

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**FY 2013-14 STAFF FIGURE SETTING
DEPARTMENT OF HUMAN SERVICES**

**(Services for People with Disabilities, Developmental Disability Council, and Colorado
Commission for the Deaf and Hard of Hearing)**

**JBC Working Document - Subject to Change
Staff Recommendation Does Not Represent Committee Decision**

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DEPARTMENT OF HUMAN SERVICES

(Services for People with Disabilities, Developmental Disability Council, and Colorado Commission for the Deaf and Hard of Hearing)

Department Overview

The Department of Human Services is responsible for the administration and supervision of all non-medical public assistance and welfare activities of the State, including assistance payments, the Supplemental Nutrition Assistance Program (food stamps), child welfare services, rehabilitation programs, alcohol and drug treatment programs, and programs for the aging. The Department is also responsible for inspecting and licensing child care facilities and for the care and treatment of the State's dependent citizens who are mentally ill, developmentally disabled, or juvenile offenders. The Department operates two mental health institutes, three regional centers for persons with developmental disabilities, and ten institutions for juvenile delinquents. The Department also provides funding for the care of indigent mentally ill people, contracts with community centered boards for services for persons with developmental disabilities, and contracts for the supervision and treatment of delinquent juveniles.

The following council, commission, and division within the Department of Human Services are covered in this document.

- Developmental Disabilities Council provides coordination, planning, and advice on the best direction for developmental disabilities services in Colorado.
- Colorado Commission for the Deaf and Hard of Hearing has three primary responsibilities: (1) ensure hearing impaired persons have access to general government services, (2) distribute assistive telecommunications equipment to hearing impaired persons, and (3) ensure the availability of legal interpreters in the courts for hearing impaired individuals.
- Services for People with Developmental Disabilities Division administers the developmental disabilities waivers, operates the Regional Centers, administers the Work Therapy Program and Division of Vocational Rehabilitation, and operates the State Veterans Nursing Homes.

Committees of Reference SMART Act Recommendations

House Committee of Health and Environment

Received January 23, 2013

Recommendation

The House Committee of Health and Environment recommended the Joint Budget Committee approve the increase funding for FPEs, early intervention services and the community provider rate.

Comment: Staff recommends the increases for the additional waiver FPEs, early intervention services and the community provider rate but the dollar amounts differ from the Department's request.

Senate Committee of Health and Human Services

Received January 24, 2013

Recommendation

The Senate Committee of Health and Human Services recommended the Joint Budget Committee approve \$100,000 in funding for respite family care for people with developmental disabilities.

Comment: Staff did not recommend any additional funding specifically for respite family care. It is important to note that one of the approved waiver services is respite care and any increase in the funding for waivers (i.e. community provider rate) will increase the amount of services that can be purchased.

GENERAL NOTES ABOUT THIS PACKET

Abbreviations used this in document

<i>FPE:</i>	<i>Full Program Equivalent is the cost of services for one individual for one year. This term replaces terms like beds, resources, placements, and slots.</i>
<i>HCBS-SLS</i>	<i>Home and Community Based Services – Supported Living Services are non-residential waiver services provided to adults with developmental disabilities.</i>
<i>HCBS-DD</i>	<i>Home and Community Based Services – Comprehensive Services are residential and support services provided to adults with developmental disabilities</i>
<i>HCBS-CES</i>	<i>Home and Community Based Services – Children's Extensive Support Services are non-residential services provided to children under the age of 18.</i>
<i>HCPF</i>	<i>Department of Health Care Policy and Financing</i>
<i>DHS</i>	<i>Department of Human Services</i>
<i>DD</i>	<i>Developmental Disabilities</i>
<i>CCB</i>	<i>Community Center Board</i>

→ R-5: Community Provider Rate Increase

Request: The Department proposes a community provider rate increase of 1.5 percent for community providers of services to individuals with developmental disabilities.

Recommendation: **Staff recommends the following community provider rate increases:**

- A 1.5 percent increase for the Preventive Dental Hygiene line item pursuant to Committee policy on the community provider rate;
- A 1.5 percent increase for the following line items not requested by the Department: Legal Auxiliary Services Program, the Rehabilitation Programs – General Fund Match, and the Independent Living Centers; and

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- A 4.0 percent increase for the Developmental Disabilities Program including:
 - Adult Comprehensive Services;
 - Adult Supported Living Services;
 - Children's Extensive Support;
 - Family Support Services;
 - Case Management; and
 - Early Intervention Services.

The following table summarizes the requested increase for the community provider rate decision item compared to the staff recommended increases for the community provider rate for the line items presented in this document. The recommendation shown in the table is calculated only on the base appropriation and new funding the community provider rate is built into the recommendation.

Summary of Department Request and Staff Recommendation for Community Provider Rate Increase for Line Items in this Packet						
	Department Request		Staff Recommendation*		Difference (Staff - Dept.)	
	Total	Net GF	Total	Net GF	Total	Net GF
Executive Director's Office						
Colorado Commission for the Deaf and Hard of Hearing	\$0	\$0	\$8,317	\$1,730	\$8,317	\$1,730
Services for People with Disabilities						
Community Programs						
Adult Comprehensive Services	4,228,979	2,114,490	11,020,704	5,510,352	6,791,725	3,395,863
Adult Supported Living Services	674,069	394,155	1,786,987	1,045,815	1,112,918	651,660
Early Intervention Services	225,153	225,153	598,437	598,437	373,284	373,284
Preventive Dental Hygiene	946	891	891	891	(55)	0
Family Support Services	32,536	32,536	86,763	86,763	54,227	54,227
Children's Extensive Support Services	198,379	99,190	301,214	150,607	102,835	51,418
Case Management	471,545	268,664	1,152,101	661,785	680,556	393,121
Special Purpose	13,194	12,915	35,183	34,438	21,989	21,524
<i>Subtotal</i>	<i>5,844,801</i>	<i>3,147,993</i>	<i>14,982,280</i>	<i>8,089,088</i>	<i>9,137,479</i>	<i>4,941,096</i>
Division of Vocational Rehabilitation						
Rehabilitation Programs - General Fund Match	0	0	47,484	47,484	47,484	47,484
Independent Living Centers and State Independent Living Council	0	0	21,864	21,864	21,864	21,864
<i>Subtotal</i>	<i>0</i>	<i>0</i>	<i>69,348</i>	<i>69,348</i>	<i>69,348</i>	<i>69,348</i>
Total for Line Items in this Packet	\$5,844,801	\$3,147,993	\$15,059,945	\$8,160,166	\$9,215,144	\$5,012,174

*The Department request for the community provider rate includes funding for decision items, the staff recommendation is only the community provider rate increase on the base appropriation which does not include any new recommended funding

Analysis:

Legal Auxiliary Services Program

The Legal Auxiliary Services Program (Program) is required by federal and state law, and provides qualified legal sign language interpreters, Communication Access Real-time Translation (CART), and assistive listening systems to individuals who are deaf or hard of hearing and involved with the state courts system. Since these are contractor costs which, if not

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provided by contractors, would have to be provided by state employees, staff is recommending the community provider rate increase. Since funding is for community providers of required sign language interpretations for individuals involved with the courts system, staff recommends the 1.5 percent community provider rate increase be applied to the Legal Auxiliary Services Program. The following table outlines how the recommendation was calculated.

Provider Rate Calculation for the Legal Auxiliary Program (housed in the Commission for the Deaf and Hard of Hearing)						
Operating Cost	Base Amount - FY 2011-12 Actual			Provider Rate Increase		
	Total Funds	GF	RF	Total	GF	RF
Contract	\$498,853	\$103,761	\$395,092	\$7,482	\$1,556	\$5,926
Other Purchased Services	55,680	11,581	44,099	835	174	661
FY 2013-14 Total	\$554,533	\$115,342	\$439,191	\$8,317	\$1,730	\$6,587

*Fund split for the base amount is based on the FY 2012-13 Long Bill

Division of Vocational Rehabilitation – General Fund Match

Historically the community provider rate increase has been applied to the portion of the Rehabilitation Program – General Fund Match line item which is used to purchase services for customers including: medical evaluations; evaluations of mental, emotional and cognitive conditions; nonmedical assessments such as vocational assessments, physical and mental restoration services, training services, such as work adjustment services, academic training, vocational training, supportive services, such as transportation and personal assistance, and payments for interpreters, readers, and assistive technology, and payments to public institutions such as public colleges, community colleges, and vocational and trade schools. Since funding is for community providers, staff recommends the 1.5 percent community provider rate increase be applied to the Legal Auxiliary Services Program. The following table outlines how the recommendation was calculated.

Division of Vocational Rehabilitation - General Fund Match		
Operating Cost	Base	Provider Rate
Contract	\$249,785	\$3,747
Other Purchased Services	608,095	9,121
FY 2013-14 Total	\$857,880	\$12,868

*General Fund amount is based on General Fund equaling 27.1 percent of the total operating cost expenditures.

Independent Living Centers

Historically, funding for Independent Living Centers has received the community provider rate increase because independent living grants help train and assist disabled individuals to live and function outside of an institution. As shown by the transitions of individuals out of institutional facilities into community facilities under the Colorado Choice Transitions Program, transition services are critical to ensuring the transitions is successful. It is likely that without the support services provided by Independent Living Centers the rate of unsuccessful transitions would increase. Since funding is for community providers, staff recommends the 1.5 percent community provider rate increase be applied to the Legal Auxiliary Services Program. The following table outlines how the recommendation was calculated.

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Independent Living Centers	
	GF
FY 2013-14 Base Appropriation	\$1,457,604
Community Provider Rate	1.5%
Total FY 2013-14 Community Provider Rate Increase	\$21,864

Recommended Developmental Disability Program Community Provider Rate

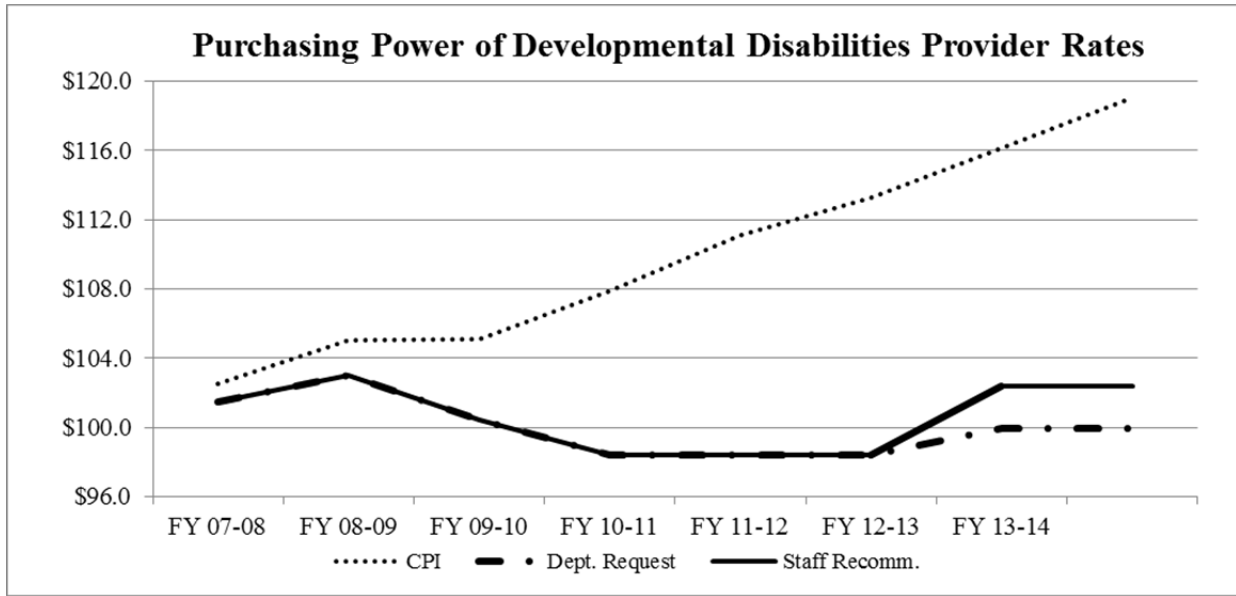
During FY 2009-10, the Department requested as part of the Governor's budget balancing package, and the General Assembly approved a 2.5 percent community provider rate decrease effective October 1, 2009 to specific line items for the Developmental Disabilities Program which included funding for the waivers, family support services, and early intervention services. The line items impacted by the 2.5 percent reduction were:

- Adult comprehensive services;
- Adult supported living services;
- Children's extensive support services;
- Case management;
- Early intervention services; and
- Family support services;

No other state providers were subjected to the 2.5 percent community provider rate reduction, and the reduction was compounded by a statewide 2.0 percent community provider rate reduction in FY 2010-11. The General Assembly has made an effort to restore reductions taken during FY 2009-10 and FY 2010-11; examples include restoring the 5.0 percent statewide operating reduction and the employee PERA contribution increase. Appropriating funding to restore the 2.5 percent community provider rate reduction is another example of the General Assembly restoring cuts taken during FY 2009-10 and FY 2010-11. The following table provides a historical look at community provider rate increases.

		Community Provider Rate Changes							
		FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14
Statewide	Rate Change	3.25%	1.5%	1.5%	0.0%	(2.0%)	0.0%	0.0%	1.5%
DD specific	Rate Change	0.0%	0.0%	0.0%	(2.5%)	0.0%	0.0%	0.0%	0.0%

The following graph shows how the 2.5 percent community provider rate reduction adversely impacted, and continues to impact the purchasing power of providers of developmental disability services. Since these line items were the only line items subjected to the 2.5 percent community provider rate reduction and the associated negative impact on providers purchasing power, **staff recommends the 2.5 percent provider rate reduced in FY 2009-10 be added to the Committee approved 1.5 percent community provider rate increase.** The increase of 4.0 percent will enable providers to regain a small amount of purchasing power, ensure continuation of the provision of quality services to clients, and increase the ability of providers to maintain infrastructure.



Staff calculated the community provider rate increase only on the FY 2013-14 base appropriation because of the large number of decision items impacting the Developmental Disabilities Program. For the recommendations for new funding, staff recommends the 4.0 percent community provider rate be included in the recommendation to ensure that new FPEs are funded at the same level as existing FPEs, and are funded at a lower rate which would impact the purchasing power of the provider.

(1) Executive Director’s Office

Within this document, appropriation recommendations are made for the Developmental Disabilities Council and the Commission for the Deaf and Hard of Hearing. The remaining line item recommendations will be presented by the other JBC staff throughout the figure setting process. No division summary table is provided for this division because not all line items have been set as of this figure setting presentation.

(B) SPECIAL PURPOSE

Developmental Disabilities Council

Description: This line item funds the Developmental Disabilities Council, which consists of twenty-four appointed representatives is responsible for providing advice and direction on public policy decisions regarding developmental disability services in Colorado.

Request: The Department requests an appropriation of \$742,847 federal funds and 6.0 FTE. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$655,900 federal funds and 6.0 FTE.** The recommendation includes a reduction of informational federal funds to align the FY

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2013-14 Long Bill with recent actual expenditures. The recommendation is calculated in accordance with Committee policy and outlined in the following table.

Developmental Disabilities Council		
	Federal Funds	FTE
Personal Services		
FY 2012-13 Appropriation:	\$521,161	6.0
No change	0	0.0
Subtotal - Personal Services	\$521,161	6.0
Operating Expenses		
FY 2012-13 Appropriation:	\$221,686	0.0
Informational funds adjustment	(86,947)	0.0
Subtotal - Operating Expenses	\$134,739	0.0
Total Recommended FY 2013-14 Appropriation	\$655,900	6.0
FY 2013-14 Executive Request:	\$742,847	6.0
Request Above/(Below) Recommendation	\$86,947	0.0

Colorado Commission for Individuals Who Are Deaf and Hard of Hearing

Description: This line item funds the Colorado Commission for the Deaf and Hard of Hearing, which was created in FY 2000-01. The Commission has the following three responsibilities:

- distribution of assistive telecommunications equipment to individuals who are deaf and hard of hearing;
- facilitation of the provision of general government services to persons who are deaf and hard of hearing; and
- administration of the Legal Services Auxiliary Program which provides legal interpreters for individuals involved with the court system.

Request: The Department requests an appropriation of \$1,113,442 total funds, of which \$127,091 is General Fund and 6.3 FTE. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$1,121,759 total funds, of which \$128,821 is General Fund and 6.3 FTE.** The recommendation includes \$8,317 total funds, of which \$1,730 is General Fund for the 1.5 percent community provider rate increase. The recommendation is calculated in accordance with Committee policy and outlined in the table below.

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Colorado Commission for the Deaf and Hard of Hearing				
	Total Funds	General Fund	Reappropriated Funds	FTE
FY 2012-13 Appropriation:				
HB 12-1335 (Long Bill)	\$1,113,442	\$127,091	\$986,351	6.3
TOTAL	\$1,113,442	\$127,091	\$986,351	6.3
FY 2013-14 Recommended Appropriation:				
FY 2012-13 Appropriation	\$1,113,442	\$127,091	\$986,351	6.3
R-5: Provider rate increase	8,317	1,730	6,587	0.0
TOTAL	\$1,121,759	\$128,821	\$992,938	6.3
Increase/(Decrease)	\$8,317	\$1,730	\$6,587	0.0
Percentage Change	0.7%	1.4%	0.7%	0.0%
FY 2013-14 Executive Request:				
Request Above/(Below) Recommendation	(\$8,317)	(\$1,730)	(\$6,587)	0.0

Colorado Commission for Individuals Who Are Blind or Visually Impaired

The Colorado Commission for Individuals who are Blind or Visually Impaired sunset in FY 2012-13 and appears in the numbers pages for informational purposes.

(9) SERVICES FOR PEOPLE WITH DISABILITIES

This Division is comprised on five sections which provide a variety of services to individuals with disabilities, not just developmental disabilities. The following is a brief overview of the sections funded within this Division.

Division of Developmental Disabilities

- Administers three Medicaid waivers for individuals with developmental disabilities;
- Collaborates with the Department of Health Care Policy and Financing to ensure compliance with federal Medicaid waiver requirements and Medicaid appropriations;
- Communicates and coordinates with Community Center Boards regarding waiver policies and rate changes; and
- Administers the Early Intervention Services Program.

Division of Regional Centers operates the states three Regional Centers which include: group homes in Grand Junction, Wheat Ridge, and Pueblo, and campuses facilities in Wheat Ridge and Grand Junction. Regional Centers provide services to individuals with developmental disabilities who have complex medical and/or behavioral needs.

Work Therapy Program provides sheltered training and employment workshops for individuals receiving services at the Colorado Mental Health Institute at Fort Logan and the Regional Centers at Grand Junction and Wheat Ridge

Division of Vocational Rehabilitation oversees vocational rehabilitation programs designed to enable individuals with any type of disability to participate in the general work force. Services include:

- The School-to-Work Alliance Program which provides job development, on-the-job training, and job-site support to students with disabilities in a school-based setting;
- The Business Program for Individuals Who Are Blind assists blind or visually-impaired individuals in operating vending and food service businesses in state and federal buildings;
- The Traumatic Brain Injury Program which provides services to individuals suffering from traumatic brain injuries; and
- The Independent Living Council and Grants which award grant funds for services to individuals with disabilities that enable these individuals to live independently.

State Veterans Nursing Homes is responsible for the management and operation of the four state Veterans Nursing Homes and one domiciliary (assisted living facility).

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DIVISION REQUEST AND RECOMMENDATION SUMMARY

STAFF RECOMMENDATION:

The staff recommendation is \$50,483,541 total funds higher than the Department's request. This is a result of the following:

- Staff recommendation to apply a 4.0 percent provider rate increase to the developmental disabilities waivers, early intervention services, and family support services;
- Staff recommending to fund 63 FPE for the CCT Program (the request was for 19 FPE);
- Information funds adjustment to the cash and federal funds for early intervention services and the state veterans nursing homes;
- Staff recommendation of \$3,190,856 General Fund for costs incurred by the Community Center Boards for eligibility determination and waiting list management; and
- Higher staff recommendation for R-2 and the associated early intervention services case management base adjustment.

Services for People with Disabilities							
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE	Net General Fund
FY 2012-13 Appropriation:							
HB 12-1335 (Long Bill)	\$563,464,024	\$36,832,306	\$73,884,338	\$396,319,457	\$56,427,923	1,719.8	\$232,433,133
Other legislation	659,150	5,004	469,616	184,530	0	1.5	97,269
SB 13-091 (Supplemental Appropriations)	356,428	0	0	356,428	0	0.0	178,214
TOTAL	\$564,479,602	\$36,837,310	\$74,353,954	\$396,860,415	\$56,427,923	1,721.3	\$232,708,616
FY 2013-14 Recommended Appropriation:							
FY 2012-13 Appropriation	\$564,479,602	\$36,837,310	\$74,353,954	\$396,860,415	\$56,427,923	1,721.3	\$232,708,616
R-1: New developmental disabilities FPE	13,521,009	0	0	13,521,009	0	0.0	6,760,505
R-2: Early Intervention Services funding	2,892,543	2,191,837	0	700,706	0	0.0	2,542,190
R-5: Provider rate increase	15,051,628	1,265,244	0	13,786,384	0	0.0	8,158,436
R-12: Technical changes	0	0	0	0	0	0.0	0
NP BA-2: CCT Program funding	5,436,149	0	0	5,436,149	0	0.0	2,718,075
NP BA-6: ICF/IID provider fee	(1,867,655)	0	0	(1,867,655)	0	0.0	(933,828)
Informational funds adjustment	7,895,619	0	5,100,441	0	2,795,178	0.0	0
Annualize prior year funding	3,672,637	0	0	3,672,637	0	0.0	1,836,319
Waiting list and eligibilty determination	3,190,856	3,190,856	0	0	0	0.0	3,190,856
EI Services case management base adjustment	880,289	0	0	880,289	0	0.0	440,145
EI Services reorganization	0	0	0	0	0	0.0	0
Regional Center Long Bill reorganization	0	0	0	0	0	(0.0)	0
Annualize prior year legislation	(189,534)	(5,004)	0	(184,530)	0	0.0	(97,269)
TOTAL	\$614,963,143	\$43,480,243	\$79,454,395	\$432,805,404	\$59,223,101	1,721.3	\$257,324,045
Increase/(Decrease)	\$50,483,541	\$6,642,933	\$5,100,441	\$35,944,989	\$2,795,178	(0.0)	24,615,429
Percentage Change	8.9%	18.0%	6.9%	9.1%	5.0%	(0.0%)	10.6%
FY 2013-14 Executive Request:	\$591,106,532	\$37,363,602	\$74,267,396	\$423,047,611	\$56,427,923	1,719.3	\$243,242,924
Request Above/(Below) Recommendation	(\$23,788,543)	(\$6,048,573)	(\$5,186,999)	(\$9,757,793)	(\$2,795,178)	(2.0)	(14,081,121)

ISSUE DESCRIPTIONS

R-1: New developmental disabilities FPE: The recommendation includes funding for 765 new FPE for adults and youth with developmental disabilities.

R-2: Early Intervention Services funding: The recommendation includes funding for increased early intervention services and case management services resulting from caseload growth.

R-5: Provider rate increase: For the divisions covered in this document, the recommendation includes: a provider rate increase of 1.5 percent for the Legal Auxiliary Services Program, Preventive Dental Hygiene line item, and the Rehabilitation Funds – General Fund Match and Independent Living Centers line items; and 4.0 percent community provider rate increase for the developmental disabilities waivers, early intervention services and family support services.

R-12: Technical changes: The recommendation includes two technical changes to align the Long Bill appropriation with how the funds are actually expended including moving case management funds for individuals in Regional Centers to the case management line item for waivers, and moving funds for non-Medicaid eligible activities required of Community Center Boards.

NP BA-2: CCT Program funding: The recommendation includes full year funding for 63 FPE to enable the transition of individuals from institutional settings (nursing facilities and Regional Centers) to community-based settings.

NP BA-6: ICF/IID provider fee: The recommendation includes the elimination of the appropriation for the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) provider fee from the FY 2013-14 Long Bill. Senate Bill 13-167 contains the appropriation for the ICF/IID provider fee in FY 2013-14.

Informational funds adjustment: The recommendation includes adjustments to informational cash and federal funds for early intervention services and the State Veterans Nursing Homes to align the FY 2013-14 Long Bill with recent actual expenditures.

Annualize prior year funding: The request includes the annualize of the 173 FPEs added in FY 2012-13 for individuals requiring either comprehensive or supported living services.

Waiting list and eligibility determination: The recommendation includes an increase for the costs incurred by Community Center Boards for statutory required activities including Medicaid and waiver eligibility determination, and management of the waiting list.

EI Services case management base adjustment: The recommendation includes an increase of Medicaid reappropriated funds for targeted case management costs associated with the provision of case management services to infants and toddlers receiving early intervention services.

EI Services reorganization: The recommendation includes the creation of a sub-subdivision specifically for early intervention services (EI services) to provide a single location to appropriation funds for early intervention services.

Regional Center Long Bill reorganization: The recommendation includes separating out the appropriation for each of the three Regional Centers to increase the transparency of the cost of each Regional Center.

Annualize prior year legislation: The request includes the second year impact of reversing the pay date shift for state employees paid from the General Fund on a biweekly basis.

→ Staff Initiated Change: Move the Developmental Disabilities Programs to the Department of Health Care Policy and Financing

Request: The Department did not request this change, but numerous discussions during the 2012 Session, throughout the 2012 interim, and continued discussion during the 2013 Session indicate this topic is still a relevant issue and a priority for both the Department of Human Services and the Department of Health Care Policy and Financing.

