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Executive Summary

Forty-six states began their fiscal year (FY) 2022 on July 1, 2021. The remaining states begin their fiscal years at different points in the calendar year. New York began its fiscal year on April 1. Alabama and Michigan begin their fiscal year on October 1, and Texas begins its fiscal year on September 1. Virginia and Wyoming enacted a biennial budget during the 2020 legislative session. As of July 1, thirty-two states have enacted a budget for FY 2022. This summary analyzes annual and/or biennial budgets with published enacted budgets for the following twenty-two states: Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Massachusetts, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Tennessee, and Wisconsin. These states, representative of various areas across the country, are the part of iterative installments of state budget profiles. Additional states will be summarized in future Digest issues.

This summary focuses its analysis on the selected states’ overall budgets as well as their specific Medicaid expenditures and program changes. Many states utilized their state general funds to expand substance use disorder and behavioral and mental health services, invest more into nursing homes and long-term care facilities, broaden telehealth abilities, and cover doula services. Several states have adopted budget and policy changes that will contribute to health equity through an increased focus on affordable housing, high-quality schools, raising the minimum wage, and overall economic opportunity.
Alaska

Key Facts of the State of Alaska Budget

Date of budget passage: June 30, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget composition
The Alaska FY 2022 budget appropriates $2.48B from the Unrestricted General Fund, $648.4M from the Designated General Fund, $626.4M from the Other (Non-Duplicated) Fund, $2.9B from Federal Receipts, and $855.8M from the Other (Duplicated) Fund.¹

Medicaid spending and key program changes
• Governor Dunleavy used line-item veto power to reduce the Alaska Medicaid Program by more than $17.M.²
• Disproportionate share hospital (DSH) for qualifying hospitals that serve Medicaid and Uninsured individuals was reduced by $3.5M via a line-item veto.³
• The legislature intends to draw up 70 new individuals from the Intellectual and Developmental Disabilities waiver waitlist to receive services.⁴
Arizona

Key Facts of the State of Arizona Budget

Date of budget passage: June 30, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget Composition
Arizona’s FY22 state budget appropriates $12.8B in general funds, representing a 6% decrease in state spending from FY21. Approximately $1.92B, or 15%, of the appropriated funds are being allocated to Arizona Health Care Cost Containment System (AHCCCS) [Medicaid] which had its budget decreased by 2% from the previous year. The state is also receiving $6.6B in State and Local Fiscal Aid from ARP, with $4.2B going directly to the state government and $2.4B going to local jurisdictions.

Medicaid spending and key program changes
- $30M for developmental disabilities (DD) providers to provide essential services for vulnerable individuals.
  - $15.4M for DD Provider Rate Increase.
- $13.3M for Elderly/Physically Disabled (EPD) Provider Rate Increase ($7M to SNF).
- $5.8M to expand the Newborn Screening Program.
- $3M for Enacted GME Increase (Funding of $6M for FY22, $9M Baseline After).
- $2.3M to fund 5% salary increases for 4,900 positions at the AZ Dept. of Economic Security
- $1M for Provider Rate Increases for Adult and Aging Services.
- Continues the FY 2010 risk contingency rate reduction for all MCOs. Continues to impose a reduction on funding for all MCOs administrative funding levels.
• Sets the FY22 county Arizona Long Term Care System (ALTCS) contributions at $283M, county Acute Care contribution at $46M, and excludes Prop 204 admin costs from county expenditure limitations.

• Continues to require AHCCCS to transfer any excess funds back to the counties by December 31, 2022 if the counties’ proportion of state match exceeds the proportion allowed to comply with the ACA.

• Continues to establish FY22 DSH distributions to the Maricopa Special Healthcare District (MIHS), the Arizona State Hospital, private qualifying DSH, and Yuma Regional Medical Center. Keep the MIHS distribution of $114M in FY22.

• Requires AHCCCS to give priority to rural hospitals in Pool 5 distribution and allows MIHS to be eligible for Pool 5 allocations. Permit local jurisdictions to provide additional local match for Pool 5 distributions.

• Establishes the Comprehensive Health Plan Fund consisting of comprehensive health plan revenues and requires the Department of Child Safety to transfer excess capitation payments to the General Fund at the end of the following fiscal year. The comprehensive health plan includes both acute and behavioral health services for foster care children.

