



OKLAHOMA
Health Care Authority

Oklahoma Health Care Authority

FY 2026 Budget Hearing Presentation

Submitted by: Ellen Buettner, Chief Executive Officer

Ellen Buettner

Chief Executive Officer



The Oklahoma Health Care Authority (OHCA) administers Oklahoma's Medicaid program, commonly known as SoonerCare, and most recently, the Employee Group Insurance Department after a 2024 legislative transfer.

Founded in 1993, SoonerCare provides health insurance coverage to qualified Oklahomans by ensuring medically necessary benefits and services are available. Qualifying Oklahomans include certain low-income children, adults, families, those with disabilities and those being treated for breast or cervical cancer. OHCA contracts with approximately 74,000 medical and dental providers to serve its more than 1.04 million SoonerCare members.

In 2024, the agency transformed the Medicaid delivery in Oklahoma through the SoonerSelect program, which is a capitated value-based payment model that will improve the health outcomes of SoonerCare members.

EGID administers \$1.1 billion in self-funded HealthChoice health, dental, life and disability insurance plans available to over 178,000 state, education and local government employers and seven state retirement systems. The department contracts with over 23,000 providers to fulfill its mission.

Agency Vision, Mission and Core Values

Vision: Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

Mission: Our mission is to responsibly purchase state and federally-funded health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

Key Principles: Passion for Purpose | Empowerment and Accountability | Transparency | Best in Class and Solution-Oriented | Servant Leadership



Accomplishments

Top accomplishments for SFY 2024 – FY 2025

- 1) Launched SoonerSelect, Oklahoma's new, capitated value-based Medicaid delivery model serving over 600,000 members and comprising of two dental plans, three health plans, and a Children's Specialty Plan.
- 2) Implemented 7 directed payment programs distributing an additional \$700 million to Oklahoma providers.
- 3) Collected \$765 million in drug rebates, 3.9% more than budgeted.
- 4) Completed the public health emergency unwind by redetermining the eligibility of 1.4 million members.
- 5) Formed the Quality Advisory Committee and created a methodology to calculate primary care spend in Medicaid.
- 6) Received 3-year grant to enhance school-based services by providing technical assistance to school districts across the state.



Analysis of Agency Challenges

	Challenge	Current Actions (Briefly describe how the agency is currently addressing the challenge.)	Planned Actions (Briefly describe how the agency plans to address the challenge going forward.)
1	Increasing acuity and trend	Emerging data suggests a higher acuity population post-PHE. National Health Expenditure data suggests higher growth rates, most attributable to non-disabled and Expansion adults. Focus on care management, including targeted medication reviews, program integrity activities, and investment in primary and preventative care. Work with managed care partners on responsible utilization management measures.	Continue focus on current actions and implement targeted utilization management initiatives to address preventable or unnecessary services.
2	Sustainable funding	OHCA was required to use \$777 million of cash reserve in SFY 24-25 and has exhausted the cash reserve accumulated from the enhanced federal funding as a result of the PHE. The agency must manage program volatility associated with increasing acuity and trend, the constitutional Medicaid expansion mandate, and the remaining population post public health emergency.	Research and implement responsible utilization management measures, invest in primary care and advanced care coordination activities to reduce preventable, high-cost services.
3	Prescription Drug Costs including new cell and gene therapy products	EGID recently awarded a new contract for PBM services beginning 1-1-25 with improved pricing, rebates and performance credits. Projected savings of \$475 million over 2025-2027. OHCA collected over \$750 million in drug rebates in SFY 2024.	Continue to monitor drug costs, utilization, formulary and contracting for services on a 3-year cycle to capture best possible financial position. Continue efforts to enhance rebates including billing enhancements, value-based contracts, and multi-state consortium engagement.
4	Nursing facilities cost and state/federal mandates	Align stakeholders on transition from a cost reimbursement approach to an acuity and performance reimbursement approach.	Implement new reimbursement method. Partner to address new federal nursing staffing ratio requirements effective May 2026 for non-rural facilities and May 2027 for rural facilities.