Recommendation: **Staff recommends the Committee sponsor legislation to transfer the Developmental Disabilities Programs from the Department of Human Services to the Department of Health Care Policy and Financing. Specifically staff recommends the legislation does the following:**

- Establish a new Office of Intellectual and Developmental Disabilities in the Department of Health Care Policy and Financing and a stand-alone Division for Intellectual and Developmental Disabilities in the Department of Health Care Policy's section of the Long Bill;
- Require the Departments of Health Care Policy and Financing and Human Services to develop and implement a functioning Office of Intellectual and Developmental Disabilities by January 1, 2014;
- Require the Department and a representative for the developmental disability community to report to the Joint Budget Committee in September 2014 and November 2014 on the status of the Office;
- Pursuant to a letter from the Joint Budget Committee to the Revisor of Statutes, transfer the Developmental Disabilities Programs, including early intervention services, from the Department of Human Services to the Office of Intellectual and Developmental Disabilities in Department of Health Care Policy and Financing on January 1, 2014;
- Require the Department of Health Care Policy and Financing and a representative of the developmental disability community to report quarterly, starting in March 2014 through December 2014, on the operational status of the Office and any unresolved issues; and
- Require the Department of Health Care Policy and Financing to conduct an independent hearing with the Joint Budget Committee on the Office of Intellectual and Developmental Disabilities.

Analysis: In response to a request for information submitted to the Departments of Human Services and Health Care Policy and Financing in April 2011, the Departments expressed interest and advocated for moving the Developmental Disabilities Programs from the Department of Human Services to the Department of Health Care Policy and Financing in FY 2012-13. The report also referred to moving the Old Age Programs, and the Children's Habilitation Residential Program (CHPR) waiver. At this time, the recommendation does not include moving either the Old Age Programs or the CHRP waiver because of unresolved issues regarding program requirements and lack of stakeholder support. If the Committee decides to include these programs in the recommended bill, staff requests permission to include the appropriate parties in the drafting of the legislation.

The recommendation to move the Developmental Disabilities Programs was met with significant opposition from both JBC staff and the community during the 2012 session, and no legislation was introduced. During the 2012 interim, staff visited with a number of providers and Community Center Boards and learned that the Departments were still interested, and talking about moving the Division for Developmental Disabilities to the Department of Health Care Policy and Financing. The community raised the following concerns about moving the Developmental Disabilities Programs:

- How would the Department of Health Care Policy and Financing, whose primary responsibility is to administer the state's Medicaid funds, administer the programmatic components of the developmental disabilities waivers?
- What would the structure look like in the Department of Health Care Policy and Financing?
- Would the developmental disabilities waivers would get lost in larger programs, like Medical Services Premiums?

Staff recommends the Joint Budget Committee sponsor legislation to transfer only the Development Disabilities Programs for the following eight reasons:

1. The communication process between program staff and the Centers for Medicare and Medicare (CMS) would be streamlined because Department of Health Care Policy and Financing program staff are the only ones allowed to communicate directly with CMS. Removing an additional layer would expedite the time required to resolve issues and answer questions, and eliminate confusion that results from the current inability of program staff to directly communicate with CMS.
2. Having the Joint Budget Committee sponsors the legislation will ensure that all appropriate stakeholders are involved in the drafting process and allow the policy makers to set a policy which they are comfortable with.
3. Ultimately any program changes are fundamentally drive by the program's budget, and allowing the state department with the most experience in budgeting Medicaid funds to manage the developmental disabilities waivers will decrease the change that previous issues of poor financial management will occur in the future.

4. The transfer will resolve the question of whether or not to transfer the Developmental Disabilities Programs, and enable stakeholders to focus on other long-term care issues like waiver modernization.
5. The recommendation ensures that both Departments would be accountable to the Joint Budget Committee and the transfer would be conditional upon a letter from the Joint Budget Committee to the Revisor of Statutes.
6. It is staff's intent that funding would be provided to both Departments to enable the establishment and operation of the Office prior to the transfer to ensure a smooth transition.
7. The transfer will eliminate the existing dual reporting requirements to the Department of Human Services and the Department of Health Care Policy and Financing which the Community Center Boards current operate.
8. Transferring early intervention services, which provides services to both Medicaid and non-Medicaid eligible infants and toddlers with the developmental disabilities waivers will ensure that all programs administered by Community Center Boards are overseen by a single department and not create another dual reporting requirement.

→ Calculation of Average FPE Cost for Each Wavier

The numbers used to calculate the average FPE cost are based on FY 2011-12 actual paid claims as reported to the MMIS system as of January 6, 2013. Since providers have up to six months to file claims, staff is not comfortable using the data for FY 2012-13 since all claims have not yet been billed. In order to calculate the average cost for a comprehensive FPE for all of the new funding requests, staff used the following methodology for each of the three waivers and case management.

Calculation of Average Adult Comprehensive FPE Costs

Step 1 - Determine Distribution of Need Levels and Associated Expenditures

This step accounts for the range in needs individuals receiving comprehensive services and the average FPE cost at each level. The following table shows the FY 2011-12 distribution of adult comprehensive FPE across the need levels and average cost per level.

Table 1. Distribution of the Need Level and Associated Waiver Expenditure for the Comprehensive Services Waiver					
Level	FPE	Percent of Total Resources	Actual Cost of Services	Avg. Cost per FPE	
1	438	10.3%	\$13,833,806	\$31,584	
2	931	21.9%	44,327,355	\$47,613	
3	732	17.2%	41,263,793	\$56,371	
4	711	16.7%	48,144,735	\$67,714	
5	842	19.8%	65,687,145	\$78,013	
6	550	13.0%	53,034,213	\$96,426	
6 plus	43	1.0%	5,488,887	\$127,649	
Total	4,247	100.0%	\$271,779,934		

Step 2 - Determine the Average Base FPE Cost

Staff calculated 3.6 as the weighted average FPE level. A weighted average was used in order to capture the variation in the level of needs of individuals receiving services. Based on the average FPE level of 3.6, the average base cost for one 3.6 FPE is \$67,645 per year. This was calculated using the FY 2011-12 average cost of a 3.0 FPE costs of \$56,371 per year and is shown in Table 2.

Step 3 - Calculate FY 2013-14 Average FPE Cost

Staff is recommending a 4.0 percent community provider rate increase for comprehensive FPE. Table 2 shows the calculation of the FY 2013-14 average FPE cost based on the calculations in the previous steps and the community provider rate.

Table 2. Calculation of FY 2013-14 Average Cost for one FPE		
Average FPE Level	weighted average of all FY 2011-12 levels	3.6
Average Cost per FPE	$=((\text{Avg. Level 3 Cost})/\text{Level 3}) * 3.6$	\$67,645
Provider Rate	4.0 percent	\$2,706
Total FY 2013-14 FPE Cost		\$70,351

Calculation of Average Adult Supported Living FPE Costs

Step 1 - Determine Distribution of Needs Level and Associated Expenditures

This step accounts for the range in needs individuals receiving supported living services (SLS) and the average FPE cost at each level. The following table shows the FY 2011-12 distribution of adult support living services FPE across the need levels and average cost per level.

Table 1. Distribution of the Need Level and Associated Waiver Expenditure for SLS Services					
Level	FPE	Percent of Total Resources	Actual Cost of Services*	Avg. Cost per FPE	
1	1,255	38.0%	\$8,804,755	\$7,016	
2	919	27.8%	10,051,587	\$10,938	
3	322	9.7%	4,245,331	\$13,184	
4	258	7.8%	3,837,962	\$14,876	
5	300	9.1%	5,497,156	\$18,324	
6	252	7.6%	5,152,097	\$20,445	
Total	3,306	100.0%	\$37,588,888		

*Actual cost of services for twelve months.

Step 2 - Determine the Average Base FPE Cost

Staff calculated 2.5 as the weighted average FPE level. A weighted average was used in order to capture the variation in the level of needs of individuals receiving services. Based on the average FPE level of 2.5, the average base cost for one 2.5 FPE is \$13,398 per year. This was calculated using the FY 2011-12 average cost of a 2.0 FPE costs of \$10,938 per year and is shown in Table 2.

Step 3 - Calculate FY 2013-14 Average FPE Cost

Staff is recommending a 4.0 percent community provider rate increase for comprehensive FPE. Table 2 shows the calculation of the FY 2013-14 average FPE cost based on the calculations in the previous steps and the community provider rate.

Table 2. Calculation of Average Cost for one FPE		
Average FPE Level	weighted average of all FY 2011-12 levels	2.5
Average Cost per FPE	$=((\text{Avg. Level 2 Cost}) / \text{Level 2}) * \text{Average FPE Level}$	\$13,398
Provider Rate	4.0 Percent	\$536
Total FY 2013-14 FPE Cost		\$13,934

Calculation of Average Children's Extensive Support FPE Costs

Since the youth on the children's extensive support waiver do not have SIS levels, the calculation of the average cost for a children's extensive support FPE is straightforward.

Step 1 - Calculate Average FPE Cost

Table 1 summarizes the calculation based on actual expenditures from FY 2011-12, the average cost for one children's extensive support FPE.

Level	FPE	Actual Cost of Services*	Avg. Cost per FPE
n/a	401	\$8,094,784	\$20,186

*Actual Cost of Services for twelve months.

Step 2 - Calculate Average FY 2013-14 FPE Cost

Staff is recommending a 4.0 percent community provider rate increase for comprehensive FPE. Table 2 shows the calculation of the FY 2013-14 average FPE cost based on the calculations in the previous steps and the community provider rate.

Average Cost per FPE	\$20,186
Provider Rate	\$807
Total FY 2013-14 FPE Cost	\$20,993

Calculation of per FPE Target Case Management Cost

Using the Department's average case management cost per FPE of \$2,268 total funds, staff recommends the 4.0 percent community provider rate increase be added to the base figure. **Staff recommended target case management per FPE is \$2,359 total funds.**

→ R-1: New FPEs for Individuals with Developmental Disabilities

- The Department requests \$13,055,339 Medicaid reappropriated funds for 809 new full program equivalents (FPEs).
- Staff recommends \$13,519,088 Medicaid reappropriated funds for 765 new FPEs. The recommendation provides a higher level of funding for the adult and children's FPEs, but recommends a lower number of new FPEs for the children's extensive support waiver based on the staff calculation of the number of children projected to be on the waiting list through CY 2014.

Request: The Department asks for funding for 809 new FPEs for adults and children with developmental disabilities. The request is summarized in the table below.

Recommendation: **Staff recommends the Committee approve \$13,519,008 Medicaid reappropriated funds, of which \$6,759,504 is net General Fund for 765 new FPEs.** The following table summarizes the recommendation and provides a comparison of the recommendation to the request.

JBC Staff Figure Setting – FY 2013-14
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FY 2013-14 Development Disabilities Full Program Equivalent Request vs. Recommendation								
Title	Request				Recommendation			
	FPE	No. of Months	Cost per FPE	FY 2013-14 Dollars	FPE	No. of Months	Cost per FPE*	FY 2013-14 Dollars
Comprehensive								
Foster Care Transitions	50	7	\$62,972	\$1,836,683	50	7	\$70,351	\$2,051,904
Comprehensive Emergencies	40	6	62,972	1,259,440	40	6	70,351	1,407,020
High-risk Waiting List	93	6	62,972	2,928,198	93	6	70,351	3,271,322
Dually Diagnosed Individuals	5	6	62,972	157,430	5	6	77,450	193,625
<i>Subtotal HCBS-DD</i>	<i>188</i>			<i>\$6,181,751</i>	<i>188</i>			<i>6,923,871</i>
Supported Living								
CES Age Outs	38	6	11,612	220,628	38	6	13,934	264,746
High-risk Waiting List	7	6	11,612	40,642	7	6	13,934	48,769
<i>Subtotal HCBS-SLS</i>	<i>45</i>			<i>\$261,270</i>	<i>45</i>			<i>\$313,515</i>
Children's Extensive Services	576	6	19,774	5,694,912	532	6	20,186	5,369,476
Targeted Case Management^	809	6	2,268	917,406	765	6	2,359	912,147
Total FY 2013-14 New FPE	809			\$13,055,339	765			\$13,519,008

*Recommended Cost Per FPE includes the staff recommended 4.0 percent community provider rate increase.

^Staff recommendation for Target Case Managemnt includes 715 FPE at six months, and 50 FPE for Foster Care Transitions at 7 months.

Analysis: The staff recommendation differs from the Department's request in ways:

- the average FPE cost for each waiver;
- the average FPE cost for the five FPE for dually-diagnosed individuals;
- the number of children's extensive support FPE; and
- the average FPE cost of case management services.

Average cost per FPE

As discussed in the previous section on the calculation of average FPE cost, staff used the FY 2011-12 expenditures as the basis for the calculation whereas the Department used FY 2010-11 expenditure data as the basis for their average FPE cost. Additionally, the staff recommendation built the 4.0 percent community provider rate increase into the average FPE cost. The Department calculated the 1.5 percent community provider rate on the total requested appropriation for each waiver (i.e. the FY 2013-14 base appropriation plus new funding).

Five FPE for Dually Diagnosed Individuals

The recommended funding for five FPE for individuals who are dually diagnosed, currently residing in the Mental Health Institutes, and eligible for transition to the Regional Centers or into the community is higher because of the higher level needs of the individuals. Staff used the same methodology used to calculate the average FPE cost for the Colorado Choice Transitions Program (discussed on page 26). The average FPE cost is higher for these FPE because the individuals will most likely be transitioned into the Regional Centers and five high needs individuals will be transitioned out of the Regional Centers.

Number of Children's Extensive Support FPE

The Department assumed the number of youth on the waiting list would grow by 130 in FY 2012-13 and by 142 in FY 2013-14. The request cited a growth rate of 9.0 percent which does not align with the actual increase in the number of youth added to the waiting list in recent years as shown in the table below. Based on actual data, the waiting list grew by an average of 21.3 percent or an average 61 youth per year.

JBC Staff Figure Setting – FY 2013-14
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CES Waiting List Since CY 2008			
CES Waiting List	Change from Previous Year	% From Previous Year	
2008	210	n/a	n/a
2009	234	24	11.4%
2010	291	57	24.4%
2011	373	82	28.2%
2012	452	79	21.2%
Average		61	21.3%

Based on average annual growth of 21.3 percent, the known number of youth who will age off the children's extensive support services waiver in FY 2012-13 and FY 2013-14, and an estimate of the number of youth who will vacate their FPE in FY 2012-13 and FY 2013-14, staff calculated how many youth would be on the waiting list at the end of CY 2014. The following table outlines how the recommendation was calculated.

Calculation of Waiting List Children's Extensive Support FPE	
End CY 2012 Waiting List	452
Project Growth in CY 2013	93
CES Age Outs in FY 2012-13	(50)
CES Turnover in FY 2012-13	(10)
<i>Subtotal - End FY 2012-13 Waiting List</i>	485
Projected Growth CY 2014	103
CES Age Outs in FY 2013-14	(35)
CES Turnover in FY 2013-14	(21)
End CY 2014 Waiting List	532

The primary difference between the staff recommendation and the Department request is the projection of the growth in the number of youth added to the waiting list. The recommendation is based on the number of youth on the waiting list at the end of CY 2014 which means the recommendation includes six months of waiting list growth that will occur outside of FY 2013-14. Staff feels confident that the recommended FPE number provides adequate funding for all youth through the end of FY 2013-14 who will be eligible for children's extensive support services. If the projected number of youth eligible for services is higher than the actual number the General Assembly, through the supplemental process, could adjust the funding accordingly

Average cost of case management for one FPE

There are three differences between the case management recommendation and the request. The first difference is the application of the 4.0 percent community provider rate increase to the department's case management base figure of \$2,268. The second difference relates to funding for the 50 FPE for foster youth transitioning to the comprehensive waiver. Staff calculated seven months of funding for case management services based on the requested funding for seven months of support services. The third difference is due to the difference in the total number of

recommended FPE. The recommendation for case management based on the staff recommended number of FPE.

→ R-2: Early Intervention Services Caseload Growth and Associated Case Management

- The Department requests \$1,783,968 total funds, of which \$148,125 is General Fund and \$817,922 is net General Fund for the growth in the number of infants and toddlers eligible for early intervention services in FY 2013-14.
- Staff recommends an increase of \$3,341,134 total funds, of which \$2,191,837 is General Fund and \$1,149,297 is Medicaid reappropriated funds.

Request: The Department requests \$1,783,968 total funds, of which \$148,125 is General Fund and \$817,922 is net General Fund to fund the 5.97 projected caseload growth of infants and toddlers eligible for early intervention services.

Recommendation: **Staff recommends a total increase of \$3,341,134 total funds for early intervention services and case management for FY 2013-14.** The table below summarizes the recommendation. Note the increase in Medicaid funds for services will be applied to the Medical Services Premiums line item in the Department of Health Care Policy and Financing because the services are part of the state Medicaid plan. Additionally no recommendation is made to change the appropriation for the federal or cash funds because they are for informational purposes only and increasing spending authority does not mean additional revenue will be generated.

Table 7. FY 2013-14 Total Recommendation						
Funding Source	Services	Provider Rate	Total Services Increase [^]	Case Management	Provider Rate	Total Case Management Increase
General Fund	\$1,556,096	\$62,244	\$1,618,340	\$565,022	\$8,475	\$573,497
Federal Part C*	397,751	n/a	397,751	0	0	0
Medicaid	431,338	17,254	448,591	699,010	1,696	700,706
EISTF*	187,239	n/a	187,239	0	0	0
Private Insurance*	22,744	n/a	22,744	0	0	0
All Funds Total	\$2,595,168	\$79,497	\$2,674,665	\$3,859,200	\$10,171	\$3,869,371
Total Funds Subject to Appropriation			\$2,066,931			\$1,274,203
Net General Fund			\$1,842,635			\$923,850

*These are informational funds and not subject to appropriation by the General Assembly

[^]The services increase funded by Medicaid funds will be appropriated to the Medical Services Premiums line item in the Department of Health Care Policy and Financing

Analysis: Early intervention services (EI services) are provided to infant and toddlers birth to age two, who have a developmental delay or disability. The goal of these services is to enable these infants and toddlers to develop skills in the following areas: cognition, communication, physical development, motor development, and emotional development. Community Center

Boards are responsible for intake, eligibility determination, service plan development, arrangement and delivery of services, and periodic evaluations of the child.

EI services were first established in Part C of the federal Individuals with Disabilities Education Act (IDEA), which was initially enacted in 1986 and renewed in 2004. The amount of federal Part C funds Colorado receives is based on the population of children ages birth to two years in the general population and is used for the following activities:

- Developing services for infants and toddlers with developmental disabilities/delays;
- Providing ways for states to limit the long-term special education costs for children with developmental disabilities/delays who did not receive early intervention services;
- Creating programs to assist children with development disabilities/delays with the development of skills need to eventually live independently and minimize the child's chances of institutionalization; and
- Providing families with increased support services to enable families to care for their child (children) with a developmental disability/delay.

Participation in Part C is voluntary and yet every state has opted to participate. One of the primary requirements of participation is the assurance that early intervention services will be available to every eligible infant and toddler up to age two, where eligibility is based on the state's definition of developmental disability/delay. In 2009, during the economic downturn, the state was still required to provide services to all eligible infants and toddlers, but experienced challenges due to reduced General Fund revenue. As a result, the General Assembly passed H.B. 09-1237 which required EI services providers to utilize a coordinated system of payment. The intent of H.B. 09-1237 (Primavera/Shaffer B.) was to identify sources other than state and federal funds that can be utilized for the services, before General Fund and federal Part C funds were accessed. The following table shows, in order of priority, the funding hierarchy implemented by H.B. 09-1237.

Payment Hierarchy For Early Intervention Services	
Priority Order	Payment Source
1	Private pay
2	Private health insurance
3	Medicaid/Title XIX funding and Child Health Plan Plus
4	Child Welfare and TANF
5	State General Funded E.I. Services and other state and federal funds
6	Other Local Funds
7	ARRA funds and Part C of IDEA funds

Utilizing data from the Early Intervention Services annual report, staff calculated what the projected case load growth will be, the associated service and case management cost increases, and the funding distribution of the increased costs. The following steps were used to calculate

the recommendation. The average monthly enrollment number is the metric used to gauge on average how many infants and toddlers are receiving services in a given month.

Step 1: Using the known unduplicated EI population and average monthly enrollments from recent fiscal years shown in Table 1, staff calculated the annual growth rate for both the number of unduplicated EI clients, and the average monthly enrollments, shown in Table 2.

Table 1. Unduplicated EI Clients and Average Monthly Enrollments				
	Colorado Population Age 0-2 years*	Unduplicated Client Population	Unduplicated Clients as Percent of Total Age Group Population	Average Monthly Enrollments
FY 2008-09	204,298	10,016	4.90%	5,322
FY 2009-10	203,596	10,739	5.27%	5,667
FY 2010-11	201,859	10,990	5.44%	6,013
FY 2011-12	201,634	11,762	5.83%	6,372

*Population data is from State Demographers Office, and staff averaged the two calendar year populations to estimate the fiscal year population

Table 2. Growth Rate Calculation				
	FY 2007-08 a	FY 2011-12 b	4 Year growth rate c=b/a	1 Year Growth Rate d=c^(1/4)
Total EI Eligible Population	10,016	11,762	1.17	1.041
Average Monthly Enrollments	5,322	6372	1.20	1.046

Step 2: Staff calculated the growth in the eligible EI population and the average monthly enrollment, (shown in Table 3) based on the growth rate from Table 2.

Table 3. Projection of Unduplicated EI Clients and Average Monthly Enrollments				
	Colorado Population Age 0-2 years*	Unduplicated Client Population	Unduplicated Clients as Percent of Total Age Group Population	Average Monthly Enrollments
FY 2008-09	204,298	10,016	4.90%	5,322
FY 2009-10	203,596	10,739	5.27%	5,667
FY 2010-11	201,859	10,990	5.44%	6,013
FY 2011-12	201,634	11,762	5.83%	6,372
FY 2012-13	204,533	12,244	5.99%	6,665
FY 2013-14	209,058	12,746	6.10%	6,972
FY 2014-15	213,336	13,268	6.22%	7,293
FY 2015-16	217,030	13,812	6.36%	7,629
FY 2016-17	220,986	14,378	6.51%	7,980

*Population data is from State Demographers Office, and staff averaged the two calendar year populations to estimate the fiscal year population

Step 3: Based on the FY 2011-12 average monthly cost of services for all average monthly enrollments, staff calculated the average cost of services and case management for one monthly enrollment. Staff selected the FY 2011-12 average monthly cost of services because prior year data is skewed by programmatic changes resulting from implementing the funding hierarchy and/or funds received through the American Recovery and Reinvestment Act. Table 4 shows the breakdown of the average monthly cost of services and cast management.

Table 4. Average cost of services and case management	
Total Average Monthly Cost Per Client	\$536.00
Est. Cost Of Services	\$360.44
Est Cost of Case Management*	\$175.56

*Based on assumption that each average monthly enrollment will utilize 3 hours of case management.
 1 case management unit = 15 mintes at a cost of \$14.63 per unit

Step 4: Using the average monthly enrollment for FY 2011-12 as a base, staff calculated the increased case load and the associated cost increases for case load growth in both FY 2012-13 and FY 2013-14. Staff selected FY 2011-12 year as the base year because no additional funding was added in FY 2012-13 despite an increasing caseload.

Table 5. Calculate the Increased Cost of Services Based on Caseload Growth							
Fiscal Year	Average Monthly Enrollment	Change from Previous Year	Monthly Services Increase	Annual Services Increase	Monthly Case Management Increase	Annual Case Management Increase	Total Annual Increase
		a	b=a*\$360.44	c=b*12	d=a*\$175.56	e=d*12	f=c+e
FY 2011-12	6,372	n/a	n/a	n/a	n/a	n/a	n/a
FY 2012-13	6,665	293	105,609	1,267,307	51,439	617,269	1,884,576
FY 2013-14	6,972	307	110,655	1,327,861	53,897	646,763	1,974,624
Total		600	216,264	2,595,168	105,336	1,264,032	3,859,200

Step 6: EI services are paid by a variety of funding sources including General Fund, Early Intervention Services Trust Fund (EISTF) dollars, Medicaid funds and federal funds. Case management for EI services is paid by either General Fund or Medicaid funds. Based on the distribution of funding sources in FY 2011-12 staff estimated, based on the total cost projected in Table 5, the increased cost for each funding source FY 2013-14 (shown in Table 6).

JBC Staff Figure Setting – FY 2013-14
Staff Working Document – Does Not Represent Committee Decision

Funding Source	Number	% of Total	Service Cost	Case Management	FY 2013-14 Increase
General Fund	11,768	60.0%	\$1,556,096	\$565,022	\$2,121,118
Federal Part C*	3,008	15.3%	397,751	0	397,751
Medicaid^	3,262	16.6%	431,338	699,010	1,130,348
EISTF*	1,416	7.2%	187,239	0	187,239
Private Insurance*	172	0.9%	22,744	0	22,744
Total	19,626	100%	\$2,595,168	\$1,264,032	\$3,859,200

*These are informational funds and not subject to appropriation by the General Assembly

^The increase of Medicaid service costs will be appropriated to the Medical Services Premiums line item in the Department of Health Care Policy and Financing.

Step 7: Finally staff calculated the 4.0 percent community provider rate increase and the total recommended increase for early intervention services funding shown in Table 7.

Funding Source	Services	Provider Rate	Total Services Increase^	Case Management	Provider Rate	Total Case Management Increase
General Fund	\$1,556,096	\$62,244	\$1,618,340	\$565,022	\$8,475	\$573,497
Federal Part C*	397,751	n/a	397,751	0	0	0
Medicaid	431,338	17,254	448,591	699,010	1,696	700,706
EISTF*	187,239	n/a	187,239	0	0	0
Private Insurance*	22,744	n/a	22,744	0	0	0
All Funds Total	\$2,595,168	\$79,497	\$2,674,665	\$3,859,200	\$10,171	\$3,869,371
Total Funds Subject to Appropriation			\$2,066,931			\$1,274,203
Net General Fund			\$1,842,635			\$923,850

*These are informational funds and not subject to appropriation by the General Assembly

^The services increase funded by Medicaid funds will be appropriated to the Medical Services Premiums line item in the Department of Health Care Policy and Financing.

