	State Fiscal Year 2019 Detail	Children	Non-Disabled Adults	Disabled/Elderly	Dual Eligible	ACA	Services Not Identified by Population	Total
Ca	apitation							
То	otal Managed Care	1,276,738,334	707,980,854	936,726,916	242,884,191	2,482,146,796		5,646,477,092
	otal Fee For Service (for equivalent CCO services) <sup>3</sup>	120,899,244	40,997,009	40,672,804		206,396,489		408,965,547
Inc	centive Payment Pool						188,264,693	188,264,693
to To	otal Capitation	1,397,637,579	748,977,863	977,399,720	242,884,191	2,688,543,286	188,264,693	6,243,707,331
Se Se	ervices Outside of Capitation + Subject to Evaluation							
	abies First						75,179	75,179
0	dult Residential Mental Health Services						42,321,672	42,321,672
_	ost-sharing for Medicare skilled nursing facility care						2,291,814	2,291,814
	oung Adults in Transition Mental Health Residential						3,814,005	3,814,005
	argeted Case Management						6,108,889	6,108,889
	ederally Qualified Health Center and Rural Health Center Wrap						221,089,823	221,089,823
Ho	ospital Transformation Performance Program						-	-
То	otal Global Expenditures						463,966,075	6,519,408,713
То	otal Caseload							11,406,608
	obal Budget PMPM							572
	Services for CCO clients Outside of Capitation <sup>1</sup> + NOT Subject to Evaluation							
	ental health remaining in fee-for-service	6,153,310	7,758,392	34,669,626	49,732	42,626,743		91,257,803
	ong Term Care						1,426,539,285	1,426,539,285
	chool Based Health Services						27,083,146	27,083,146
	ehavioral Rehabilitative Services (BRS)						3,133,369	3,133,369
	ersonal Care 20 Client Employed Provider	90,842	-	706,455	1,058,929	99,762		1,955,989
	QHC/RHC Wrap for new centers and change of scope after 7/01/2011						25,165,781	25,165,781
	ental Health Habilitative²						56,317,041	56,317,041
	ospital Presumptive Eligibilty						9,647,008	9,647,008
He	ealth Insurer Fee (HIF)						-	-
Se	ervices Outside of Capitation + NOT Subject to Evaluation	6,244,152	7,758,392	35,376,082	1,108,661	42,726,505	1,547,885,630	1,641,099,421

## Footnote:

<sup>&</sup>lt;sup>1</sup> QMB, CAWEM, Cawem Prenatal, TPL, Duals & Tribal members not enrolled in CCOs are excluded.

<sup>&</sup>lt;sup>2</sup> Mental health habilitative expenditures are the cost for providing services under Oregon's approved 1915(i) state plan amendment. While these services replace some adult residential mental health services, they also promote increased opportunities for individuals to transition from restrictive levels of care to independent community-based settings. Mental health habilitative services include recreation, socialization, and community survival skills. Expenditures for these services are excluded from the expenditure trend test because federal approval and state implementation of the 1915(i) state plan amendment came after the test base period of calendar year 2011.

<sup>&</sup>lt;sup>3</sup> Excludes costs related to the Certified Community Behavioral Health Clinic (CCBHC) 2017-19 Demonstration Program. Expenditures for these services provided under the program, over what Oregon would have paid without the demonstration, are excluded from the expenditure trend test because federal approval and state implementation of the demonstration program came after the test base period of calendar year 2011.