

**COLORADO GENERAL ASSEMBLY  
JOINT BUDGET COMMITTEE**



**SUPPLEMENTAL REQUESTS FOR FY 2012-13**

**DEPARTMENT OF HUMAN SERVICES  
(Services for People with Disabilities)**

**AND**

**DEPARTMENT OF HEALTH CARE POLICY  
AND FINANCING  
(Supplementals Impacting Services for People with Disabilities)**

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

**Prepared By:  
Megan Davisson, JBC Staff  
January 18, 2013**

For Further Information Contact:

Joint Budget Committee Staff  
200 E. 14th Avenue, 3rd Floor  
Denver, Colorado 80203  
Telephone: (303) 866-2061  
TDD: (303) 866-3472

**TABLE OF CONTENTS**

	<b>Narrative Page</b>	<b>Numbers Page</b>
<b>Prioritized Supplementals - Assigned Order</b>		
<b><u>Department of Human Services</u></b>		
Supplemental #6 – Leased Space for the Division of Developmental Disabilities and the State Unit on Aging	1	20
Supplemental #9 – FY 2012-13 Technical Changes for Developmental Disabilities Programs	2	22
<b><u>Department of Health Care Policy and Financing</u></b>		
Supplemental #13 – Restore ICF/IID Provider Fee	4	25
Supplemental #14 – Colorado Choice Transitions for HCBS-DD Waiver Clients	12	27
<b>Non-prioritized Supplementals</b>		
<b><u>Department of Human Services</u></b>		
Non-prioritize Supplemental #4 – Colorado Choice Transitions for HCBS-DD Waiver Clients	17	N.A.
Non-prioritized Supplemental #5 – Restore ICF/IID Provider Fee	18	N.A.
<b><u>Department of Health Care Policy and Financing</u></b>		
Non-prioritized Supplemental #2 – DHS - Leased Space for the Division of Developmental Disabilities and the State Unit on Aging	18	N.A.
Non-prioritized Supplemental #3 – DHS - FY 2012-13 Technical Changes for Developmental Disabilities Programs	19	N.A.
Totals for All Supplementals – Department of Human Services	N.A.	24
Totals for All Supplementals – Department of Health Care Policy and Financing	N.A.	28

**Prioritized Supplemental Requests –  
Department of Human Services**

**SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #6  
LEASED SPAE FOR THE DIVISION FOR DEVELOPMENTAL  
DISABILITIES AND THE STATE UNIT ON AGING**

	Request	Recommendation
<b>Total</b>	<b><u>\$68,067</u></b>	<b><u>\$0</u></b>
General Fund	(34,034)	0
Medicaid Reappropriated Funds	68,068	0
Net General Fund	0	0

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b> [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	<b>NO</b>
JBC staff and the Department disagree that this request is the result of data that was not available when the original appropriation was made because the Department's write up states that the space has been available since February 2012.	

**Department Request:** The Department requests a net increase of \$34,034 total funds in FY 2012-13 to move the offices for the Division for Developmental Disabilities and the State Unit on Aging into office space being vacated by the Colorado Energy Office in the Logan Tower Building at 1580 Logan Street. The following table shows how the request is funded.

Summary of Dept. of Human Services Supplemental #6 – Leased Space						
Division, Subdivision	Line Item	Total	GF	Medicaid RF	FF	Net GF
Office of Operations, Administration	Leased Space	\$87,772	\$4,926	\$68,068	\$14,778	\$38,960
Services for People with Disabilities, Administration	Personal Services	(34,034)	(34,034)	0	0	(34,034)
Adult Assistance Programs	Administration	(19,704)	(4,926)	0	(14,778)	(4,926)
<b>Total</b>		<b>\$34,034</b>	<b>\$(34,034)</b>	<b>\$68,068</b>	<b>\$0</b>	<b>\$0</b>

**Staff Recommendation:** Staff recommends that the Committee deny the request because there is no available office space to move into. The Colorado Energy Office is not anticipating moving out of the office space at Logan Tower until June or July of 2013.

**Staff Analysis:** The request states that the space was available as of February 2012, which was prior to figure setting for FY 2012-13. Upon inquiring with the Colorado Energy Office if they had moved out of the space, staff was informed that the Colorado Energy Office had not

moved out of the space, but was not anticipating doing so until June or July of 2013. The delay is due to the fact the Department of Human Services had not secured funding for FY 2012-13 to move into the space during the fiscal year. Therefore, there is no space for the Division for Developmental Disabilities and State Unit on Aging to move into in FY 2012-13. The Department has submitted a FY 2013-14 budget amendment for this funding and staff recommends this change be included in the FY 2013-14 appropriation so the Department can begin working on a contract for the office space.

---

**SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #9  
FY 2012-13 TECHNICAL CHANGES FOR DEVELOPMENTAL  
DISABILITIES PROGRAMS**

	Request	Recommendation
<b>Total</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
FTE	0.0	0.0
General Fund	0	0
Cash Funds	0	0
Medicaid Reappropriated Funds	0	0
Net General Fund	0	0

<p><b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b>                  [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]</p>	<b>IN PART</b>
<p>JBC staff and the Department agree that this request is the result of a technical error in calculating the original appropriation, but do not agree that a supplemental is required. Not making the requested changes in FY 2012-13 will not impact program operations in the current year and will be addressed through the figure setting process.</p>	

**Department Request:** The Department requests the following three changes to the FY 2012-13 appropriations for three components of the Developmental Disabilities Program:

1. Transfer of case management dollars for individuals in 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 of 2.0 FTE and associated funds responsible for managing the Early Intervention Services Trust Fund from the Developmental Disabilities Program, to the accounting division of 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 being paid for. Note these two line items are included in the Program Costs subdivision which has a footnote allowing funds to be transferred within lines without approval from the General Assembly.

**Staff Recommendation:** Staff recommends that the Committee deny the Department's request because the technical changes are not adversely impacting operations and have been in place for multiple years without the Department submitting mid-year change requests. These changes will be addressed during the figure setting process since these were also changes requested as part of the FY 2013-14 executive budget request.

**Staff Analysis:**

Change #1

This 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. Since the Department has been aware of this issue since FY 2007-08, the data is not new and was not brought to staff's attention at the time of figure setting for FY 2012-13. No examples were provided in the request to highlight how, without this request, program operations would be impacted in FY 2012-13. The Department has also submitted a FY 2013-14 decision item for this change and staff recommends this change be approved for FY 2013-14.