→ Part 2 to R-2: Early Intervention Services Case Management Base Adjustment

Request: As part of R-2 Early Intervention Early Intervention Services Caseload Growth and Associated Case Management, the Department asks for \$1,635,842 Medicaid reappropriated funds for case management services to account for the growth in early intervention services caseload.

Recommendation: Staff recommends, in addition to the funding recommended for case load growth, an increase of \$880,289 Medicaid reappropriated funds to account for programmatic changes which resulted in increased costs to the Community Center Boards for the provision of early intervention services.

Analysis: The Department of Human Services issued a directive on November 13, 2008 which stated, "Effective immediately, Community Center Boards shall make targeted case management services available to any Medicaid eligible child who is enrolled in early intervention services, regardless of the funding source being used to pay for early intervention services." The directive then laid out the additional work requirements placed on the Community Center Boards which included:

- Ensuring the client is Medicaid eligible and enrolled in early intervention services;
- Providing and documenting the provision of one or more case management activities within the month; and
- Submitting a claim in order to get reimbursed.

Since Community Center Boards are the only qualified provider of target case management, the additional workload required by the directive was borne solely by the Community Center Boards. No additional funding request or appropriated for the increased work until the FY 2013-14 request.

The Department's request indicates that in total, Medicaid case management services will cost \$4,589,718 (assuming an increase of \$67,828 for the 1.5 percent community provider rate increase) Medicaid reappropriated funds assuming 7,155 average monthly enrollments. Based on the staff projection of 6,972 average monthly enrollments, the total Medicaid case management services will be \$4,582,485 (assuming \$176,249 for the 4.0 percent community provider rate increase) Medicaid reappropriated funds in FY 2013-14. Therefore staff recommends, accounting for the funding recommended for the case load growth an increase of \$880,289 Medicaid reappropriated funds for the costs incurred by Community Center Boards as a result of the 2008 directive. The following table outlined how the recommendation was calculated.

Calculation of EI Services Case Management Base Adjustment	
FY 2013-14 Base Appropriation	\$2,886,048
Caseload	700,706
Provider Rate	115,442
<i>Subtotal</i>	<i>3,702,196</i>
FY 2013-14 Target Case Management Projection for 6,972 AME*	4,582,485
Difference = Recommendation	(\$880,289)

→ **R-12: Technical Changes for Developmental Disabilities Programs**

- The Department requests three technical changes to the Developmental Disabilities Program Long Bill funding structure.
- Staff recommends the Committee approve all two of the three changes. The one change staff does not recommend is due to the recommendation to transfer the Developmental Disabilities Program to the Department of Health Care Policy and Financing.

Request: The Department requests the following three changes to the Developmental Disabilities Program Long Bill funding structure:

1. Transfer case management dollars for individuals in the Regional Centers from the Regional Center Personal Services line item to the line item funding case management services provided by Community Center Boards (CCBs). This request is a result of a conflict of interest issue raised in 2007 with having Regional Center staff acting as both case managers and service providers.
2. Transfer 2.0 FTE and associated cash funds used to manage the Early Intervention Services Trust Fund from the Developmental Disabilities Program to the Office of Operations to align the Long Bill appropriation with the Department's organizational structure.
3. Transfer General Fund dollars from the Case Management line item to the Special Purpose line item to accurately reflect where non-Medicaid functions performed by CCBs are paid from to align the Long Bill appropriations with the operational structure of the Division.

Recommendation: **Staff recommends the Committee approve the first and third changes.** Since staff has recommended early intervention services be transferred to the Department of Health Care Policy and Financing, **staff does not recommend the early intervention services cash fund management transfer.**

Analysis:

Change #1

This transfer request is a result of a FY 2007-08 finding that a conflict of interest existed with having Regional Center staff make case management decisions as well as providing services. Moving the funds will ensure there is no conflict of interest between the provider making a decision of the type of services an individual in a Regional Centers will receive and that same individual providing the services.

Change #2

The request reflects a transfer of 2.0 FTE and associated funding used to manage the Early Intervention Services Trust Fund. Currently, the 2.0 FTE are functionally housed in the Office of Operations. The requested transfer aligns the Long Bill structure with the operational

structure of the Department. Since staff has recommended that the Early Intervention Services Program be moved to the Department of Health Care Policy and Financing staff is not recommending this change.

Change #3

The request includes a transfer \$481,488 General Fund from the Case Management line item to the Special Purpose line item. The transfer would align the Long Bill structure with the operational structure of the Department. The General Fund is for work done by CCBs for non-Medicaid eligible functions including eligibility determinations, developing plans for individuals on the waiting list, and covering emergency situations until an FPE becomes available.

→ HCPF BA-14 (DHS NPI BA-2): Colorado Choice Transitions for HCBS-DD Waiver Clients

- The Department of Health Care Policy and Financing (HCPF) requests full year funding for 30 FPE to transition 47 individuals out of nursing facilities. Note partial year funding was appropriated in FY 2012-13 for the first three months of transitioning 17 of the 47 individuals.
- Staff recommends full year funding for 63 FPE to transition individuals out of nursing facilities and Regional Centers. Note of the 63 FPE, partial year funding was appropriated in FY 2012-13 for 17 FPE.

Request: The Department of Health Care Policy is continuing to transition individuals with developmental disabilities from institutional care (nursing facilities and Regional Centers) to community based settings under the Colorado Choice Transitions Program (CCT Program). Funding for adult comprehensive full program equivalents (FPEs) is requested in order to ensure available FPEs for individuals who transition. Funding is offset by a reduction to the Medical Services Premiums line item because the state will not have to pay for nursing facility expenses. The Department request includes the following two components:

- Full year funding for 11 of the 17 FPEs added in FY 2012-13 through the supplemental process; and
- Funding for 19 FPEs to transition 30 individuals in FY 2013-14.

Recommendation: **Staff recommends the Committee approve funding for a total of 63 FPEs to transition individuals from institutional facilities to community settings.** The recommendation is outlined in the table below, and has the following components:

- a reduction of \$2,372,278 total funds to the Medical Services Premiums line item in the Department of Health Care Policy and Financing;
- an increase of \$5,426,990 total funds to the Community Services for People with Disabilities line item in the Department of Health Care Policy and Financing; and
- an increase of \$5,426,990 Medicaid reappropriated funds to the Adult Comprehensive Services and Case Management line items in the Department of Human Services; and

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- an increase of \$10,026 Medicaid reappropriated funds to the Case Management line item in the Department of Human Services.

CCT Program FY 2013-14 Waiver Costs and Medical Services Premiums Savings				
	FY 2012-13 Transitions	FY 2013-14 Transitions	Regional Center Transitions	FY 2013-14 Total
Medical Services Premiums				
Number of Clients Transitioning	17	30	16	
Per Capita Annual Reduction in Nursing Facility Costs	(\$51,990)	(\$51,990)	0	
State Plan Home Health Services	1,516	1,516	0	
Months Effective	12	12	0	
Reduction to Medical Services Premiums	(\$858,058)	(\$1,514,220)	\$0	(\$2,372,278)
Comprehensive DD Waiver Costs				
Average Annual HCBS-DD Waiver Cost	\$76,341	\$76,341	\$76,341	
Months Effective	12	12	12	
<i>Cost to HCBS-DD Waiver Program for Base Services</i>	<i>\$1,297,797</i>	<i>\$2,290,230</i>	<i>\$1,221,456</i>	
CCT Demonstration Services and Intensive Case Management	\$10,496	\$10,496	\$10,496	
Months Effective	9	12	12	
<i>Waiver Costs for CCT Transition Services</i>	<i>\$133,824</i>	<i>\$314,880</i>	<i>\$167,936</i>	
Total Waiver Costs (Base Services and Transition Services)	\$1,431,621	\$2,605,110	\$1,389,392	\$5,426,123
Case Management				
Targeted Case Management Per Client	\$2,359	\$2,359	\$2,359	
Months Effective	3	0	0	
<i>Targeted Case Management</i>	<i>\$10,026</i>	<i>\$0</i>	<i>\$0</i>	<i>\$10,026</i>
Total CCT Program Waiver Costs	\$583,589	\$1,090,890	\$1,389,392	\$3,063,871

Analysis: Colorado received \$22.0 million federal funds for the Colorado Choice Transitions Program (CCT Program), to transition 490 individuals from nursing facilities and Regional Centers over the course of five years. The CCT Program is designed to transition individuals currently served in institutional settings (nursing homes and Regional Centers) to community based settings, and is intended to build and improve the infrastructure supporting community based long term care services. The Department of Health Care Policy and Financing (HCPF) is the lead agency for the CCT Program, which also includes the Department of Human Services, Department of Public Health and Environment and the Department of Local Affairs. Six benchmarks, shown below, have been developed as performance measure for the CCT Program.

CCT Program Benchmarks	
1	Meet the projected number of eligible individuals transitioned in each target group from an inpatient facility to a qualified residence during each calendar year of the demonstration.
2	Increase State Medicaid expenditures for home and community based services during each calendar year of the demonstration program.
3	Expand the array of supports and services available to consumers in community living situations.
4	Increase the availability of self-directed services.
5	Realign the roles and responsibilities of several entry point and case management agencies to streamline access to services and supports.
6	Increase access to housing opportunities for individuals of all abilities, including those transitioning to community living under the CCT program, and to other HCBS clients seeking community residential housing.

The recommendation differs from the request in two ways. The first difference is the average FPE cost. The Department used the FY 2010-11 average FPE cost to calculate the FY 2012-13

average FPE cost. The staff recommendation used the FY 2011-12 actual waiver costs, weighted by the number of individuals at support levels three through six to ensure that FPEs for CCT clients are funded at sufficient levels. Staff believes this will ensure the FPEs are properly funded, minimizing the chance a transition would fail due to lack of services. Based on the distribution of individuals across levels 3 through 6 and the average annual FPE cost, staff calculated the recommended cost per FPE for CCT Program transitions (Table 4).

CCT Program FPE Cost Calculation			
Support Level	FY 2011-12 FPE	Percent of Total	Average Full Year Cost
3	732	25.8%	\$56,380
4	711	25.1%	67,686
5	842	29.7%	78,018
6	550	19.4%	96,385
Weighted Average Full Year Cost			\$73,405
Community Provider Rate Increase*			2,936
Total FY 2013-14 Cost			\$76,341

*Community provider rate increase = 4.0 percent

The second difference is due to the implementation of a budget neutrality factor by the Department. The Department stated in the request that funding for 13 FPE in FY 2013-14 would be funded by prioritizing existing FPEs that will become vacant through attrition. This proposed policy by the Department is an attempt to keep the request budget neutral, but would come at the expense of individuals waiting for services. As evidenced by the 1,762 individuals currently waiting for a FPE, there are no available vacant FPEs. Over the course of three years the Department proposes to fund 22 FPE through attrition and at the expense of individuals waiting for services. Staff recommendation is to fund FPEs for all transitions to ensure that individuals on the waiting list are not forced to wait longer for services simply to keep a budget request budget neutral.

Regional Center Transitions

The following table from the CCT operating protocol indicates that over the course of five years 72 individuals would be transitioned from the Regional Centers into community settings, specifically 16 in FY 2013-14. In the Department's hearing responses, the Department stated that FPE for Regional Center transitions would use existing FPE. As stated above, there are no unused existing FPE. Therefore staff is recommending funding to enable the transition of individuals from Regional Centers into the community without using an FPE intended for an individual on the waiting list.

Table 4. Number of People Transitioned to the Community

Calendar Year	Elderly NF (85%)	Physically Disabled NF (15%)	Mentally Ill in NF	Dual Diagnosis MR-DD & MI In NF	Developmental Disabilities, ICF-MR	Total per Calendar Year
2012	34	42	5	1	8	90
2013	31	42	10	1	16	100
2014	31	42	10	1	16	100
2015	31	42	10	1	16	100
2016	31	42	10	1	16	100
Total	158	210	45	5	72	490

Rebalancing Fund

One component of the CCT Program is a 25.0 percent enhanced federal match on transition services, called rebalancing dollars. These dollars are deposited into the Rebalancing Fund which HCPF views as a federal grant that is not subject to appropriation by the General Assembly. Rebalancing funds may only be used for improving the long-term care system infrastructure, training of case managers, and computer system upgrades. The Department has indicated that rebalancing funds will be used to conduct research and make recommendations for waiver consolidation and an appropriate array of services. Over the course of the five years, HCPF estimates the Fund will receive \$4.25 million in total revenue. The following table shows the projected balance of the Rebalancing Fund through FY 2014-15.

CCT Program Rebalancing Fund		
Fiscal Year	CCT Program Year	Fund Balance
FY 2012-13	1	\$127,232
FY 2013-14	2	\$831,074
FY 2014-15	3	\$1,325,989
3 Year Total		\$2,284,295

Since the rebalancing fund is not subject to appropriation, the General Assembly does not have control over how the dollars are spent. In order to provide the General Assembly with a mechanism to be informed of how the Department is using these dollars, staff recommends sending the following request for information to the Department of Health Care Policy and Financing for FY 2013-14.

Department of Health Care Policy and Financing, Medical Services Premiums; The Department is requested to submit to the Joint Budget Committee by November 1, 2013, a report on the specific projects funded with dollars in the CCT Program rebalancing funds. The report is requested to include the following information: description of the project, estimated timeline of the project and any deliverables, and anticipated improvements the project will contribute to Colorado's long-term care system.

→ BA-3: Leased Space for the Division for Developmental Disabilities and the State Unit on Aging

- The Department withdrew this request.

Request: The Department withdrew the request for funding to move the office for the Division for Developmental Disabilities and State Unit on Aging to office space at the Logan Tower building that was going to be vacated by the Colorado Energy Office. The Department submitted a letter on February 19, 2013 withdrawing the request because the Colorado Energy Office is not moving out of the Logan Tower building.

Recommendation: Since the request has been withdrawn, staff does not have a recommendation.

→ Staff Initiated Recommendation – Long Bill Structure for Community Services for People with Developmental Disabilities

The Department expressed support for creating a new Early Intervention Services Case Management line item as part of the Long Bill appropriation under the (9) Services for People with Disabilities, (2) Program Costs section. Since the Program Costs appropriation is bottom line funded to provide flexibility in managing costs to the total appropriation. If the appropriation for Early Intervention Case Management is moved out of the Program Costs section the Department managing the appropriation could be more vulnerable to over-expenditures related to unforeseen caseload growth

***Recommendation:* Staff recommends the following changes to the Long Bill structure for Community Services for People with Developmental Disabilities:**

- create a new Early Intervention Services sub-subdivision with two line items, one for Early Intervention Services Program Costs and one for Early Intervention Services Case Management.
- eliminate the existing Early Intervention Services, Federal Special Education Grant for Infants, Toddlers, and Their Families (Part C), and Custodial Funds for Early Intervention Services; and
- move the Preventive Dental Hygiene line item into the Program Costs subdivision.

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Staff Recommended Long Bill Restructure	
Current Long Bill Structure	Recommended Long Bill Structure
<p>(9) (2) Program Costs</p> <ul style="list-style-type: none"> Adult Comprehensive Services Adult Supported Living Services Early Intervention Services Family Support services Children's Extensive Support Case Management Special Purpose <p>(9) (3) Other Community Programs</p> <ul style="list-style-type: none"> Federal Special Education Grant for Infants, Toddlers, and Their Families (Part C) Custodial Funds for Early Intervention Services Preventive Dental Hygiene 	<p>(9) (2) Program Costs</p> <ul style="list-style-type: none"> Adult Comprehensive Services Adult Supported Living Services Early Intervention Services Family Support services Children's Extensive Support Case Management Special Purpose PREVENTIVE DENTAL HYGIENE <p>(9) (3) Early Intervention Services</p> <ul style="list-style-type: none"> EARLY INTERVENTION SERVICES EARLY INTERVENTION SERVICES CASE MANAGEMENT Preventive Dental Hygiene

Analysis:

Creation of (9) (A) (3) Early Intervention Services

Currently funding for early intervention services is broken out across three line items, and case management funds are comingled with case management funds for waivers. The current structure does not provide a clear picture of the amount of funds appropriated for early intervention services, and creates issues when trying to identify how much of the case management line item is for early intervention services. The number of infants and toddlers is projected to increase steadily for the foreseeable future, and staff believes clearly identifying how much is appropriated both for services and associated case management would benefit the General Assembly, the Department, and service providers.

During the figure setting process for FY 2012-13, staff noted there was an anticipated FY 2011-12 over-expenditure for the waivers, but the Department had not requested any additional funding. The Department did not request additional spending authority because the over-expenditure was backfilled with unallocated General Fund dollars, initially intended for early intervention services. The early intervention services General Fund was not spent by the Department because of unspent federal Part C funding available in FY 2011-12. The federal Part C grant award period is July 1 through June 30 of each year. The Department has 24 months to encumber and 27 months to fully liquidate the funds for any given federal grant year, allowing unspent funding to roll forward from one fiscal to another. The use of General Fund dollars appropriated for early intervention services to fund the waivers does not align with the intent of the General Assembly when setting the Long Bill. Since the Department had the authority to move the General Fund dollars between the early intervention services and waiver line items, pursuant to the Long Bill footnote there was nothing technically wrong with the Department's action.

Staff believes that funds appropriated to the early intervention services line item should be used for early intervention services and should not be used to backfill waiver expenditures. If there are excess federal funds for early intervention services, staff believes the Department should be using these funds, in addition to General Fund appropriations, to increase and/or expand early intervention services. Staff recommends the creation of sub-subdivision for early intervention services funding, so appropriations by the General Assembly for early intervention services are used only for early intervention services.

Staff recommends the sub-subdivision have a footnote to allow the movement of funds between the two line items to provide the Department with the ability to manage the appropriation in a manner that ensures the cost of early intervention services and associated case management is adequately funded.

Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Early Intervention Services -- It is the intent of the General Assembly that expenditures for these services be recorded only against the Long Bill group total for Early Intervention Services.

Creation of the Adult Comprehensive and Supported Living Services Line Item

During the FY 2013-14 briefing staff recommended combining the Adult Comprehensive Services line item and Adult Supported Living Services line items starting in FY 2013-14. Benefits include the following:

- Allows for flexibility between the adult waivers in number of FPE that can be authorized per waiver. FPE utilized per waiver can be managed within the funds appropriated and not limited by a set number specific to each waiver included in the Long Bill. Participants can receive services in the waiver that best meets their needs at the right time and in the manner needed.
- Eliminates the incentive to accept a more expensive comprehensive FPE when the individual only requires a supported living FPE merely because it becomes available first.
- Allows for greater client flexibility to transfer between waivers as a client's needs change.

The Department noted in the hearing with the Joint Budget Committee the change is consistent with the Community Living Advisory Group and the Long-Term Care Advisory Committee's efforts to provide a streamlined long-term care services and supports system. Combining the line items will allow for increased flexibility for the Department to manage enrollments for individuals to be served through the waiver that best meets their needs. However, allowing enrollment flexibly between the HCBS-DD and HCBS-SLS waiver, while staying within the combined appropriation, will be a significant departure from current practice. Utilization will need to be managed closely to maintain expenditures within the available appropriation.

Due to the recommendation to move the Division as well as require the Department of Health Care Policy and Financing to pursue a single adult waiver for services, **staff does not believe**

making a temporary or partial fix is appropriate when the issue points out the fundamental problem of the current waiver structure.

→ Staff Initiated Recommendation: CCB Expenses Associated with Waiting List Management, Eligibility Determination, and Impacts of Proposed Updates to the Definition of a Development Disability

Recommendation: Staff recommends the Special Purpose line item be renamed to Eligibility Determination and Waiting List Management to accurately reflect what the funds are used for, and staff recommends an increase of \$2,954,496 General Fund to the Eligibility Determination and Waiting List Management line item to fully reimburse CCBs for the costs incurred in determining eligibility for waiver services and managing the waiting list.

History:

The DD Definition Work Group was convened in April 2009 in response to the November 2008 recommendation from the DD Definition Task Force that the current statutory definition in Section 27-10.5-102, C.R.S. of a developmental disability was adequate but that rule changes were needed to clarify that eligibility is not solely dependent on Intelligence Quotient,. The Work Group was charged with five responsibilities:

- 1) Draft proposed rule changes to operationalize the existing statutory definition, including specific criteria and tools to determine whether a person meets the definition.
- 2) Analyze and evaluate the fiscal and policy implications of the proposed rule changes, including recommendations for alternate or additional funding sources.
- 3) Develop effective training and procedures to implement the changes throughout the system and ensure clarity and consistency for individuals receiving services, Community Centered Boards, and federal Centers for Medicare and Medicaid Services (CMS).
- 4) Identify and project the implications of the proposed rule changes on the waiting list for developmental disability services.
- 5) Develop a realistic time-line and action plan for implementation of the proposed rule changes

The Work Group proposed rule changes to be considered by the State Board of Human Services on March 8, 2013, which will align the definition in state rule with the statutory definition pursuant to Section 27-10.5-102 (11) (a) C.R.S.:

"Developmental disability" means a disability that is manifested before the person reaches twenty-two years of age, that constitutes a substantial disability to the affected individual, and that is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when those conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. sec. 15001 et seq. shall not apply."

If the proposed rule changes are adopted by the State Board of Human Services at the March 8, 2013 meeting, individuals with significant impairments in adaptive behavior may now be eligible for developmental disabilities services and supports will be eligible through one of two ways: having an impairment of general intellectual functioning; or having an impairment of adaptive behavior. The changes do not change eligibility for current clients, and individuals who were previously determined ineligible will have the opportunity for redetermination. The rule changes also include updates to the Support Level Algorithm and Waiting List IP to align them with current statute.

Pursuant to Section 27-10.5-105 (c), C.R.S., CCBs are required to determine the needs of eligible persons within the community centered board designated service area and prepare and implement a long-range plan and annual updates to that plan for the development and coordination of services and supports to address those needs. The needs determination and designated service area plans or annual update shall be submitted to the department. Additional CCBs are required to notify eligible persons, and their families as appropriate, regarding the availability of services and supports pursuant to Section 27-10.5-105 (2) (h), C.R.S.

Prior to H.B. 10-1213 (Acree/Keller) CCBs were required by statute to develop Individualized Service Plans (IP), for individuals on the waiting list within 30 days after the community centered board determined that a person is eligible for services and supports. The requirement was repealed by H.B 10-1213 because of the significant financial cost of developing IPs for individuals who were not yet receiving services and may not receive services for years.

Wait List Implications of Rule Changes

The recommended changes to the definition may increase the waiting list since the definition broadens the eligibility for developmental disability (DD) services. It is important to note that the Department did not submit any requests to increase funding for additional resources for services. Growth in the DD wait list may be a consideration as the Department develops requests for funding in future years. There is no historical data available to determine the number of people that will request a determination as a result of the broadened eligibility.

Fiscal Costs Associated with Definition Change

- Cost to Families/Clients - Currently, clients/families are required, as part of the application process, to provide CCBs documentation of an IQ evaluation or adaptive functioning evaluation and any additional information required for a developmental disability determination. Families can pay anywhere from \$600-\$1,000 for an IQ evaluation. By changing the requirement to comply with the statute, the Vineland Scales of Adaptive Behavior assessment could be utilized instead, which typically costs \$300 per evaluation. This represents a 50.0 percent or more savings to the client/family.
- Cost to the State – The Division for Developmental Disabilities does not currently provide funding to the CCBs for the determination of developmental disabilities. Since the recommended definition increases compliance within the existing statutory definition this change does not increase the cost to the Division. The Department believes training can be provided within existing resources.

- Workload to CCBs - Although, the State is not required to fund determinations by the CCBs, broadening the definition will increase the CCB workload. The Department believes it can implement changes to offset the increase in workload by streamlining administrative requirements, and by temporarily waiving regulations pertaining to timeframe for completing determinations to address the influx of applicants.
- Data Systems Implications - No systems modifications are anticipated due to the broadened definition.

How much do CCBs currently spend on managing the waitlist?

A funding study conducted by an independent auditing firm, Myers and Stauffer LC, found that Community Centered Boards spent significantly more time managing the waiting list and conducting determinations than they were receiving in state funds. The Myers and Stauffer report gathered expenditure data from CCB staff time-study questionnaires, payroll journals and the June 30, 2008 financial audits of the six CCBs in the study.

Staff is concerned that CCBs are not being fully reimbursed for the statutory required services of determining eligibility and managing the waiting list. Expanding the definition of developmental disability could increase the number of individuals who seek out determination and are determined eligible, resulting in CCBs being unable to fulfill their statutorily required duties without adversely impacting other services. **In order to ensure CCBs are able to continue providing statutorily required services, staff recommends an increase of \$2,954,496 General Fund for costs incurred by CCBs for eligibility determination and waiting list management.** The following steps outline the recommendation. All expenditure data is from the November 16, 2009 Myers and Stauffer report.

Step 1: Table 1 shows the cost components of eligibility determination. Since H.B 10-1213 eliminated the requirement that an initial individual plan (IP) be developed, the total cost used by staff to calculate the recommendation does not include the Development of Initial IP.

