beneficiaries case mix funding requirements.

Why Did FY 2022 Underspend by $2.5 Million for CHIP?

CHIP ended FY 2022 with a surplus of $2.5 million, which represents a 9.4% error rate. One of the reasons for the surplus is that the February 2022 consensus projected 17,400 clients for FY 2022, but only 8,500 enrolled.

Why Consensus Forecasting for Medicaid?

When arriving at final point estimates for tax revenue projections, economists from the Legislative Fiscal Analyst Office, the Governor's Office of Planning and Budget, and the State Tax Commission compare numbers and attempt to reach a consensus. The details of each projection are examined and critiqued against the other offices' numbers. By comparing competing forecasts, all involved parties attempt to flush out any errors or left out factors. These same reasons apply to Medicaid. From June 2000 to June 2012, Utah Medicaid grew from 121,300 clients to 252,600 clients, an increase of 108%. Over the same period, the percentage of the State's population on Medicaid grew from 5.4% to 8.8%.

Officially, Medicaid is an "optional" program, one that a state can elect to offer. However, if a state offers the program, then it must abide by strict federal regulations. As Utah has, to this point, chosen to offer Medicaid, it has established an entitlement program for qualified individuals. That is, anyone who meets specific eligibility criteria is "entitled" to Medicaid services. An accurate forecast is essential to adequately funding that entitlement.

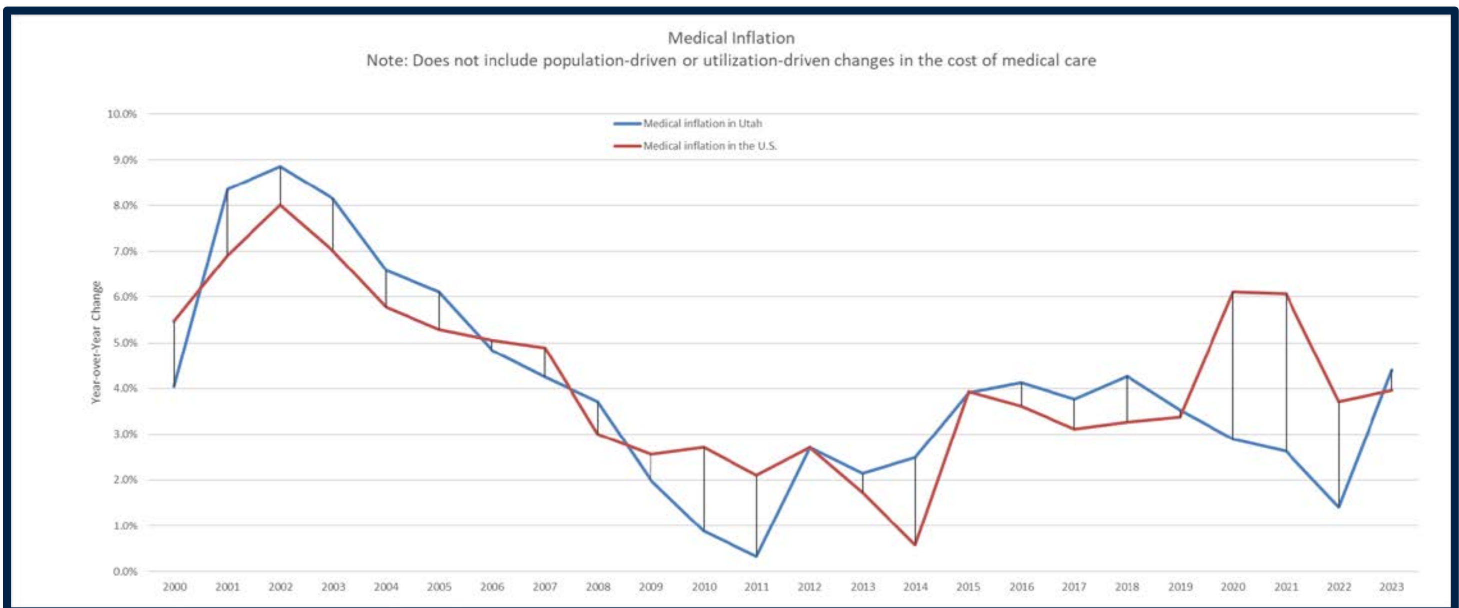
What Must Be Included in the Base Budget?

There is $7.5 million ongoing General Fund in FY 2024 with a one-time offset of $0.2 million that should be included as per statute in the base budget.