Change #2

The request to transfer the 2.0 FTE and associated funding responsible for management and administration of the Early Intervention Services Trust Fund has been known since FY 2010-11 when the full implementation of H.B. 09-1237 (Primavera/Shaffer B.) took effect. Since the Department has been able to manage the Early Intervention Services Trust Fund as the Long Bill appropriation currently exists, staff does not agree that a mid-year change meets any of the supplemental criteria and is needed. The Department has also submitted a FY 2013-14 decision item for this change and staff recommends this change be approved for FY 2013-14.

Change #3

The request to transfer General Fund from the Case Management Line item to the Special Purpose line item for FY 2012-13 is not needed because the line items are included within the Program Costs subdivision. The General Assembly has provided to the Department, through a footnote, the power to transfer funds between line items within the Program Costs subdivision. The Department's justification of this request that there are substantive program impacts if the change is not made is one staff is doubtful of since the Department already has the authority to move these funds without a supplemental. The Department has also submitted a FY 2013-14 decision item for this change and staff recommends this change be approved for FY 2013-14.

---

## Prioritized Supplemental Requests – Department of Healthcare Policy and Financing

### SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #13 RESTORE ICF/IID PROVIDER FEE

	Request	Recommendation
<b>Total</b>	<b><u>\$2,324,517</u></b>	<b><u>(\$933,827)</u></b>
General Fund	(1,162,256)	933,828
Cash Funds	4,192,172	0
Reappropriated Funds	(1,867,655)	(1,867,655)
Federal Funds	1,162,256	0

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b> [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	<b>YES</b>
JBC staff and the Department agree this request is a result of data that was not available when the original appropriation was made.	

**This request requires separate legislation.**

**Department Request:** The Department's request has three components:

1. Three statutory changes including two changes regarding the ICF/IID provider fee, and one change to statutory terminology;
2. Funding for additional FTE and operating expenses to administer the ICF/IID provider fee; and,
3. Adjustments to the FY 2012-13 appropriation to recapture General Fund dollars expended during FY 2011-12 as a result of the temporary suspension of the provider fee.

*Component #1 – Legislative Changes*

The Department of Health Care Policy and Financing is requesting the following three statutory changes:

1. Statutory change to designate the Department of Health Care Policy and Financing (HCPF) as the Department authorized to administer and collect the provider fee. Moving the responsibility of the provider fee from the Department of Human Services (DHS) to HCPF will increase the likelihood that the ICF/IID provider fee is in compliance with federal requirements, because HCPF is currently administering two other provider fees, which do not have compliance issues.
2. Increase the fee limit to the federally-allowed maximum of 6.0 percent of patient revenue from the current 5.0 percent of facility expenses. This increase would allow Colorado to offset an estimated \$425,482 additional General Fund.

3. Change to the statutory terminology from "Intermediate Care Facility for the Mentally Retarded (ICF/MR)" to Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) to reflect the current terminology.

*Component #2 – Additional Personnel Funding*

The Department is seeking 2.0 FTE and \$122,423 total funds (funds from provider fee and matching federal funds) for additional HCPF staff to manage the provider fee in a manner compliant with federal regulations, thereby mitigating future risks of having to repay federal funds due to improper program execution.

*Component #3 – Retroactive restoration of the FY 2011-12 provider fee*

The Department seeks to retroactively restore the provider fee that was suspended in FY 2011-12 due to uniformity issues uncovered during HCPF's review of the provider fee. Based on board statutory authority and federal timely filing limits, HCPF can retroactively restore the fee and recapture the General Fund expended in FY 2011-12.

**Staff Recommendation:** Staff recommends that the Committee sponsor legislation to eliminate the provider fee and update the statutory terminology. The ICF/IID provider fee does not provide a benefit to any facility or provider, does not increase the number of individuals being served, and is merely an accounting measure to reduce General Fund expenditures. Additionally, since the inception of the provider fee in 2003, there has not been year without concerns regarding compliance with federal regulations, and staff is not convinced that increasing funding for the administration of the fee is a wise use of state funds. The ICF/IID provider fee was added during the economic downturn of the early 2000s, and is a policy decision that should be reserved for despite economic times. If the Committee approves the staff recommendation, the provider fee could be re-implemented during a future economic downturn.

**Alternative Recommendation:**

If the Committee decides to continue the ICF/IID provider fee, staff would recommend:

1. The Committee sponsor legislation to make the requested statutory changes; and
2. The Committee approves the request to retroactively reinstate the provider fee in FY 2012-13.
3. The Committee approves 1.0 FTE to administer the ICF/IID provider fee in HCPF.

It is important to note that either option requires legislation. **Not sponsoring legislation is not a viable option** because of the agreement with CMS to change the ICF/IID provider fee methodology and potential federal repayment requirements if the current ICF/IID provider fee is not modified.