Calculation of DD Determination Services Total Costs						
DD Determination Function	CCB #1	CCB #5	CCB #6	CCB #4	CCB #2	CCB #3
Initial Meeting with Applicant/Family	\$9,376	\$4,744	\$11,964	\$37,592	\$38,843	\$104,332
Application Packet Assistance	5,036	7,290	8,420	9,870	30,839	117,226
Determinatin of Eligibility	8,195	5,220	6,577	26,968	97,660	170,167
Eligibilty Determination Committee Meetings	153	11,607	12,595	16,039	31,864	69,519
Development of Initial IP*	7,205	6,637	16,217	19,301	56,815	85,084
Communicating Eligibility Results	954	6,972	12,235	8,307	20,981	22,017
Total Waiting List Cost	\$30,919	\$42,470	\$68,008	\$118,077	\$277,002	\$568,345
Total Waiting List Cost w/o IP Development	\$23,714	\$35,833	\$51,791	\$98,776	\$220,187	\$483,261

Step 2: Calculate the total cost across all CCBs for DD Determination. The recommendation does not include the cost of administrative overhead that was included in the Myers and Stauffer report. The report calculated an average overhead rate of 26.43 percent. Staff is not convinced that due to changes implemented by the Division the administrative costs would still equal 26.43 percent. In order to capture any savings resulting from reduced costs due to changes in Division

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reporting requirements and efficiencies gained through improved computers systems, staff did not include a factor for administrative overhead.

Table 2. Calculation of DD Determination Costs for All CCBs						
Category	CCB	Cost Without IP Development	Average	Number of CCBs	Total	Totals With IP Development
			a	b	=a*b	from Report
Metro	CCB #2	\$220,187	\$351,724	\$5	\$1,758,620	\$2,113,367
	CCB #3	483,261				
Mid-Size	CCB #4	98,776	67,305	6	403,827	481,641
	CCB #5	35,833				
Rural	CCB #1	23,714	37,753	9	339,773	445,173
	CCB #6	51,791				
Total					\$2,502,220	\$3,040,181

Step 3: Table 3 shows the cost components of waiting list management. Data is from the six different CCBs calculate the total cost of DD determination services. Since H.B 10-1213 eliminated the requirement that an initial individual plan (IP) be developed, the total cost used by staff to calculate the recommendation does not include the Periodic IP Development (noted with an * in the table).

Table 3. Calculation of Waiting List Management Costs						
Function	CCB #1	CCB #6	CCB #5	CCB #4	CCB #2	CCB #3
Updating Demographic Information	\$153	\$12,043	\$5,280	\$8,906	\$47,940	\$89,161
Individual / Fmailly Contacts	797	2,991	10,491	20,326	47,811	78,401
Waiting List Management	466	56	0	10,912	57,342	30,125
Periodic IP Development*	932	2,991	6,230	12,376	15,279	80,295
Compilation of Data	942	5,394	5,336	7,342	28,627	29,042
Total Waiting List Cost	\$3,290	\$23,475	\$27,337	\$59,862	\$196,999	\$307,024
Total Cost w/o IP Development	\$2,358	\$20,484	\$21,107	\$47,486	\$181,720	\$226,729

Step 4: Calculate the cost of waiting list management for all CCBs.

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Table 4. Calculation of DD Determination Costs for All CCBs						
Category	CCB	Cost Without IP Development	Average	Number of CCBs	Total	Totals With IP Development
			a	b	=a*b	from Report
Metro	CCB #2	\$181,720	\$204,225	5	\$1,021,123	\$1,417,552
	CCB #3	226,729				
Mid-Size	CCB #4	47,486	34,297	6	205,779	261,598
	CCB #5	21,107				
Rural	CCB #1	2,358	11,421	9	102,789	120,447
	CCB #6	20,484				
Total					\$1,329,691	\$1,799,597

Step 5: Calculate the cost of eligibility determination and waiting list management assuming the costs did not increase from 2009. The difference shown in Table 5 is equal to the staff recommendation.

Table 5. Determination and Waiting List Statutorily Required Functions		
Function	Cost for All CCBs	Statutory Requirement
DD Determinations	\$2,502,220	27-10.5-105 (2) (c), C.R.S.
Waiting List Management	1,329,691	27-10.5-105 (2) (c), C.R.S.
Total Costs to CCBs	3,831,910	
Total FY 2012-13 Appropriated	877,414	
Difference (Appropriation - Total Cost)	(\$2,954,496)	

→ Staff Initiated: Funding to Transition Youth from the CHRP Waiver to the DD Waiver

Request: The Department did not request this change. Additionally the Department expressed opposition to the staff recommendation to transition youth ages eighteen to twenty one from the Children's Habilitation Residential Waiver to the adult comprehensive waiver.

Recommendation: Staff recommended during the briefing the Committee approve funding adjustments to transition a portion of the youth with developmental disabilities ages 18 to 20 who are currently in the custody of county departments of social services onto the adult comprehensive waiver for FY 2013-14. **Staff's revised recommendation is to revisit this issue during the FY 2014-15 figure setting process** because of the significant changes impacting the Division for FY 2013-14 if the Committee adopts the staff recommendation to sponsor legislation.

Analysis: Staff is concerned that with the significant changes being proposed, and the need to establish a solid base for the Division, adding additional changes to the Division at this time could jeopardize successful transitions from the CHRP to DD waiver adversely impacting the

youth. The additional time will enable staff to work with the Department to determine an accurate account of the number of youth impact and any issues that would need to be addressed.

→ Multiple Department RFI #5

Recommendation: In light of the recommendation to sponsor legislation to move the Division for Developmental Disabilities to the Department of Health Care Policy and Financing **staff recommends the following request for information be discontinued.**

~~**Department of Health Care Policy and Financing, Executive Director's Office; and Department of Human Services, Services for People with Disabilities** -- The Departments are requested to submit to the Joint Budget Committee by October 15, 2012, a report on the high-level outline of the initial steps required to modify Colorado long-term care system into a new model of service delivery. The report is requested to include the following information: summary of the information gathered through community forums including participants of the forums; the status and results of the fiscal and programmatic analysis done of the existing waivers, including what methods were explored for streamlining existing waivers while maintaining waiver expenditures at current levels; and the status of the nation-wide search of best practice service delivery models and the advantages and disadvantages of implementation of the alternative models.~~

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(A) COMMUNITY SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

The Division of Developmental Disabilities is responsible for the following functions related to the provision of services to individuals with intellectual and developmental disabilities:

- Administration of three Medicaid waivers for individuals with developmental disabilities;
- Collaboration with the Department of Health Care Policy and Financing to ensure compliance with federal Medicaid waiver requirements and Medicaid appropriations;
- Communication and coordination with Community Center Boards regarding waiver policies, rate changes, and waiting list information reporting; and
- Administration of Early Intervention Services and Family Support Services.

SUBDIVISION REQUEST AND RECOMMENDATION SUMMARY

Community Services for People with Developmental Disabilities							
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE	Net General Fund
FY 2012-13 Appropriation:							
HB 12-1335 (Long Bill)	414,943,209	30,202,743	34,310,413	343,399,839	7,030,214	42.5	\$201,902,663
Other legislation	3,458	150	0	3,308	0	0.0	1,804
SB 13-091 (Supplemental Appropriations)	356,428	0	0	356,428	0	0.0	178,214
TOTAL	\$415,303,095	\$30,202,893	\$34,310,413	\$343,759,575	\$7,030,214	42.5	\$202,082,681
FY 2013-14 Recommended Appropriation:							
FY 2012-13 Appropriation	\$415,303,095	\$30,202,893	\$34,310,413	\$343,759,575	\$7,030,214	42.5	\$202,082,681
R-1: New Developmental Disabilities FBP	13,521,009	0	0	13,521,009	0	0.0	6,760,505
R-2: Early Intervention Services Funding	2,892,543	2,191,837	0	700,706	0	0.0	2,542,190
R-5: Provider rate increase	14,982,280	1,195,896	0	13,786,384	0	0.0	8,089,088
R-12: Technical changes	301,732	0	0	301,732	0	0.0	150,866
NP BA-2: CCT Funding	5,436,149	0	0	5,436,149	0	0.0	2,718,075
Annualize prior year funding	3,672,637	0	0	3,672,637	0	0.0	1,836,319
Annualize prior year legislation	(3,458)	(150)	0	(3,308)	0	0.0	(1,804)
Informational funds adjustment	8,485,643	0	7,474,457	0	1,011,186	0.0	0
El Services Reorg	0	0	0	0	0	0.0	0
Waiting List and Eligibility Determination	3,190,856	3,190,856	0	0	0	0.0	3,190,856
El Services Case Management Base Adjustment	880,289	0	0	880,289	0	0.0	440,145
TOTAL	\$468,662,775	\$36,781,332	\$41,784,870	\$382,055,173	\$8,041,400	42.5	\$227,808,919
Increase/(Decrease)	\$53,359,680	\$6,578,439	\$7,474,457	\$38,295,598	\$1,011,186	0.0	\$25,726,238
Percentage Change	12.8%	21.8%	21.8%	11.1%	14.4%	0.0%	\$0
FY 2013-14 Executive Request:	\$442,286,186	\$30,802,107	\$34,223,855	\$370,230,010	\$7,030,214	40.5	\$215,917,112
Request Above/(Below) Recommendation	(\$26,376,589)	(\$5,979,225)	(\$7,561,015)	(\$11,825,163)	(\$1,011,186)	(2.0)	(\$11,891,807)

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(1) ADMINISTRATION

Personal Services

Description: This line item funds staff responsible for administration of the developmental disability waiver programs.

Request: The Department requests an appropriation of \$2,821,868 total funds, of which \$226,958 is General Fund and \$1,297,455 is net General Fund and 34.0 FTE. The request includes the following changes from the FY 2012-13 appropriation:

- a reduction of \$79,485 cash funds and 2.0 FTE for the technical changes decision item;
- a reduction of \$3,458 total funds, of which \$150 is General Fund and \$1,654 is net General Fund for the annualization of H.B. 12-1246 which reversed the payday shift for employees paid on a biweekly basis.

Recommendation: **Staff recommends an** appropriation of \$2,901,353 total funds, of which \$226,958 is General Fund and \$1,297,455 is net General Fund and 36.0 FTE. The recommendation includes the following changes from the FY 2012-13 appropriation:

- a reduction to annualize the one-time funding for H.B. 12-1246; and
- reduction of General Fund to align the appropriation with the most recent actual expenditures.

The recommendation does not include the reduction of the Early Intervention Services Trust Fund dollars pursuant to staff recommendation to transfer Early Intervention Services to the Department of Health Care Policy and Financing and not approve this portion of technical changes decision item. The recommendation is calculated in accordance with Committee policy and outlined in the following table.

Personal Services					
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	FTE
FY 2012-13 Appropriation:					
HB 12-1335 (Long Bill)	\$2,901,353	\$226,958	\$79,485	\$2,594,910	36.0
Other legislation	3,458	150	0	3,308	0.0
SB 13-091 (Supplemental Appropriations)	0	0	0	0	0.0
TOTAL	\$2,904,811	\$227,108	\$79,485	\$2,598,218	36.0
FY 2013-14 Recommended Appropriation:					
FY 2012-13 Appropriation	\$2,904,811	\$227,108	\$79,485	\$2,598,218	36.0
R-12: Technical changes	0	0	0	0	0.0
Annualize prior year legislation	(3,458)	(150)	0	(3,308)	0.0
TOTAL	\$2,901,353	\$226,958	\$79,485	\$2,594,910	36.0
Increase/(Decrease)	(\$3,458)	(\$150)	\$0	(\$3,308)	0.0
Percentage Change	(0.1%)	(0.1%)	0.0%	(0.1%)	0.0%
FY 2013-14 Executive Request:	\$2,821,868	\$226,958	\$0	\$2,594,910	34.0
Request Above/(Below) Recommendation	(\$79,485)	\$0	(\$79,485)	\$0	(2.0)

Operating Expenses

Description: This line item pays for operating expenses of the Administration subdivision.

Request: The Department requests an appropriation of \$148,523 Medicaid reappropriated funds, of which \$74,262 is net General Fund. The request includes a reduction of \$7,128 cash funds for the technical changes decision item.

Recommendation: **Staff recommends an appropriation of \$155,651 total funds, of which \$74,262 is net General Fund.** The recommendation does not include the reduction of the Early Intervention Services Trust Fund dollars pursuant to staff recommendation to transfer Early Intervention Services to the Department of Health Care Policy and Financing and not approve this portion of technical changes decision item. The recommendation is calculated in accordance with Committee policy and outlined in the following table.

Operating Expenses			
	Total Funds	Cash Funds	Reapprop. Funds
FY 2012-13 Appropriation:			
HB 12-1335 (Long Bill)	\$155,651	\$7,128	\$148,523
SB 13-091 (Supplemental Appropriations)	0	0	0
TOTAL	\$155,651	\$7,128	\$148,523
FY 2013-14 Recommended Appropriation:			
FY 2012-13 Appropriation	\$155,651	\$7,128	\$148,523
R-12: Technical changes	0	0	0
TOTAL	\$155,651	\$7,128	\$148,523
Increase/(Decrease)	\$0	\$0	\$0
Percentage Change	0.0%	0.0%	0.0%
FY 2013-14 Executive Request:	\$148,523	\$0	\$148,523
Request Above/(Below) Recommendation	(\$7,128)	(\$7,128)	\$0

Community and Contract Management System

Description: This line item funds the maintenance and development upgrades of the Community Contract and Management System (CCMS) which does the following:

- tracks financial information relating to the developmental disabilities waivers including: contracts, payments, and program information;
- collects information on the general demographics of individuals seeking services and the waiting list; and
- transmits financial information to the Medicaid Management Information System (MMIS) for Medicaid reimbursement to providers.

Request: The Department requests an appropriation of \$137,480 total funds, of which \$41,244 is General Fund and \$48,118 is net General Fund. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends the Department's request for an appropriation of \$137,480 total funds, of which \$41,244 is General Fund and \$48,118 is net General Fund.**

Support Level Administration

Description: The funding in this line item is used to pay for the ongoing costs associated with the administration of support level determination, including the Supports Intensity Scale which is used to determine the needs and authorized funding for individuals with developmental disabilities receiving waiver services.

Request: The Department requests an appropriation of \$57,368 Medicaid reappropriated funds, of which \$28,684 is net General Fund. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends the Department's request for an appropriation of \$57,368 Medicaid reappropriated funds, of which \$28,684 is net General Fund.**

(2) PROGRAM COSTS

Services funded through this sub-subdivision are delivered by community-based private providers to individuals receiving services through one of the home and community based waivers for people with developmental disabilities. Community Centered Boards provide case management, coordinate the delivery of services, and determine eligibility and manage the waiting list. The populations serviced are discussed below, and services for school-age children during school hours are appropriated in the Department of Education section of the Long Bill.

- Services for youth through the Child Extensive Services waiver fall including:
 - Youth under the age of 18 years old, who reside in a family homes; and
 - Youth under the age of 21 years old, in the child foster care system.
- Services for adults, who do not require residential care, but require support services are provided through the Supported Living Services waiver.
- Services for adults who require residential care and support services provided through the Comprehensive Services Waiver;
- Service coordination, called case management is provided to all individuals receiving waiver and early intervention services;
- Early intervention services for infants and toddlers under the age of 3; and
- Cash assistance to families not receiving waiver services for one-time or short-term expenses related to the needs of the individual with developmental disabilities.

Note on Long Bill Appropriations and Rate Setting Authority

Expenditures for the Medicaid waiver programs for people with developmental disabilities are not capped by the Long Bill appropriation, which could result in the need for mid-year adjustments. Colorado has the authority to limit the number of waiver service recipients, and significant flexibility to customize the rate structure within federal guidelines. Once program eligibility is determined (i.e. the individual begins to receive services), services are paid for based on assessed need and associated rate structure. If assessed needs are higher than expected, expenditures will be higher than expected, potentially resulting in over-expenditures. The Department can adjust the rate structure to manage to the appropriation, but it takes time to get Medicaid approval for rate changes, in addition to the Medicaid rule allowing providers 120 days

after service delivery to submit bills resulting in a delay once rate changes are implemented before expenditures are impacted.

→ Staff Initiated Terminology Change

Recommendation: Staff recommends a change in the terminology used in the Long Bill to identify the number of full program equivalents funded from "resources" to "full program equivalents".

Analysis: The change in terminology from resources/beds/slots/placements to full program equivalents is intended to align the Long Bill with terminology used by the Department and the federal government when referring to funding for waivers. There are four line items impacted by the change:

- Adult Comprehensive Services for XXX Medicaid ~~Resources~~ Full Program Equivalents (FPE)
 - Adult Supported Living Services for XXX General Fund ~~Resources~~ FPE and XXX Medicaid ~~Resources~~ FPE;
 - Children's Extensive Support Services for XXX Medicaid ~~Resources~~ FPE; and
 - Case Management for XXX General Fund ~~Resources~~ FPE and XXX Medicaid ~~Resources~~ FPE;
-

→ Program Costs Footnote

Recommendation: Staff recommends the footnote be continued to provide the Department with flexibility to manage the costs associated with the provision of services in community-based settings to individuals with developmental disabilities

Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Program Costs -- It is the intent of the General Assembly that expenditures for these services be recorded only against the Long Bill group total for Program Costs.

Comment: Waiver costs vary from individual to individual and it is important to provide the Division with the ability to effectively manage the funds without requiring numerous emergency and regular supplemental requests. The footnote will mean the Program Costs line item appropriations are shown for informational purposes because the Department had the authority to transfer funds between these line items. Expenditures were limited by the total for the subsection, rather than totals for individual line items within the subsection.

→ Preventive Dental Hygiene Footnote

Recommendation: Staff recommends the footnote be modified pursuant to the recommendation to move the Preventive Dental Hygiene line item and continued to clearly express the General Assembly's intended use of the funds appropriated to the line item.

Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, ~~Other Community Programs~~ PROGRAM COSTS, Preventive Dental Hygiene -- It is the intent of the General Assembly that this appropriation be used to provide special dental services for persons with developmental disabilities.

Analysis: Since the line item is recommended to be moved into the Program Costs section, staff believes it is important to ensure the General Assembly continues to express their intent that the funds appropriated for this purposes are not used for non-preventive dental hygiene costs.

→ FPE Request for Information

***Recommendation:* Staff recommends a new request for information be sent to the Department in order to inform the Joint Budget Committee on the status of the distribution of the full program equivalents and any issues that have, or could prevent the distribution of all the full program equivalents funded by the General Assembly.**

Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Program Costs – The Department is request to submit a report to the Joint Budget Committee on December 1, 2013 regarding the status of the distribution of the full program equivalents for the developmental disabilities waivers. The report is requested to include any current or possible future issues, which would prevent the distribution of the full number of full program equivalents noted in the FY 2013-14 Long Bill.

Analysis: Due to the large number of FPE recommended for FY 2013-14, staff believes it is important for the Joint Budget Committee to be informed about the distribution of the FPE throughout the fiscal year, and be knowledgeable about any issues which may prevent the distribution of all the FPE. In addition, the report is due to the Joint Budget Committee on December 1, 2013 which is prior to the recommended transfer of the developmental disabilities waivers to the Department of Health Care Policy and Financing. This will enable the Joint Budget Committee to be aware of any ongoing issues, and ensure that the Department of Health Care Policy and Financing is aware of, and able to address any issues preventing the distribution of FPE for the second half of FY 2013-14.

Adult Comprehensive Services

Description: This line item funds the costs of adult comprehensive service waivers. Adult comprehensive services are provided to individuals who require extensive supports to live safely in the community including: residential services in community based settings, day services, and transportation.

Request: The Department requests an appropriation of \$316,959,650 total funds, of which \$143,080,469 is net General Fund. The request includes the following changes from the FY 2012-13 appropriation:

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- an increase of \$3,343,266 Medicaid reappropriated funds, of which \$1,671,633 is net General Fund for the full year funding of the 93 comprehensive FPE added in FY 2012-13;
- an increase of \$4,228,979 Medicaid reappropriated funds, of which \$2,114,490 is net General Fund for the community provider rate increase; and
- an increase of \$6,181,751 Medicaid reappropriated funds, of which \$3,090,876 is net General Fund for the 188 new adult comprehensive FPE.

Recommendation: Staff recommends an appropriation of \$329,907,455 total funds, of which \$149,554,370 is net General Fund. The recommendation includes the following four changes from the FY 2012-13 appropriation:

- an increase of \$2,974,675 Medicaid reappropriated funds to annualize funding for 93 FPE added in FY 2012-13 (note this component is lower than the Department's request of \$3,343,266 Medicaid reappropriated funds due to a difference in the FY 2012-13 average FPE cost and the FY 2013-14 average FPE cost);
- an increase of \$11,020,704 Medicaid reappropriated funds for a 4.0 percent community provider rate increase calculated on the FY 2013-14 base appropriation;
- an increase of \$6,923,871 Medicaid reappropriated funds for 188 new FPE for the developmental disabilities FPE decision item; and
- an increase of \$5,426,123 Medicaid reappropriated funds for 63 FPE to transition individuals from nursing facilities and Regional Centers into the community under the Colorado Choice Transitions Program.

Adult Comprehensive Services				
	Total Funds	Cash Funds	Reappropriated Funds*	Net General Fund
FY 2012-13 Appropriation:				
HB 12-1335 (Long Bill)	\$303,205,654	\$30,798,715	\$272,406,939	\$136,203,470
SB 13-091 (Supplemental Appropriations)	356,428	0	356,428	178,214
TOTAL	\$303,562,082	\$30,798,715	\$272,763,367	\$136,381,684
FY 2013-14 Recommended Appropriation:				
FY 2012-13 Appropriation	\$303,562,082	\$30,798,715	\$272,763,367	136,381,684
Annualize prior year funding	2,754,242	0	2,754,242	1,377,121
<i>FY 2013-14 Base Appropriation</i>	<i>306,316,324</i>	<i>30,798,715</i>	<i>275,517,609</i>	<i>137,758,805</i>
R-5: Provider rate increase (on Base Appropriation)	11,020,704	0	11,020,704	5,510,352
R-1: New Developmental Disabilities FBP	6,923,871	0	6,923,871	3,461,936
NP BA-2: CCT Funding	5,426,123	0	5,423,123	2,711,562
TOTAL	\$329,907,455	\$30,798,715	\$299,108,740	\$149,554,370
Increase/(Decrease)	\$26,345,373	\$0	\$26,345,373	\$13,172,687
Percentage Change	7.9%	0.0%	8.7%	9.7%
FY 2013-14 Executive Request:				
Request Above/(Below) Recommendation	(\$10,585,166)	\$0	(\$10,585,166)	(\$5,292,583)

*All Medicaid Reappropriated Funds which originate as 50.0 percent General Fund and 50.0 percent federal funds in the Department of Health Care Policy and Financing.

Comprehensive FPE

The Long Bill includes in the line item name, the number of FPE the appropriation funds, where one FPE equals the full year cost of services. **Staff recommends 4,471.2 FPE be included in the Long Bill which coincides with the recommendation appropriation for comprehensive services.**

Summary of FY 2013-14 Adult Comprehensive FPE	
	FPE
FY 2012-13 Long Bill	4,267.70
FY 2012-13 CCT FPE	17
FY 2012-13 Supplemental	4,284.70
Annualization of FY 2012-13 new FPE	42.3
FY 2013-14 new FPE for R-1	
50 FPE at 7 months	29.20
138 FPE at 6 months	69.00
FY 2013-14 new CCT FPE	46
Total FPE	4,471.20

Adult Supported Living Services

Description: This line item funds the costs of adult supported living services waiver which provides support services to adults with disabilities who are either living independently, or with support from family or friends. Services provided through this waiver are flexible and individualized based on the needs of each individual and intended to avoid or delay the individual's need for services through the comprehensive waiver. Services provided through this waiver include: personal assistance for daily care and/or homemaking needs, home modification, day services including employment, professional therapies, and transportation services.

Request: The Department requests an appropriation of \$45,612,027 total funds, of which \$7,730,310 is General Fund and \$18,940,859 is net General Fund. The request includes the following changes from the FY 2012-13 appropriation:

- an increase of \$559,382 Medicaid reappropriated funds, of which \$279,691 is net General Fund for the full year funding of the 80 supported living FPE added in FY 2012-13;
- an increase of \$674,069 total funds, of which \$114,241 is General Fund and \$279,914 is net General Fund for the 1.5 percent community provider rate increase; and
- an increase of \$261,270 Medicaid reappropriated funds, of which \$130,635 is net General Fund for the 45 new adult supported living FPE.

Recommendation: **Staff recommends an appropriation of \$46,728,721 total funds, of which \$7,920,712 is General Fund and \$27,347,717 is net General Fund.** The recommendation includes the following changes from the FY 2012-13 appropriation:

- an increase of \$510,913 Medicaid reappropriated funds to annualize funding for 80 FPE added in FY 2012-13 (note this component is lower than the Department's request of \$559,382 Medicaid reappropriated funds due to a difference in the FY 2012-13 average FPE cost and the FY 2013-14 average FPE cost);

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- an increase of \$1,786,987 Medicaid reappropriated funds for a 4.0 percent community provider rate increase calculated on the FY 2013-14 base appropriation; and
- an increase of \$313,515 Medicaid reappropriated funds for 45 new FPE for the developmental disabilities FPE decision item.

Adult Supported Living Services				
	Total Funds	General Fund	Reappropriated Funds*	Net General Fund
FY 2012-13 Appropriation:				
HB 12-1335 (Long Bill)	\$44,117,306	\$7,616,069	\$36,501,237	\$25,866,688
TOTAL	\$44,117,306	\$7,616,069	\$36,501,237	\$25,866,688
FY 2013-14 Recommended Appropriation:				
FY 2012-13 Appropriation	\$44,117,306	\$7,616,069	\$36,501,237	\$25,866,688
R-1: New Developmental Disabilities FBP	313,515		313,515	156,758
R-5: Provider rate increase	1,786,987	304,643	1,482,344	1,045,815
Annualize prior year funding	510,913		510,913	255,457
TOTAL	\$46,728,721	\$7,920,712	\$38,808,009	\$27,324,717
Increase/(Decrease)	\$2,611,415	\$304,643	\$2,306,772	\$1,458,029
Percentage Change	5.9%	4.0%	6.3%	5.6%
FY 2013-14 Executive Request:				
Request Above/(Below) Recommendation	(\$1,116,694)	(\$190,402)	(\$926,292)	(\$653,548)

*All Medicaid Reappropriated Funds which originate as 50.0 percent General Fund and 50.0 percent federal funds in the Department of Health Care Policy and Financing.

