

**Cecile Erwin Young** *Executive Commissioner* 

May 1, 2023

Ms. Diona Kristian
Centers for Medicare and Medicaid Services
Center for Medicaid, and CHIP Services
Division of State Demonstrations and Waivers
7500 Security Boulevard
Mail Stop S2-25-26
Baltimore, MD 21244-1850

Dear Ms. Kristian:

The Texas Health and Human Services Commission (HHSC) is requesting to amend the Texas Healthcare Transformation Quality Improvement Program (THTQIP-11-W-00278-6), a Medicaid waiver program operating under the authority of Section 1115 of the Social Security Act.

#### HHSC is proposing the following change in this amendment:

HHSC proposes amending STC 41(d) to make clear what years and data sources will be used for the reassessment to ensure that the public health emergency does not impact the data utilized. Through this amendment, HHSC clarifies in STC 41(d) that Medicaid payment data from 2025 as determined by the claim and encounter data maintained by Texas will be used to avoid any impacts from the data caused by the public health emergency.

Additionally, HHSC proposes to add a technical correction as a footnote to Table 4a., State Plan Services to clarify for STAR, Personal Care Services and Community First Choice are delivered through a fee-for-service delivery model.

Ms. Diona Kristian May 1, 2023 Page 2

HHSC requests CMS approve the requested changes in this amendment package by December 31, 2023. Kathi Montalbano, Director of Federal Coordination, Rules and Committees, is the lead staff on this matter and can be contacted by telephone at (512) 438-4299.

Sincerely,

Stephanie Stephens State Medicaid Director

# **General Program Requirements**

Texas Healthcare Transformation and Quality Improvement Program

Number: 11-W-00278/6

Demonstration Period: January 15, 2021 through September 30, 2030

Amendment Request: 2<sup>nd</sup> Reassessment of Uncompensated Care Pool Program

Submitted: May 1, 2023

#### Overview

The Texas Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) demonstration under section 1115 of the Social Security Act in compliance with STC 7 and STC 12. The current demonstration is approved through September 2030. The proposed effective date for this amendment is December 31, 2023.

The THTQIP Waiver that was approved on January 15, 2021 includes Special Term and Condition (STC) 41(d), which requires HHSC to reassess the Uncompensated Care (UC) Pool a second time. The approach to reassessment uses a methodology that relies on audited data from the disproportionate share hospital audits to reflect the Medicaid payments, which are offset against cost data from a Medicare cost report. When negotiating the waiver, CMS agreed to use different data sets than the typical methodology would require for the first reassessment of UC due to the potential impact of COVID-19 on the data that would normally have been used.

#### **III. General Program Requirements**

- 7) Amendment Process. Requests to amend the demonstration must be submitted to CMS for approval no later than 120 days prior to the planned date of implementation of the change and may not be implemented until approved. CMS reserves the right to deny or delay approval of a demonstration amendment based on non-compliance with the STCs, including but not limited to failure by the state to submit required elements of a complete amendment request as described in this STCs, reports or other deliverables required in the approved STCs in a timely fashion according to the deadlines specified herein. Amendment requests must include, but are not limited to, the following:
- a) An explanation of the public process used by the state, consistent with the requirements of STC 12. Such explanation must include a summary of any public

# feedback received and identification of how this feedback was addressed by the state in the final amendment request submitted to CMS.

Pursuant to STC 12 Public Notice, Tribal Consultation, and Consultation with Interested Parties, the public notice for public comment about the changes requested in Amendment 23 was published in the Texas Register on March 10, 2023 (see attachment named TX Reg Public Notice). The public comment period ended on April 10, 2023. The Texas Register is published weekly and is the journal of state agency rulemaking for Texas. In addition to activities related to rules, the Texas Register publishes various public notices including attorney general opinions, gubernatorial appointments, state agency requests for proposals and other documents, and it is used regularly by stakeholders. HHSC publishes all Medicaid waiver submissions in the Texas Register in addition to many other notices. The publication is available online and in hard copy at the Texas State Library and Archives Commission, the State Law Library, the Legislative Reference Library located in the State Capitol building, and the University of North Texas libraries. All of these sites are located in Austin, except for the University of North Texas, which is located in Denton. Printed copies of the Texas Register are also available through paid subscription; subscribers include cities, counties and public libraries throughout the state. In accordance with the requirements included in STC 12, letters were sent on March 8, 2023, to Tribal Governments requesting comments, questions, or feedback on the amendment by April 7, 2023 (see attached copy of one Tribal letter and e mails sent to each Tribe). No comments, questions, or feedback on the project were received from Tribal Governments during the initial Tribal Consultation period.

