Request for Appropriation Budget Template Enter data into each yellow cell.

Request Title:	HCBS Waiver Rates Increase
Sponsor:	Rep. Marsha Judkins

		G	ton 1 Doverno				
		5	Step 1. Revenue				
Funding Source							
Amount Requested		\$3,512,637.00	General Fu				
Other Revenue Sources		\$10,944.00	Expansion Fund				
Other Revenue Sources	\$	6,917,144.00	Federal Fund				
Total Revenues:	\$	10,440,725.00					
			Difference between Revenue & Expenditures	\$ -			
		Ste	p 2. Expenditures				
Amount	S		Details				
Personnel			Number of personnel supported:				
Travel			Nature of travel:				
Equipment/Supplies			Types of equipment/supplies to be purchased:				
Pass-through	\$	10,440,725.00	Intended recipient(s) of pass- through funds:	Home Care Agency Providers participating in HCBS Waviers & Medicaid Personal Care Services			
Licenses			Description of licenses (number, cost per license, etc.)				
Other			Description of other expenses				
Other			Description of other expenses				
Other			Description of other expenses				
Total Expenditures:	\$	10,440,725.00					

\$ -

		_	_	_					
David ahala	Come of Huite	Sum of Paid (Total		Sum of Expansion	% of	Annualized Total		Annualized	Annualized
Row Labels H0038	Sum of Units 146,767	Fund) \$767,861.60	Fund \$261,072.94	Fund	Increase	Fund \$0	General Fund \$0	Expansion Fund \$0	Federal Fund
DSPD Waivers (FFS Only)	24,139	\$187,806.86	\$63,854.33			\$0	\$0		
State Plan-NonExpansion (FFS)	24,139	\$187,806.86	\$63,854.33			\$0	\$0		
	2,385	\$12,509.88	\$4,253.36		75%	\$4,021	\$1,367	\$0	
Aging Waiver New Choices Waiver	120,243	\$12,509.88	\$4,253.36		75%	\$182,425	\$1,367	\$0	
S5125	7,392,394	\$29,877,240.99		\$2,181.20	7370	\$182,423	\$02,023	\$0	· · ·
DSPD Waivers (FFS Only)	1,936,043	\$7,555,139.99	\$2,568,747.60	32,181.20		\$0	\$0		
Aging Waiver	1,233,066	\$4,567,023.75	\$1.552.788.08		99%	\$1.937.723	\$658.826		
New Choices Waiver	1,768,580	\$8,220,333.53	\$2,794,913.40		73%	\$2,571,790	\$874,409	\$0	
Tech Depend Waiver	91.675	\$341,630.44	\$116,154.35		73/0	\$2,371,790	\$874,409		. , ,
State Plan EPAS-NonExpansion (FFS)	2,288,409	\$8,909,890.39	\$3,029,362.73		73%	\$2,787,523	\$947,758		
State Plan EPAS-Expansion (FFS)	4,100	\$21,812.00	\$3,029,302.73	\$2,181.20	73%	\$6,824	\$947,738		\$1,839,763
Med Complex Child Waiver	70,521	\$21,812.00	\$88,879.70	\$2,161.20	7370	\$0,824	\$0		
S5130	490,791	\$3,971,092.31	\$1,350,171.39			\$0	\$0		
DSPD Waivers (FFS Only)	48,826	\$221,654.48	\$1,350,171.39			\$0	\$0		
State Plan-NonExpansion (FFS)	40,820	\$0.00	\$73,302.32			\$0	\$0		
Aging Waiver	277,013	\$1,974,259.68	\$671,248.29		20%	\$169,222	\$57,536		
New Choices Waiver	164,952	\$1,775,178.15	\$603,560.57		51%	\$388,003	\$131,921	\$0	
S5135	578,487		\$803,008.67		51%	\$388,003	\$131,921		
DSPD Waivers (FFS Only)	298,433	\$2,361,790.20 \$1,281,534.78	\$435,721.83			\$0	\$0		
State Plan-NonExpansion (FFS)	298,433	\$1,281,534.78	\$435,721.83			\$0	\$0		
			\$367,286.84		14%		\$22,037	\$0	