**Staff Analysis:**

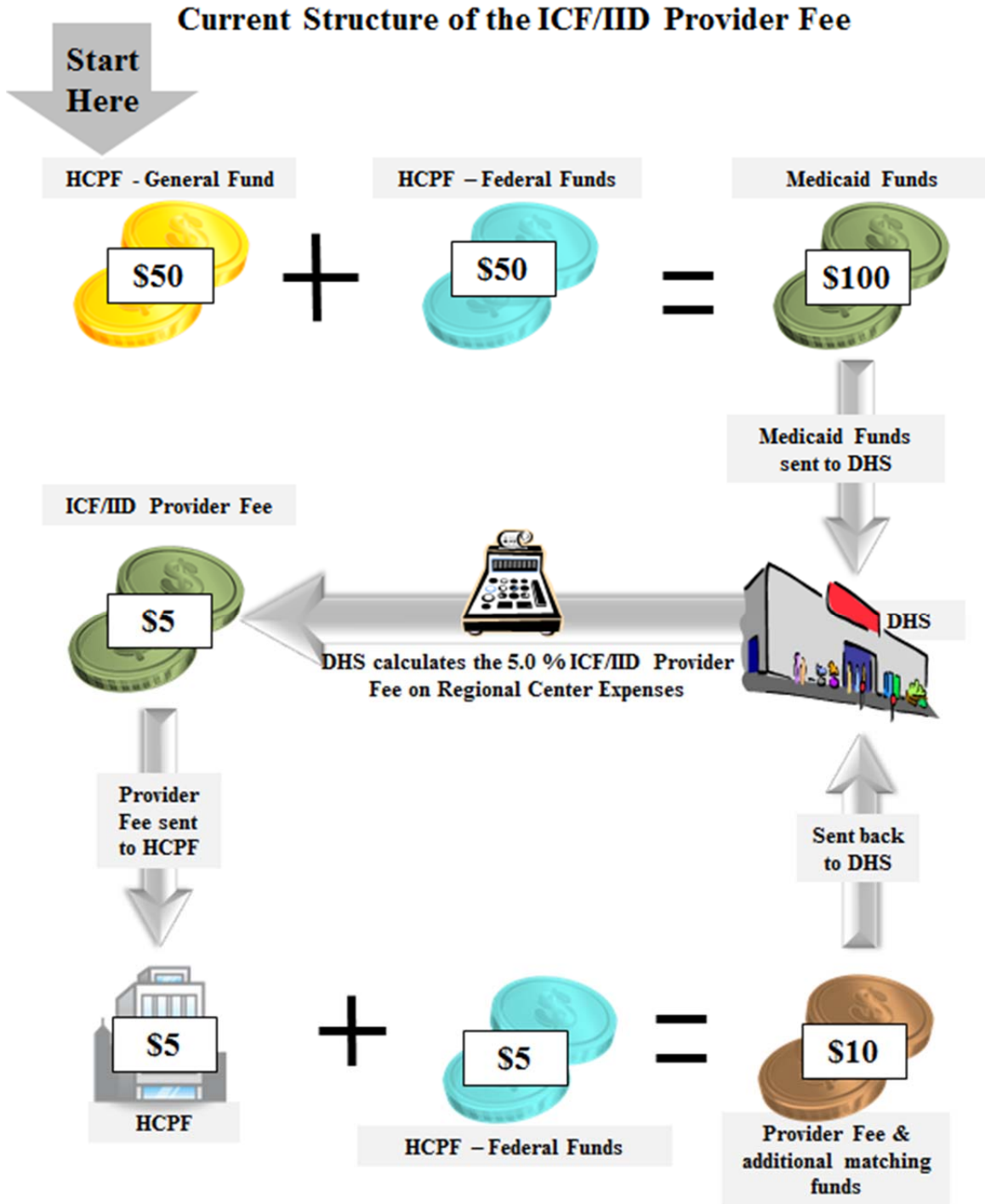
**ICF/IID Provider Fee**

The Intermediate Care Facility for Individuals for Intellectual Disabilities (ICF/IID) provider fee was created by the General Assembly in 2003 by H.B. 03-1292 (Williams S./Teck). House Bill 03-1292 was not a Joint Budget Committee bill, but was sponsored by one JBC member, and passed during the economic downturn in the early 2000s as one of the many measures to reduce General Fund expenditures. The illustration on the following page shows how the ICF/IID provider fee currently works.

**FY 2011-12 Suspension**

A program review by HCPF determined that the provider fee was not being implemented in accordance with the following two federal requirements: (1) the fee be uniform across all providers, and (2) no providers be held harmless. Based on the determination by HCPF, the provider fee was suspended for FY 2011-12. HCPF worked with the Centers for Medicare and Medicaid (CMS) to develop an administration and collection policy that would enable the provider fee to be administered in accordance with federal regulatory requirements. The methodology developed by the HCPF was approved by CMS in April 2012. According to HCPF, the provider fee has never been properly administered or collected since its inception in 2003. The methodology approved in April 2012 will ensure proper administration and collection of the fee.





**Component #1 – Statutory Changes**

The three legislative changes being requested are:

1. Transferring the responsibility of administering and collecting the ICF/IID provider fee from DHS to HCPF in FY 2013-14;
2. Increasing the statutory limit of the provider fee from 5.0 percent of expenses to 6.0 percent of patient revenue starting in FY 2013-14; and
3. Updating statutory terminology to reflect current language used.

Since staff is recommending the Committee sponsor legislation to eliminate the provider fee, staff would not recommend parts one and two of the legislative changes of the Department's request. **Staff does recommend the Committee sponsor legislation to change the statutory terminology to Intermediate Care Facility for Individuals with Intellectual Disabilities.**

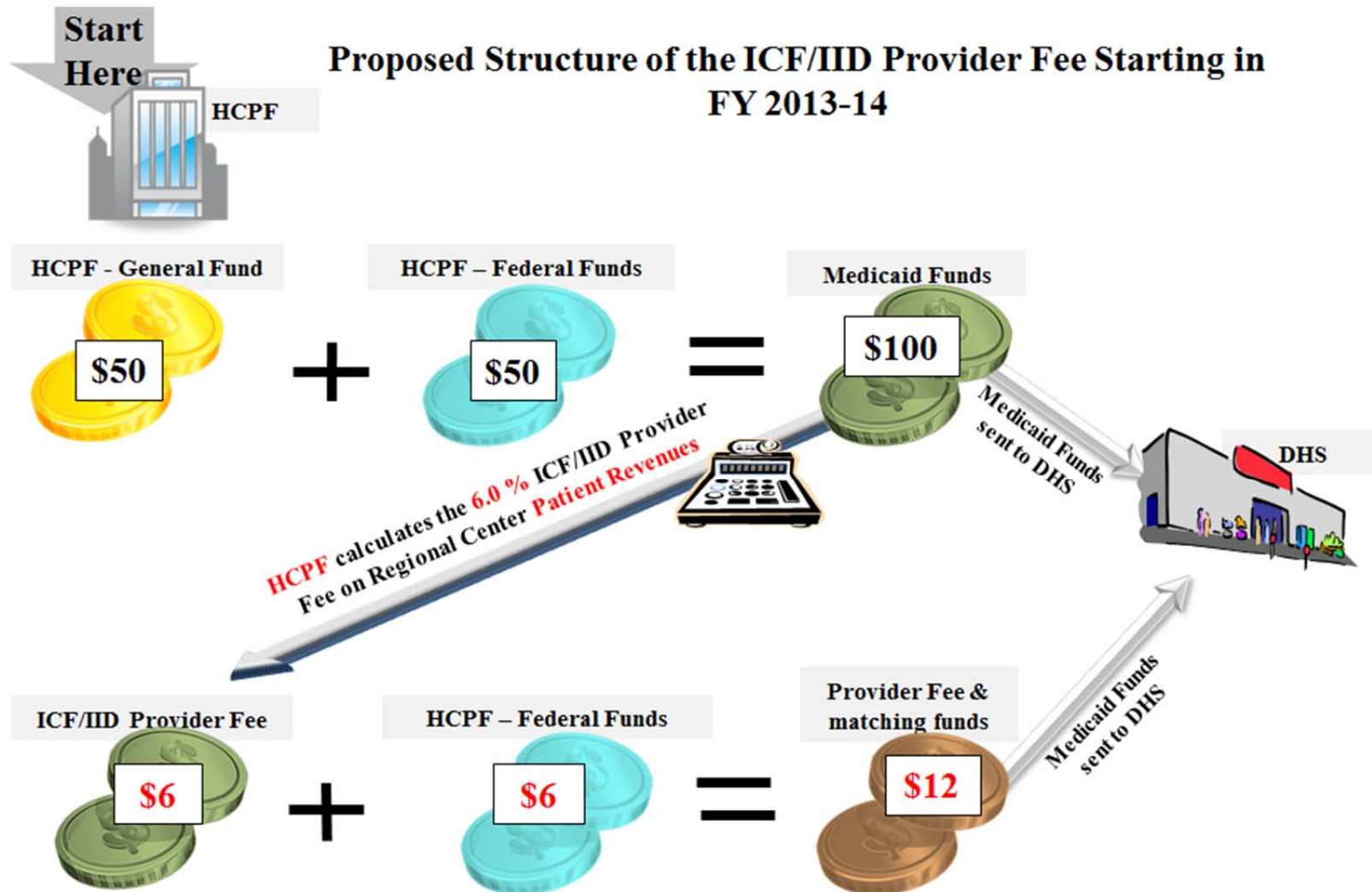
*Alternative Option to Staff Recommendation:*