Supported Living FPE

The Long Bill includes in the line item name, the number of FPE the appropriation funds. **Staff recommends 4,471.2 FPE be included in the Long Bill which coincides with the recommendation appropriation for supported living services.**

Summary of FY 2012-13 Adult Supported Living Services Resources		
	General Fund FPE	Medicaid FPE
FY 2012-13 Long Bill	692.0	3,358.3
Annualization of FY 2012-13 new FPE	0	36.7
FY 2013-14 new FPE for R-1	0	22.5
Total	692.0	3,417.5

Early Intervention Services

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Description: This line item provides General Fund dollars for early intervention services.

Request: The Department requests an appropriation of \$14,960,930 General Fund. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends this line item be discontinued for FY 2013-14 and the appropriation be moved to the new Early Intervention Services line item.**

Family Support Services

Description: This line item funds family support services which are used to assist families with the additional costs associated with have a child with a developmental disability, and provide supports which reduce the likelihood of out-of-home placements. Services include: respite care, counseling, physical and speech therapies, transportation, assistive technology, and environmental modifications.

Request: The Department requests an appropriation of \$2,201,615 General Fund. The request includes an increase of \$32,536 General Fund for the 1.5 percent community provider rate increase.

Recommendation: **Staff recommends an appropriation of \$2,255,842 General Fund.** The recommendation includes an increase of \$86,763 General Fund for a 4.0 percent community provider rate. The following table outlines how the recommendation is calculated.

Family Support Services	
	General Fund
FY 2012-13 Appropriation:	
HB 12-1335 (Long Bill)	\$2,169,079
TOTAL	\$2,169,079
FY 2013-14 Recommended Appropriation:	
FY 2012-13 Appropriation	\$2,169,079
R-5: Provider rate increase	86,763
TOTAL	\$2,255,842
Increase/(Decrease)	\$86,763
Percentage Change	4.0%
FY 2013-14 Executive Request:	
Request Above/(Below) Recommendation	(\$54,227)

Children's Extensive Support Services

Description: This line item funds the costs of children's extensive support services waiver which provides services to children and their families with developmental disabilities whose behavior and/or medical condition require constant supervision, and are at high risk of out-of-home placements. The services provided through this waiver enable the child to remain in the family home and include: personal assistance, behavioral services, environmental modifications, respite care, and assistive technology.

Request: The Department requests an appropriation of \$13,423,652 Medicaid reappropriated funds, of which \$6,711,824 is net General Fund. The request includes the following changes from the FY 2012-13 appropriation:

- an increase of \$198,379 Medicaid reappropriated funds for a 1.5 percent community provider rate; and
- an increase of \$5,694,912 Medicaid reappropriated funds for 576 new FPE for the developmental disabilities FPE decision item.

Recommendation: Staff recommends an appropriation of **\$13,201,051 Medicaid reappropriated funds, of which \$6,600,526 is net General Fund.** The recommendation includes the following changes from the FY 2012-13 appropriation, and is outlined in the table below:

- an increase of \$301,214 Medicaid reappropriated funds for a 4.0 percent community provider rate increase calculated on the FY 2013-14 base appropriation; and
- an increase of \$5,369,476 Medicaid reappropriated funds for 532 new FPE for the developmental disabilities FPE decision item.

Children's Extensive Support Services		
	Reappropriated Funds*	Net General Fund
FY 2012-13 Appropriation:		
HB 12-1335 (Long Bill)	\$7,530,361	\$3,765,181
TOTAL	\$7,530,361	\$3,765,181
FY 2013-14 Recommended Appropriation:		
FY 2012-13 Appropriation	\$7,530,361	\$3,765,181
R-5: Provider rate increase (on FY 2012-13 Appropriation)	301,214	150,607
R-1: New Developmental Disabilities FBP	5,369,476	2,684,738
TOTAL	\$13,201,051	\$6,600,526
Increase/(Decrease)	\$5,670,690	\$2,835,345
Percentage Change	75.3%	75.3%
FY 2013-14 Executive Request:		
Request Above/(Below) Recommendation	\$222,601	\$111,301

*All Medicaid Reappropriated Funds which originate as 50.0 percent General Fund and 50.0 percent federal funds in the Department of Health Care Policy and Financing.

Children's Extensive Support FPE

The Long Bill includes in the line item name, the number of FPE the appropriation funds. **Staff recommends 659.0 FPE be included in the Long Bill which coincides with the recommendation appropriation for the children's extensive support services.**

Children's Extensive Support FPE	
	Medicaid FPE
FY 2012-13 Long Bill	393
New FPE	266
Total	659

Case Management

Description: This line item funds the cost of coordinating an individual's Medicaid waiver services (called cash management). Since Community Center Boards (CCBs) are designated as the single point of entry, they provide case management services which include planning and coordination of services based on the individual's needs and SPAL. Target case management refers to case management services funded with Medicaid reappropriated funds.

Request: The Department requests an appropriation of \$31,917,564 total funds, of which \$4,451,333 is General Fund and \$13,733,116 is net General Fund. The request includes the following changes from the FY 2012-13 appropriation:

- an increase of \$168,824 Medicaid reappropriated funds to annualize funding for 173 FPE added in FY 2012-13;
- an increase of \$471,545 Medicaid reappropriated funds for a 1.5 percent community provider rate increase;
- an increase of \$917,406 Medicaid reappropriated funds for 809 new FPE for the developmental disabilities FPE decision item;
- an increase of \$1,734,671 total funds, of which \$98,828 is General Fund and \$916,750 is net General Fund for the early intervention services caseload growth decision item; and
- a net reduction of \$179,756 for the technical changes decision item, include an increase of \$301,732 Medicaid reappropriated funds transferred from the Regional Centers for case management for individuals at Regional Centers, and a reduction of \$481,488 General Fund for non-Medicaid functions related to waiting list management and eligibility determination.

Recommendation: **Staff recommends an appropriation of \$25,717,760 total funds, of which \$2,298,639 is General Fund and \$14,008,200 is net General Fund.** The recommendation includes the following changes from the FY 2012-13 appropriation:

- an increase of \$187,049 Medicaid reappropriated funds to annualize funding for case management for the 173 FPE added in FY 2012-13;
- an increase of \$953,599 Medicaid reappropriated funds for a 4.0 percent community provider rate increase;
- an increase of \$914,147 Medicaid reappropriated funds for target case management for 809 new FPE added for the developmental disabilities FPE decision item;
- a net reduction of \$179,756 for the technical changes decision item, include an increase of \$301,732 Medicaid reappropriated funds transferred from the Regional Centers for case management for individuals at Regional Centers, and a reduction of \$481,488 General Fund for non-Medicaid functions related to waiting list management and eligibility determination;
- a reduction of \$4,962,540 total funds, of which \$2,076,492 is General Fund and \$3,519,516 is net General Fund pursuant to the recommendation to create new line item solely for early intervention services case management; and
- an increase of \$10,026 Medicaid reappropriated funds for three months of target case management services which occur after the end of twelve months of enhance transition case management services for individuals transitioning to the community under the Colorado Choice Transition Program.

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Case Management				
	Total Funds	General Fund	Reappropriated Funds*	Net General Fund
FY 2012-13 Appropriation:				
HB 12-1335 (Long Bill)	\$28,795,235	\$4,768,210	\$24,027,025	\$16,781,723
SB 13-091 (Supplemental Appropriations)	0	0	0	0
TOTAL	\$28,795,235	\$4,768,210	\$24,027,025	\$16,781,723
FY 2013-14 Recommended Appropriation:				
FY 2012-13 Appropriation	\$28,795,235	\$4,768,210	\$24,027,025	\$16,781,723
R-12: Technical changes	(179,756)	(481,488)	301,732	(330,622)
Annualize prior year funding	187,049	0	187,049	93,525
EI Services Reorg	(4,962,540)	(2,076,492)	(2,886,048)	(3,519,516)
<i>FY 2013-14 Base Appropriation</i>	<i>23,839,988</i>	<i>2,210,230</i>	<i>21,629,758</i>	<i>13,025,109</i>
R-5: Provider rate increase (on Base Appropriation)	953,599	88,409	865,190	521,004
R-1: New Developmental Disabilities FBP	914,147	0	914,147	457,074
R-2: Early Intervention Services Funding	0	0	0	0
NP BA-2: CCT Funding	10,026	0	10,026	5,013
TOTAL	\$25,717,760	\$2,298,639	\$23,419,121	\$14,008,200
Increase/(Decrease)	(\$3,077,475)	(\$2,469,571)	(\$607,904)	(\$2,773,523)
Percentage Change	(10.7%)	(51.8%)	(2.5%)	(16.5%)
FY 2013-14 Executive Request:	\$31,917,564	\$4,451,333	\$27,466,231	\$18,184,449
Request Above/(Below) Recommendation	\$6,199,804	\$2,152,694	\$4,047,110	\$4,176,249

*All Medicaid Reappropriated Funds which originate as 50.0 percent General Fund and 50.0 percent federal funds in the Department of Health Care Policy and Financing.

Case Management FPE

The Long Bill includes in the line item name, the number of FPE the appropriation funds. **Staff recommends 692.0 General Fund FPE and 8,547.7 Medicaid FPE be included in the Long Bill which coincides with the recommendation appropriation for case management.**

Case Management Long Bill FPE		
	General Fund FPE	Medicaid FPE
FY 2012-13 Long Bill	692	8,019.0
New Comprehensive FPE	0	203.5
New Supported Living FPE	0	59.2
New Children's FPE	0	266.0
Total	692	8,547.7

Eligibility Determination and Waiting List Management Special Purpose

***RENAMED FOR FY 2013-14**

Description: This line item funds statutory required functions of the CCBs which are not eligible for Medicaid reimbursement, including: Medicaid and DD waiver eligibility determinations for individuals seeking services, managing the waiting list for their catchment

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area, and provision of emergency services for individuals on the waiting list in emergency situations.

Request: The Department requests an appropriation of \$892,766 total funds, of which \$854,967 is General Fund and \$873,866 is net General Fund. The request includes the following changes from the FY 2012-13 appropriation:

- an increase of \$481,488 General Fund for the technical changes decision item; and
- an increase of \$13,194 total funds, of which \$13,914 is net General Fund for the 1.5 percent community provider rate.

Recommendation: **Staff recommends the Department request of \$4,105,611 total funds, of which \$4,066,811 is General Fund and \$4,086,246 is net General Fund.** The request includes the following changes from the FY 2012-13 appropriation and is outlined in the following table:

- an increase of \$35,183 total funds for the 4.0 community provider rate increase;
- an increase of \$481,488 for the technical changes decision item;
- an increase of \$3,190,856 General Fund for expenses incurred by CCBs for eligibility determination and management of the waiting list.

The recommendation is calculated in accordance with Committee policy and outlined in the table below.

	Special Purpose			Net General Fund
	Total Funds	General Fund	Reappropriated Funds*	
FY 2012-13 Appropriation:				
HB 12-1335 (Long Bill)	\$398,084	\$360,844	\$37,240	\$379,464
SB 13-091 (Supplemental Appropriations)	0	0	0	0
TOTAL	\$398,084	\$360,844	\$37,240	\$379,464
FY 2013-14 Recommended Appropriation:				
FY 2012-13 Appropriation	\$398,084	\$360,844	\$37,240	\$379,464
R-5: Provider rate increase	35,183	33,693	1,490	34,438
R-12: Technical changes	481,488	481,488	0	481,488
Waiting List and Eligibility Determination	3,190,856	3,190,856	0	3,190,856
TOTAL	\$4,105,611	\$4,066,881	\$38,730	\$4,086,246
Increase/(Decrease)	\$3,707,527	\$3,706,037	\$1,490	\$3,706,782
Percentage Change	931.3%	1,027.0%	4.0%	976.8%
FY 2013-14 Executive Request:				
Request Above/(Below) Recommendation	(\$3,212,845)	(\$3,211,914)	(\$931)	(\$3,212,380)

*All Medicaid Reappropriated Funds which originate as 50.0 percent General Fund and 50.0 percent federal funds in the Department of Health Care Policy and Financing.

Preventive Dental Hygiene

***STAFF RECOMMENDS THIS LINE ITEM BE MOVED FROM (9) (A) (3) IN FY 2013-14**

Description: This line item provides funding for the Preventive Dental Hygiene Program administered by a contract with the Colorado Foundation of Dentistry for the Handicapped. The Program is designed to improve the oral hygiene skills in order to prevent dental disease for persons with developmental disabilities, and provides referrals to dentist for special treatments. For individuals who have no funds available for dental services the Program connects these individuals with dentists who are will to provide services at no charge. The Program exists due to Colorado's decision to not include dental care for adults in the Medicaid program. Medicaid eligible children may receive dental screening through the federal Early and Periodic, Screening, Diagnosis and Treatment Program.

Request: The Department requests an appropriation of \$63,997 total funds, of which \$60,300 is General Fund. The request includes an increase of \$946 total funds, of which \$891 is General Fund for the 1.5 percent community provider rate increase.

Recommendation: **Staff recommends an appropriation of \$63,942 total funds, of which \$60,300 is General Fund.** The recommendation includes the Committee approved 1/5 percent community provider rate increase. The recommendation does not include the community provider rate increase to the local funds because they are included in the Long Bill for informational purposes only. The recommendation was calculated in accordance with Committee policy and outlined in the table below.

Preventive Dental Hygiene			
	Total Funds	General Fund	Cash Funds
FY 2012-13 Appropriation:			
HB 12-1335 (Long Bill)	63,051	59,409	3,642
TOTAL	\$63,051	\$59,409	\$3,642
FY 2013-14 Recommended Appropriation:			
FY 2012-13 Appropriation	\$63,051	\$59,409	\$3,642
R-5: Provider rate increase	891	891	0
TOTAL	\$63,942	\$60,300	\$3,642
Increase/(Decrease)	\$891	\$891	\$0
Percentage Change	1.4%	1.5%	0.0%
FY 2013-14 Executive Request:	\$63,997	\$60,300	\$3,697
Request Above/(Below) Recommendation	\$55	\$0	\$55

(3) EARLY INTERVENTION SERVICES

***NEW SUB-SUBDIVISION RECOMMENDED FOR FY 2013-14**

➔ Early Intervention Services Request For Information

Comment: Staff is recommending the request for information be modified and continued. Staff recommends the request ask the Department to inform the Joint Budget Committee before any funding methodology changes and/or cost containment strategies are implemented, in response to the possibility that the Department was considering implementing a family cost

participation fee with minimal input from the General Assembly. Staff believes that since the General Assembly appropriates the funds, the General Assembly should be aware of, and provide input to any changes which impact the appropriation.

Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Program Costs, Early Intervention Services -- The Department is requested to notify the Joint Budget Committee before implementing any FUNDING METHODOLOGY CHANGES AND/OR cost containment strategy ~~expected to result in a decrease in the number of people eligible for early intervention services~~. The notification should include discussion of alternative strategies, including but not limited to provider rate reductions and increasing payments from non-General Fund sources, and an estimate of the cost of serving the projected population without reducing eligibility.

Early Intervention Services

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item funds early intervention services which are provided to families with infants and toddlers through age two who have a developmental delay or disability, and are intended to enhance the child's development in the areas of cognition, speech, communication, physical development, motor develop, vision, hearing, and social emotional development. The goal of these services is to encourage early identification, screening and assessment services for these infants and toddlers with an effort made to reduce the severity of long-term impacts of the developmental delay or disability.

Cash Funds

Pursuant to S.B. 07-004 (Shaffer/Todd) and H.B. 09-1237 (Primavera/Shaffer), private insurance policies offered in the state that include coverage for dependents must pay for early intervention services for children under three who have significant delays in development or a diagnosed physical or mental condition with a high probability of resulting in significant delays in development. Policies may not set maximum annual liability limits below a threshold annually set by the Division based on statutory indexes, nor are companies allowed to require a copayments or deductible for this benefit. Insurance payments must be made to the Early Intervention Services Trust Fund managed by the Division, and may only be used to benefit the covered child and are treated as custodial funds that are not subject to annual appropriation. The amount that appears in the Long Bill is an estimate of insurance payments and is included for informational purposes only.

Federal Funds

The federal grants available under Part C of the federal Individuals with Disabilities Education Act (IDEA) are used to assist states in providing special education and related services to children with disabilities under the age of three and their families. Part C funds may be used to implement, maintain, and strengthen the statewide system of early intervention services for infants and toddlers with disabilities and their families. These funds may be used for direct early intervention services for infants and toddlers with disabilities and their families that are not

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otherwise funded through other public and private source, and are the payer of last resort for services. All other funding options must be explored before accessing available Part C funds for the provision of direct services. Part C funds may not be commingled with state funds, and may not be used to supplant state and local funds expended for infants and toddlers with disabilities and their families. Since school districts are not required to provide educational services to children under age three, Part C funds are not directly allocated to school districts. As a condition for receipt of the federal Part C grant, states must agree to a variety of federal requirements to provide a statewide, coordinated, interagency system to provide early intervention services for infants, toddlers, and their families. This includes requirements to maintain state and local funding levels.

Request: The Department did not request this line item. The following table summarizes the three components of funding for early intervention services appropriated in the Department of Human Services (9) (A) section of the Long Bill.

Early Intervention Services Line Item Components					
	Total	General Fund	Cash Funds	Federal Funds	FTE
Early Intervention Services					
FY 2013-14 base appropriation	\$14,960,930	\$14,960,930	\$0	\$0	0.0
EI Services caseload growth	49,297	49,297	0	0	0.0
Provider Rate	225,153	225,153	0	0	0.0
<i>Early Intervention Services Subtotal</i>	<i>15,235,380</i>	<i>15,235,380</i>	<i>0</i>	<i>0</i>	<i>0.0</i>
Federal Special Education Grant for Infants, Toddlers, and Their Families (Part C)	7,030,214	0	0	7,030,214	6.5
Custodial Funds for Early Intervention Services	3,421,443	0	3,421,443	0	0.0
Total	\$25,687,037	\$15,235,380	\$3,421,443	\$7,030,214	6.5

Recommendation: **Staff recommends the creation of this line item to provide a single consolidated line item to provide a single line item for early intervention services funding. Staff recommends an appropriation of \$36,115,007 total funds, of which \$17,177,707 is General Fund and 6.5 FTE.** The recommendation includes the following changes from the FY 2012-13 appropriation and is outlined in the following table:

- an increase of \$1,618,340 General Fund for case load growth. Note the recommendation also included an increase of Medicaid funds associated with caseload growth. This increase will be included in the Medical Services Premiums line item in the Department of Health Care Policy and Financing;
- an increase of \$598,437 General Fund for a 4.0 percent community provider rate increase; and
- an increase of informational cash and federal funds to align the FY 2013-14 Long Bill with recent actual expenditures.

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Early Intervention Services					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2013-14 Recommended Appropriation:					
EI Services Reorg	\$25,412,587	\$14,960,930	\$3,421,443	\$7,030,214	6.5
R-5: Provider rate increase	598,437	598,437	0	0	0.0
R-2: Early Intervention Services Funding	1,618,340	1,618,340	0	0	0.0
Informational funds adjustment	8,485,643	0	7,474,457	1,011,186	0.0
TOTAL	\$36,115,007	\$17,177,707	\$10,895,900	\$8,041,400	6.5
Increase/(Decrease)	\$36,115,007	\$17,177,707	\$10,895,900	\$8,041,400	6.5
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%
Request Above/(Below) Recommendation	(\$36,115,007)	(\$17,177,707)	(\$10,895,900)	(\$8,041,400)	(6.5)

Early Intervention Services Case Management

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item, as recommended by staff, will fund the case management costs associated with the provision of case management for infants and toddlers receiving early intervention services.

Request: The Department did not request this line item. The following table summarizes the three components of funding for early intervention services case management appropriated in the Case Management line item.

Early Intervention Services Line Item Components				
	Total	General Fund	Medicaid Reappropriated Funds	Net General Fund
FY 2013-14 base appropriation	\$4,962,540	\$2,076,492	\$2,886,048	\$1,443,024
EI Services caseload growth decision item	1,734,671	98,828	1,635,843	817,922
Community Provider Rate	100,458	32,630	67,828	33,914
Total	\$6,797,669	\$2,207,950	\$4,589,719	\$2,294,860

Recommendation: Staff recommends the creation of this line item to provide a single consolidated line item to provide a single line item for early intervention services case management funding. Staff recommends an appropriation of \$7,315,534 total funds, of which \$2,733,049 is General Fund and \$5,024,292 is net General Fund. The recommendation includes the following changes from the FY 2012-13 appropriation and is outlined in the following table:

- an increase of \$1,274,203 total funds for early intervention services case load growth;
- an increase of \$198,502 total funds for a 4.0 percent community provider rate increase; and
- an increase \$880,289 Medicaid reappropriated funds to account for programmatic changes which resulted in increased costs to the Community Center Boards for the provision of early intervention services.

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Early Intervention Services Case Management				
	Total Funds	General Fund	Reappropriated Funds	Net General Fund
FY 2013-14 Recommended Appropriation:				
El Services Reorg	\$4,962,540	\$2,076,492	\$2,886,048	\$3,519,516
R-5: Provider rate increase	198,502	83,060	115,442	140,781
R-2: Early Intervention Services Funding	1,274,203	573,497	700,706	923,850
El Services Case Management Base Adjustment	880,289	0	880,289	440,145
TOTAL	\$7,315,534	\$2,733,049	\$4,582,485	\$5,024,292
Increase/(Decrease)	\$7,315,534	\$2,733,049	\$4,582,485	5,024,292
Percentage Change	0.0%	0.0%	0.0%	0
FY 2013-14 Executive Request	\$0	\$0	\$0	\$0
Request Above/(Below) Recommendation	(\$7,315,534)	(\$2,733,049)	(\$4,582,485)	(\$5,024,292)

(3) OTHER COMMUNITY PROGRAMS

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Federal Special Education Grant for Infants, Toddlers, and Their Families (Part C)

***MOVED TO THE NEW (9) (A) (3) IN FY 2013-14**

Pursuant to staff recommendation, this line item is moved to the new (9) (A) (3) to create a Long Bill sub-subdivision specifically for early intervention services. For information purposes, the recommendation appropriation for this line item is \$8,041,400 federal funds.

Custodial Funds for Early Intervention Services

***MOVED TO THE NEW (9) (A) (3) IN FY 2013-14**

Pursuant to staff recommendation, this line item is moved to the new (9) (A) (3) to create a Long Bill sub-subdivision specifically for early intervention services. For information purposes, the recommendation appropriation for this line item is \$8,041,400 federal funds.

Preventive Dental Hygiene

***MOVED TO (9) (A) (2) IN FY 2013-14**

Pursuant to staff recommendation, this line item is moved to (9) (A) (2) to create a Long Bill sub-subdivision specifically for early intervention services. For information purposes, the recommendation appropriation for this line item is \$10,895,900 cash funds.

(B) REGIONAL CENTERS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

Regional Centers are state operated facilities for individuals with developmental disabilities. Regional Centers provide residential services, medical care, and active treatment programs based on individual assessments and habilitation plans. Services are provided in one of two settings: large congregate residential settings on the Regional Center campus; or group homes which serve four to six individuals in a community setting.

The campuses are licensed as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). With the exception of the groups homes in Wheat Ridge, which are licensed as ICF/IID, group homes are licensed as comprehensive developmental disability waiver homes (waiver), which is the same license used by community run group homes.. The following table shows the type of licensure at each of the Regional Centers.

Regional Center Bed Setting and License Type					
	Setting	Number of Group Homes	License Type	Total Beds	Percent of Total Beds
Grand Junction	Campus		ICF/IID	38	12.6%
	Community	10 Group Homes	Waiver	64	21.2%
Grand Junction	Campus				41.7%
	Campus*	5 Group Homes	ICF/IID	126	
	Community	14 Group Homes			
Pueblo	Community	11 Group Homes	Waiver	74	24.5%

*The five group homes on the campus are known as Kipling Village and serve men, in secure settings, who are intellectually and developmentally disabled and who exhibit problematic sexual behaviors.

The majority of individuals served by Regional Centers have multiple handicapping conditions, such as maladaptive behaviors, or severe and/or chronic medical conditions that require specialized and intensive levels of services. Individuals with multiple handicapping conditions community placements tend to be difficult or impossible secure, so Regional Centers are the only viable option. Regional Center placement is intended to be temporary until the individual is able to transition back to a community setting for individuals requiring short or long term stabilization. The following table shows the bed distribution in FY 2011-12 by clinical need.

FY 2011-12 Allocation of Regional Center Beds By Primary Clinical Need				
	Grand Junction	Wheat Ridge	Pueblo	Total
Behavioral/Psychiatric needs – only	50	27	20	97
Co-occurring with Behavioral/Psychiatric Needs				
Sex Offender	8	30	0	38
High Medical Needs	25	44	14	83
Long Term 1-to-1	11	9	7	27
<i>Subtotal</i>	<i>44</i>	<i>83</i>	<i>21</i>	<i>148</i>
Other	8	16	33	55
Total Census	102	126	74	300

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Medicaid pays a daily rate based on the actual cost of services for individuals in ICF/IID beds. In community based group homes, services provided to individuals in waiver beds are paid based on the individual's level of need and corresponding fee-for-service level. The level of services offered for individuals in ICF/IID beds is more extensive than services offered directly through the HCBS-DD waiver, as shown in the following table. Individuals on the waiver who require additional services, will receive those services through the through the State Medicaid Plan.