Aging Waiver S5150	280,054	\$1,080,255.42			14%	\$64,815	· , ,		
DSPD Waivers (FFS Only)	6,080,164	\$21,582,850.51 \$20,270,128.64	\$7,338,169.17 \$6,891,843.74			\$0 \$0	\$0 \$0	\$0 \$0	
` ,,	5,829,048 123.759					\$0 \$0	\$0	\$0	
State Plan-NonExpansion (FFS)	-,	\$459,569.88 \$610,391.45	\$156,253.76 \$207,533.09		66%		\$58,702	\$0	
Aging Waiver New Choices Waiver	105,607 21,750	\$610,391.45	\$207,533.09		34%	\$172,654 \$35,374	\$58,702	\$0	
S9122	6,889	\$242,760.54 \$192,736.00	\$82,538.58 \$65,530.24		34%		\$12,027	\$0	
	0,889	· · ·				\$0 \$0	\$0		
DSPD Waivers (FFS Only) State Plan-NonExpansion (FFS)	6,889	\$0.00 \$192,736.00	\$0.00 \$65,530.24		27%	\$22,302	\$7,583	\$0	
T1019	66.918	\$192,730.00	\$732,549.50	\$15,524.21	2/%	\$22,302	\$7,583		
	06,918			\$15,524.21		\$0	\$0		
DSPD Waivers (FFS Only) State Plan-Expansion (FFS)	3,766	\$0.00 \$155,242.09	\$0.00	Ć15 524 24	65%	\$43,246	\$0	\$4,325	\$38,921
State Plan-Expansion (FFS) State Plan-NonExpansion (FFS)	54,451	\$155,242.09	\$712,389.52	\$15,524.21	65%	\$43,246 \$583,680	\$198,451	\$4,325	
	8,701	\$59,294.07	\$20,159.98		35%	\$8,894	\$198,451	\$0	
Aging Waiver T2003	167,036	\$2,310,101.30	\$785,434.44		33%	\$8,894	\$3,024	\$0	
DSPD Waivers (FFS Only)	13,676	\$45,197.60	\$15,367.18			\$0	\$0		
. ,,	13,676	\$45,197.60	\$15,367.18			\$0	\$0		<u> </u>
State Plan-NonExpansion (FFS) Aging Waiver	23,475	\$349,052.61	\$118,677.89		14%	\$20,943	\$7,121	\$0	
New Choices Waiver	129,885	\$1,915,851.09	\$651,389.37		14%	\$114,951	\$39,083	\$0	
T1021	117,207		\$4,016,939.96	¢2F 661 00	1470	\$114,931	\$39,083		
	2.769	\$12,071,148.30	\$4,016,939.96	\$25,661.90	20%	\$21,996	\$0		
State Plan-Expansion (FFS) State Plan-NonExpansion (FFS)	2,769	\$256,619.02 \$11,683,163.04	\$3,972,275.43	\$25,661.90	20%	\$21,996	\$340,481	\$2,200 \$0	
	,		\$3,972,275.43			1 , ,	\$340,481	\$0	· · ·
Aging Waiver New Choices Waiver	1,843 562	\$90,043.39 \$26,790.43	\$30,614.75		20%	\$7,718 \$2,296	\$2,624 \$781	\$0 \$0	
Tech Depend Waiver	294	\$26,790.43	\$9,108.75		20%	\$2,296	\$781	\$0	1 /
T1001	8,708	\$14,532.42 \$1,952,725.43	\$4,941.02 \$579,211.93	\$24,916.09		\$0 \$0	\$0		<u> </u>
State Plan-Expansion (FFS)	8,708 1.470	\$1,952,725.43	\$5/9,211.93	\$2 4,916.09 \$2 4,916.09	35%	\$37,374	\$0		
State Plan-Expansion (FFS) State Plan-NonExpansion (FFS)	7,238	\$249,160.93	\$579,211.93	\$24,916.09	35% 35%	\$37,374 \$255,535	\$86,882	\$3,737	
Grand Total	15,055,361	\$1,703,564.50 \$77,397,346.09	\$579,211.93 \$26,082,934.10	\$68,283.40	35%	\$255,535 \$10,440,724	\$86,882 \$3,512,637	\$10,944	
Granu Total	15,055,361	\$77,397,346.09	\$20,082,934.10	აიგ,283.40		\$10,440,724	\$5,512,637	\$10,944	\$0,917,144
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Request for Appropriations (RFA) Form Note: Any information provided on the RFA form may be made public! Additional instructions for filling out the

form can be found on the RFA Instructions. Please contact the Legislative Fiscal Analyst's Office for a copy.