Savings & Efficiencies (Current or Planned)

Savings or Efficiency Name	Brief description of how savings were achieved	Savings in Unit of Measurement*	FY 2024 (Actual \$ Savings)	FY 2025 (Projected \$ Savings)	FY 2026 (Projected \$ Savings)
HealthChoice PBM Contract	RFP and subsequent award of new contract for PBM services beginning CY 2025	Improvements in pricing, rebates and a performance credit	\$0	\$158 million	\$158 million
HealthChoice Drug Savings Review	PBM initiative to help prescribers identify evidence-based clinical opportunities that can drive prescription savings and member health.	Appropriate and cost-effective utilization of drugs	\$0	\$3.4 million	\$4.6 million
Drug Rebates	Ensure timeliness of invoices to drug manufacturers and ensure all rebate eligible drug utilization is included on invoices to collect maximum eligible rebates.	Improvements in rebate collections	\$756 million	\$744 million	\$796 million
Arine Partnership	Medication Therapy Management, improving member outcomes and saving costs.	Program Cost Reduction	\$10 million (CY2023)	\$10.5 million	\$11 million
Provider audits	OHCA's Program Integrity Unit utilizes clinical provider audits, data analytics and payment accuracy audits to identify any fraud, waste, or abuse.	Overpayments or inappropriate payments recouped	\$4.2 million	\$4.4 million	\$4.6 million

** Hours, FTE, square feet, etc.*



Savings & Efficiencies (Current or Planned)

Savings or Efficiency Name	Brief description of how savings were achieved	Savings in Unit of Measurement*	FY 2024 (Actual \$ Savings)	FY 2025 (Projected \$ Savings)	FY 2026 (Projected \$ Savings)
Contract Savings	One-time contracts during transition to managed care & Peoplesoft Implementation	Contract reductions	\$12.6 million	\$2.7 million	TBD
Building Lease	OHCA's ability to telework has enabled Dept. Of Corrections and Pardon and Parole Board to move into the building that we lease.	Additional lease agreements with DOC and PPB	\$50,175	\$238,072	\$364,066

** Hours, FTE, square feet, etc.*



Agency Goals and Key Performance Metrics

Goal		Metric	SFY 24 Target	SFY 24 Actuals	SFY 25 Target	SFY 29 Target
1.	Fiscal Responsibility: Maintain administrative cost at or below 5% of total annual costs.	Administrative cost as a percent of total annual costs	1.25%	1.64%	2%	>3% (MES Reprocurement)
2.	Fiscal Responsibility: Maintain program growth below national Medicaid trend (NHE Projections Table 17)	NHE Health Insurance Expenditure Growth Rate	<5	4%	<5%	<6%
3a.	Health Outcomes: Increase primary care services (adults)	Adult Health Care Use – Preventive Care (Age 20-65+)	77.2%	N/A until Jan 2025	78.2%	82.2%
3b.	Health Outcomes: Increase primary care services (children)	Well-child visits in the first 30 months of life				
		Age: First 15 months	64.0%	N/A until Jan 2025	65.0%	69.0%
		Age: 15-30 months	58.6%		59.6%	63.6%
		Child and adolescent well-care visits	37.6%		40.6%	52.6%



Agency Goals and Key Performance Metrics

Goal		Metric	SFY 24 Target	SFY 24 Actuals	SFY 25 Target	SFY 29 Target
4a.	Health Outcomes: Decrease emergency department visits (adults) by 2 per 1,000 beneficiary months in SFY 25 and an additional 8 by FY 29 *No longer on the 2025 Core Set.	Ambulatory care: Emergency department (ED) visits per 1,000 beneficiary months, adults	58.88	N/A until Jan 2025	56.88	48.88
4b.	Health Outcomes: Decrease emergency department visits (children) by 2 per 1,000 beneficiary months in FY 25 and a additional 8 by SFY 29 *No longer on the 2025 Core Set.	Ambulatory care: Emergency department (ED) visits per 1,000 beneficiary months, children	65.94	N/A until Jan 2025	63.94	55.94
5.	High Performing Teams: Continuously build and attract high-performing teams through performance management and promoting a culture of collaboration and communication.	Turnover Rate <i>Provided by OMES HCM.</i>	8%	8%	8%	8%
6.	Operational Excellence: Implement technology and AI solutions to improve call center answer time.	Call answer speed.	N/A	N/A	1 minute	< 60 seconds