Comparison of Services Available Through HCBS-DD Waiver and ICF/IID License				
Services	Waiver		ICF/IID	
	Provided through waiver	Provided through State Medicaid Plan	Provided through license	Provided through State Medicaid Plan
Residential	X		X	
Vocational	X		X	
Transportation	X		X	
Activities of Daily Living (bathing, dressing, etc.)	X		X	
Dental		X	X	
Occupation		X	X	
Physical and speech Therapies		X	X	
Mental health services		X	X	

Only a portion of costs associated with the Regional Center are appropriated in the line items below. Costs associated the physical plant maintenance and housekeeping, among other components of the Regional Centers are distributed out through the centrally appropriated line items in the Office of Operations, Executive Director's Office, and the Office of Information Technology Services.

SUBDIVISION REQUEST AND RECOMMENDATION SUMMARY

Regional Centers for People with Developmental Disabilities						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	FTE	Net General Fund
FY 2012-13 Appropriation:						
HB 12-1335 (Long Bill)	\$49,948,013	\$85,809	\$2,060,389	\$47,801,815	887.6	\$23,986,717
Other legislation	181,222	0	0	181,222	0.0	90,611
TOTAL	\$50,129,235	\$85,809	\$2,060,389	\$47,983,037	887.6	\$24,077,327.50
FY 2013-14 Recommended Appropriation:						
FY 2012-13 Appropriation	\$50,129,235	\$85,809	\$2,060,389	\$47,983,037	887.6	\$24,077,328
R-12: Technical changes	(301,732)	0	0	(301,732)	0.0	(150,866)
Annualize prior year legislation	(181,222)	0	0	(181,222)	0.0	(90,611)
Regional Center LB changes	0	0	0	0	0.0	0
NP BA-6: ICF/IID Provider Fee	(1,867,655)	0	0	(1,867,655)	0.0	(933,828)
TOTAL	\$47,778,626	\$85,809	\$2,060,389	\$45,632,428	887.6	\$22,902,023
Increase/(Decrease)	(\$2,350,609)	\$0	\$0	(\$2,350,609)	(0.0)	(\$1,175,305)
Percentage Change	(4.7%)	0.0%	0.0%	(4.9%)	(0.0%)	(4.9%)
FY 2013-14 Executive Request:						
Request Above/(Below)	\$49,845,996	\$85,809	\$2,060,389	\$47,699,798	887.6	\$47,699,798
Recommendation	\$2,067,370	\$0	\$0	\$2,067,370	0.0	\$2,067,370

➔ Regional Center Request for Information

Recommendation: Staff recommends the Regional Center request for information be **discontinued** because of the ongoing audit by the state Auditor's Office that will be completed during the summer of 2013.

~~Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Regional Centers – The Department is requested to submit a report to the Joint Budget Committee by October 15, 2012 on the policy options for how Regional Centers are most effective in serving individuals with developmental disabilities and the associated cost analysis of each of the policy options. The report is requested to include: (1) what services are provided at regional centers which can be provided by community providers and the associated cost analysis; (2) what current funding and fiscal policies of the Regional Centers have been reviewed and the outcome; (3) what issues will need to be addressed related to community capacity, transition, and the establishment of a safety net and the associated fiscal impact; (4) how the Department will ensure an integrated health care system is available to those who are transitioned to the community and require specialized health care and the associated cost analysis; (5) whether an individual currently served at a Regional Center is periodically assessed to determine whether they are able to successfully transition into the community, and (6) steps the Department has taken to ensure stakeholders are involved in the discussions about the policy and fiscal options.~~

Analysis: Since the State Auditor's Office is conducting a performance audit of the Regional Centers at the request of the Joint Budget Committee, staff believes it is important for the

Department to focus on providing information to the State Auditor's Office and not also be required to provide similar information to the Joint Budget Committee.

→ Staff Initiated Change to the Regional Centers Long Bill Structure

Request: The Department did not request this change.

Recommendation: **Staff recommends the Long Bill Structure for Regional Centers be changed to clearly show the amount appropriated for each Regional Center.**

Analysis: Over the past couple of years, there has been significant interest from the General Assembly regarding the cost of each Regional Center and how the cost of institutional care compares to the cost of community based care. While the staff recommendation does not address the issue of the cost of institutional care versus community based care, the recommendation will provide better transparency through the budget on the cost of each Regional Center.

The November 15, 2012 response to the request for information indicated there were significant issues with the funding and fiscal policies of the Regional Centers prior to FY 2011-12. The budgets for Regional Centers were set based on spending authority regardless of the amount of revenue generated by the Regional Center. Service rates were then increased to generate the revenue needed to fund the "budget". This process was discontinued during FY 2011-12 and replaced with a method which accounted for the amount of revenue generated when setting the budget for each Regional Centers.

Staff recommends the Long Bill structure for Regional Centers be broken down into more detailed line items to provide the General Assembly with better information on the cost of each Regional Center. The recommendation will ensure that the General Assembly is providing clear direction to the Department on the amount appropriated for each Regional Center. The following table shows how the staff recommended Long Bill structure.

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Regional Center Long Bill Structure Changes	
Current Structure	New Structure
<p>(9) (B) (1) - Medicaid-funded Services</p> <ul style="list-style-type: none"> Personal services Operating Expenses Capital Outlay - Patient Needs Leased Space Resident Incentive Allowance Provider Fee <p>(9) (B) (2) - Other Program Costs</p> <ul style="list-style-type: none"> General Fund Physican Services 	<p>(9) (B) (1) - Wheat Ridge Regional Center</p> <ul style="list-style-type: none"> Wheat Ridge Regional Center Personal Services Wheat Ridge Regional Center Operating Expenses Resident Incentive Allowance and Patient Needs Capital Outlay Provider Fee* <p>(9) (B) (2) - Grand Junction Regional Center</p> <ul style="list-style-type: none"> Grand Junction Regional Center Personal Services Grand Junction Regional Center Operating Expenses Resident Incentive Allowance and Patient Needs Capital Outlay General Fund Physican Services Provider Fee* <p>(9) (B) (3) - Pueblo Regional Center</p> <ul style="list-style-type: none"> Pueblo Regional Center Personal Services Pueblo Regional Center Operating Expenses Resident Incentive Allowance and Patient Needs Capital Outlay Leased Space

(1) WHEAT RIDGE REGIONAL CENTER

***NEW SUBDIVISION RECOMMENDED FOR FY 2013-14**

Wheat Ridge Regional Center Personal Services

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item funds the personal services costs of the Wheat Ridge Regional Center. The cash funds are from two sources of client cash revenues: (1) room and board paid by clients, and (2) patient pay from ICF/ID clients who receive benefits and/or earn wages. Room and board rates reflect the SSI allocation less the monthly allowance for personal spending. Patient pay is any funds a client earns above \$50 per month.

Request: The Department did not request this line item. The Wheat Ridge Regional Center component of the FY 2013-14 Department request for regional center personal services is \$20,476,199 total funds, of which \$9,813,203 is Medicaid reappropriated funds and 393.9 FTE. The Wheat Ridge Regional Center component of the request includes a reduction of Medicaid reappropriated funds for the annualization of H.B. 12-1246 which reversed the payday shift for employees paid on a biweekly basis.

Recommendation: **Staff recommends an appropriation of \$20,476,199 total funds, of which \$9,813,203 is net General Fund and 393.9 FTE** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers. The recommendation includes a reduction of Medicaid reappropriated funds for the annualization of H.B. 12-1246 which reversed the payday shift for employees paid on a biweekly basis. The recommendation is calculated in accordance with Committee policy and outlined in the following table.

*JBC Staff Figure Setting – FY 2013-14
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Wheat Ridge Regional Center Personal Services					
	Total Funds	Cash Funds	Reappropriated Funds	FTE	Net General Fund
FY 2013-14 Recommended Appropriation:					
Regional Center LB changes	\$20,534,372	\$849,793	\$19,684,579	393.9	\$9,842,290
Annualize prior year legislation	(58,173)	0	(58,173)	0.0	(29,087)
TOTAL	\$20,476,199	\$849,793	\$19,626,406	393.9	\$9,813,203
Increase/(Decrease)	\$20,476,199	\$849,793	\$19,626,406	393.9	\$9,813,203
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%
FY 2013-14 Executive Request*:	\$20,476,199	\$849,793	\$19,626,406	393.9	\$9,813,203
Request Above/(Below) Recommendation	\$0	\$0	\$0	0.0	\$0

*The FY 2013-14 Executive Request represents the Wheat Ridge Regional Center component of the request personal services line

Wheat Ridge Regional Center Operating Expenses

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item funds the operating expenses of the Wheat Ridge Regional Center.

Request: The Department did not request this line item. The Wheat Ridge Regional Center component of the FY 2013-14 Department request for regional center operating expenses is \$1,335,228 Medicaid reappropriated funds. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$1,335,228 Medicaid reappropriated funds, of which \$667,614 is net General Fund** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers, and calculated in accordance with Committee policy.

Resident Incentive Allowance and Patient Needs Capital Outlay

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item provides funding for the resident incentive allowance and patient needs capital outlay for the Wheat Ridge Regional Center.

- The resident incentive allowance which is paid to clients for their work services which include washing vehicles, food preparation, and janitorial services.
- The patient needs capital outlay is used for the purchase equipment used by or on behalf of the residents, including therapeutic, medical, and adaptive equipment; program equipment and technical aids; health and safety repairs and equipment; and furnishings and environmental improvements.

Request: The Department did not request this line item. The Wheat Ridge Regional Center component of the FY 2013-14 Department request for regional center resident incentive allowance and capital outlay-patient needs line items is shown in the following table. The requests do not include any changes from the FY 2012-13 appropriation.

FY 2013-14 Line Item Request		
Line Items	Medicaid Reapprop. Funds	Net General Fund
Resident Incentive Allowance	\$59,000	\$29,500
Capital Outlay – Patient Needs	26,500	13,250

Recommendation: **Staff recommends an appropriation of \$85,500 Medicaid reappropriated funds, of which \$42,750 is net General Fund** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers, and calculated in accordance with Committee policy.

(2) GRAND JUNCTION REGIONAL CENTER

***NEW SUBDIVISION RECOMMENDED FOR FY 2013-14**

Grand Junction Regional Center Personal Services

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item funds the personal services costs of the Grand Junction Regional Center. The cash funds are from two sources of client cash revenues: (1) room and board paid by clients, and (2) patient pay from ICF/ID clients who receive benefits and/or earn wages. Room and board rates reflect the SSI allocation less the monthly allowance for personal spending. Patient pay is any funds a client earns above \$50 per month.

Request: The Department did not request this line item. The Grand Junction Regional Center component of the FY 2013-14 Department request for regional center personal services is \$16,353,908 total funds, of which \$7,849,113 is net General Fund and 311.4 FTE. The Wheat Ridge Regional Center component of the request includes the following changes from the FY 2012-13 appropriation:

- A reduction of Medicaid reappropriated funds for the annualization of H.B. 12-1246 which reversed the payday shift for employees paid on a biweekly basis; and
- A reduction of \$146,093 Medicaid reappropriated for the technical changes decision item.

Recommendation: **Staff recommends an appropriation of \$16,353,908 total funds, of which \$7,849,113 is net General Fund and 311.4 FTE** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers. The recommendation includes the following changes from the FY 2012-13 appropriation for the Grand Junction Regional Center:

- a reduction of Medicaid reappropriated funds for the annualization of H.B. 12-1246 which reversed the payday shift for employees paid on a biweekly basis; and
- a reduction of \$146,093 Medicaid reappropriated funds for the technical changes decision item.

The recommendation is calculated in accordance with Committee policy and outlined in the table below.

*JBC Staff Figure Setting – FY 2013-14
Staff Working Document – Does Not Represent Committee Decision*

Grand Junction Regional Center Personal Services					
	Total Funds	Cash Funds	Reappropriated Funds	FTE	Net General Fund
FY 2013-14 Recommended Appropriation:					
Regional Center LB changes	\$16,608,595	\$655,683	\$15,952,912	311.4	\$7,976,456
R-12: Technical changes	(146,093)	0	(146,093)	0.0	(73,047)
Annualize prior year legislation	(108,594)	0	(108,594)	0.0	(54,297)
TOTAL	\$16,353,908	\$655,683	\$15,698,225	311.4	\$7,849,113
Increase/(Decrease)	\$16,353,908	\$655,683	\$15,698,225	311.4	\$7,849,113
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%
FY 2013-14 Executive Request*:	\$16,353,908	\$655,683	\$15,698,225	311.4	\$7,849,113
Request Above/(Below) Recommendation	\$0	\$0	\$0	0.0	\$0

Grand Junction Regional Center Operating Expenses

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item funds the operating expenses of the Grand Junction Regional Center.

Request: The Department did not request this line item. The Grand Junction Regional Center component of the FY 2013-14 Department request for regional center operating expenses is \$765,000 Medicaid reappropriated funds. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$765,000 Medicaid reappropriated funds, of which \$382,500 is net General Fund** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers, and calculated in accordance with Committee policy.

Resident Incentive Allowance and Patient Needs Capital Outlay

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item provides funding for the resident incentive allowance and patient needs capital outlay for the Grand Junction Regional Center.

- The resident incentive allowance which is paid to clients for their work services which include washing vehicles, food preparation, and janitorial services.
- The patient needs capital outlay is used for the purchase equipment used by or on behalf of the resident, including therapeutic, medical, and adaptive equipment; program equipment and technical aids; health and safety repairs and equipment; and furnishings and environmental improvements.

Request: The Department did not request this line item. The Grand Junction Regional Center component of the FY 2013-14 Department request for regional center resident incentive allowance and capital outlay-patient needs line items is shown in the following table. The requests do not include any changes from the FY 2012-13 appropriation.

FY 2013-14 Line Item Request		
Line Items	Medicaid Reapprop. Funds	Net General Fund
Resident Incentive Allowance	\$59,176	\$29,588
Capital Outlay – Patient Needs	25,500	12,750

Recommendation: **Staff recommends an appropriation of \$84,676 Medicaid reappropriated funds, of which \$42,338 is net General Fund** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers, and calculated in accordance with Committee policy.

General Fund Physician Services

***MOVED FROM (9) (B) (2) IN FY 2013-14**

Description: This line item funds the costs of employing physicians who have specific areas of expertise to treat rare and/or complicated diseases. This line item was added to the FY 2006-07 Long Bill due to the difficulty in finding physicians who are willing to treat these individuals at Medicaid rates.

Request: The Department requests an appropriation of \$85,809 General Fund. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$85,809 General Fund** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers, and calculated in accordance with Committee policy.

(3) PUEBLO REGIONAL CENTER

***NEW SUBDIVISION RECOMMENDED FOR FY 2013-14**

Pueblo Regional Center Personal Services

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item funds the personal services costs of the Pueblo Regional Center. The cash funds are from two sources of client cash revenues: (1) room and board paid by clients, and (2) patient pay from ICF/ID clients who receive benefits and/or earn wages. Room and board rates reflect the SSI allocation less the monthly allowance for personal spending. Patient pay is any funds a client earns above \$50 per month.

Request: The Department did not request this line item. The Pueblo Regional Center component of the FY 2013-14 Department request for regional center personal services is \$8,044,360 total funds, of which \$3,744,724 is net General Fund and 181.2 FTE. The Pueblo Regional Center component of the request includes the following changes from the FY 2012-13 appropriation:

- A reduction of Medicaid reappropriated funds for the annualization of H.B. 12-1246 which reversed the payday shift for employees paid on a biweekly basis; and
- A reduction of \$155,639 Medicaid reappropriated funds for the technical changes decision item.

Recommendation: **Staff recommends an appropriation of \$8,044,360 total funds, of which \$3,744,724 is net General Fund and 181.8 FTE** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers. The recommendation includes the following changes from the FY 2012-13 appropriation for the Wheat Ridge Regional Center:

*JBC Staff Figure Setting – FY 2013-14
Staff Working Document – Does Not Represent Committee Decision*

- a reduction of Medicaid reappropriated funds for the annualization of H.B. 12-1246 which reversed the payday shift for employees paid on a biweekly basis; and
- a reduction \$155,639 Medicaid reappropriated funds for the technical changes decision item.

The recommendation is calculated in accordance with Committee policy and outlined in the table below.

Pueblo Regional Center Personal Services					
	Total Funds	Cash Funds	Reappropriated Funds	FTE	Net General Fund
FY 2013-14 Recommended Appropriation:					
Regional Center LB changes	8,214,454	554,913	7,659,541	181.8	3,829,771
R-12: Technical changes	(155,639)	0	(155,639)	0.0	(77,820)
Annualize prior year legislation	(14,455)	0	(14,455)	0.0	(7,228)
TOTAL	\$8,044,360	\$554,913	\$7,489,447	181.8	\$3,744,724
Increase/(Decrease)	\$8,044,360	\$554,913	\$7,489,447	181.8	\$3,744,724
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%
FY 2013-14 Executive Request*:	\$8,044,360	\$554,913	\$7,489,447	181.8	\$3,744,724
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0

*The FY 2013-14 Executive Request represents the Pueblo Regional Center component of the request personal services line item

Pueblo Regional Center Operating Expenses

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item funds the operating expenses of the Pueblo Regional Center.

Request: The Department did not request this line item. The Pueblo Regional Center component of the FY 2013-14 Department request for regional center operating expenses is \$465,000 Medicaid reappropriated funds. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$465,000 Medicaid reappropriated funds, of which \$232,500 is net General Fund** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers, and calculated in accordance with Committee policy.

Resident Incentive Allowance and Patient Needs Capital Outlay

***NEW LINE ITEM RECOMMENDED FOR FY 2013-14**

Description: This line item provides funding for the resident incentive allowance and patient needs capital outlay for the Pueblo Regional Center.

- The resident incentive allowance which is paid to Wheat Ridge Regional Center clients for their work services which include washing vehicles, food preparation, and janitorial services.
- The patient needs capital outlay is used for the purchase equipment used by or on behalf of the residents of the Wheat Ridge Regional Center. Such equipment includes

therapeutic, medical, and adaptive equipment; program equipment and technical aids; health and safety repairs and equipment; and furnishings and environmental improvements.

Request: The Department did not request this line item. The Pueblo Regional Center component of the FY 2013-14 Department request for regional center resident incentive allowance and capital outlay-patient needs line items is shown in the following table. The requests do not include any changes from the FY 2012-13 appropriation.

FY 2013-14 Line Item Request		
Line Items	Medicaid Reapprop. Funds	Net General Fund
Resident Incentive Allowance	\$20,000	\$10,000
Capital Outlay – Patient Needs	20,126	10,063

Recommendation: **Staff recommends an appropriation of \$40,126 Medicaid reappropriated funds, of which \$20,063 is net General Fund** pursuant to the staff recommendation to reorganize the Long Bill structure for Regional Centers, and calculated in accordance with Committee policy.

Leased Space

***MOVED FROM OLD (9) (B) (1) FOR FY 2013-14**

Description: This line item provides funding for leased space for regional center administration, maintenance shop, and the program at Pueblo West.

Request: The Department requests \$42,820 Medicaid reappropriated funds, of which \$21,410 net General Fund. The request does not include any changes from the FY 2012-13 appropriation. The Department did not request this line item be moved.

Recommendation: **Staff recommends an appropriation of \$42,820 Medicaid reappropriated funds, of which \$21,410 is net General Fund,** calculated in accordance with committee policy.

(1) MEDICAID-FUNDED SERVICES

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Personal Services

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Pursuant to staff recommendation, this line item will be broken out into personal services line items for each Regional Center in order to increase the transparency of Regional Center appropriations. For information purposes, the recommendation appropriation for all the personal services line items is \$45,357,421 total funds and 887.1 FTE.

Operating Expenses

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Pursuant to staff recommendation, this line item will be broken out into operating expenses line items for each Regional Center in order to increase the transparency of Regional Center

appropriations. For information purposes, the recommendation appropriation for all the operating expenses line items is \$2,565,228 Medicaid reappropriated funds.

Capital Outlay - Patient Needs

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Pursuant to staff recommendation, this line item will be combined with the Resident Incentive line item and broken out into Resident Incentive Allowance and Patient Needs Capital Outlay line items for each Regional Center in order to increase the transparency of Regional Center appropriations. For information purposes, the capital outlay – patient needs components of the new line items is \$72,126 Medicaid reappropriated funds.

Leased Space

***MOVED TO THE NEW PUEBLO REGIONAL CENTER SUB-SUBDIVISION**

Pursuant to staff recommendation, this line item will be moved to the new section for funding for the Pueblo Regional Center in order to increase the transparency of Regional Center appropriations. For information purposes, the recommendation appropriation for all the operating expenses line items is \$42,820 Medicaid reappropriated funds.

Resident Incentive Allowance

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Pursuant to staff recommendation, this line item will be combined with the Resident Incentive line item and broken out into Resident Incentive Allowance and Patient Needs Capital Outlay line items for each Regional Center in order to increase the transparency of Regional Center appropriations. For information purposes, the recommendation appropriation for all the resident incentive allowance components of the new line items is \$138,176 Medicaid reappropriated funds.

Provider Fee

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Pursuant to staff recommendation, this line item will be broken out into provider fee line items for the Grand Junction and Wheat Ridge Regional Center in order to increase the transparency of Regional Center appropriations in the FY 2014-15 Long Bill. Since S.B. 13-167 contains the FY 2013-14 ICF/IID provider fee appropriation no appropriation is recommended for the ICF/IID provider fee in the FY 2013-14 Long Bill.

(2) OTHER PROGRAM COSTS

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

General Fund Physician Services

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Pursuant to staff recommendation, this line item will be moved to the new section for funding for the Grand Junction Regional Center in order to increase the transparency of Regional Center appropriations. For information purposes, the recommendation appropriation for all the operating expenses line items is \$85,809 General Fund and 0.5 FTE.

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
(6) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS
(F) SERVICES FOR PEOPLE WITH DISABILITIES – MEDICAID FUNDING

Regional Center Depreciation and Annual Adjustments

Description: Federal rules allow states to draw Medicaid for some capital costs related to facilities for people with developmental disabilities using a depreciation method. Depreciation amounts are included in the daily rates the Department of Human Services charges to the Department of Health Care Policy and Financing for regional center consumers. However, because depreciation is associated with a past expenditure, it is not an operating expense that is included in the Department of Human Services operating budget.

This line item enables the State to capture depreciation payments from federal authorities associated with regional centers of the Department of Human Services (DHS). The line item was added through the FY 2003-04 Supplemental Bill (HB 04-1320) to reflect historic department practice. DHS is required to conduct annual depreciation calculations as part of its federal cost reporting. Depreciation amounts, allowed by federal authorities, have been included in the daily rates DHS charges to the Department for regional center consumers (all of whom are Medicaid eligible). However, because depreciation is associated with a past expenditure and is not an operating expense that is included in the DHS operating budget, DHS has never had the authority to spend these monies. Instead, the depreciation amounts paid by the Department (which are based on a standard 50% federal financial participation) may be reverted at the end of the year. .

Request: The Department requests an appropriation of \$1,187,825 total funds, of which \$593,913 is General Fund and \$593,912 is federal funds. The request does not include any changes from the FY 2011-12 appropriation.

***Recommendation:* Staff recommends the Department's request for an appropriation of \$1,187,825 total funds, of which \$593,913 is General Fund and \$593,912 is federal funds.**

(C) WORK THERAPY PROGRAM

Program Costs

Description: This line item funds the Work Therapy Program which provides sheltered training and employment workshops for individuals receiving services at the Colorado Mental Health Institute at Fort Logan and the Regional Centers at Grand Junction and Wheat Ridge. The Work Therapy Cash Fund receives revenue from contracts with area businesses and organizations for custodial services, printing, packaging, mailing, and other types of manual processing that can be performed by program clients. Enrolled clients are paid from funds received in proportion to the work performed.

Request: The Department requests an appropriation of \$467,116 cash funds and 1.5 FTE. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends the Department's request for an appropriation of \$467,116 cash funds and 1.5 FTE.**

(D) DIVISION OF VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation assists individuals, whose disabilities result in barriers to employment or independent living with attaining and maintaining employment and/or independent living. At any of the forty-three field and satellite offices located throughout the state, rehabilitation counselors work with clients to assess their needs and identify appropriate vocational rehabilitation services. The Division also administers state and federal and state grants to independent living centers working to enable individuals with disabilities to live independently and for programs that provide assistant to elderly blind individuals.

The federal government provides reimbursement for 78.7 percent of eligible rehabilitation expenditures up to the total annual federal grant for Colorado. The match funds for these federal dollars are either General Fund dollars (shown in the Rehabilitation Programs - General Fund Match line item) or local government funds, primarily from school districts (shown in the Rehabilitation Programs - Local Funds Match line item).