**If the Committee decides to continue the provider fee, staff would recommend the Committee sponsor legislation that includes all three components of the requested statutory changes.** Moving the administration of the provider fee to HCPF would eliminate double counting in the Long Bill, and eliminate an unneeded layer of administration. HCPF is the only Department authorized to work directly with CMS and allowing HCPF to administer the ICF/IID provider fee directly would decrease the likelihood that the ICF/IID provider fee would be administered in violation of federal regulations. Increasing the statutory limit on the ICF/IID provider fee from 5.0 percent of expenses to 6.0 percent of revenues maximizes the General Fund offset.

The benefit of keeping the ICF/IID provider fee would be to maximize the amount of General Fund that is offset and can be used for other programs. The graphic on the following page shows, if the Committee wishes to continue the provider fee, how the administration of the provider fee would work.

The alternative staff recommendation to increase the provider fee limit would enable the General Assembly to offset as much General Fund as possible under federal regulations. Increasing the ICF/IID provider fee limit would result in additional General Fund savings in FY 2012-13 and FY 2013-14 as shown in the table below.

<b>New General Fund Savings Resulting From ICF/IID Provider Fee Changes</b>		
<b>Fiscal Year</b>	<b>Source</b>	<b>General Fund</b>
<b>FY 2012-13</b>	Provider Fee collected from Private Facility	\$114,477
<hr/>		
<b>FY 2013-14</b>		
	Provider Fee Limit Increase - Regional Centers	175,062
	Provider Fee collected from Private Facility	114,477
	Provider Fee Limit Increase - Private Facility	21,466
<b>FY 2013-14 Total</b>		<b>\$311,005</b>



**Component #2 – Additional Personnel Funding**

The Department is seeking 2.0 FTE and \$122,423 in FY 2013-14 for additional staff in HCPF to manage the program in a manner compliant with federal regulations, thereby mitigating future risks of having to repay federal funds due to potential improper program execution. If the Committee decides to sponsor legislation to eliminate the ICF/IID provider fee, these additional FTE would not be needed. **If the Committee decides to continue the provider fee, staff recommends 1.0 FTE in FY 2013-14 to administer the ICF/IID provider fee and these FTE be appropriated in the bill to modify the ICF/IID provider fee.** Additionally staff does not recommend the centrally-appropriated expenses (like health, life and dental) pursuant to Joint Budget Committee policy. Currently HCPF is able to administer the nursing facility provider fee, which includes both collection of the fee and supplemental payments based on performance to facilities and only uses 2.0 FTE to administer. Staff does not believe that administration of the ICF/IID provider fee would be as much work as administering the nursing provider fee because it only requires collection of the provider fee.

**Component #3 – Retroactive restoration of the FY 2011-12 provider fee**

If the Committee decides to continue the provider fee, staff would recommended the Committee approve the FY 2012-13 supplemental to retroactively restore the provider fee since it is permitted under federal timely regulations. Since FY 2011-12 has already closed, the provider fee would be reactivated in the FY 2012-13 supplemental, so that the General Fund appropriated when the provider fee was suspended in FY 2011-12 can be "recaptured" in FY 2012-13. If the Committee decides to retroactively restore the provider fee, the fee will also be applied to the one private ICF/IID facility, resulting in additional General Fund savings because the facility is paid with Medicaid funds. The following table summarizes all aspects of the request over the three fiscal years.

*JBC Staff Supplemental Recommendations: FY 2012-13*  
*Staff Working Document – Does Not Represent Committee Decision*

<b>HCPF Fiscal Impact of Requested Changes to the ICF/IID Provider Fee</b>					New Dollars?
	Total Funds	GF	CF	FF	
<b>FY 2011-12</b>					
Restore the Regional Center Provider Fee	\$1,867,133	\$933,567	\$0	\$933,566	
Retroactively charge the Private Facility the Provider Fee	228,953	114,477	0	114,476	*
<i>Provider Fee Total</i>	2,096,086	1,048,044	0	1,048,042	
Move Provider Fee to HCPF	0	(2,096,086)	2,096,086	0	
<b>FY 2011-12 Total</b>	<b>\$2,096,086</b>	<b>(\$1,048,042)</b>	<b>\$2,096,086</b>	<b>\$1,048,042</b>	
*Note the General Fund reduction shown for FY 2011-12 would occur in FY 2012-13 if the Committee decides to accept the Department's supplemental request.					
<b>FY 2012-13</b>					
Regional Center Provider Fee	\$1,867,133	\$933,567	0	\$933,566	
Private Provider Fee	228,954	114,477	0	114,477	*
<i>Provider Fee Total</i>	2,096,087	1,048,044	0	1,048,043	
Move Provider Fee to HCPF	0	(2,096,086)	2,096,086	0	
<b>FY 2012-13 Total</b>	<b>\$2,096,086</b>	<b>(\$1,048,042)</b>	<b>\$2,096,086</b>	<b>\$1,048,042</b>	
<b>FY 2013-14</b>					
Regional Center Provider Fee	\$1,867,133	\$933,567	0	\$933,566	
Provider Fee Limit Increase	350,124	175,062	0	175,062	*
<i>Subtotal - Regional Center</i>	2,217,257	1,108,629	0	1,108,628	
Private Provider Fee	228,954	114,477	0	114,477	*
Provider Fee Limit Increase	42,932	21,466	0	21,466	*
<i>Subtotal - Regional Center</i>	271,886	135,943	0	135,943	
<i>Provider Fee Total</i>	2,489,143	1,244,572	0	1,244,571	
Move Provider Fee to HCPF	0	(2,427,931)	2,427,931	0	
HCPF Administration Costs	122,423	0	122,423	0	*
<b>FY 2013-14 Total</b>	<b>\$2,611,566</b>	<b>(\$1,183,359)</b>	<b>\$2,550,354</b>	<b>\$1,244,571</b>	
* Numbers in red indicate new dollars resulting from requested changes.					

**SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #14  
COLORADO CHOICE TRANSITIONS FOR HCBS-DD WAIVER  
CLIENTS**

	Request	Recommendation
<b>Total</b>	<b><u>\$0</u></b>	<b><u>\$141,913</u></b>
General Fund	0	70,957
Federal Funds	0	70,956

<b>Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?</b> [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	<b>YES</b>
JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.	

**Department Request:** The Department requests an additional 15 comprehensive full program equivalents be added to the home and community based adult comprehensive waiver for individuals with developmental disability (HCBS-DD waiver) in FY 2012-13, to provide full program equivalents (FPE<sup>1</sup>) for individuals with intellectual disabilities transitioning out of nursing facilities using the Colorado Choice Transitions Program (CCT Program). The request asks for \$214,515 total funds be added to the HCBS-DD waiver line item for 15 FPE, and the Medical Services Premiums line item be reduce by \$214,515 total funds, of which \$107,257 is General Fund and \$107,258 is federal funds.

**Staff Recommendation:** Staff recommends the Department of Health Care Policy and Financing FY 2012-13 appropriations be adjusted as follows:

- Reduce the Medical Services Premiums line item by \$214,515 total funds, of which \$107,257 is General Fund and \$107,258 is federal funds.
- Increase the Community Services for People with Developmental Disabilities, Program Costs line item line by \$356,428 total funds, of which \$178,214 is General Fund and \$178,214 is federal funds.

**Staff Analysis:**

**Colorado Choice Transitions Program**

The Colorado Choice Transitions Program (CCT Program) is Colorado's version of the federal Money Follows the Person Program, and is designed to facilitate the transition of individuals out of institutional setting and into community settings. Colorado received \$22.0 million to transition 490 individuals out of institutional settings into community based setting. Individuals must meet the eligibility criteria and have expressed interest in transitioning. Integral to the CCT

---

<sup>1</sup> One FPE is equal to one year of services provided through HCBS-DD waiver.

Program is the additional transition and case management services individuals will receive during the transition period and throughout the first year of living in the community.

In order to transition individuals eligible for the HCBS-DD waiver, the Department of Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) had to ensure there are FPEs available for these individuals to transition into. Due to the waiting list of 1,831 adults waiting for a comprehensive FPE, there are no existing vacant FPEs for individuals to transition to. This request is for additional FPEs so individuals eligible for the HCBS-DD waiver could be transitioned under the CCT Program.

**Differences between the Request and Staff Recommendation**

As requested, the cost of transitioning individuals from institutions to the HCBS-DD waiver appears to be cost neutral, because savings from not paying for nursing facilities is used to pay for the additional FPEs. *Table 1* on the following page outlines how the Department request was calculated.

The calculation of the staff recommendation is shown in *Table 2*. There are two components of the Department's request that staff does not agree with and are the reasons for the difference between the request and recommendation. The two differences, discussed on the pages following the tables, are:

1. Average Annual HCBS-DD Waiver Cost (row F); and
2. Use of the Budget Neutrality Factor (row S).

*JBC Staff Supplemental Recommendations: FY 2012-13  
Staff Working Document – Does Not Represent Committee Decision*

<b>Table 1. Department's Calculation of FY 2012-13 Costs to Transition Individuals with Developmental Disabilities From Nursing Facilities to HCBS-DD Waiver</b>				
Row		FY 2012-13	FY 2013-14	Comments/Formula
A	Number of Clients Transitioning	17	17	
B	Per Capita Annual Reduction in Nursing Facility Costs	(\$51,990)	(\$51,990)	Footnote (1)
C	State Plan Home Health Services	1,516	1,516	Footnote (2)
D	Months Effective	3	12	Based on program implementation date of April 1, 2013.
E	<b>Reduction to Medical Services Premiums</b>	<b>(\$214,515)</b>	<b>(\$858,058)</b>	Row A * (Row B + Row C) * Row D / 12
F	Average Annual HCBS-DD Waiver Cost	\$62,972	\$62,972	Footnote (4)
G	Months Effective	3	12	Based on program implementation date of April 1, 2013.
H	<b>Cost to HCBS-DD Waiver Program for Base Services</b>	<b>\$267,631</b>	<b>\$1,070,524</b>	Row A * Row F * Row G / 12
I	CCT Demonstration Services and Intensive Case Management	\$10,496	\$10,496	Footnote (3)
J	Months Effective	3	9	Based on program implementation date of April 1, 2013.
K	<b>Waiver Costs for CCT Transition Services</b>	<b>\$44,608</b>	<b>\$133,824</b>	Row A * Row I * Row J / 12
L	<b>Total Waiver Costs (Base Services and Transition Services)</b>	<b>\$312,239</b>	<b>\$1,204,348</b>	Row H + Row K
M	Per Capita Costs of Targeted Case Management	\$2,268	\$2,268	Footnote (3)
N	Months Effective	0	3	Based on program implementation date of April 1, 2013.
O	<b>Waiver Expenses for Targeted Case Management</b>	<b>\$0</b>	<b>\$9,639</b>	Row A * Row M * Row O / 12
P	<b>Total CCT Program Costs for Individuals Transition to the HCBS-DD Waiver without Budget Neutrality Factor</b>	<b>\$97,725</b>	<b>\$355,929</b>	Row E + Row L + Row O
<b>Budget Neutrality Factor Calculation</b>				
Q	Total DHS Cost to Provide Services	\$312,239	\$1,213,987	Row L + Row O
R	Funding Shortfall	\$97,725	\$355,929	Row P + Row E
S	Current Cost Per HCBS-DD Resource	\$65,240	\$65,240	Row F + Row M
T	Number of Unfunded FPE	(2)	(6)	Row Q / Row R, rounded to nearest integer
U	<b>Budget Neutrality Factor</b>	<b>(\$130,480)</b>	<b>(\$391,440)</b>	Row T * Row S
	<b>Total CCT Program Costs for Individuals Transition to the HCBS-DD Waiver with Budget Neutrality Factor</b>	<b>(\$32,756)</b>	<b>(\$35,511)</b>	Row P + Row U
<p>(1) Based on the actual claims data for clients identified by DHS as appropriate candidates for the CCT Program, average claims for FY 2010-11 was \$51,990. FY 2010-11 is used in order to maintain consistency with HCBS-DD data, for which FY 2010-11 data is the latest available.</p> <p>(2) Individuals are assumed to need additional state plan home health services as a result of moving into the community. The Department estimates that the average cost per person per year will be \$1,516.</p> <p>(3) Estimated costs for CCT-specific services per person per year include: \$6,484 for demonstration services and \$4,012 for intensive case management. CCT Clients do not require Target Case Management while receiving CCT Transition Services</p> <p>(4) The departments assume the typical CCT Program participant transferring from Class I Nursing Facilities will enter the HCBS-DD waiver with needs of the average enrollee. The latest data available (FY 2010-11) indicates that the average cost for clients was \$62,972. Case Management costs are estimated to be \$2,268 (based upon cost-containment measures implemented in FY 2011-12).</p>				