Projects for FY 2025

- 1) Juvenile Reentry Project: The Consolidated Appropriations Act requires states to have a plan in place January 1, 2025, to cover certain services for Medicaid-eligible individuals under the age of 21 and former foster care youth under the age of 26 who are incarcerated in a public institution.
- 2) Implement Managed Care Monitoring and Oversight Solution: The monitoring and oversight tool will allow OHCA to more efficiently analyze hundreds of reports from the contracted entities and enforce contractual and regulatory requirements.
- 3) Implement Velocity: With implementing V3locity by June 30, 2025, EGID members will begin to have self-service capabilities for future option periods.
- 4) Implement AI Call Center Technology: Select, procure, and implement call center AI to be live by March 31, 2025, with an improved average call answer time of less than 1 minute with results to be reported by June 30, 2025.
- 5) Data Matching: Identify OHCA members who are deceased using the US Dept. of Treasury death-match software and implement an audit process to initiate the first death-match reviews of the capitated payments to the 6 contracted entities by June 30, 2025.
- 6) Expand School-Based Services: Enhance school-based services to all Medicaid eligible students rather than utilizing an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) Plans of Care.



Ongoing Projects for FY 2026

- 1) Reentry Services for Adults: CMS released a new Section 1115 demonstration opportunity to test transition-related strategies to support community reentry for people who are incarcerated. States may offer coverage of pre-release services 30 to 90 days before the expected date of release.
- 2) Patient-Centered Medical Home (PCMH) Redesign: Redesigning the current PCMH model to focus on better aligning the delivery system to the non-SoonerSelect populations improving care delivery and value.
- 3) MES Procurement: This project will ensure we retain access to reliable and efficient technology for the administration of Medicaid services. CMS requires state to reprocur MES technology every 10 years.
- 4) Value-Based Payment Program: Transitioning SoonerSelect providers to value-based contracting that incentivizes quality and improves health outcomes by rewarding value instead of volume.
- 5) Health Care System Sustainability: Partnering with systems and stakeholders to enhance sustainability especially in rural Oklahoma. OHCA is tasked with increasing primary care spend to 11% in the first 4 years of SoonerSelect.



Total Historic Actual Expenditures (SFY 2020-24) and Current Year Budget (SFY 2025)