• Establishes the Sexual Violence Services Fund to provide financial assistance to service providers for victims of sexual violence.

• Requires the Office of the State Long-Term Care Ombudsman to visit long-term care facilities biannually, requires the Ombudsman to speak with residents or their representatives, investigates and resolves complaints and refer cases to Adult Protective Services or the appropriate agency, and changes complaint communication requirements for DD service providers.
California

Key Facts of the State of California Budget

Date of budget enactment: July 16, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget Composition
This year’s state budget of $262.5B appropriates $196.4B from the General Fund, $61.2B from Special Funds, and $439B from Bond Funds. In FY21-22, California expects a $75.7B surplus.

Medicaid Spending and Key Program Changes
- Approves $400M to support the Medi-Cal managed care plan incentive program and requires plans to enter a three-party partnership between the plan, the county mental health plan, and local school districts or county offices of education as a condition of receiving incentive funding.
- Ongoing funding growing to $1.3B to expand Medi-Cal eligibility to all income eligible Californians aged 50 and older, regardless of immigration status.
- Invests $4B to create a new and innovative behavioral health system for youth, including $250M for the Mental Health Services Act to fund school and county mental health partnerships.
- Approves the Medi-Cal Estimate which proposes $115.6B in total funds, including $21.5B in General Fund, $79B in federal funds, and $15.1B in other non-federal funds. This includes $828M from the Coronavirus Fiscal Recovery Fund of 2021.
- Invests $115M of the Department of Public Health budget annually in community-based equity and racial justice efforts, and $63.1M in one-time funding for the California Reducing Disparities Project.
- Approves $800M to support the addition of dyadic services, continuous glucose monitors, doula services, community health workers, pharmacist medication therapy management, and ongoing funding for medically tailored meals as a Medi-Cal benefit.
• Adopts trailer bill to eliminate the Medi-Cal assets test, so that seniors, and individuals with disabilities, with assets of more than $2,000, do not lose, or are not denied, Medi-Cal coverage, at an estimated cost of $394M ($197M General Fund) in 2022-23.xii
• Full funding for the proposed California Advancing and Innovating Medi-Cal (CalAIM) initiative.
• Elimination of rate freezes for Intermediate Care Facilities and Pediatric Subacute facilities.
• Increases item 4260-101-0001 by $45.3M, item 4260-101-0890 by $45.3M, and approves trailer bill to extend Medi-Cal eligibility from 60 days to 12 months for most postpartum individuals.xiii
• Approves $1M General Fund one-time, $30,000 ongoing, and provisional language to support field testing of translated Medi-Cal materials to ensure they are understood by the intended audience.xiv
Colorado

Key Facts of the State of Colorado Budget

Date of budget passage: May 17, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget composition

Colorado’s FY22 operating budget totals $34.66B ($9.39B in general revenue), $3.8B (12%) more than the previous annual budget. Approximately $13.3B (38%) of the state’s budget is allocated to the state’s Department of Health Care Policy and Financing, an increase of 10% from the previous annual budget. A surplus enabled lawmakers to provide 3% raises for state employees, carve out $800M for a coronavirus stimulus package, and set aside $1.5B for the state’s reserve fund. Colorado will receive an additional $3.8B in ARP funds.

Medicaid spending and key program changes

- $10B ($6.3B in federal funds) allocated to medical and long-term care services for Medicaid beneficiaries.
- $20M for new 24/7 care slots for adults with developmental disabilities.
- $180M for a 2.5% increase in reimbursement for all Medicaid providers, excluding FQHCs and nursing homes.
- $6M for data sharing and analytics to address health disparities among Medicaid patients.
- $910,000 for behavioral health services for children in crisis.
- $5M for a health equity grant program through the Colorado Department of Public Health and Environment.
Key Facts of the State of Connecticut Budget

Date of budget passage: June 23, 2021
State fiscal year: July 1, 2021 – June 30, 2023 (biennial budget cycle)

Sellers Dorsey Budget Insights

Budget composition
Connecticut’s state budget appropriates $46.4B for two years starting July 1, 2021, including a $2.3B surplus. The package includes spending $22.7B for FY22, an increase of 2.6% over the current year. The budget relies on $2.28B in federal relief funds from ARP over the next two years: $1.27B in FY22 and $1.01B in FY23. About $400M of ARP funding has not been allocated. The budget does not use funds from the state’s Rainy Day Fund. Priorities include health care, unemployment, and education.