*JBC Staff Supplemental Recommendations: FY 2012-13  
Staff Working Document – Does Not Represent Committee Decision*

<b>Table 2. Staff Calculation of FY 2012-13 Costs to Transition Individuals with Developmental Disabilities From Nursing Facilities to HCBS-DD Waiver</b>				
Row		FY 2012-13	FY 2013-14	Comments/Formula
A	Number of Clients Transitioning	17	17	
B	Per Capita Annual Reduction in Nursing Facility Costs	(\$51,990)	(\$51,990)	Number from Department's request.
C	State Plan Home Health Services	1,516	1,516	Number from Department's request.
D	Months Effective	3	12	Based on program implementation date of April 1, 2013.
E	<b>Reduction to Medical Services Premiums</b>	<b>(\$214,515)</b>	<b>(\$858,058)</b>	Row A * (Row B + Row C) * Row D / 12
F	Average Annual HCBS-DD Waiver Cost	\$73,370	\$74,471	FY 2012-13 weight average from Table 4. FY 2013-14 cost includes 1.5% provider rate increase.
G	Months Effective	3	12	Based on program implementation date of April 1, 2013.
H	<b>Cost to HCBS-DD Waiver Program for Base Services</b>	<b>\$311,820</b>	<b>\$1,266,007</b>	Row A * Row F * Row G / 12
I	CCT Demonstration Services and Intensive Case Management	\$10,496	\$10,496	Number from Department's request.
J	Months Effective	3	9	Based on program implementation date of April 1, 2013.
K	<b>Waiver Costs for CCT Transition Services</b>	<b>\$44,608</b>	<b>\$133,824</b>	Row A * Row I * Row J / 12
L	<b>Total Waiver Costs (Base Services and Transition Services)</b>	<b>\$356,428</b>	<b>\$1,399,831</b>	Row H + Row K
M	Per Capita Costs of Targeted Case Management	\$2,268	\$2,268	Number from Department's request.
N	Months Effective	0	3	Based on program implementation date of April 1, 2013.
O	<b>Waiver Expenses for Targeted Case Management</b>	<b>\$0</b>	<b>\$9,639</b>	Row A * Row M * Row O / 12
P	<b>Total CCT Program Costs for Individuals Transition to the HCBS-DD Waiver without Budget Neutrality Factor</b>	<b>\$141,914</b>	<b>\$551,412</b>	Row E + Row L + Row O
<b>Budget Neutrality Factor Calculation</b>				
Q	Total DHS Cost to Provide Services	\$356,428	\$1,409,470	Row L + Row O
R	Funding Shortfall	\$141,914	\$551,412	Row P + Row E
S	Current Cost Per HCBS-DD Resource	\$75,638	\$65,240	Row F + Row M
T	Number of Unfunded FPE	(2)	(9)	Row Q / Row R, rounded to nearest integer
U	<b>Budget Neutrality Factor</b>	<b>(\$151,275)</b>	<b>(\$587,160)</b>	Row T * Row S
	<b>Total CCT Program Costs for Individuals Transition to the HCBS-DD Waiver with Budget Neutrality Factor</b>	<b>(\$9,361)</b>	<b>(\$35,748)</b>	Row P + Row U

*Difference #1 – Average Annual HCBS-DD Waiver Cost (row F)*

The Department used the FY 2010-11 average cost of 1.0 FPE to calculate how much each FPE would cost in FY 2012-13. The staff recommendation used an average of 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 felt it is more important to ensure that the FPEs are properly funded to minimize the chance a transition would fail due to lack of services.

The request states that individuals transitioning are anticipated to have needs equivalent to the average waiver enrollee, which based on the FY 2011-12 distribution of clients across the support levels, is a support level of 3.56. Staff distributed out the 17 FPEs for FY 2012-13 based

on the percent of clients at support levels three through six in FY 2011-12, to capture the range of services individuals transitioning will need. The follow steps were used to calculate the weighted average shown in row F of Table 2.

**Step 1:** Take the FY 2011-12 HCBS-DD waiver costs by support level to establish a base for calculating the cost and need distribution of the 17 FPE in FY 2012-13. This data is shown in Table 3.

<b>Table 3. FY 2011-12 HCBS-DD Waiver Costs</b>			
<b>Support Level</b>	<b>Unduplicated Client Count</b>	<b>Avg. Monthly Cost</b>	<b>Full Year Cost of 1.0 FPE</b>
1	438	\$2,632.55	\$31,590.60
2	931	\$3,968.70	\$47,624.40
3	732	\$4,698.33	\$56,379.96
4	711	\$5,640.49	\$67,685.88
5	842	\$6,501.50	\$78,018.00
6	550	\$8,032.05	\$96,384.60
7	43	\$10,641.20	\$127,694.40
<b>Total</b>	<b>4,247</b>	<b>\$5,318.47</b>	<b>\$63,821.64</b>

**Step 2:** Staff projected, based on the FY 2011-12 distributions of clients across support levels three through six, how the needs of the seventeen clients will be distributed (Table 4, column b)

**Step 3:** Next, using the full year cost of 1.0 FPE (column c), staff calculated for a full year, what the cost of the CCT clients would be at each support level (column d).

**Step 4:** Since the funding for FY 2012-13 assumes a transition date of April 1, 2013, funding for FY 2012-13 only needs to be for three months, which is the final column in Table 4.

<b>Table 4. FY 2012-13 Waiver Cost of CCT Clients Based on Projected Support Level</b>						
<b>Support Level</b>	<b>FY 11-12 Client Count</b>	<b>Percent of Total</b>	<b>17 CCT Clients</b>	<b>Full Year Cost of 1.0 FPE</b>	<b>Full Year Cost for CCT Clients</b>	<b>3 month Cost for CCT Clients</b>
		<b>a</b>	<b>b=a*17</b>	<b>c</b>	<b>d=b*c</b>	<b>=d*25%</b>
3	732	25.8%	4.4	\$56,380	248,072	62,017.96
4	711	25.1%	4.3	\$67,686	291,049	72,762.32
5	842	29.7%	5.0	\$78,018	390,090	97,522.50
6	550	19.4%	3.3	\$96,385	318,069	79,517.30
<b>Total</b>	<b>2,835</b>	<b>100.0%</b>	<b>17.0</b>	<b>\$73,370</b>	<b>\$1,247,280</b>	<b>\$311,820</b>

*Difference #2 – Budget Neutrality Factor (rows Q to U)*

The Department stated in the request that funding for 2 FPE in FY 2012-13 (row T of Table 1), 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 evidence by the 1,831 individuals currently waiting for a FPE, there are no available vacant FPEs. Over the course of three years,

the total number of FPEs the Department proposes to fund through attrition and at the expense of individuals waiting for services is 22 FPEs. The 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.