During the public comment period, HHSC received one comment from the Texas Hospital Association (THA). THA supports the amendment and agrees that using claims and payment data from the public health emergency could have unintended consequences of overstating expected Medicaid payments while understating expected costs of UC eligible for reimbursement. This shortfall would continue through the end of the THTQIP waiver in 2030. THA hopes to avoid this outcome, by changing the data year used in resizing, to 2025.

# b) A detailed description of the amendment, including impact on beneficiaries, with sufficient supporting documentation.

The THTQIP Waiver that was approved on January 15, 2021 includes Special Term and Condition (STC) 41(d), which requires HHSC to reassess the Uncompensated Care (UC) Pool a second time. The approach to reassessment uses a methodology that relies on audited data from the disproportionate share hospital audits to reflect the Medicaid payments, which are offset against cost data from a Medicare cost report. When negotiating the waiver, CMS agreed to use different data sets than the typical methodology would require for the first reassessment of UC due to the potential impact of COVID-19 on the data that would normally have been used.

#### Waiver and Expenditure Authorities

There are no additional waivers being requested as part of this amendment.

# Enrollment, Cost Sharing and Service Delivery

There are no anticipated changes to enrollment, cost sharing or service delivery as part of this amendment.

A data analysis which identifies the specific "with waiver" impact of the proposed amendment on the current budget neutrality agreement. Such analysis must include current total computable "with waiver" and "without waiver" status on both a summary and detailed level through the current approval period using the most recent actual expenditures, as well as summary and detailed projections of the change in the "with waiver" expenditure total as a result of the proposed amendment, which isolates (by Eligibility Group) the impact of the amendment.

There is no impact to the current approved budget neutrality model. UC amounts are included as part of overall budget neutrality room estimates and subsequent UC reassessment is not to be determined until amounts are determined. Please see attached BN workbook.

- c) An up-to-date CHIP allotment worksheet, if necessary.  $\ensuremath{\mathrm{N/A}}$
- d) The state must provide updates to existing demonstration reporting and quality and evaluation plans. This includes a description of how the Evaluation Design and annual progress reports will be modified to incorporate the amendment provisions, as well as the oversight, monitoring and measurement of the provisions.

The THTQIP evaluation design CMS approved on May 26, 2022, focusing on DYs 10-19, includes nine evaluation questions and 23 hypotheses spanning three evaluation components. This amendment may impact 'With Waiver' Medicaid health care expenditures (Measure 6.1.1) under Hypothesis 6.1, but is not expected to impact any other evaluation measures. The amendment does not impact the timing or type of services available to beneficiaries, only the mechanism through which those services are delivered immediately following approval of Medicaid benefits. As a result, the overall evaluation findings are unlikely to be meaningfully impacted by the amendment. Therefore, HHSC is not proposing adding evaluation questions or hypotheses specific to this amendment, and HHSC is not proposing changes to the evaluation reports, annual progress reports, or oversight, monitoring, and measurement of the provisions outlined in the STCs. However, the state will direct the external evaluator to interpret and present pertinent findings within the context of this amendment as necessary.

# **Appendix**

The following is the list of additional documents included in this amendment package:

- Texas Register Acknowledgement of Receipt
- Cover Letter to CMS
- Public Notice of Intent (PNI)
- Tribal Letter and each email sent to the tribes
- Budget Neutrality Workbook
- STCs

#### TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Public Notice – Amendment of the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) Waiver

The Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) waiver under section 1115 of the Social Security Act. The current waiver is approved through September 2030. The proposed effective date for this amendment is December 31, 2023.

The THTQIP Waiver that was approved on January 15, 2021 includes Special Term and Condition (STC) 41(d), which requires HHSC to reassess the Uncompensated Care (UC) Pool a second time. The approach to reassessment uses a methodology that relies on audited data from the disproportionate share hospital audits to reflect the Medicaid payments, which are offset against cost data from a Medicare cost report. When negotiating the waiver, CMS agreed to use different data sets than the typical methodology would require for the first reassessment of UC due to the potential impact of COVID-19 on the data that would normally have been used.

## **Proposed Changes**

HHSC proposes amending STC 41(d) to make clear what years and data sources will be used for the reassessment to ensure that the public health emergency does not impact the data utilized. HHSC proposes adding the language italicized below to STC 41(d).