Medicaid spending and key program changes
- Connecticut allocated a total $5.75B to its two-year Medicaid budget ($2.75B in FY22 and $2.99B in FY23). This represents a 4.3% increase over the $5.51B funding in the FY20-21 biennium ($2.69B in FY20 and $2.82B in FY21).
- Increases per capita funding for full-time municipal health departments from $1.18 to $1.93 and from $1.85 to $2.60 for district health departments.
- Provides for Medicaid coverage (HUSKY) for children eight and younger, starting January 1, 2023, regardless of citizenship.
- Requires the Department of Social Services to amend the state’s Medicaid state plan by October 1, 2021, to include coverage for services provided by licensed acupuncturists and chiropractors.
- Increases eligibility for low-income residents to receive public subsidies to help buy health insurance on the state’s exchange.
- Allocates $5.3M to cover three months of parent fees in the Care4Kids program and $3.5M to cover parent fees in state-funded childcare centers over the summer of 2021.
- Removes the Public option bill from further consideration.
Delaware

Key Facts of the State of Delaware Budget

Date of budget passage: June 30, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget composition
Delaware’s FY22 operating budget totals $4.77B in general funds, $246M (5.5%) more than the previous operating budget, and $65M more than Governor Carney’s recommended FY22 budget. Approximately $797M (17%) of the total budget is allocated to the state’s Medicaid program, an increase of 2.7% from the previous annual budget. A sizable budget surplus enabled the passage of two independent spending bills: a $221M one-time expenditures measure granting cash bonuses to state employees and retirees and a $1.3B capital improvements bill to fund broadband internet expansion, resource conservation, and other infrastructure projects. Lawmakers also allocated $223M to a budget planning reserve fund, which is separate from the state's untapped $252M rainy day fund.

Medicaid spending and key program changes
- $17.2M to increase reimbursement rates from 68.2% to 85.2% of the benchmark of the 2019 rate rebase study for I/DD direct support professionals.
- $261,000 to support increase in hourly rates of Private Duty Nursing services.
- $16M for student mental health services, including the placement of a mental health professional in every public elementary school.
Florida

Key Facts of the State of Florida Budget

Date of budget passage: June 2, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget composition
Florida’s state budget totals $101.5B, a 9.16% increase over the 2020-2021 budget of $92.2B. It includes $169M in tax relief, with $1.5B in total spending vetoed including $1.35B from federal funds received through ARP. $44.6B is allocated to health care, a 13.6% increase from the previous year’s $39.4B budget, while funding the Agency for Health Care Administration, the state Medicaid agency, increased by 15% from $30.8B to $35.4B.

Medicaid spending and key program changes
- Allocates $239.7M to extend Medicaid coverage for pregnant women for 12 months, up from 60 days.
- Allocates $137.6M in funding to provide community-based services for adults and children with behavioral health needs.
- Allocates $134.7M to provide funding for services to children and families who receive services through Florida’s child welfare system.
- Allocates $18.3M to increase rate level for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).
- Allocates approximately $9M for a minority health equity planning initiative.
- Provides for Medicaid coverage for children in foster care.
**Georgia**

**Key Facts of the State of Georgia Budget**

**Date of budget passage:** May 10, 2021  
**State fiscal year:** July 1, 2021 – June 30, 2022

**Sellers Dorsey Budget Insights**

**Budget Composition**

Georgia’s FY22 state budget appropriates $27.3B in state funds and $15.6B in federal funds. The $54.4B in total public funds represents a 1.3% increase in total spending from the amended FY 2021 budget. Approximately $17.3B, or 32%, of the appropriated funds are being allocated to Georgia Dept. of Community Health (DCH) which manages the state’s Medicaid program. The DCH had its budget increased by 4% from the previous year. The state is also receiving $7.6B in State and Local Fiscal Aid from ARP, with $4.9B going directly to the state government and $2.7B going to local jurisdictions.