---

## **Non-prioritized Supplemental Requests – Department of Human Services**

---

### **NON-PRIORITIZED SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #4 COLORADO CHOICE TRANSITIONS FOR HCBS-DD WAIVER CLIENTS**

	<b>Request</b>	<b>Recommendation</b>
<b>Total</b>	<b><u>\$214,515</u></b>	<b><u>\$356,428</u></b>
Medicaid Reappropriated Funds	214,515	356,428
Net General Fund	107,257	178,514

**Department Request:** The Department requests an additional 15 comprehensive full program equivalents be added to the home and community based adult comprehensive waiver for individuals with developmental disability (HCBS-DD waiver) in FY 2012-13, to provide full program equivalents (FPE) for individuals with intellectual disabilities transition out of nursing facilities under the Colorado Choice Transitions Program (CCT Program). The request asks for \$214,515 total funds are added to the HCBS-DD waiver line item in FY 2012-13.

**Staff Recommendation:** Staff recommends that the Committee appropriate \$356,428 Medicaid reappropriated funds to the adult comprehensive waiver line item in the Services for People with Disabilities division, for 17 new FPE. Please see the discussion and recommendation for the Department of Health Care Policy and Financing Supplemental #14 in this packet for additional details.

---

**NON-PRIORITIZED SUPPLEMENTAL REQUEST, DEPARTMENT  
PRIORITY #5  
RESTORE ICF/IID PROVIDER FEE**

	Request	Recommendation
<b>Total</b>	<b><u>\$1,866,611</u></b>	<b><u>\$933,567</u></b>
General Fund	0	\$933,567
Medicaid Reappropriated Funds	1,866,611	(1,867,655)
Net General Fund	(984,892)	933,567

**This request requires separate legislation.**

**Department Request:** The Department requests the ICD/IID provider fee maximum be increased to 6.0 percent of patient revenues, administration of the ICF/IID provider fee be moved to the Department of Health Care Policy and Financing, and retroactive restoration of the FY 2011-12 provider fee in FY 2012-13.

**Staff Recommendation:** Staff recommends that the Committee sponsor legislation to eliminate the ICF/IID provider fee. Please see the discussion and recommendation for the Department of Health Care Policy and Financing Supplemental #13 in this packet for additional details.

---

**Non-prioritized Supplemental Requests –  
Department of Health Care Policy and Financing**

---

**NON-PRIORITIZED SUPPLEMENTAL REQUEST, DEPARTMENT  
PRIORITY #2  
DHS – LEASED SPACE FOR THE DIVISION OF DEVELOPMENTAL  
DISABILITIES AND THE STATE UNIT ON AGING**

	Request	Recommendation
<b>Total</b>	<b><u>\$34,034</u></b>	<b><u>\$0</u></b>
General Fund	34,034	0

**Department Request:** The Department requests a net increase of \$34,034 total funds to move the offices for the Division for Developmental Disabilities and the State Unit on Aging into office space being vacated by the Colorado Energy Office in the Logan Tower Building at 1580 Logan Street. The following table shows how the request is funded.

**Staff Recommendation:** Staff recommends that the Committee deny the request. See the discussion and recommendation for the Department of Human Services Supplemental #6 in this packet for additional details.

---

**NON-PRIORITIZED SUPPLEMENTAL REQUEST, DEPARTMENT  
PRIORITY #3  
DHS – FY 2012-13 TECHNICAL CHANGES FOR DEVELOPMENTAL  
DISABILITIES PROGRAMS**

	Request	Recommendation
<b>Total</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
General Fund	0	0

**Department Request:** The Department requests three technical changes to appropriations related to the Developmental Disabilities Program.

**Staff Recommendation:** Staff recommends that the Committee deny the request. See the discussion and recommendation for the Department of Human Services Supplemental #9 in this packet for additional details.

---

*JBC Staff Supplemental Recommendations - FY 2012-13  
Staff Working Document - Does Not Represent Committee Decision*

**Appendix A: Number Pages**

	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2012-13 Requested Change	FY 2012-13 Rec'd Change	FY 2012-13 Total W/ Rec'd Change
--	----------------------	-----------------------------	--------------------------------	----------------------------	-------------------------------------

**DEPARTMENT OF HUMAN SERVICES  
Reggie Bicha, Executive Director**

**DHS Supplemental #6 - Leased Space for the Division for Developmental Disabilities and the State Unit on Aging**

**(3) OFFICE OF OPERATIONS**

**(A) Administration**

Leased Space	<u>2,244,852</u>	<u>2,410,915</u>	<u>87,772</u>	<u>0</u>	<u>2,410,915</u>
General Fund	582,907	588,759	4,926	0	588,759
Cash Funds	9,059	37,416	0	0	37,416
Reappropriated Funds	0	22,527	68,068	0	22,527
Federal Funds	1,652,886	1,762,213	14,778	0	1,762,213

**SERVICES FOR PEOPLE WITH DISABILITIES**

**(A) Community Services for People with Developmental Disabilities**

**(1) Administration**

Personal Services	<u>2,739,222</u>	<u>2,904,811</u>	<u>(34,034)</u>	<u>0</u>	<u>2,904,811</u>
FTE	32.5	36.0	0.0	0.0	36.0
General Fund	90,146	227,108	(34,034)	0	227,108
Cash Funds	80,307	79,485	0	0	79,485
Reappropriated Funds	2,568,769	2,598,218	0	0	2,598,218

**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

---

	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2012-13 Requested Change	FY 2012-13 Rec'd Change	FY 2012-13 Total W/ Rec'd Change
<b>Total for DHS Supplemental #6 - Leased Space for the Division for Developmental Disabilities and the State Unit on Aging</b>	4,984,074	5,315,726	53,738	0	5,315,726
<i>FTE</i>	<u>32.5</u>	<u>36</u>	<u>0</u>	<u>0</u>	<u>36</u>
General Fund	673,053	815,867	(29,108)	0	815,867
Cash Funds	89,366	116,901	0	0	116,901
Reappropriated Funds	2,568,769	2,620,745	68,068	0	2,620,745
Federal Funds	1,652,886	1,762,213	14,778	0	1,762,213