HHSC and CMS will collaborate on the reassessment, which will be based on information reported by hospitals for periods beginning in federal fiscal year 2025 on schedule S-10 of the CMS 2552-10 hospital cost report, with adjustment to ensure that demonstration pool payments do not enter the calculation, and Medicaid payment data from 2025 as determined by the claim and encounter data maintained by Texas, following a methodology approved by CMS. For non-S-10 hospitals, costs will be based on the CMS-approved cost reports described in Attachment H for the most recent available year. The results of the reassessment will be used to revise the UC Pool limits for demonstration years (DY) 17-19. CMS and Texas are using 2025 Medicaid claim and encounter data to avoid any impact to data caused by the public health emergency that was in effect in 2020 and after.

## Requested Waivers

There are no additional waivers being requested as part of this amendment.

#### Financial Analysis

There is no impact to the current approved budget neutrality model. UC amounts are included as part of overall budget neutrality room estimates and subsequent UC reassessment is not to be determined until amounts are determined.

#### **Evaluation Design**

The THTQIP evaluation design CMS approved on May 26, 2022, focusing on DYs 10-19, includes nine evaluation questions and 23 hypotheses spanning three evaluation components. The CMS-approved evaluation design already addresses potential impacts of reassessment of the UC funding pool. This amendment clarifies the data and time periods which may be used in the UC funding pool reassessment but does not change the impact of the reassessment on the evaluation design. Therefore, the amendment does not require additional considerations beyond what is already included in the evaluation design. As a result, HHSC is not proposing any changes to the evaluation design as a result of this amendment.

Enrollment, Cost Sharing and Service Delivery

There are no anticipated changes to enrollment, cost sharing or service delivery as part of this amendment.

An individual may obtain a free copy of the proposed waiver amendment, ask questions, obtain additional information, or submit comments regarding this amendment by, April 10, 2023, by contacting Jayasree Sankaran by U.S. mail, telephone, fax, or email. The addresses are as follows:

U.S. Mail

Texas Health and Human Services Commission

Attention: Jayasree Sankaran, Waiver Coordinator, Federal Coordination, Rules and Committees 701 W. 51<sup>st</sup> Street Mail Code: H310 Austin, Texas 78751

**Email** 

TX Medicaid Waivers@hhsc.state.tx.us.

Telephone (512) 438-4331

Fax 512-323-1905



**Cecile Erwin Young** *Executive Commissioner* 

March 8, 2023

Ms. Linda Austin Chief Operations Officer Ysleta Del Sur Pueblo 119 S. Old Pueblo Road El Paso, Texas 79907

Dear Ms. Austin:

The purpose of this letter is to notify members of the Ysleta Del Sur Pueblo that the Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) waiver under section 1115 of the Social Security Act. The current waiver is approved through September 2030. The proposed effective date for this amendment is December 31, 2023.

The THTQIP Waiver that was approved on January 15, 2021, includes Special Term and Condition (STC) 41(d), which requires HHSC to reassess the Uncompensated Care (UC) Pool a second time. The approach to reassessment uses a methodology that relies on audited data from the disproportionate share hospital audits to reflect the Medicaid payments, which are offset against cost data from a Medicare cost report. When negotiating the waiver, CMS agreed to use different data sets than the typical methodology would require for the first reassessment of UC due to the potential impact of COVID-19 on the data that would normally have been used.

#### **Proposed Changes**

HHSC proposes amending STC 41(d) to make clear what years and data sources will be used for the reassessment to ensure that the public health emergency does not impact the data utilized. HHSC proposes adding the language italicized below to STC 41(d).

HHSC and CMS will collaborate on the reassessment, which will be based on information reported by hospitals for periods beginning in federal fiscal year 2025 on schedule S-10 of the CMS 2552-10 hospital cost report, with adjustment to ensure that demonstration pool payments do not enter the calculation, and Medicaid payment data from 2025 as determined by the claim and encounter data maintained by Texas, following a methodology approved by CMS. For non-S-10 hospitals, costs will be based on the CMS-approved cost reports described in

Ms. Austin March 8, 2023 Page 2

Attachment H for the most recent available year. The results of the reassessment will be used to revise the UC Pool limits for demonstration years (DY) 17-19. CMS and Texas are using 2025 Medicaid claim and encounter data to avoid any impact to data caused by the public health emergency that was in effect in 2020 and after.

# **Requested Waivers**

There are no additional waivers being requested as part of this amendment.

## **Financial Analysis**

There is no impact to the current approved budget neutrality model. UC amounts are included as part of overall budget neutrality room estimates and subsequent UC reassessment is not to be determined until amounts are determined.