**Medicaid spending and key program changes**

- $6.7B for Medicaid – Aged, Blind, and Disabled
  - $77M – Increase funds for a 10% rate increase for HCBS providers (to reflect the 10% increase in FMAP for HCBS providers from ARP).
  - $36M – Increase funds to provide supplemental quality incentive payments to eligible skilled nursing facilities limited to appropriated amount.
  - $1M – Increase funds for a 5.9% increase in nursing home ventilator reimbursement rate
  - $92,000 – Increase funds for a 3% increase in dental reimbursement rates for 15 select dental codes.

- $5.2B for Low-Income Medicaid
  - $197M – Increase funds to begin implementation of the Patients First Act (2019 Session).
- $21M – Increase funds to increase 18 select primary care and OB/GYN codes to 2020 Medicare levels.
- $256,000 – Increase funds for a 3% increase in dental reimbursement rates for 15 select dental codes.

- $3.7B for State Health Benefit Plan.
- $1.4B for Dept of Behavioral Health and Developmental Disabilities.
  - $13M – Increase funds to reflect the loss of the enhanced Federal Medical Assistance Percentage (FMAP) during the COVID-19 Public Health Emergency.
  - $12M – Increase funds for a 5% rate increase for intellectual and developmental disability providers with approval by the Centers for Medicare and Medicaid Services.
- $505M for Indigent Care Trust Fund.
- $456M for PeachCare (CHIP).
Illinois

Key Facts of the State of Illinois Budget

Date of budget passage: June 17, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget composition

Illinois’ state budget appropriates $42.3B in General Revenue Fund spending for FY22. This spending amount is essentially flat based on last year’s $42B state spending plan (which was amended mid-year due to COVID). The budget funds significant investments in education, human services, certified pension contributions, increases revenues by closing corporate loopholes, and continues progress on debt repayments. Additionally, the budget allocates $2.5B of the $8.1B in ARP funds that the state received.

Medicaid spending and key program changes:
- Maintains all eligibility and benefit levels in the Medicaid program to ensure individuals retain their health coverage.
- Expands Medicaid-like coverage for noncitizens from 65+ to 55+ with income at or below 133% FPL (plus 5% for family size).
- Provides a 10% increase in reimbursement rates for supportive living facilities through March 31, 2022 (paid for by ARP funds).
- Automatically extends Medicaid eligibility to any resident determined to be eligible during COVID-19 for up to 12 months following the end of the public health emergency.
- Healthcare Provider Stability Payments can be used to provide services to communities disproportionately impacted by COVID, provide capital improvements such as HVAC and ventilation systems, reduce crowding, and go towards COVID treatment costs.
- Requires Department of Healthcare and Family Services (HFS) to establish:
  - A program to support long-term care industry workers with a minimum amount to frontline workers.
• A program for implementation of certified community behavioral health clinics by January 1, 2022.
• A comprehensive state behavioral health strategy by July 1, 2022.
• Increases dental rates for adults and children.
• Managed Care Payments may include additional funding for:
  o Infection prevention and facility improvement payments
  o Communication quality improvement payments
  o Staff longevity payments
  o Recruitment and Retention of direct care personnel
  o Bed retention payments

Other notable Medicaid legislation or agency regulations:
• Recognizes veteran support specialists as mental health professionals under the state Medicaid plan.
• Coverage of individual and group tobacco cessation programs.
• Requires inpatient treatment for opioid overdose or withdrawal when determined medically necessary.
• Coverage of kidney transplant medications regardless of citizenship status.
• Subject to federal approval, expands Medicaid coverage to children 19 and younger with income at or below 313% of the FPL (from 133%). HFS given emergency rulemaking authority until January 1, 2027, to implement the expansion. If federal approval is received and kids are transitioned, this act also sunsets CHIP and IL ALL KIDS programs.
• HFS must prepare and submit a State Plan Amendment to CMS by December 31, 2022, to establish the Program of All-Inclusive Care for the Elderly (PACE).
**Indiana**

**Key Facts of the State of Indiana Budget**

- **Date of budget passage:** April 22, 2021
- **State fiscal year:** July 1, 2021 – June 30, 2023 (biennial budget cycle)

Sellers Dorsey Budget Insights

**Budget composition**

Indiana’s FY22-23 state budget appropriates $37.4B in state funds and $37.6B in federal funds. The $87.6B total budget represents a 12% increase in state spending from the previous biennium. Approximately $33.2B, or 38%, of the total budget is being allocated to Medicaid which had its budget increased by 11% from the previous biennial budget. The state received nearly $3B in ARP funds and spent nearly $1B in this budget. The budget included stronger than anticipated local revenues and lawmakers took advantage of the opportunity to eliminate some long-term pension debts totaling $600M. A notable revenue source change is an increase in taxes on vaping products.