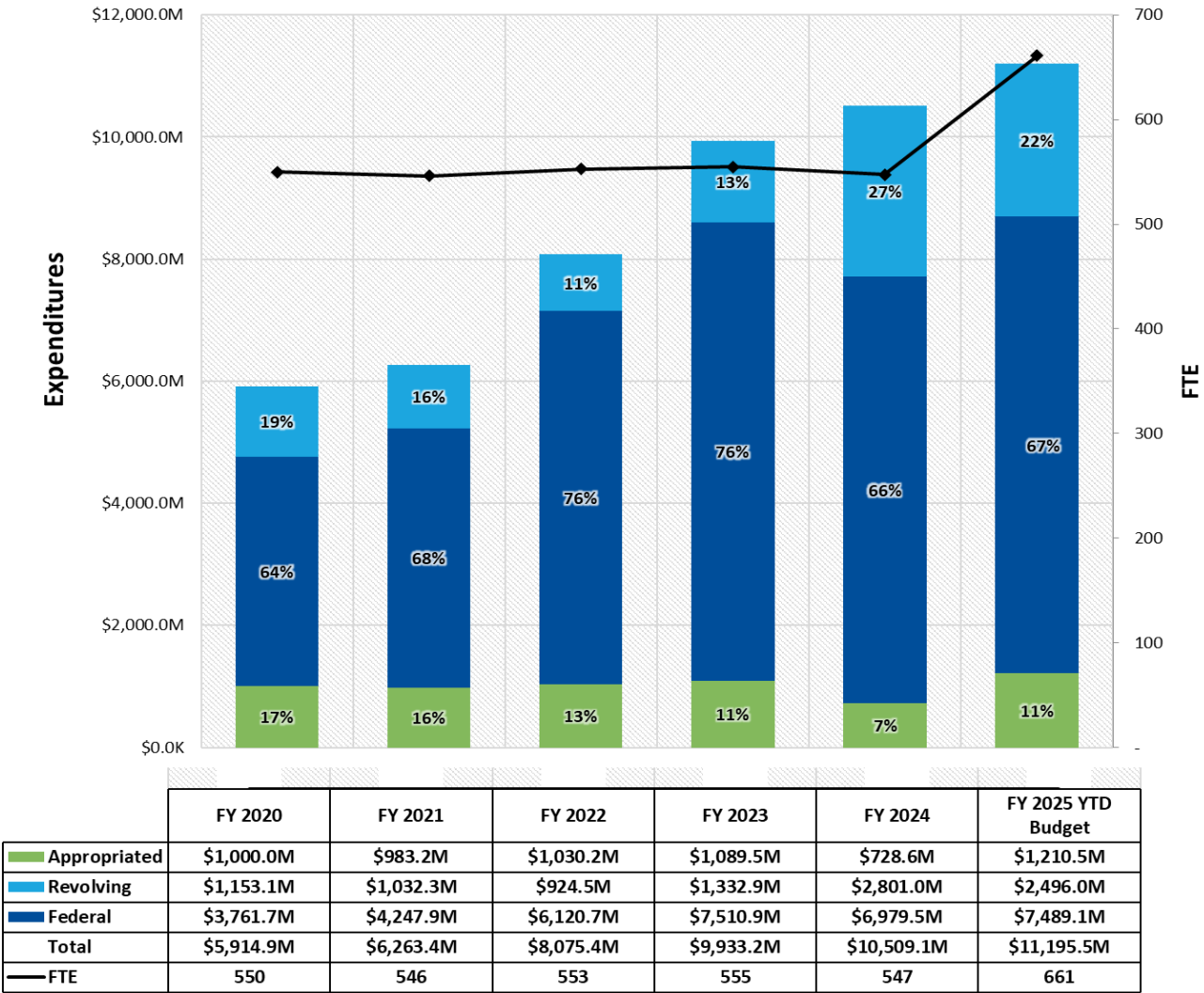
Explanation of Changes and Trends

Enrollment related to SQ 802 mandated Medicaid Expansion and the federal Public Health Emergency (PHE) continuous coverage mandate are driving the significant increase in the agency budget within the last 3 state fiscal years.

Other non-recurring factors for SFY 2024 include the claims bubble for the SoonerSelect Transition (\$368M), the Oklahoma SB32X Mandated Hospital Payment (\$200M) and the SB32X Mandated funds for provider HIE connections (\$30M).

The main factors for increase in the SFY 2025 Budget are the State Mandated LTC and HCBS Rate Increases along with Managed Care Hospital Directed Payments and Provider Incentive Payments. The 21% increase in budgeted FTE is the result of consolidation with EGID.

Historic Total Actual Expenditures and Current Year Budget



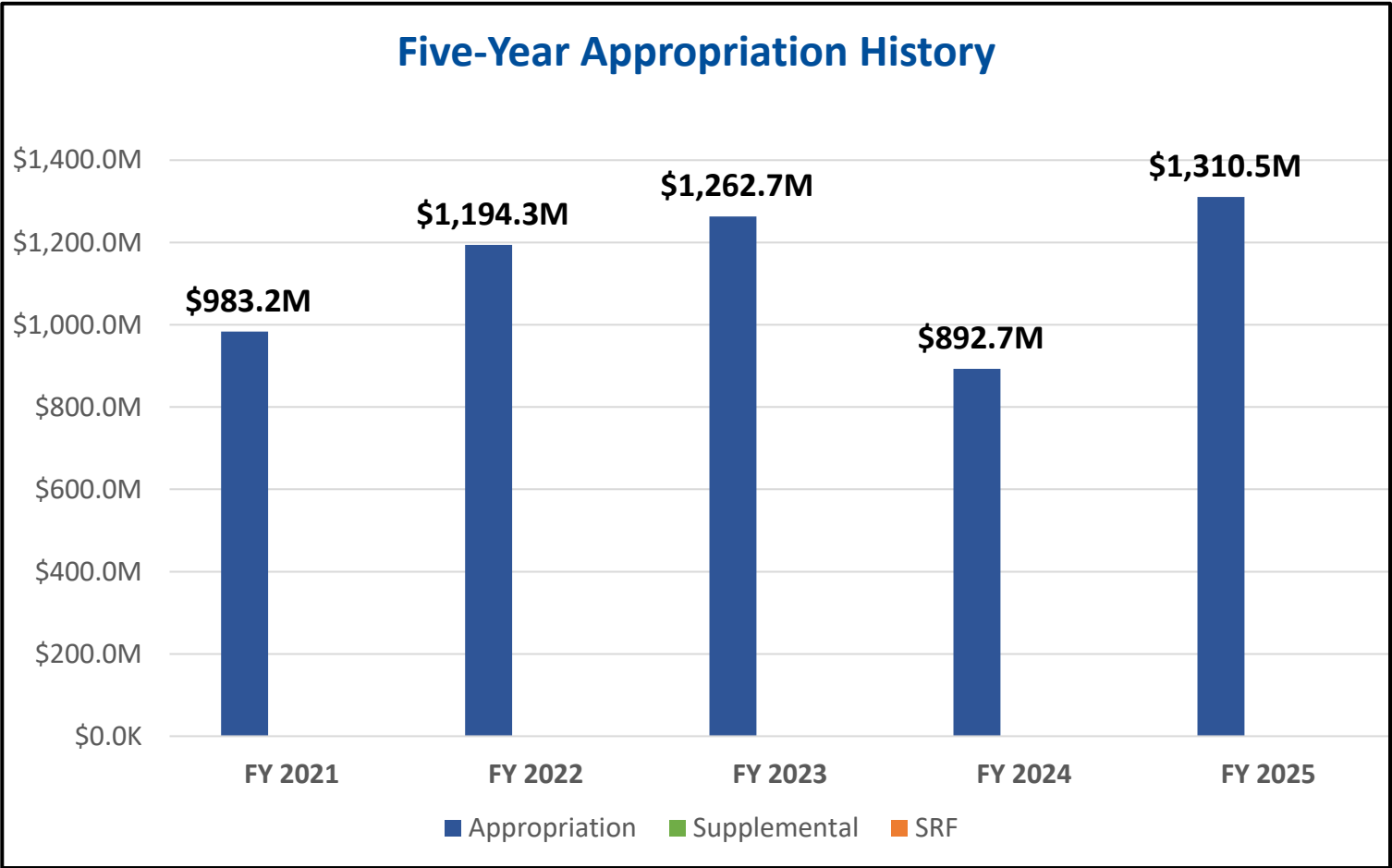
SFY 2025 Budgeted Full Time Equivalents (FTE)