#### **Evaluation Design**

The THTQIP evaluation design CMS approved on May 26, 2022, focusing on DYs 10-19, includes nine evaluation questions and 23 hypotheses spanning three evaluation components. The CMS-approved evaluation design already addresses potential impacts of reassessment of the UC funding pool. This amendment clarifies the data and time periods which may be used in the UC funding pool reassessment but does not change the impact of the reassessment on the evaluation design. Therefore, the amendment does not require additional considerations beyond what is already included in the evaluation design. As a result, HHSC is not proposing any changes to the evaluation design as a result of this amendment.

#### **Enrollment, Cost Sharing and Service Delivery**

There are no anticipated changes to enrollment, cost sharing or service delivery as part of this amendment.

#### **Feedback from Tribal Governments**

CMS requires the State to seek advice from the tribal governments regarding any changes to the State's waivers that are likely to have a direct effect on Indians, Indian health programs, or Urban Indian Organizations. To allow sufficient time for consideration of the tribal government's comments or questions, HHSC requests your feedback by April 7, 2023.

Ms. Austin March 8, 2023 Page 3

To obtain a free copy of the proposed waiver amendment, provide comments, ask questions, or request additional information regarding this amendment, please contact Shaneqwea James by April 7, 2023 by phone at (512) 438-2264, by mail at John H. Winters Building, 701 W. 51st Street, East Tower, Fourth Floor, Austin, TX 78751, or by e-mail at TX Medicaid Waivers@hhs.texas.gov

Sincerely,

Kathi Montalbano Director of Federal Coordination, Rules, and Committees Medicaid/CHIP Division, HHSC