**Medicaid spending and key program changes**

- Appropriates $100M to restore and expand a previously eliminated mental health grant.
- $20M increase ($10M per year) to support home and community-based long term care services.
- Requires the Office of the Secretary of Family and Social Services to report on the progress in the development of a risk based managed care program for Medicaid recipients who are eligible to participate in the Medicare program and receive nursing facility services.
Massachusetts

Key Facts of the Commonwealth of Massachusetts Budget

Date of budget passage: July 16, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget Composition
Massachusetts’ FY22 state budget appropriates $47.6B in state and federal funds, representing a 3% increase in state spending from FY21. Approximately $19B, or 40%, of the total budget is being allocated to MassHealth (Medicaid) which had its budget increased by 5% from the previous annum. The state is also receiving $8.3B in State and Local Fiscal Aid from ARP with $5.3B going directly to the state government and $3B going to local jurisdictions.

Medicaid spending and key program changes
• $26.5B for the Executive Office of Health and Human Services (EOHHS),
  o $19B funding for MassHealth – Maintains existing benefits while addressing the expected changes resulting from the abatement of the COVID-19 public health emergency.
  o $2.3B for the Department of Developmental Disabilities.
  o $952M for the Department of Mental Health.
  o $628M for the Executive Office of Elder Affairs – Increase of $16M above the FY21 budget for the Community Choices Program.
  o $395M for Nursing Home Supplemental Rates and $314M for Acquired Brain Injury and Moving Forward Waivers.
  o $84M to improve the access and availability of the front door and ambulatory behavioral health services to address current access challenges to treatment.
  o $79M for Chapter 257 human service provider funding under the new rate methodology that better reflects the cost of benchmarking direct care and clinical staff wages.
**Missouri**

**Key Facts of the State of Missouri Budget**

- **Date of budget passage:** June 30, 2021
- **State fiscal year:** July 1, 2021 – June 30, 2022

**Budget composition**

This year’s state budget appropriates $35.6B for FY22, including $15.74B for health and social services. Missouri’s Medicaid program sits under the Department of Social Services, which has allocated at least $582.6M towards Medicaid initiatives this fiscal year; the Department of Mental Health and Department of Health and Senior Services also help fund the Medicaid program. This balanced budget includes a general revenue surplus of $972M, in addition to the $1.1B surplus Governor Parson projected at the beginning of the year. Governor Parson vetoed more than $115M from the FY22 budget. While the state budget passed without including Medicaid expansion, a recent court decision requires the state to expand Medicaid.

**Medicaid spending and key program changes**

- $337M for the additional costs of existing MO HealthNet programs.
- $88.3M for a one-time nursing home rate increase.
- $38.9M for increases in the pharmacy program due to new drugs, therapies, utilization, and inflation.
- $31.3M for technology enhancements to the Medicaid Enterprise.
  - $11M to modernize the MO HealthNet pharmacy claims and rebates system.
  - $7M for a quality data reporting tool to assess MCOs.
  - $5.72M to facilitate the electronic exchange of MO HealthNet information to participants and between Missouri’s health information network.
  - $3.13M to operate the newly developed Medicaid Enterprise Data Warehouse, one component of the Medicaid Management Information System (MMIS) core replacement.
  - $1.68M for contracts associated with security risk assessments of MMIS.
  - $1.47M for annual contract increases associated with the operation of MMIS.
- 1.3M to modernize MO HealthNet premium collections.
- $6.71M for existing MO HealthNet programs due to increased caseloads because of the increased asset limit pursuant to HB 1565 (2016).
- $2M for community health workers at FQHCs.
- $166M to increase development disability (DD) provider rates for residential waiver services.
- $42.83M for increased MO HealthNet HCBS program costs.
- $23.7M for a rate increase for HCBS provider rate adjustments.
Nebraska

Key Facts of the State of Nebraska Budget

Date of budget passage: April 26, 2021
State fiscal year: July 1, 2021 - June 30, 2022 (biennial budget cycle)

Sellers Dorsey Budget Insights

Budget composition
This biennial state budget appropriates $9.7B in state dollars over the next two fiscal years ($24.9B in total dollars) in capital and operational expenditures. The FY22 budget is $710M higher (6%) than the previous year. Nebraska allocated a total state and federal $1.85B toward Medicaid spending this biennium. The FY22 budget includes a $899M all funds appropriation, which is a 2.18% increase over the previous budget. Early into the fiscal year, the state faces a $101.6M shortfall due to a newly passed property tax credit triggered by a surplus of state revenues (19.2% higher than previously projected).