	FY 2025 Budgeted FTE
Total FTE	700
Supervisor FTE	154
Supervisors to Total FTE Ratio (%)	22%
Current Budgeted but Unfilled FTE	64

Appropriation History

Fiscal Year	Legislated Appropriation (\$) <i>(Includes supplementals and SRF/ARPA if applicable.)</i>
SFY 2021	\$983,239,368
SFY 2022	\$1,194,337,303
SFY 2023	\$1,262,741,642
SFY 2024	\$892,741,642
SFY 2025	\$1,310,509,100



Financial Resource Analysis

Carryover		FY 2021	FY 2022	FY 2023	FY 2024
Total appropriated carryover amount expended (\$)		\$14,505,079	\$25,562,647	\$17,498,130	\$738,897,508
Historical Cash Balances		FY 2021	FY 2022	FY 2023	FY 2024
Year End Revolving Fund Cash Balances <i>(All Revolving Funds)</i>		\$454,014,425	\$1,032,204,135	\$1,464,628,341	\$840,293,561
Revolving Class Fund # <i>(Unrestricted only)</i>	Revolving Class Fund Name <i>(Unrestricted only)</i>	Current cash balance (\$)		Projected FY 2025 year-end cash balance (\$)	
20000	Administrative Disbursing Fund	\$71,724,359		\$9,877,175	
34000	Medicaid Program Disbursing Fund	\$246,827,152		\$116,827,152	
29000	EGID – Intra Xfer from Special Account	\$1,789,024		\$3,620,000	
29200	EGID – Medical Expense Liability Fund	\$3,654,540		\$4,047,540	
	Total Unrestricted Revolving Fund Cash balance:	\$323,995,075		\$134,371,867	

FY 2023 – 2024 Appropriation Change Review

<i>Purpose of appropriation increase or decrease?</i>	<i>Amount FY 2023</i>	<i>Amount FY 2024</i>	<i>Total amount received FY 2023 - 24</i>	<i>Total amount expended by 11/1/2024</i>	<i>Included in FY 2025 approp? (Yes/No)</i>	<i>If not expended fully, please explain.</i>
Annualization - Impact of FMAP Change	\$24,400,658	\$24,400,658	\$48,801,316	\$48,801,316	Yes	
Maintenance (Cost to Continue Program Changes)	\$53,079,162	\$53,079,162	\$106,158,324	\$106,158,324	Yes	
Program Enhancement / Operational Excellence	\$3,027,977	\$3,027,977	\$6,055,954	\$6,055,954	Yes	
Remove MCO Premium Tax	(\$12,103,458)	(\$12,103,458)	(\$24,206,916)_	N/A	Yes	
OKSHINE Grants for Providers		\$30,000,000	\$30,000,000	\$208,850	No	Implementation delay - Legislature repurposed and appropriated \$9 million in FY 25, carried over remaining but will not expend all in FY 25.
Hospital Funding		\$200,000,000	\$200,000,000	\$200,000,000	No	
Totals	\$68,404,339	\$298,404,339	\$366,808,678	\$361,224,444		