Part	Managed Care Hospital Transition 1115 waive BUDGET NEUTRALITY SUMMARY: Based on											Extended 10-Yr Demonstration Period											
1967-1966   1967		py es py es	DY 03	DY 04	DY 05	2012-2016	Extension DY 66				DY 10	DY 11		DY 13	DY 54	DY 15	DY 16		DY 18		Total 10 Yr WOW		
Column   C								A 5 340 503 130	A 7 737 (43 646	A F 747 074 077	4 F 043 3/F 403	# 6 300 013 031	A ((47,000,000			/ 1/30 304 634	6 0.040.337.077		2 000 000 000				
Action (1971) (1																							
Column   C																							
Control   Cont				4 10 700 341 403	410.012.011.000																		
Part	Other UPL Programs (not included in Population)																						
Part	THE HOWELDWANT				* W127411		t treatment	· www.	* ********	1 111212727	t Management	C CLEANING	2114441	* *********	A serion us	211447747		2011/01/201	ATTACK TO	James Del Aus	t mrautuum	t mrzerene	
March   Marc		DY 01 DY 02	DY 03		A NAP & MPAP DY 05	2012-2016	DY 66		PP & UHRIP DY 00	DY 09	DY 10	DY 11	DY 12	DY 13	DYSI	DY 15	DY 16	DY 17	DY 18	DY 19	2021-0030 Total 10 Yr WW		
March   Marc	WITH WAVER SUMMARY	(FFY 12) (FFY 12)				Total 5 or WW		(FFY 18)	(EFY 19)	(FFY 20)	(FFY 21)		(FFY 23)		(FFY 25)		(EFY 27)	(FFY 2B)	(FFY 29)	(FFY 20)	extension	TOTAL 18 or WW	
Act   1	Aged and Medicare Related	\$1.177.336.276 \$1.492.596	850 \$1,675,335,985					\$ 4.377.227.286	\$ 4.810.964.815	\$ 5.015.335.644		1 5.345.706.880	\$ 5,107,295,278	\$ 5,455,396,580 5	5.798.563.269	\$ 6.152.361.477	\$ 6.509.295.572	6.810.285.437 1	7.126.131.314 1				
See 4.75 (Apr ) \$7.1 (Apr ) \$7.2 (Apr ) \$7	Blind and Disabled	\$4.691.415.315 \$5.565.062	.120 \$5,909,237,136	\$ 6,499,072,962	1 6.967.121.701	1 29,626,909,734	\$ 7,977,942,265	\$ 7,991,646,932	1 9.442,654,392	\$ 9.953,219,952	s 9.017.092.295	\$10,437,498,936	\$ 10 339 592 032	5 10 429 061 648 1	11 044 242 580	5 11 759 494 861	5 12 485 149 655	5 13 253 577 950 1	14 069 626 096 1	14 936 257 577	5 117 771 583 630	\$ 180 653 854 90	
Part	Adults	\$1,737,536,171 \$1,723,939	563 11.781.306.866	\$ 1,910,510,965	1 1,992,999,219	8 9.037.191.783	1 1.952,365,880	8 2.045.142.498	\$ 2,107,991,663	1 2.152.491.266	\$ 3,194,010,204	1 4.342.469.007	\$ 3,471,641,703	5 2.492.994.872 5	2.473.332.431	\$ 2,567,126,386	5 2,661,682,063	5 2.763.632.365 1	2.869.967.944 1	2.990.919.192	5 29.807.765.167	\$ 47,302,950,25	
Second	Children	16.879.956.097 17.143.109	267 17.615.974.372	\$ 7,757,069,700	1 7,626,999,171	s 37.022.106.607	8 6.590.882.351	\$ 7.562.497.270	\$ 7,553,712,501	\$ 7,994,605,168	1 9.199.159.555	110.699.792.376	5 10.239.202.299	5 9.228.244.993 5	9.370.564.429	\$ 9.767,973,097	\$ 10.195,672,450	5 10.652.063.949 1	11.129.225.220 1	11.628.120.325	5 102 109 017 692	5 168.832.811.59	
Part	Other UPL Programs (Not Included in Population)	5 - 5		5 .	\$ .	1 .	4 -	8 -	1 .	4 .	1 .	1 .	4 .	5 - 1		s -	4 - 1				4 .	\$ .	
Second	Non-Pool Expenditures	6 14405141050 6 1501460			5 00 006 000 048	6 87 704 949 467	6 94 984 579 569	6 94 666 689 607	6 99 945 999 979	6 34 345 663 856	- 06 WESTERN	6 99.005.466.100	6 99 467 754 544	5 9768568888 1	98 686 700 748	4 94 944 665 694	6 14 855 898 Tall 1	19 APR 550 THA 6	95 194 951 574 · 1	96 999 994 994	6 946 986 704 948	6 ARRETT 600 VI	
Second																							
Second Continue									DY 00														
Second   S																							
Company   Comp																							
Company   Comp																							
Part																							
Second	Citation							60%	22.0	49%	47%	35%											
Second Content								0245	500.00	5V 49	507.60	00 ss											
March Marc	Saulana Dhasa-Power Amounts to Subtract																						
State		-						6 95 239 233	6 56 551 657	+ 39,935,659													
March												1											
Company   Comp									6 552.450.000	9 676 670 565	6 1 274 310 276	9 3 207 497 007											
The properties	Chidayo																						
1   1   1   1   1   1   1   1   1   1	Total Savinos Removed																			Г	\$ 9,305,804,480	6 15 004 505 700	
1   1   1   1   1   1   1   1   1   1	-							4 4	* *,***,***,***	4 4,400,000,000	*	* *************************************										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Walver Pool																						