Medicaid spending and key program changes:
- Includes a 2% across the board rate increase for inpatient and outpatient services over the next two years.

Other notable Medicaid legislation or agency regulations:
- Nebraska submitted notice to terminate its 1115 waiver due to a lack of approval for its Demonstration Year 2 Community Engagement Activities. The state did not transfer any members to the waiver and therefore does not require any transition and phase-out activities.
- Nebraska will combine its two Alternative Benefit Plan (ABP) groups into the current Nebraska Prime ABP as of October 1, 2021.
Nevada

Key Facts of the State of Nevada Budget

Date of budget passage: June 4, 2021
State fiscal year: July 1, 2021 – June 30, 2023 (biennial budget cycle)

Sellers Dorsey Budget Insights

Budget composition
Nevada’s FY22-23 state budget appropriates $10.3B in state funds and $10.8B in federal funds. The $33B total budget represents a 28% increase in state spending from the previous biennium, although that increase is primarily driven by the $5.5B in COVID-19 Federal Stimulus Funds. Approximately $11.3B, or 34%, of the total budget is being allocated to Medicaid which had its budget increased by 36% from the previous biennial budget.

Medicaid spending and key program changes
- $5.47B for Medicaid program
- $2.83B for COVID-19 Relief Programs
- $337M for Prescription Drug Rebate
- $57M for home and community-based services
- $56M for NV Check-Up Program
New Hampshire

Key Facts of the State of New Hampshire Budget

Date of budget passage: June 25, 2021
State fiscal year: July 1, 2021 – June 30, 2023 (biennial budget cycle)

Sellers Dorsey Budget Insights

Budget composition

New Hampshire’s FY22-23 state budget appropriates $3.3B in state funds and $4.3B in federal funds. The $13.5B total budget represents a 2% increase in state spending from the previous biennium. Approximately $2.4B, or 18%, of the total budget is being allocated to Medicaid which had its budget increased by 7% from the previous biennium. The state is also receiving $1.3B in State and Local Fiscal Aid from ARP with $995M going directly to the state government and $350M going to local jurisdictions.

Medicaid spending and key program changes

- $5.9B for Department of Health and Human Services – $2.4B for Division of Medicaid Services, $1B for Elderly and Adult Service, $785M for Developmental Services.
  - $1.6B for Medicaid Care Management, $935M for HCBS and Nursing Facilities services, $476M for the Uncompensated Care Fund, $199M for CHIP.
  - Adult medical daycare facilities daily rate increase from $54 to $74. 15% increase in Medicaid reimbursement for personal care services and a 5% rate increase to SNFs and ICFs/IDD.
- $30M to build 24-bed forensic psychiatric hospital, $8.2M for community mental health care and stabilization, and $6M for new transitional housing beds.
**New Jersey**

**Key Facts of the State of New Jersey Budget**

Date of budget passage: June 30, 2021  
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

**Budget composition**

New Jersey’s state budget appropriates $46.4B for FY22. The budget includes nearly $35B in federal grants and pass-through funds. Total state revenues and state GRF spending for FY22 is $27.5B, a 5% increase over the current year. New Jersey allocates $4.7B for NJ FamilyCare, the state Medicaid program. Additional COVID-19 relief funding totals more than $6B. Unexpected windfall projects a $10B surplus.