1. **UCA 26-18-405.5** directs that rates paid to accountable care organizations increase at least up to 2% to match the General Fund growth factor. The General Fund growth factor for FY 2024 is not known currently. The growth factor used was 7.9%. New growth rates for FY 2023 and FY 2024 will be announced as part of the December 2022 Executive Appropriations Committee meeting. The costs are included under "Accountable care organization contracts," which is number two under the "inflationary changes" section on page four. As per statute, the base budget should receive additional General Fund of $6.0 million in FY 2024.

2. ***H.B. 236, Behavioral Health Amendments***, from the 2022 General Session required total mental health funding to be increased up to 2% based on General Fund growth factor adjusted for county contribution. Increases are for mental health plans primarily run by the counties. This is a $0.9 million increase in FY 2024. The costs are included under "Mental Health Funding Increases", which is number four on page four.

3. **UCA 26-18-405** directs that mandated program changes determined by the Department of Health and Human Services must be included in the base budget. The Department of Health and Human Services determined that Sunsetting the Disparity of Benefits in the Adult Expansion Population (Medicaid Reform 1115 Demonstration) for $0.3 million on page five and Non-emergency Medical Transportation Contract Re-bid for $0.3 million with a one-time offset of $0.2 million on page five are mandated program changes.



What is Projected Medical Inflation for Utah?

The fiscal analyst projects medical inflation for Utah at 4.4% in FY 2023 and 4.4% in FY 2024. Medical inflation is defined as the change in the price per unit. The Centers for Medicare and Medicaid Services provide medical expenditures by state and the Bureau of Labor Statistics provides medical care inflation data for the Mountain region. By combining that information with national health expenditure data from the Centers for Medicare and Medicaid Services for the remaining years, the fiscal analyst has a forecast of medical inflation in Utah. The graph above shows both Utah and national medical inflation trends. A figure reporting total medical expenditures would be higher because that would include both population and utilization increases.

The two preceding subsections are the report required by **JR3-2-402(1)(a)(iv)**.

What are the Ending Balances for the Two Medicaid Reserve Accounts?

There are two restricted funds that are used as reserve accounts for Medicaid. Below is a description of each and the uncommitted ending balance as of FY 2022:

1) Medicaid Reduction and Budget Stabilization Restricted Account with $113.9 million – The account receives a portion of General Fund revenue surplus if Medicaid expenditure growth is less than 8%. As per UCA 63J-1-315(7) the only approved uses for the fund are:
   a. "if Medicaid program expenditures for the fiscal year for which the appropriation is made are estimated to be 108% or more of Medicaid program expenditures for the previous year; and
   b. for the Medicaid program."
   c. Based on the current consensus forecast, this fund could be used in FY 2023, but not used in FY 2024.
2) Medicaid Restricted Account with $41.5 million –The fund balance is not used unless the Legislature appropriates money out of it. As per UCA 26-18-402, the account receives all the unspent monies in the Medicaid program. Statute suggests the following for fund uses: "The Legislature may appropriate money in the restricted account to fund programs that expand medical assistance coverage and private health insurance plans to low income persons who have not traditionally been served by Medicaid, including the Utah Children's Health Insurance Program."

What Assumptions Changed From the Prior Consensus?

1. Caseload methodology used – The consensus group changed the eligibility groupings used to forecast in order to align with existing Medicaid enrollment and rate categories to project a more accurate forecast. This may result in more accurate eligibility numbers, as well as help the per member per month calculations be more representative of each grouping. The eligibility groupings used to forecast enrollment for traditional Medicaid changed as shown below:
   a. New eligibility groups used
      i. Adult
      ii. Breast Cervical Cancer
      iii. Aged
      iv. Qualified Medicare Beneficiary
      v. Blind/Disabled
      vi. Tech Dependent
      vii. Child
      viii. Medically Needy Child (Spenddown)
      ix. Newborns
      x. Pregnant
      xi. Non-traditional Restriction

xii. Traditional Restriction

b. Prior eligibility groups used:

i. Adult

ii. Aged

iii. Blind/Disabled

iv. Child

v. Pregnant

vi. Qualified Medicare Beneficiary

2. Base funding from the Department of Health and Human Services merger – Beginning with this consensus cycle, the funding for mandatory Medicaid is no longer contained in one budgetary line item. This required manual adjustments to base funding and appropriations provided to determine consensus vs non-consensus funding. Previously all the Medicaid consensus funding was in the Department of Health's Medicaid Services line item. Currently the consensus funding is a subpart of the Department of Health and Human Services' Integrated Health Care Services line item. All funding to the following appropriation units within that line item have to be manually removed from the traditional Medicaid base funding: Children's Health Insurance Program Services, all Medicaid Expansion units, Non-Medicaid Behavioral Health Treatment & Crisis Response, and the State Hospital.