**Do not include SRF / ARPA appropriation increases.*

FY 2025 Appropriation Change Review

<i>Purpose of appropriation increase or decrease</i>	<i>Amount of increase or decrease (\$)</i>	<i>Does this need to be included in your FY 2026 appropriation? (Yes/No)</i>	<i>If yes, included in appropriation for same purpose? (Yes/No)</i>	<i>If not included for same purpose, please explain.</i>
Annualization - Impact of FMAP Change	\$11,354,122	Yes	Yes	
Maintenance (Cost to Continue Program Changes)	\$160,493,037	Yes	Yes	
Restoration of SFY 23 Base Appropriation	\$600,000,000	Yes	Yes	
One-Time Funding	(\$192,830,171)	No		
Program Enhancement/Operational Excellence	\$3,296,114	Yes	Yes	
Total adjustment	\$582,313,102			



**Do not include SRF / ARPA appropriation increases.*

Budget & Supplemental Incremental Request Summary

Request Name		FY 2026 Incremental Appropriation Request Amount (\$) <i>{or FY 2025 for Supplementals}</i>	Type of Request: Recurring, One-time, or Supplemental
1	Annualizations (Impact of Federal Medical Assistance Percentage changes)	\$26,041,449	Recurring
2	Maintenance (Cost to Continue Program Changes)	\$83,277,026	Recurring
3	Mandates / One-Time Funding / Replace SFY 25 Carryover	\$16,754,651	Recurring



SFY 2026 Budget Request Detail

Description of Priority	Appropriated Funds	Revolving Funds	Federal Funds	Total Funds
SFY 2025 Base	\$1,310,509,100	\$2,395,963,094	\$7,489,064,505	\$11,195,536,700
SFY 2026 Budget Request by Priority:				
1 Annualizations (Impact of Federal Medical Assistance Percentage changes)				
Title 19 Medicaid regular FMAP from 67.08% to 66.47% (eff. 10/01/2025)	25,160,832		(25,160,832)	-
Title 21 CHIP enhanced FMAP from 76.96% to 76.53% (eff. 10/01/2025)	880,617		(880,617)	-
	\$26,041,449	-	(\$26,041,449)	\$0
2 Maintenance (Cost to Continue Program Changes)				
FY'26 Traditional Medicaid Growth/Utilization increases (3.7%)	50,587,872	21,882,665	113,569,204	186,039,740
FY'26 Medicaid Expansion Growth/Utilization increases (9.9%)	13,073,174	30,643,956	117,658,562	161,375,692
Medicare Part D (clawback) - 100% state dollars	10,425,464	-	-	10,425,464
Replace decline in Tobacco Tax revenues (Fund 245/250/255)	9,190,517	(9,190,517)		-
	\$83,277,026	\$43,336,104	\$231,227,766	\$357,840,896
3 Mandates / One-Time Funding / Replace FY25 Carryover				
Mandated Nursing Homes Rate Increase (Unfunded State Mandate)	30,000,000	(30,000,000)		-
Premium Tax Surplus	(13,245,349)	13,245,349		-
	\$16,754,651	(16,754,651)	\$0	\$0
SFY 2026 Budget Request Totals (Priority 1 thru 3)	\$126,073,127	\$26,581,453	\$205,186,317	\$357,840,896
SFY 2026 Agency Total Budget Projections	\$1,436,582,227	\$2,422,544,547	\$7,694,250,822	\$11,553,377,596
*Base Appropriation include \$100M Transfer to Rate Preservation Fund. The agency requests to cease transfer and utilize the appropriation to fund SFY 2026 operations.				