		4 500 000 000 42 300 000	000 40 666 000 000	4 2 052 000 000	* 3 100 000 000	* 11.419.000.000	<ul> <li>3 100 000 000</li> </ul>	4 3 100 000 000	<ul> <li>3 100 000 000</li> </ul>	<ul> <li>2 910 003 030</li> </ul>	<ul> <li>2.490 000 000</li> </ul>					4 .							
1   1   1   1   1   1   1   1   1   1	PHP-CCP Payments	1				1 .					1 .	\$ 500,000,000	\$ 500,000,000	\$ 270,000,000 1	370 000 000	\$ 270,000,000	\$ 270,000,000	270 000 000 5	270-000-000 1	270 000 000	\$ 2,590,000,000	\$ 3,590,000,000	
1   1   1   1   1   1   1   1   1   1	Natural Access Income Contract																						
1150-17   1250		1 1		s 118 390 312	s 512 750 604	9 631 140 996	s 424 954 260	4 416 579 799	6 417 274 570	9 437 174 074	s 537 694 733	4 470 124 502	6 274 962 942	C 274 962 942 1	274 952 942	C 274 962 942	6 274 962 942				5 2 390 134 022	6 A71935739	
1   1   1   1   1   1   1   1   1   1							4	4		9,114,014	6,004,733		6			,					5		
20   10   10   10   10   10   10   10																							
C284CF   L275/C281   L275/C281   L275/C281   L275/C281   C275/C281   L275/C281   L275/C2								A 207 772 788	4 437 375 364	A 622 010 150	4 071 066 446	4 1 000 001 002	C 4 007 404 400	C 4 00C 484 400 1	1.007.404.400	C + 00C +84 +00	C 4007 404 400 -	r 4 000 484 400 /	1.007.004.000	4 007 404 400	£ 40.300.330.300	4 44 700 700 60	
1   1   1   1   1   1   1   1   1   1																							
### 1								* 072,816,427	* *,**/,047,815	+ 4,744,754,426													
\$1,000   \$																							
95   1.500   1																		, ass,68,155 S	************	200,068,155	* *,***,601,868	<ul> <li>2,236(801,360</li> </ul>	
	Ambulance																				5	4	
	1993										8 53,304,904	8 607,175,191	5 /44,812,072	> /44,812,073	/44,812,072	yea,812,072	5 A44,812,072	6 /64,612,072 5	A14,812,072	rea,812,072	5 6,890,976,668	3 6,690,976,668	
Sea Assessed from Marce 1959   1976	Total WW Expenditures	\$ 19.605.242.859 \$ 22.114.69	4.000 \$ 23.101.054.200	\$ 25,850,362,207	\$ 29,177,124,764	5 118,009,202,009	\$ 28,009,533,951	\$ 29,655,440,879	\$ 21.184.697.266	\$ 23,921,797,692	\$ 27.854.875.657	\$ 43,559,355,477	\$ 41,822,522,811	\$ 40,150,490,590 1	41 221 505 209	\$ 42,791,659,321	5 44 295 702 240	45,999,499,250 5	47.714.990.132 1	49.513.171.289	\$ 435,043,892,096	5 675.824.642.124	
	Expenditures (Over)Under Cap wilavings Phase Down	\$ 3,441,921,294 \$ 1,382,64	1,255 \$ 1,377,305,790	\$ 2,296,04589	\$ 2,107,813,353	\$ 10,045,536,281	\$ 2,296,551,779	\$ 1,083,369,823	\$ 128,200,388	\$ (980,173,630)	\$ 117,997,301	\$ 2,140,780,439	\$ \$24,014,690	\$ (409,791,771) 1	(199,003,252)	\$ 372,369,267	\$ 1,002,809,069	(286,581,401) \$	(73,963,588) \$	155,438,660	\$ 2,294,809,414	\$ 16,458,354,05	
The follow of Series 1 (602999	Duals Demonstration Savinos Adjustment (ED15-1218)			\$ 2,077,000	\$ 13,696,094	15 779 792	\$ 18,354,009	\$ 27 227 6%	\$ 28,477,412	2 30 600 500	\$ 29411914	\$ 30,772,994	\$ 28.607.90	\$ 20 200 486 1	20 374 008	34759067	\$ 36,971.406	38 904 104 5	41 001 038 3	49 177 719	\$ 346 559 549	\$ 467,000,62	
The filter fairner   1.00	Expenditures (Overl-Under Cap wout DD Savings	\$ 2441801294 \$ 138244	1,255 \$ 1,277,265,790	\$ 2,293,866,891	1 2133317.29	5 15.629,792,489	\$ 2,278,156,910	\$ 1,656,142,804	5 99,722,976	\$ (1,699,833,2%)	5 88,385,387	\$ 2,110,007,444	5 495,397,511	5 (500.122.256)	(231.377.316)	\$ 227,619,299	5 965.837.643	1225.515.589 \$	(114.164.616) 3	112 260 947	\$ 2,929,339,465	5 1539126142	
Expenditures (O-enrithings Case Wigness Reliever 5 3.44531294 5 1382.841255 5 1377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2377.366790 5 2393.84839 5 2393.8	5 Year Bollower of Springs							5 1 584 637 979	5 1 664 617 979	5 1684637 979	\$ 45579.673	5 455751679	5 455 748 673	5 455710423 1	455 718 671	455 751 673	\$ 455748.679 ·	455 710 477 5	455710.673 1	455 710 473	5 A 557 596 734		
	Expenditures (Over) Under Cap wiSavings Rollover	\$ 3.441.921.294 \$ 1,382.64	1,255 \$ 1,377,305,790	\$ 2,293,966,891	\$ 2,133,917,259	5 15,629,792,489	\$ 2,278,156,910						\$ 951,098,194	5 (66,611,582) 2		5 792,322,874							

Adapt residently forms for PPY-PPY-PT teacher CMS 4 following Competitions. PPY-PD benefit on extension for schools and teacher to provide the properties are updated.

Description for the PPY-PTY-PT teacher CMS 4 following CMS 4 following