**Medicaid spending and key program changes**

- Includes $67.2M in state funds to fuel a 10% Medicaid rate increase for nursing facilities with the caveat that ownership groups spend at least 60% of the increase on direct care wages.
- Increase in the minimum Medicaid rate for adult medical day care by $4.10 and increase in Medicaid rate for personal care services by $2 (from $20 to $22).
- Increase in LTSS funding of $10 per day for every Medicaid beneficiary.
- Increase Medicaid per diem rates for assisted living services to $87 for facilities, $77 for comprehensive personal care homes and $67 for programs that deliver similar services to those living at home.
- $20M to create “Cover All Kids,” a two-year Medicaid initiative that expands eligibility to over 900,000 uninsured children, including those that are undocumented, in the state.
- $8.5M to expand Medicaid coverage for 365 days postpartum.
**New York**

**Key Facts of the State of New York Budget**

Date of budget passage: April 7, 2021  
State fiscal year: April 1, 2021 – March 31, 2022

**Sellers Dorsey Budget Insights**

**Budget composition**

This year’s state budget appropriates $111B in state dollars ($212B in total dollars), $21.6.6M higher (6%) than the previous year. The budget includes a balanced cash flow for FY22 and FY23 with a proposed minor structural deficit in FY24 and FY25 ($1.4B and $2B, respectively).

**Medicaid spending and key program changes**

- Restores $415M in proposed provider cuts. Note the $415M in cuts were never actually implemented.
- Delays pharmacy fee-for-service reversion for two years.
- Expands coverage for post-partum individuals from 60 days to one year.
- Implements spending requirements for nursing facilities, beginning January 1, 2022.
- State deferred $1.7B in spending to remain within its Global Cap.
Ohio

Key Facts of the State of Ohio Budget

Date of budget passage: June 30, 2021
State fiscal year: July 1, 2021 – June 30, 2023 (biennial budget cycle)

Sellers Dorsey Budget Insights

Budget composition
Ohio’s FY22-FY23 budget appropriates $161.9B in total dollars ($74B in general revenue), $17.2B (12%) more than the previous biennium. Approximately $63.6B (39%) of the total budget is allocated to the state’s Medicaid program, an increase of 19% from the previous biennial budget. A $3B budget surplus enabled the passage of a 3% income tax cut, $1B in post-pandemic economic investment, and a new K-12 school funding formula. Governor DeWine vetoed 16 items prior to signing the budget, including a provision mandating the re-procurement of Medicaid managed care contracts.

Medicaid spending and key program changes
- $63.6B for Medicaid services ($31.2B for FY22, $32.4B for FY23).
- $490M for new quality incentives for nursing facilities and rebased nursing facility rates.
- Continuous funding for managed care redesign, single pharmacy benefit manager implementation, and Behavioral Health Care Coordination and Emergency Telehealth programs.
- HCBS waiver provider and adult day services rate increases (although vetoed from statute, the increases will still occur).
- Establishes the Ohio Invests in Improvements for Priority Populations (OIPP) Program as a directed payment program for inpatient and outpatient hospital services provided to Medicaid recipients enrolled in a Medicaid MCO plan, benefitting one state funded hospital.
- Extends funding for the Care Innovation and Community Improvement Program (CICIP) supplemental payment program.
- Continues the current tiered dispensing fee for pharmacists.
- Establishes the Medicaid Cost Assurance Pilot Program for expansion eligibility group ("Group VIII") enrollees in the care management system to be paid at 95% of current MCO rates.
- Extends postpartum Medicaid coverage from 60 days to 1 year after birth.
- Establishes licensure requirements for hospitals.
• Enacts a “conscience clause,” allowing providers and payers to decline health services that violate their moral, ethical, or religious beliefs.
Pennsylvania

Key Facts of the Commonwealth of Pennsylvania Budget

Date of budget passage: June 30, 2021
State fiscal year: July 1, 2021 – June 30, 2022

Sellers Dorsey Budget Insights

Budget Composition:
This year’s state budget appropriates $40.8B for FY22 including $4.55B for medical assistance and health care delivery. This budget represents an increase of about $6B, or 17% over FY21. The budget includes the largest education funding increase in state history.