REQUESTER INFORMATION (Required) Legislator: First Name		Date
SECTION 1: REQUEST DETAILS (Req	juired)	
1.1 Does this request fund the fiscal imp	act of proposed legi	slation?
Yes No		
If yes, STOP! Do not submit an RFA for t for processing will not be entered into the		roposed legislation. RFA forms submitted to LFA ney are associated with legislation.
1.2 Funding request name (No more that	n six words; do not i	dentify a non-state agency in the name)
1.3 Funding request description (3-5 ser	ntences)	
1.4 For more information on the project	, the Legislative Fisca	al Analyst's Office should contact:
• Name:		
Organization:Position:		
• Email:		
• Phone:		
1.5 Appropriations Committee Recomm	•	
Business, Economic Develop		JL)
Executive Appropriations Co		
Executive Offices and Crimina		
Higher Education (Higher Ed)		
Infrastructure and General Go		
Natural Resources, Agricultur	e, and Environmenta	ıl Quality
(NRAEQ) Public Education (P	ublic Ed)	
Social Services (SS)		

SECTION 2: FUNDING INFORMATION	ON (Required)	
2.1 Identify which fund the appropriatio Note: Funding will be appropriated for		can change this in the online form.
General Fund:	One-time: \$	Ongoing: \$
Income Tax Fund:	One-time: \$	Ongoing: \$
 Transportation Fund: 	One-time: \$	Ongoing: \$
Federal Funds:	One-time: \$	Ongoing: \$
ARPA Federal:	One-time: \$	Ongoing: \$
Other*: *Indicate fund name	One-time: \$	Ongoing: \$
2.2 Should unused funding be returned	to the state at the end of the fiscal y	year?
Yes No	-	
2.3 Is this project scalable if the Legislat	rure does not fund the full requested	d amount?
Yes No	1	
	. I e l'ele l'al	
2.3a If yes on 2.3, please provide a sho	rt explanation describing now the pr	roject might be scaled. (3-5 sentences)
SECTION 3: AGENCY INFORMATIC	N (Required) (NOTE: State funding CAN	NNOT be appropriated to a non-state agency.)
3.1: Agency with fiscal oversight (agenc	•	
3.2: Type of entity to receive (select all t		fit (av. ach a al district favordation)
Government		fit (ex., school district foundation)
Private Not for Profit	Private for Profit	
SECTION 4: PERFORMANCE OUTC	OME MEASUREMENT (Required,)
4.1: What is the statewide purpose of th	iis project or program? (Select up to	3 from the list below)
Economy Governance	ce & Civic Engagement 🔲 💮 Justi	ce Other
Education Health & V	_	eation
Environment 🗌 Infrastruct	ure & Mobility 🔲 Safe	ty & Security 🔲
4.2: What is this project or program inte	ended to accomplish? (3-5 sentences	5)
	·	
4.3: How will the Legislature know whet	her the project or program is succes	esful? (Recommend a short-term target
4.3: How will the Legislature know whet for measuring progress; 3-5 sentences)	her the project or program is succes	esful? (Recommend a short-term target
	her the project or program is succes	ssful? (Recommend a short-term target

SECTION 5: ITEMIZED BUDGET (Required)

5.1: Attach a budget proposing how the funding will be used. Template available on the RFA app on the secure site or from LFA.

SECTION 6: OTHER SUPPORTING DOCUMENTS (Not required)

- **6.1 Intent Language:** Provide any intent language directing the use of the funding. Intent language cannot change statue or identify a non-state entity to receive funding. Follow this template: "The Legislature intends that (\$ amount) from the (funding source) provided by this item be used for (include specific details on what the money should be used to accomplish; do not name any non-state entity).
- 6.2 Previous State Funding: Template available on the RFA app on the secure site or from LFA.
- **6.3 Other Notes:** Attach any additional documents you feel are relevant to the Legislature's decision to fund the request.