(1) Incremental Budget Request

Name of Request : Annualizations (Impact of Federal Medical Assistance Percentage changes)					
Type: Recurring		\$ Incremental Amount Requested for SFY 2026 = \$26,041,449			
Describe why these funds are needed. The purpose of this request is to annualize the current expenditure base to request additional state funding necessary due to the FFY 2026 FMAP (Federal Medical Assistance Percentage) change from 67.08% to 66.47% (eff. 10/01/2025). Nine months impact from Oct. 1, 2025, the FMAP change in FFY 2026, along with first quarter SFY2026 decrease from 67.53% to 67.08% will require approximately \$26 million additional state dollars. FMAP changes every federal fiscal year based on Oklahoma’s per capita income relative to the national average. This request will also annualize the impact of the increased cost of the Children’s Health Insurance Program (CHIP) under Title 21 ACA MOE provision through FFY 2026. By state law, Oklahoma is required to cover CHIP kids and pregnant women (56 OS 1010.1). The table below shows the estimated state/federal dollar impact for SFY 2026:					
Description of Priority		Appropriated Funds	Revolving Funds	Federal Funds	Total Funds
1	Annualizations (Impact of Federal Medical Assistance Percentage changes)				
	Title 19 Medicaid regular FMAP from 67.08% to 66.47% (eff. 10/01/2025)	25,160,832		(25,160,832)	-
	Title 21 CHIP enhanced FMAP from 76.96% to 76.53% (eff. 10/01/2025)	880,617		(880,617)	-
		\$26,041,449	-	(\$26,041,449)	\$0



(2) Incremental Budget Request

Name of Request : Maintenance (Cost to Continue Program Changes)					
Type: Recurring		\$ Incremental Amount Requested for SFY 2026 = \$83,277,026			
Describe why these funds are needed. The purpose of this request is to accommodate SFY 2026 estimated 3.7% Traditional Medicaid Program growth and 9.9% Medicaid Expansion growth (utilization, and/or cost inflationary increases) necessary to maintain the current Oklahoma Medicaid program. Oklahoma Medicaid program growth and cost increases every year are compared to nationwide medical cost increases and the national average Medicaid program growth rate. This request also includes the estimated 9% increase in CY 2025 monthly Medicare Part D claw-back premium payments to CMS for dual eligibles and to replace the decline in State’s Tobacco Tax revenues. The table below shows the estimated state/federal impact for FY 2026.					
Description of Priority		Appropriated Funds	Revolving Funds	Federal Funds	Total Funds
2	Maintenance (Cost to Continue Program Changes)				
	FY'26 Traditional Medicaid Growth/Utilization increases (3.7%)	50,587,872	21,882,665	113,569,204	186,039,740
	FY'26 Medicaid Expansion Growth/Utilization increases (9.9%)	13,073,174	30,643,956	117,658,562	161,375,692
	Medicare Part D (clawback) - 100% state dollars	10,425,464	-	-	10,425,464
	Replace decline in Tobacco Tax revenues (Fund 245/250/255)	9,190,517	(9,190,517)		-
		\$83,277,026	\$43,336,104	\$231,227,766	\$357,840,896



(3) Incremental Budget Request

Name of Request : Mandates / One-Time Funding / Replace SFY 25 Carryover					
Type: Recurring		\$ Incremental Amount Requested for SFY 2026 = \$16,754,651			
<p>Describe why these funds are needed.</p> <p>The purpose of this funding request is to fund the state portion of unfunded SFY 25 state mandated Long Term Care facility rate increases and to account the projected Premium Tax surplus available to reduce SFY 26 agency total budget request as shown below:</p>					
Description of Priority		Appropriated Funds	Revolving Funds	Federal Funds	Total Funds
3	Mandates / One-Time Funding / Replace FY25 Carryover				
	Mandated Nursing Homes Rate Increase (Unfunded State Mandate)	30,000,000	(30,000,000)		-
	Premium Tax Surplus	(13,245,349)	13,245,349		-
		\$16,754,651	(16,754,651)	\$0	\$0



The background of the slide is a solid blue color with a faint, light blue watermark of a large building dome, likely a state capitol, visible across the entire surface. In the upper center, there is a white rectangular area that is slightly tilted. Inside this white area, the text "Agency logo here" is written in a black, sans-serif font.

Agency logo here

Appendix

General Instructions

(please delete this slide when presentation is complete)

This template was created in collaboration between the Executive and Legislative teams to provide a consistent approach for presenting information.

Complete this slide presentation and send the file to the following parties by December 2nd:

- House of Representatives Fiscal Director John McPhetridge (John.McPhetridge@okhouse.gov),
- House of Representatives Budget Coordinator Terri Ihnat (terri.ihn timer@okhouse.gov),
- Senate Fiscal Director Anthony Sammons (Anthony.Sammons@oksenate.gov),
- Your assigned State Budget Analyst,
- If applicable, your assigned OMES Agency Business Services (ABS) Financial Manager, and
- The Cabinet Secretary or Chief Advisor for your agency. If the Cabinet position is currently vacant, send to State COO Brian Bobek (Brian.Bobek@gov.ok.gov).