Medicaid spending and key program changes:
- Allocates $1.25M for 20 Community Hospital Integration Projects Program (CHIPP) discharges to reduce the state hospital populations, waiting lists, and support home and community-based services.
- Provides a $5-per-hour pay increase in the fee-for-service schedule rate for pediatric shift nursing services provided by RNs and LPNs in a home care setting. This change is effective January 1, 2022.
- Allocates $282M in ARP funding to help nursing homes and long-term care facilities to recover from the pandemic and improve patient safety.
- Funds an additional 732 Community Living Waiver slots and 100 Consolidated Waiver slots to provide individuals on the emergency waiting list with home and community-based services.
- Funds a new outcome-based incentive to the Consolidated Waiver to encourage expansion of new models of independent living, limit growth of 24-hour residential services, and reduce overall costs of residential services.
- General medical inflation, pharmaceutical prices, a change in the federal match for Medicaid Expansion costs, and an increase in caseload contributes to an overall increase in projected Medicaid spend for FY22. This increase is mitigated through cost containment, operational efficiencies, and proposed revenue strategies.
Rhode Island

Key Facts of the State of Rhode Island Budget

Date of budget passage: July 6, 2021
State fiscal year: July 1, 2021- June 30, 2022

Sellers Dorsey Budget Insights

Budget composition
This year’s state budget appropriates $7.25B in state dollars ($13.1B in total dollars), $300M higher (2%) than the previous year. The budget includes a $120M investment in the state’s Rainy Day Fund to replace the reserves removed last year as well as significant investments in significant, recurring investments in affordable housing.

Medicaid spending and key program changes
- $1B additional dollars to support a projected Medicaid caseload increase
- $10.6M general fund dollars to restore supplemental payments to community hospitals, including Graduate Medical Education and Upper Payment Limit payment programs
- $1.2M general fund dollars to maintain the 1.5% risk margin in managed care rates. This restores a proposed cut to the risk margin.
- $668,763 general fund dollars for a 0.5% rate increase for nursing home staff, effective October 1, 2021.

Other notable Medicaid legislation or agency regulations
- Telemedicine law requires payers to cover telemedicine care wherever deemed “clinically appropriate.”
**Tennessee**

**Key Facts of the State of Tennessee Budget**

Date of budget passage: May 17, 2021  
State fiscal year: July 1, 2021 – June 30, 2022

**Sellers Dorsey Budget Insights**

**Budget composition**

Tennessee’s FY22 state budget appropriates $21.1B in state funds and $15.3B in federal funds. The $42.6B total budget represents a 1.7% increase from the previous annum. Approximately $13.5B, or 32%, of the total budget is being allocated to Medicaid (TennCare) which had its budget increased by 4.7% from the previous fiscal year. The budget invests $100M in the state’s Rainy-Day Fund bringing it to the highest reserve in the state’s history at $1.55B. The state is also receiving $6.3B in State and Local Fiscal Aid from ARP with $4B going directly to the state government and the remainder distributed among county and city governments.

**Medicaid spending and key program changes**

- $4.1B state funding to TennCare
  - $338M for I/DD Services
  - $37.9M to fully fund TennCare growth
  - $7M to extend postpartum care for the TennCare population to 12 months
- $250M investment in Mental Health Trust Fund
- $150M for COVID-19 Response
- $5M for Health Care Safety Net
Wisconsin

Key Facts of the State of Wisconsin Budget

Date of budget passage: July 8, 2021
State fiscal year: July 1, 2021 – June 30, 2023 (biennial budget cycle)

Sellers Dorsey Budget Insights

Budget Composition

Wisconsin’s FY22-23 state budget appropriates $39.1B in state funds and $25.6B in federal funds. The $87.2B total budget represents a 7% increase in state spending from the previous biennium. Approximately $27.5B, or 32%, of the total budget is being allocated to Medicaid which had its budget increased by 17% from the previous biennial budget. Medicaid expansion is not included in the budget as the state legislature voted against it, rejecting over $1.6B in federal funding. The state is also receiving $4.8B in State and Local Fiscal Aid from ARP with $2.5B going directly to the state government and $1.9B going to counties, cities, and local jurisdictions.

Medicaid spending and key program changes

- $30.1B for Dept of Health Services.
  - $27.5B for Medicaid Services (approximately $13.7B for each fiscal year).
  - $1B for Mental Health and Developmental Disabilities Services.
- $7B for Medicaid Medical Assistance program benefits.
- $2.4B for Medicaid medical assistance; provider refunds and collections.
- $503M for Medicaid Hospital assessment fund; hospitals payments.
- $100M in federal pandemic aid for schools.

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1 https://omb.alaska.gov/ombfiles/22_budget/PDFs/HB69_Operating_and_Capital_Bill_7-1-21rev.pdf
2 https://omb.alaska.gov/ombfiles/22_budget/PDFs/Final_HB69_Veto_Summary_07_06_2021.pdf