→ Pending Division of Vocational Rehabilitation

It has come to staff's attention within the past day that there are significant funding issues for the Division of Vocation Rehabilitation and the Office of State Planning and Budgeting will be submitting a supplemental and budget amendment. In order to only present a recommendation for funding for this Division a single time, and due to the significant nature of the funding changes not yet known to staff, **staff is pending the Division of Vocational Rehabilitation until the supplemental and budget amendment have been submitted and can be analyzed.**

The line items in this Division are:

- Rehabilitation Programs - General Fund Match;
 - Rehabilitation Programs - Local Match;
 - Business Enterprise Program for People who are Blind;
 - Business Enterprise Program - Program Operated Stands, Repair Costs, and Operator Benefits;
 - Independent Living Centers and State Independent Living Council;
 - Older Blind Grants;
 - Traumatic Brain Injury Trust Fund; and
 - Federal Social Security Reimbursement.
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(E) HOMELAKE DOMICILIARY AND STATE VETERANS NURSING HOMES

The Colorado State and Veterans Nursing Homes are state owned nursing homes that provide skilled nursing care primarily to honorably discharged veterans and their spouses, widows and in some instances, parents of deceased veterans. The five homes are located throughout the state in Aurora (Fitzsimons), Florence (McCandless), Monte Vista (Homelake), Rifle, and Walsenburg. Each facility is Medicare and Medicaid-certified and licensed by the Colorado Department of Public Health and Environment. Additionally, the homes are certified by the US Department of Veterans Affairs to receive federal funds in support of the care of veterans. The Homelake Domiciliary and Nursing Homes are designated as enterprises, have continuous spending authority, and appropriated in the Long Bill for informational purposes only.

Homelake Domiciliary and State and Veterans Nursing Homes					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2012-13 Appropriation:					
HB 12-1335 (Long Bill)	\$46,960,295	\$986,130	\$33,428,216	\$12,545,949	558.5
Other legislation	2,500	0	2,500	0	0.0
TOTAL	\$46,962,795	\$986,130	\$33,430,716	\$12,545,949	558.5
FY 2013-14 Recommended Appropriation:					
FY 2012-13 Appropriation	\$46,962,795	\$986,130	\$33,430,716	\$12,545,949	558.5
Homelake State Veterans Center	0	0	0	0	0.0
Informational funds adjustment	(590,024)	0	(2,374,016)	1,783,992	0.0
TOTAL	\$46,372,771	\$986,130	\$31,056,700	\$14,329,941	558.5
Increase/(Decrease)	(590,024)	\$0	(\$2,374,016)	\$1,783,992	0.0
Percentage Change	(1.3%)	0.0%	(7.1%)	14.2%	0.0%
FY 2013-14 Executive Request:					
Request Above/(Below) Recommendation	\$590,024	\$0	\$2,374,016	(\$1,783,992)	0.0

→ Staff Initiated Recommendation: Homelake Line Item Consolidation

Request: The Department did not request this change, but is aware and supportive of it.

Recommendation: Staff recommends the Homelake State Veterans Nursing Home and Domiciliary line item and the Consulting Services line item be combined into the retitled Homelake State Veterans Center line item.

Analysis: The recommendation is intended to appropriate funding for the Homelake State Veterans center from one line item to clearly show the cost of the Homelake State Veterans Center and the amount of state support through General Fund that is provided to the Homelake State Veterans Center.

→ Staff Initiated Information Adjustments to State Veterans Nursing Home

Recommendation: Staff recommends the information cash funds and federal funds appropriation be adjusted for FY 2013-14 to enable the Long Bill to reflect the estimated costs of the state veterans nursing home.

Analysis: During the FY 2012-13 figure setting presentation new line items were created to increase the transparency of the anticipated costs of each state veterans nursing homes. The

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recommendation being made in FY 2013-14 will continue to goal of setting the Long Bill numbers to reflect the anticipated costs of each state veterans nursing home.

Administration

Description: This line item funds the Division's administrative costs of the state veteran's nursing homes.

Request: The Department requests an appropriation of \$1,494,165 cash funds and 5.0 FTE. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$1,010,800 cash funds and 5.0 FTE.** The recommendation includes an informational cash funds adjustment. The recommendation is calculated in accordance with Committee policy and outlined in the table below.

Administration		
	Cash Funds	FTE
Personal Services		
FY 2012-13 Appropriation:	\$626,561	5.0
No change	0	0.0
Subtotal - Personal Services	\$626,561	5.0
Operating Expenses		
FY 2012-13 Appropriation:	\$867,604	0.0
Informational funds adjustment	(483,365)	0.0
Subtotal - Operating Expenses	\$384,239	0.0
Total Recommended FY 2013-14 Appropriation	\$1,010,800	5.0
FY 2013-14 Executive Request:	\$1,494,165	5.0
Request Above/(Below) Recommendation	\$483,365	0.0

Consulting Services

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Description: This line item funds for consulting services used by the Homes for the following purposes: (1) identifying and correcting service issues; (2) increasing resident census, where appropriate; (3) providing an independent and regular assessment of the performance of each home, based on selected key performance indicators; and (4) regularly reporting this performance data to the appropriate oversight entities.

Request: The Department requests an appropriation of \$185,076 cash funds. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends no appropriation for this line item because the funding for consulting services is contained within the line items for each state veterans nursing home.** Since the appropriation for consulting services is already included in the line items for each home, the appropriation for this line item is not needed.

*JBC Staff Figure Setting – FY 2013-14
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Consulting Services	
	Cash Funds
FY 2012-13 Appropriation:	\$185,076
Informational funds adjustment	(185,076)
Total Recommended FY 2013-14 Appropriation	\$0
FY 2013-14 Executive Request:	\$185,076
Request Above/(Below) Recommendation	\$185,076

Fitzsimons State Veterans Nursing Home

Description: This line item appropriates for information purposes, the operational costs of the Fitzsimons State Veterans Nursing Home. .

Request: The Department requests an appropriation of \$20,046,163 total funds and 249.0 FTE. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an informational appropriation of \$20,234,500 total funds and 249.0 FTE.** The recommendation includes an information adjustment to the cash and federal funds to align the FY 2013-14 Long Bill with estimated expenditures for this Home. The recommendation was calculated in accordance with Committee policy and outlined in the following table.

Fitzsimmons State Veterans Nursing Home				
	Total Funds	Cash Funds	Federal Funds	FTE
Personal Services				
FY 2012-13 Appropriation:	\$14,244,007	\$10,167,372	\$4,076,635	249.0
Informational funds adjustment	(432,126)	(432,126)	0	0.0
Subtotal - Personal Services	\$13,811,881	\$9,735,246	\$4,076,635	249.0
Operating Expenses				
FY 2012-13 Appropriation:	\$5,802,156	\$4,141,579	\$1,660,577	0.0
Informational funds adjustment	620,504	(432,125)	1,052,629	0.0
Subtotal - Operating Expenses	\$6,422,660	\$3,709,454	\$2,713,206	0.0
Total Recommended FY 2013-14 Appropriation	\$20,234,541	\$13,444,700	\$6,789,841	249.0
FY 2013-14 Executive Request:	\$20,046,163	\$14,308,951	\$5,737,212	249.0
Request Above/(Below) Recommendation	(\$188,378)	\$864,251	(\$1,052,629)	0.0

Florence State Veterans Nursing Home

Description: This line item appropriates for information purposes, the operational costs of the Florence State Veterans Nursing Home.

Request: The Department requests an appropriation of \$9,617,875 total funds and 112.0 FTE. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an informational appropriation of \$9,936,300 total funds and 112.0 FTE.** The recommendation includes an information adjustment to the cash and federal funds to align the FY 2013-14 Long Bill with estimated expenditures for this Home. The recommendation was calculated in accordance with Committee policy and outlined in the following table.

JBC Staff Figure Setting – FY 2013-14
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Florence State Veterans Nursing Home				
	Total Funds	Cash Funds	Federal Funds	FTE
Personal Services				
FY 2012-13 Appropriation:	\$6,629,212	\$4,721,988	\$1,907,224	112.0
No change	0	0	0	0.0
Subtotal - Personal Services	\$6,629,212	\$4,721,988	\$1,907,224	112.0
Operating Expenses				
FY 2012-13 Appropriation:	\$2,988,663	\$2,128,825	\$859,838	0.0
Informational funds adjustment	318,425	64,987	253,438	0.0
Subtotal - Operating Expenses	\$3,307,088	\$2,193,812	\$1,113,276	0.0
Total Recommended FY 2013-14 Appropriation	\$9,936,300	\$6,915,800	\$3,020,500	112.0
FY 2013-14 Executive Request:	\$9,617,875	\$6,850,813	\$2,767,062	112.0
Request Above/(Below) Recommendation	(\$318,425)	(\$64,987)	(\$253,438)	0.0

Homelake State Veterans Nursing Home and Domiciliary CENTER

***RECOMMENDED LINE ITEM RENAMED FOR FY 2013-14**

Description: In FY 2013-14 this line item, as recommended, will fund all costs of the Homelake State Veterans Center. The Center includes the state veterans nursing home and domiciliary. The Homelake Domiciliary is a 46-bed facility in Monte Vista that serves residents who do not require continuous nursing or medical care, but may need assistance with meals, housekeeping, personal care, laundry, and access to a physician. Residents, who are veterans or their relatives, pay rental fees that are subsidized by U.S. Veteran's Administration per diem payments. The General Fund is used to subsidize resident fees at the Homelake Domiciliary.

Request: The Department requested the Homelake State Veterans Nursing Home and Domiciliary portion of the request shown in the table below. The Department did not request the line item name change or the consolidation of the two line items.

Homelake State Veterans Center Line Item Components					
	Total	General Fund	Cash Funds	Federal Funds	FTE
Homelake State Veterans Nursing Home and Domiciliary	\$5,755,952	\$0	\$3,923,477	\$1,832,475	70.5
Homelake Domiciliary State Subsidy	186,130	186,130	0	0	0.0
Total - Program Costs Line Item	\$5,942,082	\$186,130	\$3,923,477	\$1,832,475	70.5

Recommendation: **Staff recommends an informational appropriation of \$5,885,030 total funds, of which \$186,130 is General Fund and 70.5 FTE.** The recommendation includes the following changes from the FY 2012-13 appropriation:

- The recommendation includes an information adjustment to the cash and federal funds to align the FY 2013-14 Long Bill with estimated expenditures for this Home. The recommendation was calculated in accordance with Committee policy and outlined in the following table.
 - ; and
 - the addition of General Fund pursuant to consolidate the Homelake line items into one Homelake State Veterans Center line item.

JBC Staff Figure Setting – FY 2013-14
Staff Working Document – Does Not Represent Committee Decision

The recommendation was calculated in accordance with Committee policy and outlined in the following table.

Homelake State Veterans Nursing Home and Domiciliary					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
Personal Services					
FY 2012-13 Appropriation:	\$3,916,935	\$0	\$2,669,391	\$1,247,544	70.5
No change	0	0	0	0	0.0
Subtotal - Personal Services	\$3,916,935	\$0	\$2,669,391	\$1,247,544	70.5
Operating Expenses					
FY 2012-13 Appropriation:	\$1,839,017	\$0	\$1,254,086	\$584,931	0.0
Homelake State Veterans Center	186,130	186,130	0	0	0.0
Informational funds adjustment	(57,052)	0	(494,177)	437,125	0.0
Subtotal - Operating Expenses	\$1,968,095	\$186,130	\$759,909	\$1,022,056	0.0
Total Recommended FY 2013-14 Appropriation	\$5,885,030	\$186,130	\$3,429,300	\$2,269,600	70.5
FY 2013-14 Executive Request:	\$5,755,952	\$0	\$3,923,477	\$1,832,475	70.5
Request Above/(Below) Recommendation	(\$129,078)	(\$186,130)	\$494,177	(\$437,125)	0.0

Rifle State Veterans Nursing Home

Description: This line item appropriates for information purposes, the operational costs of the Rifle State Veterans Nursing Home.

Request: The Department requests an appropriation of \$8,701,062 total funds and 121.0 FTE. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an informational appropriation of \$8,326,200 total funds and 121.0 FTE.** The recommendation includes an information adjustment to the cash and federal funds to align the FY 2013-14 Long Bill with estimated expenditures for this Home. The recommendation was calculated in accordance with Committee policy and outlined in the following table.

Rifle State Veterans Nursing Home				
	Total Funds	Cash Funds	Federal Funds	FTE
Personal Services				
FY 2012-13 Appropriation:	\$6,642,106	\$4,955,675	\$1,686,431	121.0
No change	0	0	0	0.0
Subtotal - Personal Services	\$6,642,106	\$4,955,675	\$1,686,431	121.0
Operating Expenses				
FY 2012-13 Appropriation:	\$2,058,956	\$1,536,187	\$522,769	0.0
Informational funds adjustment	(374,862)	(415,662)	40,800	0.0
Subtotal - Operating Expenses	\$1,684,094	\$1,120,525	\$563,569	0.0
Total Recommended FY 2013-14 Appropriation	\$8,326,200	\$6,076,200	\$2,250,000	121.0
FY 2013-14 Executive Request:	\$8,701,062	\$6,491,862	\$2,209,200	121.0
Request Above/(Below) Recommendation	\$374,862	\$415,662	(\$40,800)	0.0

Walsenburg State Veterans Nursing Home

Description: This line item appropriates for information purposes, the state administrative costs of the Walsenburg State Veterans Nursing Home.

JBC Staff Figure Setting – FY 2013-14
Staff Working Document – Does Not Represent Committee Decision

Request: The Department requests an appropriation of \$176,372 cash funds. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an informational appropriation of \$179,900 total funds and 1.0 FTE.** The recommendation includes an information adjustment to the cash and federal funds to align the FY 2013-14 Long Bill with estimated expenditures for this Home. The recommendation was calculated in accordance with Committee policy and outlined in the following table.

Walsenburg State Veterans Nursing Home		
	Cash Funds	FTE
Personal Services		
FY 2012-13 Appropriation:	\$97,362	1.0
No change	0	0.0
Subtotal - Personal Services	\$97,362	1.0
Operating Expenses		
FY 2012-13 Appropriation:	\$79,010	0.0
Informational funds adjustment	3,528	0.0
Subtotal - Operating Expenses	\$82,538	0.0
Total Recommended FY 2013-14 Appropriation	\$179,900	1.0
FY 2013-14 Executive Request:	\$176,372	1.0
Request Above/(Below) Recommendation	(\$3,528)	0.0

Homelake Domiciliary State Subsidy

***RECOMMENDED TO BE DISCONTINUED IN FY 2013-14**

Description: This line item provides General Fund to subsidize resident fees at the Homelake Domiciliary.

Request: The Department requests an appropriation of \$186,130 General Fund. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends no appropriation for this line item** pursuant to the recommendation to consolidate funding for the Homelake State Veterans Center into one line item. The recommendation is outlined in the table below.

Homelake Domiciliary State Subsidy	
	General Fund
FY 2012-13 Appropriation:	\$186,130
Homelake State Veterans Center	(186,130)
Total Recommended FY 2013-14 Appropriation	\$0
FY 2013-14 Executive Request:	\$186,130
Request Above/(Below) Recommendation	\$186,130

Nursing Home Indirect Costs Subsidy

Description: This line item was added to the FY 2007-08 Long Bill to reflect the state support for the state veterans nursing homes. The appropriation is reappropriated to the Office of Operations and covers a portion of the indirect costs associated with Department services to the nursing homes.

Request: The Department requests an appropriation of \$800,000 General Fund. The request does not include any changes from the FY 2012-13 appropriation.

Recommendation: **Staff recommends an appropriation of \$800,000 General Fund.**

Program Costs

This line item was discontinued in FY 2012-13 pursuant to breaking out the appropriations for each state veterans nursing home into new line items for each state veterans nursing home. The line item appears only in the numbers pages for informational purposes only and will not appear in the FY 2013-14 Long Bill.

→ Footnotes and Requests for Information

FOOTNOTES

Staff recommends the following footnote be **added**:

XXX Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Early Intervention Services -- It is the intent of the General Assembly that expenditures for these services be recorded only against the Long Bill group total for Early Intervention Services.

Comment: Staff recommends the Program Costs sub-subdivision have the footnote to allow the movement of funds between the two line items to provide the Department with the ability to manage the appropriation in a manner that ensures the cost of early intervention services and associated case management is adequately funded.

Staff recommends the following footnote be **continued**:

XXX Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Program Costs -- It is the intent of the General Assembly that expenditures for these services be recorded only against the Long Bill group total for Program Costs.

Comment: The footnote provides the Department with flexibility to manage the costs associated with the provision of services in community-based settings to individuals with developmental disabilities

Staff recommends the following footnote be **modified and continued**:

XXX Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, ~~Other Community Programs~~ PROGRAM COSTS, Preventive Dental Hygiene -- It is the intent of the General Assembly that this appropriation be used to provide special dental services for persons with developmental disabilities.

Comment: Staff recommends the footnote be modified pursuant to the recommendation to move the Preventive Dental Hygiene line item and continued to clearly express the General Assembly's intended use of the funds appropriated to the line item

REQUESTS FOR INFORMATION

XXX Department of Health Care Policy and Financing, Medical Services Premiums; The Department is requested to submit to the Joint Budget Committee by November 1, 2013, a report on the specific projects funded with dollars in the CCT Program

rebalancing funds. The report is requested to include the following information: description of the project, estimated timeline of the project and any deliverables, and anticipated improvements the project will contribute to Colorado's long-term care system.

Comment: Staff recommends the following request for information be **added** in order to provide the General Assembly with a mechanism to be informed of how the Department is using the rebalancing dollars generated by the Colorado Choice Transitions Program.

XXX Department of Human Services, Services for People with Disabilities, Community Servicers for People with Developmental Disabilities, Program Costs – The Department is request to submit a report to the Joint Budget Committee on December 1, 2013 regarding the status of the distribution of the full program equivalents for the developmental disabilities waivers. The report is requested to include any current or possible future issues, which would prevent the distribution of the full number of full program equivalents noted in the FY 2013-14 Long Bill.

Comment: Staff recommends the above request for information be **added** so the Joint Budget Committee is informed about the status of the distribution of the full program equivalents and any issues that have, or could prevent the distribution of all the full program equivalents funded by the General Assembly

XXX Department of Health Care Policy and Financing, Executive Director's Office; and Department of Human Services, Services for People with Disabilities -- The Departments are requested to submit to the Joint Budget Committee by October 15, 2012, a report on the high-level outline of the initial steps required to modify Colorado long-term care system into a new model of service delivery. The report is requested to include the following information: summary of the information gathered through community forums including participants of the forums; the status and results of the fiscal and programmatic analysis done of the existing waivers, including what methods were explored for streamlining existing waivers while maintaining waiver expenditures at current levels; and the status of the nation-wide search of best practice service delivery models and the advantages and disadvantages of implementation of the alternative models.

Comment: In light of the recommendation to sponsor legislation to move the Division for Developmental Disabilities to the Department of Health Care Policy and Financing staff recommends the above request for information be **discontinued**.

XXX Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Program Costs, Early Intervention Services -- The Department is requested to notify the Joint Budget Committee before implementing any FUNDING METHODOLOGY CHANGES AND/OR cost containment strategy ~~expected to result in a decrease in the number of people eligible for early intervention~~

services. The notification should include discussion of alternative strategies, including but not limited to provider rate reductions and increasing payments from non-General Fund sources, and an estimate of the cost of serving the projected population without reducing eligibility.

Comment: Staff recommends the above request for information be **modified and continued** so the General Assembly is aware of, and able to provide input to any changes which impact the funding for early intervention services.

XXX Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, Regional Centers -- The Department is requested to submit a report to the Joint Budget Committee by October 15, 2012 on the policy options for how Regional Centers are most effective in serving individuals with developmental disabilities and the associated cost analysis of each of the policy options. The report is requested to include: (1) what services are provided at regional centers which can be provided by community providers and the associated cost analysis; (2) what current funding and fiscal policies of the Regional Centers have been reviewed and the outcome; (3) what issues will need to be addressed related to community capacity, transition, and the establishment of a safety net and the associated fiscal impact; (4) how the Department will ensure an integrated health care system is available to those who are transitioned to the community and require specialized health care and the associated cost analysis; (5) whether an individual currently served at a Regional Center is periodically assessed to determine whether they are able to successfully transition into the community, and (6) steps the Department has taken to ensure stakeholders are involved in the discussions about the policy and fiscal options.

Comment: Staff recommends the Regional Center request for information be **discontinued** because of the ongoing audit by the state Auditor's Office that will be completed during the summer of 2013.

FY 2013-14 Joint Budget Committee Staff Figure Setting
Department of Human Services
(Special Purpose Council and Commission, Services for People With Disabilities)

Appendix A: Numbers Pages

	FY 2010-11 Actual	FY 2011-12 Approp.	FY 2012-13 Approp.	FY 2013-14 Request	FY 2013-14 Staff Rec.	Change Request
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DEPARTMENT OF HUMAN SERVICES
Executive Director: Reggie Bicha

(1) Executive Director's Office

(B) Special Purpose

Developmental Disabilities Council - FF	709,160	655,935	742,847	742,847	655,900	
FTE	4.0	4.7	6.0	6.0	6.0	
Colorado Commission for the Deaf and Hard of Hearing	1,059,230	1,069,452	1,113,442	1,113,442	1,121,759 *	
FTE	5.5	4.1	6.3	6.3	6.3	
General Fund	126,519	124,654	127,091	127,091	128,821	
Reapprop. Funds - DTUF	872,711	866,618	986,351	986,351	992,938	
Federal Funds	60,000	78,181	0	0	0	
Colorado Commission for Individuals Who Are Blind or Visually Impaired - RF	88,392	111,002	n/a	n/a	n/a	
FTE	0.8	1.0				

(1) (B) Special Purpose -						
Developmental Disabilities Lines Only	1,856,782	1,836,389	1,856,289	1,856,289	1,777,659	
FTE	10.3	9.8	12.3	12.3	12.3	
General Fund	126,519	124,654	127,091	127,091	128,821	
Reapprop. Funds	961,103	977,620	986,351	986,351	992,938	
Federal Funds	769,160	734,116	742,847	742,847	655,900	

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Number Pages

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
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DEPARTMENT OF HUMAN SERVICES Reggie Bicha, Executive Director
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(9) SERVICES FOR PEOPLE WITH DISABILITIES

This section includes funding for Community Services for People with Developmental Disabilities, Regional Centers for People with Developmental Disabilities, the Work Therapy Program, the Division of Vocational Rehabilitation, and Homelake Domiciliary and the State and Veterans Nursing Homes.

(A) Community Services for People with Developmental Disabilities

(1) Administration

Personal Services	<u>2,714,043</u>	<u>2,739,222</u>	<u>2,904,811</u>	<u>2,821,868</u>	<u>2,901,353</u> *
FTE	32.8	32.5	36.0	34.0	36.0
General Fund	140,340	90,146	227,108	226,958	226,958
Cash Funds	79,293	80,307	79,485	0	79,485
Reappropriated Funds	2,494,410	2,568,769	2,598,218	2,594,910	2,594,910
Operating Expenses	<u>136,808</u>	<u>133,984</u>	<u>155,651</u>	<u>148,523</u>	<u>155,651</u> *
Cash Funds	917	2,349	7,128	0	7,128
Reappropriated Funds	135,891	131,635	148,523	148,523	148,523
Community and Contract Management System	<u>130,633</u>	<u>75,214</u>	<u>137,480</u>	<u>137,480</u>	<u>137,480</u>
General Fund	37,850	38,160	41,244	41,244	41,244
Reappropriated Funds	92,783	37,054	96,236	96,236	96,236
Support Level Administration	<u>61,455</u>	<u>69,101</u>	<u>57,368</u>	<u>57,368</u>	<u>57,368</u>
Reappropriated Funds	61,455	69,101	57,368	57,368	57,368

*This line item includes a decision item.

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
SUBTOTAL - (1) Administration	3,042,939	3,017,521	3,255,310	3,165,239	3,251,852
<i>FTE</i>	<u>32.8</u>	<u>32.5</u>	<u>36.0</u>	<u>34.0</u>	<u>36.0</u>
General Fund	178,190	128,306	268,352	268,202	268,202
Cash Funds	80,210	82,656	86,613	0	86,613
Reappropriated Funds	2,784,539	2,806,559	2,900,345	2,897,037	2,897,037
(2) Program Costs					
Adult Comprehensive Services	<u>304,569,950</u>	<u>297,831,986</u>	<u>303,562,082</u>	<u>319,322,289</u>	<u>329,907,455</u> *
General Fund	387,156	1,212,832	0	0	0
Cash Funds	30,798,715	30,798,715	30,798,715	30,798,715	30,798,715
Reappropriated Funds	273,384,079	265,820,439	272,763,367	288,523,574	299,108,740
Adult Supported Living Services	<u>45,391,603</u>	<u>44,551,551</u>	<u>44,117,306</u>	<u>45,612,027</u>	<u>46,728,721</u> *
General Fund	7,812,106	7,520,973	7,616,069	7,730,310	7,920,712
Reappropriated Funds	37,579,497	37,030,578	36,501,237	37,881,717	38,808,009
Early Intervention Services	<u>12,440,977</u>	<u>13,161,802</u>	<u>14,960,930</u>	<u>15,235,380</u>	<u>0</u> *
General Fund	12,440,977	13,161,802	14,960,930	15,235,380	0
Family Support Services	<u>3,070,206</u>	<u>2,173,002</u>	<u>2,169,079</u>	<u>2,201,615</u>	<u>2,255,842</u> *
General Fund	3,070,206	2,173,002	2,169,079	2,201,615	2,255,842
Children's Extensive Support Services	<u>7,956,073</u>	<u>7,335,731</u>	<u>7,530,361</u>	<u>13,423,652</u>	<u>13,201,051</u> *
Reappropriated Funds	7,956,073	7,335,731	7,530,361	13,423,652	13,201,051
Case Management	<u>25,216,667</u>	<u>23,874,498</u>	<u>28,795,235</u>	<u>31,917,564</u>	<u>25,717,760</u> *
General Fund	3,541,232	4,224,963	4,768,210	4,451,333	2,298,639
Reappropriated Funds	21,675,435	19,649,535	24,027,025	27,466,231	23,419,121

*This line item includes a decision item.

