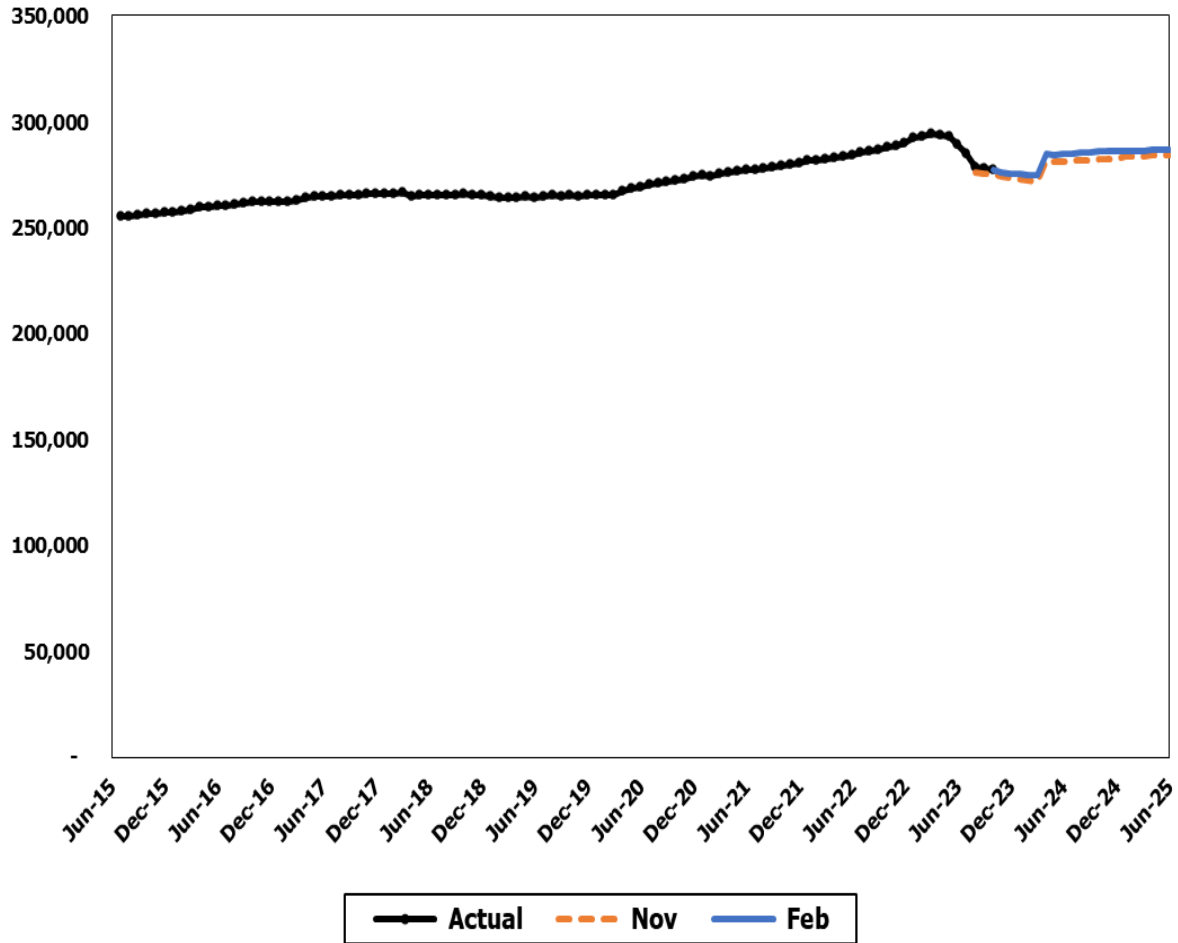


**Medical Assistance Aged, Disabled and Other Medical**



The forecast for Aged, Disabled and Other Medical is composed of nine component forecasts: Categorically Needy (CN) Aged, CN Disabled, Medically Needy (MN) Aged, MN Disabled, Breast and Cervical Cancer Treatment (BCCT), Healthcare for Workers with Disabilities (HWD), Qualified Medicare Beneficiaries (QMB), Medical Care Services Alien Medical, and Alien Emergency Medical (AEM).

**Forecast Comparisons (Fiscal Year Averages)**

Fiscal Year	Nov-23 Forecast	Feb-24 Forecast	Nov to Feb Difference	Percent Difference
2024	276,652	279,120	2,468	0.9%
2025	282,970	285,969	2,999	1.1%

The February 2024 forecast is, on average, 2,733 cases or 1.0 percent higher than the November 2023 forecast for the 2023-25 Biennium.

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### Tracking the Current Forecast

Month	Nov-23			Percent
	Forecast	Actual	Variance	Variance
Aug-23	276,208	278,609	2,401	0.9%
Sep-23	275,562	278,091	2,529	0.9%
Oct-23	275,101	277,444	2,343	0.9%

Actuals are tracking, on average, 2,424 cases or 0.9 percent above the November forecast.

The unwinding impact on this classic medical caseload is not as dramatic as that on the two Modified Adjusted Gross Income, or MAGI, caseloads. The February forecast used the same forecasting approach from prior forecast cycles. During the unwinding period, more clients were transitioned from CN Aged and CN Disabled programs to the two Medicare Savings Programs (MSP) based on their income and resources changes. The state Medical Care Services program (MCS) continues its increase starting from the first quarter of 2023.

### Fiscal Year Caseload Change

	Fiscal Year	Caseload	Change from Prior Year	Percent Change
Actual	2016	257,509		
	2017	262,522	5,013	1.9%
	2018	265,590	3,067	1.2%
	2019	264,900	-690	-0.3%
	2020	265,859	959	0.4%
	2021	273,800	7,942	3.0%
	2022	280,854	7,054	2.6%
	2023	289,925	9,071	3.2%
Forecast	2024	279,120	-10,805	-3.7%
	2025	285,969	6,849	2.5%

#### *Risks to the Forecast*

Risks to this forecast are high primarily because of the uncertainties in the Medicaid continuous enrollment unwinding process.