Slide Instructions *(please delete this slide when presentation is complete)*

Slide #	Guidance
1	Cover slide –Include your state-branded logo, if available.
2 - 6	Purpose, Vision/Mission, Accomplishments, Challenges, Savings & Efficiencies – Complete slides with the requested information. <i>Use the agency’s slides from the Strategic Plan where indicated.</i>
7	Agency Goals and Key Performance Metrics – Report up to 5 goals that are most significant to your agency’s overall mission, along with the KPM that will measure progress toward the goal. Report actuals and targets for your KPMs in the cells provided, or list N/A in the actuals cells if the KPM is new.
8 - 9	Projects for FY 2025 and FY 2026 – On each slide, list and briefly describe up to 5 current or upcoming projects that support the goals and strategies of the agency’s mission.
10	Historic Actual Expenditures and Current Year Budget – <i>Copy the slide from the agency’s Strategic Plan.</i>
11	Budgeted FTE – Enter the Total FTE and Supervisors FTE. The total budgeted FTE should match the prior slide’s FY24 Budgeted FTE number (which is sourced from the agency FY24 BWP Position Budget). Then, calculate the Supervisor to Total FTE ratio as a percentage. Add budgeted, but currently unfilled, FTE.
12	Appropriation History – Include appropriations, supplemental, and Statewide Recovery Fund (ARPA) appropriations. The summary table and chart are not linked. To update the chart, click the graph, then click “Chart Design” and “Edit Data”. An Excel spreadsheet will appear for you to enter appropriation amounts in each category.
13	Financial Resource Analysis – <i>Copy the agency’s Strategic Plan slide. If you do not have a Strategic Plan slide --</i> Add carryover and revolving fund cash balances. Detail each unrestricted cash balance by class fund. Unrestricted funds are those that are not limited by state or federal law, rule, regulation, other legally binding method, or donor restriction. Add descriptions of the agency’s plan to deploy any unrestricted cash by fiscal year.



Slide Instructions *(please delete this slide when presentation is complete)*

Slide #	Guidance
14-15	<p>FY 23 – 24 Appropriation Change Reviews – <i>This slide aligns with the Appropriation Increase review found in the BPR tab from your budget request document submitted in October, but with a more recent expenditure reporting date.</i> List each appropriation adjustment, both increases and decreases, by purpose and amount. The agency is asked to include both increases and decreases to show the total fiscal year adjustment. If the agency did not receive an appropriation adjustment for a fiscal year, report “No adjustments” in the first cell of the table. Lists of FY 2023 and FY 2024 appropriation adjustments were provided to each agency in their BWP packets. Do not include Statewide Recovery Fund / ARPA appropriations.</p> <p>Include the amounts received in both fiscal years and total the amounts. Report how much of this total was spent by the requested date. Answer whether the adjustment amount was still being received in your FY 2025 appropriation.</p> <p>Appropriation decreases: For decreases, you can place “N/A” in the columns following the fiscal year amounts.</p> <p>FY 2025 Appropriation Change Review: FY 2025 appropriation adjustments can be located in the House of Representatives transparency portal. If the agency did not receive an appropriation adjustment for a fiscal year, report “No adjustments” in the first cell of the table. For FY 2025 appropriation adjustments received, will the agency continue to need each of these in FY 2026?</p>
16	<p>Budget and Supplemental Incremental Request Summary – In general, requests in this summary slide should match the summary tab in your Budget Request workbook. <i>If requests have changed, please notify your State Budget Analyst.</i> Place Supplemental requests first in the list. Indicate if the request is a One-time, Recurring, or Supplemental request. “One-time” requests are short-term needs that may extend over several years. If your “One-time” request is needed for several years, indicate how many years in the last column.</p> <p>Duplicate this slide if needed, and update the priority numbers in the column to the left.</p>
17+	<p>Supplemental and Incremental Budget Request Detail – In the header, match the request number to the request priority in the Summary slide. The priority number may need to be adjusted if a supplemental is requested. Include EITHER recurring or one-time as the type of request (delete the other option) for the incremental budget requests. Explain why the requested funds are needed. Duplicate slides as needed to describe each request listed in the summary. Delete any unused slides.</p>
Appendix	<p>OPTIONAL – The agency may include 1-2 slides of additional content if desired. Please DELETE the appendix section slide and appendix slide if not used.</p>