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
Eligibility Determination and Waiting List					
Management	<u>898,614</u>	<u>908,455</u>	<u>398,084</u>	<u>892,766</u>	<u>4,105,611</u> *
General Fund	879,184	908,455	360,844	854,967	4,066,881
Reappropriated Funds	19,430	0	37,240	37,799	38,730
Preventive Dental Hygiene					
General Fund	<u>63,051</u>	<u>63,051</u>	<u>63,051</u>	<u>63,997</u>	<u>63,942</u> *
General Fund	59,409	59,409	59,409	60,300	60,300
Cash Funds	3,642	3,642	3,642	3,697	3,642
SUBTOTAL - (2) Program Costs					
	399,607,141	389,900,076	401,596,128	428,669,290	421,980,382
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	28,190,270	29,261,436	29,934,541	30,533,905	16,602,374
Cash Funds	30,802,357	30,802,357	30,802,357	30,802,412	30,802,357
Reappropriated Funds	340,614,514	329,836,283	340,859,230	367,332,973	374,575,651
(3) Early Intervention Services					
Early Intervention Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>36,115,007</u>
FTE	0.0	0.0	0.0	0.0	6.5
General Fund	0	0	0	0	17,177,707
Cash Funds	0	0	0	0	10,895,900
Federal Funds	0	0	0	0	8,041,400
Early Intervention Services Case Management					
General Fund	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,315,534</u> *
General Fund	0	0	0	0	2,733,049
Reappropriated Funds	0	0	0	0	4,582,485

*This line item includes a decision item.

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
SUBTOTAL - (3) Early Intervention Services	0	0	0	0	43,430,541
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>6.5</u>
General Fund	0	0	0	0	19,910,756
Cash Funds	0	0	0	0	10,895,900
Reappropriated Funds	0	0	0	0	4,582,485
Federal Funds	0	0	0	0	8,041,400
(3) Other Community Programs					
Federal Special Education Grant for Infants, Toddlers, and Their Families (Part C)	<u>8,065,742</u>	<u>7,988,552</u>	<u>7,030,214</u>	<u>7,030,214</u>	<u>0</u>
<i>FTE</i>	6.2	5.9	6.5	6.5	0.0
Federal Funds	8,065,742	7,988,552	7,030,214	7,030,214	0
Custodial Funds for Early Intervention Services	<u>6,053,908</u>	<u>10,895,854</u>	<u>3,421,443</u>	<u>3,421,443</u>	<u>0</u>
Cash Funds	6,053,908	10,895,854	3,421,443	3,421,443	0
SUBTOTAL - (3) Other Community Programs	14,119,650	18,884,406	10,451,657	10,451,657	0
<i>FTE</i>	<u>6.2</u>	<u>5.9</u>	<u>6.5</u>	<u>6.5</u>	<u>0.0</u>
Cash Funds	6,053,908	10,895,854	3,421,443	3,421,443	0
Federal Funds	8,065,742	7,988,552	7,030,214	7,030,214	0
SUBTOTAL - (A) Community Services for People with Developmental Disabilities	416,769,730	411,802,003	415,303,095	442,286,186	468,662,775
<i>FTE</i>	<u>39.0</u>	<u>38.4</u>	<u>42.5</u>	<u>40.5</u>	<u>42.5</u>
General Fund	28,368,460	29,389,742	30,202,893	30,802,107	36,781,332
Cash Funds	36,936,475	41,780,867	34,310,413	34,223,855	41,784,870
Reappropriated Funds	343,399,053	332,642,842	343,759,575	370,230,010	382,055,173
Federal Funds	8,065,742	7,988,552	7,030,214	7,030,214	8,041,400

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
(B) Regional Centers for People with Developmental Disabilities					
(1) Wheat Ridge Regional Center					
Wheat Ridge Regional Center Personal Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>20,476,199</u>
FTE	0.0	0.0	0.0	0.0	393.9
Cash Funds	0	0	0	0	849,793
Reappropriated Funds	0	0	0	0	19,626,406
Wheat Ridge Regional Center Operating Expenses	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,335,228</u>
Reappropriated Funds	0	0	0	0	1,335,228
Resident Incentive Allowance and Patient Needs					
Capital Outlay	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>85,500</u>
Reappropriated Funds	0	0	0	0	85,500
SUBTOTAL - (1) Wheat Ridge Regional Center	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>21,896,927</u>
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>393.9</u>
Cash Funds	0	0	0	0	849,793
Reappropriated Funds	0	0	0	0	21,047,134
(2) Grand Junction Regional Center					
Grand Junction Regional Center Personal Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>16,353,908</u>
FTE	0.0	0.0	0.0	0.0	311.4
Cash Funds	0	0	0	0	655,683
Reappropriated Funds	0	0	0	0	15,698,225
Grand Junction Regional Center Operating Expenses	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>765,000</u>
Reappropriated Funds	0	0	0	0	765,000

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
Resident Incentive Allowance and Patient Needs					
Capital Outlay	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>84,676</u>
Reappropriated Funds	0	0	0	0	84,676
Physician Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>85,809</u>
FTE	0.0	0.0	0.0	0.0	0.5
General Fund	0	0	0	0	85,809
SUBTOTAL - (2) Grand Junction Regional Center	0	0	0	0	17,289,393
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>311.9</u>
General Fund	0	0	0	0	85,809
Cash Funds	0	0	0	0	655,683
Reappropriated Funds	0	0	0	0	16,547,901
(3) Pueblo Regional Center					
Pueblo Regional Center Personal Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>8,044,360</u>
FTE	0.0	0.0	0.0	0.0	181.8
Cash Funds	0	0	0	0	554,913
Reappropriated Funds	0	0	0	0	7,489,447
Pueblo Regional Center Operating Expenses	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>465,000</u>
Reappropriated Funds	0	0	0	0	465,000
Capital Outlay - Patient Needs	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>40,126</u>
Reappropriated Funds	0	0	0	0	40,126
Leased Space	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>42,820</u>
Reappropriated Funds	0	0	0	0	42,820

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
SUBTOTAL - (3) Pueblo Regional Center	0	0	0	0	8,592,306
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>181.8</u>
Cash Funds	0	0	0	0	554,913
Reappropriated Funds	0	0	0	0	8,037,393

(1) Medicaid-funded Services

Personal Services	<u>42,802,176</u>	<u>41,147,575</u>	<u>45,357,421</u>	<u>44,724,580</u>	0 *
FTE	831.9	864.9	887.1	887.1	0.0
General Fund	2,456,176	0	0	0	0
Cash Funds	2,762,259	870,928	2,060,389	2,060,389	0
Reappropriated Funds	37,583,741	40,276,647	43,297,032	42,664,191	0
Operating Expenses	<u>2,396,866</u>	<u>2,418,209</u>	<u>2,565,228</u>	<u>2,565,228</u>	<u>0</u>
General Fund	0	0	0	0	0
Reappropriated Funds	2,396,866	2,418,209	2,565,228	2,565,228	0
Capital Outlay - Patient Needs	<u>71,981</u>	<u>72,115</u>	<u>72,126</u>	<u>72,126</u>	<u>0</u>
Reappropriated Funds	71,981	72,115	72,126	72,126	0
Leased Space	<u>38,746</u>	<u>38,642</u>	<u>42,820</u>	<u>42,820</u>	<u>0</u>
Reappropriated Funds	38,746	38,642	42,820	42,820	0
Resident Incentive Allowance	<u>135,451</u>	<u>97,302</u>	<u>138,176</u>	<u>138,176</u>	<u>0</u>
Reappropriated Funds	135,451	97,302	138,176	138,176	0
Provider Fee	<u>1,867,655</u>	0	<u>1,867,655</u>	<u>2,217,257</u>	<u>0</u> *
General Fund	0	0	0	0	0
Reappropriated Funds	1,867,655	0	1,867,655	2,217,257	0

This line item includes a decision item.

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
SUBTOTAL - (1) Medicaid-funded Services	47,312,875	43,773,843	50,043,426	49,760,187	0
<i>FTE</i>	<u>831.9</u>	<u>864.9</u>	<u>887.1</u>	<u>887.1</u>	<u>0.0</u>
General Fund	2,456,176	0	0	0	0
Cash Funds	2,762,259	870,928	2,060,389	2,060,389	0
Reappropriated Funds	42,094,440	42,902,915	47,983,037	47,699,798	0
(2) Other Program Costs					
General Fund Physician Services	<u>85,185</u>	<u>83,659</u>	<u>85,809</u>	<u>85,809</u>	<u>0</u>
<i>FTE</i>	<u>0.5</u>	<u>0.6</u>	<u>0.5</u>	<u>0.5</u>	<u>0.0</u>
General Fund	85,185	83,659	85,809	85,809	0
SUBTOTAL - (2) Other Program Costs	85,185	83,659	85,809	85,809	0
<i>FTE</i>	<u>0.5</u>	<u>0.6</u>	<u>0.5</u>	<u>0.5</u>	<u>0.0</u>
General Fund	85,185	83,659	85,809	85,809	0
SUBTOTAL - (B) Regional Centers for People with Developmental Disabilities	47,398,060	43,857,502	50,129,235	49,845,996	47,778,626
<i>FTE</i>	<u>832.4</u>	<u>865.5</u>	<u>887.6</u>	<u>887.6</u>	<u>887.6</u>
General Fund	2,541,361	83,659	85,809	85,809	85,809
Cash Funds	2,762,259	870,928	2,060,389	2,060,389	2,060,389
Reappropriated Funds	42,094,440	42,902,915	47,983,037	47,699,798	45,632,428
(C) Work Therapy Program					
Program Costs	<u>356,122</u>	<u>346,808</u>	<u>467,116</u>	<u>467,116</u>	<u>467,116</u>
<i>FTE</i>	<u>1.3</u>	<u>0.3</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>
Cash Funds	356,122	344,970	467,116	467,116	467,116
Reappropriated Funds	0	1,838	0	0	0

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
SUBTOTAL - (C) Work Therapy Program	356,122	346,808	467,116	467,116	467,116
<i>FTE</i>	<u>1.3</u>	<u>0.3</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>
Cash Funds	356,122	344,970	467,116	467,116	467,116
Reappropriated Funds	0	1,838	0	0	0

(D) Division of Vocational Rehabilitation

Rehabilitation Programs - General Fund Match	<u>19,106,793</u>	<u>18,938,612</u>	<u>19,253,774</u>	<u>19,248,920</u>	<u>19,296,404</u>	P
FTE	221.1	218.7	212.7	212.7	212.7	
General Fund	4,101,039	4,057,195	4,104,874	4,100,020	4,147,504	
Federal Funds	15,005,754	14,881,417	15,148,900	15,148,900	15,148,900	
Rehabilitation Programs - Local Funds Match	<u>23,934,854</u>	<u>25,371,366</u>	<u>24,119,460</u>	<u>24,119,460</u>	<u>24,119,460</u>	P
FTE	23.2	8.5	11.0	11.0	11.0	
Cash Funds	0	0	34,647	34,647	34,647	
Reappropriated Funds	5,087,086	5,406,721	5,117,803	5,117,803	5,117,803	
Federal Funds	18,847,768	19,964,645	18,967,010	18,967,010	18,967,010	
Business Enterprise Program for People who are Blind	<u>639,835</u>	<u>782,066</u>	<u>1,182,527</u>	<u>1,182,527</u>	<u>1,182,527</u>	P
FTE	4.7	5.3	6.0	6.0	6.0	
Cash Funds	137,140	163,641	251,107	251,107	251,107	
Reappropriated Funds	0	2,939	0	0	0	
Federal Funds	502,695	615,486	931,420	931,420	931,420	
Business Enterprise Program - Program Operated Stands, Repair Costs, and Operator Benefits	<u>127,062</u>	<u>171,879</u>	<u>429,000</u>	<u>429,000</u>	<u>429,000</u>	P
Cash Funds	127,062	171,879	429,000	429,000	429,000	

P- line item pending.

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation	
Independent Living Centers and State Independent						
Living Council	<u>1,942,040</u>	<u>1,860,291</u>	<u>1,783,431</u>	<u>1,783,431</u>	<u>1,805,295</u>	P
General Fund	1,457,604	1,457,604	1,457,604	1,457,604	1,479,468	
Cash Funds	29,621	29,621	29,621	29,621	29,621	
Federal Funds	454,815	373,066	296,206	296,206	296,206	
Older Blind Grants	<u>675,680</u>	<u>729,944</u>	<u>450,000</u>	<u>450,000</u>	<u>450,000</u>	P
Cash Funds	0	0	45,000	45,000	45,000	
Federal Funds	675,680	729,944	405,000	405,000	405,000	
Traumatic Brain Injury Trust Fund	<u>3,310,294</u>	<u>2,788,163</u>	<u>3,295,945</u>	<u>3,295,945</u>	<u>3,295,945</u>	P
FTE	1.6	1.5	1.5	1.5	1.5	
Cash Funds	3,039,033	2,755,329	3,295,945	3,295,945	3,295,945	
Reappropriated Funds	271,261	32,834	0	0	0	
Federal Social Security Reimbursements	<u>1,103,224</u>	<u>3,197,737</u>	<u>1,103,224</u>	<u>1,103,224</u>	<u>1,103,224</u>	P
Federal Funds	1,103,224	3,197,737	1,103,224	1,103,224	1,103,224	
American Recovery and Reinvestment Act -						
Vocational Rehabilitation Funding	<u>1,005,284</u>	<u>819,233</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Federal Funds	1,005,284	819,233	0	0	0	
SUBTOTAL - (D) Division of Vocational Rehabilitation	51,845,066	54,659,291	51,617,361	51,612,507	51,681,855	
FTE	<u>250.6</u>	<u>234.0</u>	<u>231.2</u>	<u>231.2</u>	<u>231.2</u>	
General Fund	5,558,643	5,514,799	5,562,478	5,557,624	5,626,972	
Cash Funds	3,332,856	3,120,470	4,085,320	4,085,320	4,085,320	
Reappropriated Funds	5,358,347	5,442,494	5,117,803	5,117,803	5,117,803	
Federal Funds	37,595,220	40,581,528	36,851,760	36,851,760	36,851,760	

P - line item pending.

4-March-2013

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
(E) Homelake Domiciliary and State and Veterans Nursing Homes					
Administration	<u>0</u>	<u>0</u>	<u>1,494,165</u>	<u>1,494,165</u>	<u>1,010,800</u>
FTE	0.0	0.0	5.0	5.0	5.0
Cash Funds	0	0	1,494,165	1,494,165	1,010,800
Consulting Services	<u>185,076</u>	<u>174,644</u>	<u>185,076</u>	<u>185,076</u>	<u>0</u>
Cash Funds	185,076	174,644	185,076	185,076	0
Fitzsimmons State Veterans Nursing Home	<u>0</u>	<u>0</u>	<u>20,046,163</u>	<u>20,046,163</u>	<u>20,234,500</u>
FTE	0.0	0.0	249.0	249.0	249.0
Cash Funds	0	0	14,308,951	14,308,951	13,444,700
Federal Funds	0	0	5,737,212	5,737,212	6,789,800
Florence State Veterans Nursing Home	<u>0</u>	<u>0</u>	<u>9,617,875</u>	<u>9,617,875</u>	<u>9,936,300</u>
FTE	0.0	0.0	112.0	112.0	112.0
Cash Funds	0	0	6,850,813	6,850,813	6,915,800
Federal Funds	0	0	2,767,062	2,767,062	3,020,500
Homelake State Veterans Nursing Home and Domiciliary	<u>0</u>	<u>0</u>	<u>5,755,952</u>	<u>5,755,952</u>	<u>5,885,030</u>
FTE	0.0	0.0	70.5	70.5	70.5
General Fund	0	0	0	0	186,130
Cash Funds	0	0	3,923,477	3,923,477	3,429,300
Federal Funds	0	0	1,832,475	1,832,475	2,269,600
Homelake Domiciliary State Subsidy	<u>186,130</u>	<u>214,502</u>	<u>186,130</u>	<u>186,130</u>	<u>0</u>
General Fund	186,130	186,130	186,130	186,130	0
Reappropriated Funds	0	28,372	0	0	0

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
Rifle State Veterans Nursing Home	<u>0</u>	<u>0</u>	<u>8,701,062</u>	<u>8,701,062</u>	<u>8,326,200</u>
FTE	0.0	0.0	121.0	121.0	121.0
Cash Funds	0	0	6,491,862	6,491,862	6,076,200
Federal Funds	0	0	2,209,200	2,209,200	2,250,000
Walsenburg State Veterans Nursing Home	<u>0</u>	<u>0</u>	<u>176,372</u>	<u>176,372</u>	<u>179,900</u>
FTE	0.0	0.0	1.0	1.0	1.0
Cash Funds	0	0	176,372	176,372	179,900
Nursing Home Indirect Costs Subsidy	<u>800,000</u>	<u>800,000</u>	<u>800,000</u>	<u>800,000</u>	<u>800,000</u>
General Fund	800,000	800,000	800,000	800,000	800,000
Program Costs	<u>54,428,011</u>	<u>48,119,017</u>	<u>0</u>	<u>0</u>	<u>0</u>
FTE	673.4	531.0	0.0	0.0	0.0
Cash Funds	42,453,849	33,258,217	0	0	0
Federal Funds	11,974,162	14,860,800	0	0	0
SUBTOTAL - (E) Homelake Domiciliary and State and Veterans Nursing Homes	<u>55,599,217</u>	<u>49,308,163</u>	<u>46,962,795</u>	<u>46,962,795</u>	<u>46,372,730</u>
FTE	<u>673.4</u>	<u>531.0</u>	<u>558.5</u>	<u>558.5</u>	<u>558.5</u>
General Fund	986,130	986,130	986,130	986,130	986,130
Cash Funds	42,638,925	33,432,861	33,430,716	33,430,716	31,056,700
Reappropriated Funds	0	28,372	0	0	0
Federal Funds	11,974,162	14,860,800	12,545,949	12,545,949	14,329,900

JBC Staff Staff Figure Setting - FY 2013-14
Staff Working Document - Does Not Represent Committee Decision

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	FY 2013-14 Recommendation
TOTAL - (9) Services for People with Disabilities	571,968,195	559,973,767	564,479,602	591,174,600	614,963,102
<i>FTE</i>	<u>1,796.7</u>	<u>1,669.2</u>	<u>1,721.3</u>	<u>1,719.3</u>	<u>1,721.3</u>
General Fund	37,454,594	35,974,330	36,837,310	37,431,670	43,480,243
Cash Funds	86,026,637	79,550,096	74,353,954	74,267,396	79,454,395
Reappropriated Funds	390,851,840	381,018,461	396,860,415	423,047,611	432,805,404
Federal Funds	57,635,124	63,430,880	56,427,923	56,427,923	59,223,060
TOTAL - Department of Human Services	571,968,195	559,973,767	564,479,602	591,174,600	614,963,102
<i>FTE</i>	<u>1,796.7</u>	<u>1,669.2</u>	<u>1,721.3</u>	<u>1,719.3</u>	<u>1,721.3</u>
General Fund	37,454,594	35,974,330	36,837,310	37,431,670	43,480,243
Cash Funds	86,026,637	79,550,096	74,353,954	74,267,396	79,454,395
Reappropriated Funds	390,851,840	381,018,461	396,860,415	423,047,611	432,805,404
Federal Funds	57,635,124	63,430,880	56,427,923	56,427,923	59,223,060

Appendix B

Department of Human Services-Office of Long Term Care
 Division for Developmental Disabilities
 Medicaid Funding Requested Waiting List Report
 December 31, 2012

		WAITING LIST UNDUPLICATED COUNTS						
		No Current Services-Waiting for HCBS-DD	Receiving HCBS Services-Waiting for HCBS-DD	Total Waiting List for HCBS-DD	Total Waiting List for SLS	Unduplicated Adult Services Total	HCBS-CES	
Requested Enrollment	Currently Waiting for Enrollment	999	762	1,762	266	2,028	452	
Estimated Funding Age Group	Medicaid Waiver Birth-2.9	n/a	n/a	n/a	n/a	n/a	24	
	3-13.9	n/a	n/a	n/a	n/a	n/a	381	
	14-15.9	n/a	n/a	n/a	n/a	n/a	22	
	16-17.9	59	n/a	59	20	79	25	
	18-27.9	706	353	1,059	166	1,225	n/a	
	28-37.9	92	226	318	39	357	n/a	
	38-47.9	54	79**	134	20	154	n/a	
	48-57.9	57	62	119	16	135	n/a	
	58 Older	31	42	73	5	78	n/a	
	Total with Age 16-17.9 not included in Total Count for Adult Services		940	762	1,703	246	1,949	-
	Total CES		n/a	n/a	n/a	n/a	n/a	452

*These individuals are not currently eligible for services due to not meeting the minimum age requirement.

**One individual receiving OBRA Nursing Home State SLS funded services and requesting HCBS-DD services is included in the count.

Department of Human Services-Office of Long Term Care
 Division for Developmental Disabilities
 State Funding Requested Waiting List Report
 December 31, 2012

		UNDUPLICATED COUNTS	
		Total Waiting List for SLS	Family Support Services Program
Requested Enrollment	Currently Waiting for Enrollment	143	5,631
Estimated Funding Age Group	State General Birth-2.9	n/a	5,631
	3-13.9	n/a	1,621
	14-15.9	n/a	2,917
	16-17.9	n/a	162
	18-27.9	3	157
	28-37.9	63	629
	38-47.9	29	96
	48-57.9	13	30
	58 Older	24	14
	58 Older	11	5
Total with Age 16-17.9 not included in Total FSSP		140	774
Total FSSP		n/a	5,631

Department of Human Services-Office of Long Term Care
 Division for Developmental Disabilities
 Medicaid Funding Requested High Risk Waiting List Report
 December 31, 2012

		WAITING LIST UNDUPLICATED COUNTS				
		No Current Services-Waiting for HCBS-DD	Receiving HCBS Services-Waiting for HCBS-DD	Total Waiting List for HCBS-DD	Total Waiting List for SLS	Unduplicated Adult Services Total
HighRiskCategory	Count	278	277	556	46	602

Department of Human Services-Office of Long Term Care
 Division for Developmental Disabilities
 State Funding Requested High Risk Waiting List Report
 December 31, 2012

		UNDUPLICATED COUNTS
		Total Waiting List for SLS
HighRiskCategory		26

Department of Human Services, Office of Long Term Care
Division for Developmental Disabilities
Waiting List Report
DATE OF REPORT

Footnotes:

- 1) The grayed boxes indicate that there is no data possible due to the individual's age or funding type.
- 2) The Home and Community Based Services for Persons with Developmental Disabilities (HCBS-DD) Adult Waiting List includes those age 18 and older who are requesting services as soon as available or in the current fiscal year and are not currently in a publicly funded residential service (DDD Residential, Nursing Home, ICF/MR, Regional Center, Social Services Children's Home).
- 3) Young adults in Child Welfare foster care placements who will need HCBS-DD services at age 21 are not included in this waiting list report. The demand for those services are tracked separately for budgetary purposes.
- 4) **No Current Services-Waiting for HCBS-DD** - indicates that the person is waiting for HCBS-DD (or HCBS-DD and HCBS-SLS) and is not receiving any HCBS services, including: DD, Supported Living Services (SLS), Elderly/ Blind/Disabled (EBD), Mental Illness (MI), or Brain Injury (BI). Some individuals on the HCBS-DD waiting list would accept HCBS-SLS while they wait for HCBS-DD. It does not mean that SLS would entirely meet the person's needs. It is unlikely that providing SLS would remove the person from the HCBS-DD waiting list. It would remove them from the SLS waiting list and move them where they are counted on the HCBS-DD waiting list from 'No Current Services' to 'Receiving HCBS Services'.
- 5) **Receiving HCBS Services-Waiting for HCBS-DD** - indicates an individual who is receiving one or more HCBS services, which may include SLS, EBD, MI, BI, while waiting for HCBS-DD services.
- 6) **Total Waiting List for HCBS-SLS** - includes those age 18 and older who are not in adult HCBS-DD services or on the HCBS-DD waiting list and are requesting HCBS-SLS as soon as available or in the current fiscal year, although they could be receiving services through the Family Support Services Program (FSSP). When duplication across HCBS-DD and HCBS-SLS waiting list occurs (i.e., person is on both lists), then the count is shown in HCBS-DD.
- 7) **HCBS-CES** - includes all who need HCBS-Children's Extensive Support (CES) but are not currently receiving that service. Children in foster care placements and waiting for HCBS-CES are included. When duplication across HCBS-CES and FSSP occurs (i.e., a child is on both waiting lists), then the count is shown in HCBS-CES.
- 8) **Total Waiting List for State SLS** - includes those age 18 and older who are not in adult HCBS-DD services or on the HCBS-DD or HCBS-SLS waiting lists and are requesting State SLS as soon as available or in the current fiscal year, although they could be receiving a Family Support Service. When duplication across HCBS-DD and State SLS Waiting Lists occurs (i.e., person is on both lists), then the count is shown in HCBS-DD.
- 9) **Family Support Services Program** - includes all who need FSSP but are not currently receiving that service. When duplication across Children and Family Support Services occurs (i.e., a child is on more than one list), then the count is shown in HCBS-CES.
- 10) **High Risk Wait List** - High Risk factors are limited to the following indicators: Individuals who are 40 years or older and are living with parent or relative (on the assumption that these caregivers are elderly), and/or individuals who have one or more of the following disabilities: Mental Illness (MI), Maladaptive Behavior (MB), Non-Mobile (NM), Medically Fragile (MF) and/or has an overall function level of Profound (PF). There may be additional individuals with high risk factors that are not identifiable through information currently contained on the CCMS system. Therefore, this number is an estimate only.
- 11) This waiting list report is for those requesting services as soon as available or in the current fiscal year and does not include 16 and 17 year olds waiting for adult services because they would not currently be eligible for services.
- 12) Under federal requirements, Early Intervention Services is not permitted to have a waiting list.