**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2012-13 Requested Change	FY 2012-13 Rec'd Change	FY 2012-13 Total W/ Rec'd Change
--	----------------------	-----------------------------	--------------------------------	----------------------------	-------------------------------------

**DHS Supplemental #9 - FY 2012-13 Technical Changes for Developmental Disabilities Programs**

**(3) OFFICE OF OPERATIONS**

**(A) Administration**

Personal Services	<u>21,636,210</u>	<u>22,487,542</u>	<u>79,485</u>	<u>0</u>	<u>22,487,542</u>
FTE	433.1	432.8	2.0	0.0	432.8
General Fund	11,175,363	12,702,958	0	0	12,702,958
Cash Funds	2,425,826	1,947,505	79,485	0	1,947,505
Reappropriated Funds	5,414,949	5,945,930	0	0	5,945,930
Federal Funds	2,620,072	1,891,149	0	0	1,891,149

**SERVICES FOR PEOPLE WITH DISABILITIES**

**(A) Community Services for People with Developmental Disabilities**

**(1) Administration**

Personal Services	<u>2,739,222</u>	<u>2,904,811</u>	<u>(79,485)</u>	<u>0</u>	<u>2,904,811</u>
FTE	32.5	36.0	(2.0)	0.0	36.0
General Fund	90,146	227,108	0	0	227,108
Cash Funds	80,307	79,485	(79,485)	0	79,485
Reappropriated Funds	2,568,769	2,598,218	0	0	2,598,218
Operating Expenses	<u>133,984</u>	<u>155,651</u>	<u>(7,128)</u>	<u>0</u>	<u>155,651</u>
Cash Funds	2,349	7,128	(7,128)	0	7,128
Reappropriated Funds	131,635	148,523	0	0	148,523
Case Management	<u>23,874,498</u>	<u>28,795,235</u>	<u>(179,756)</u>	<u>0</u>	<u>28,795,235</u>
General Fund	4,224,963	4,768,210	(481,488)	0	4,768,210
Reappropriated Funds	19,649,535	24,027,025	301,732	0	24,027,025



**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2012-13 Requested Change	FY 2012-13 Rec'd Change	FY 2012-13 Total W/ Rec'd Change
Special Purpose	<u>908,455</u>	<u>398,084</u>	<u>481,488</u>	<u>0</u>	<u>398,084</u>
General Fund	908,455	360,844	481,488	0	360,844
Reappropriated Funds	0	37,240	0	0	37,240

**SERVICES FOR PEOPLE WITH DISABILITIES**

**(B) Regional Centers for People with Developmental Disabilities**

**(1) Medicaid-funded Services**

Personal Services	<u>41,147,575</u>	<u>45,357,421</u>	<u>(301,732)</u>	<u>0</u>	<u>45,357,421</u>
FTE	864.9	887.1	0.0	0.0	887.1
Cash Funds	870,928	2,060,389	0	0	2,060,389
Reappropriated Funds	40,276,647	43,297,032	(301,732)	0	43,297,032

<b>Total for DHS Supplemental #9 - FY 2012-13</b>					
<b>Technical Changes for Developmental Disabilities</b>					
<b>Programs</b>	90,439,944	100,098,744	(7,128)	0	100,098,744
<i>FTE</i>	<u>1,330.5</u>	<u>1,355.9</u>	<u>0</u>	<u>0</u>	<u>1,355.9</u>
General Fund	16,398,927	18,059,120	0	0	18,059,120
Cash Funds	3,379,410	4,094,507	(7,128)	0	4,094,507
Reappropriated Funds	68,041,535	76,053,968	0	0	76,053,968
Federal Funds	2,620,072	1,891,149	0	0	1,891,149

**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

---

	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2012-13 Requested Change	FY 2012-13 Rec'd Change	FY 2012-13 Total W/ Rec'd Change
<b>Totals Excluding Pending Items</b>					
<b>HUMAN SERVICES</b>					
<b>TOTALS for ALL Departmental line items</b>	2,002,593,991	2,071,322,439	34,034	0	2,071,322,439
<i>FTE</i>	<u>4,731.3</u>	<u>4,878.6</u>	<u>0</u>	<u>0</u>	<u>4,878.6</u>
General Fund	605,477,687	642,011,487	(34,034)	0	642,011,487
Cash Funds	332,257,667	336,871,969	0	0	336,871,969
Reappropriated Funds	437,274,156	475,870,742	68,068	0	475,870,742
Federal Funds	627,584,481	616,568,241	0	0	616,568,241

**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

**Appendix A: Number Pages**

	<b>FY 2011-12 Actual</b>	<b>FY 2012-13 Appropriation</b>	<b>FY 2012-13 Requested Change</b>	<b>FY 2012-13 Rec'd Change</b>	<b>FY 2012-13 Total W/ Rec'd Change</b>
--	------------------------------	-------------------------------------	--	------------------------------------	---

**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

**HCPF Supplemental #13 - Restore ICF/IID Provider Fee**

**MEDICAL SERVICES PREMIUMS**

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	<u>3,642,032,762</u>	<u>3,985,613,386</u>	<u>457,906</u>	<u>0</u>	<u>3,985,613,386</u>
General Fund	833,239,176	1,050,603,677	(177,364)	0	1,050,603,677
General Fund Exempt	373,508,751	312,202,624	0	0	312,202,624
Cash Funds	629,762,743	651,181,857	406,318	0	651,181,857
Reappropriated Funds	6,445,828	3,215,340	0	0	3,215,340
Federal Funds	1,799,076,264	1,968,409,888	228,952	0	1,968,409,888

**DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS**

**Services for People with Disabilities - Medicaid Funding**

Regional Centers	<u>43,301,047</u>	<u>47,986,346</u>	<u>1,866,611</u>	<u>(933,827)</u>	<u>47,052,519</u>
General Fund	22,340,689	22,125,518	(984,892)	933,828	23,059,346
Cash Funds	0	0	3,785,854	0	0
Reappropriated Funds	0	1,867,655	(1,867,655)	(1,867,655)	0
Federal Funds	20,960,358	23,993,173	933,304	0	23,993,173

**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

---

	<b>FY 2011-12 Actual</b>	<b>FY 2012-13 Appropriation</b>	<b>FY 2012-13 Requested Change</b>	<b>FY 2012-13 Rec'd Change</b>	<b>FY 2012-13 Total W/ Rec'd Change</b>
<b>Total for HCPF Supplemental #13 - Restore ICF/ IID Provider Fee</b>	3,685,333,809	4,033,599,732	2,324,517	(933,827)	4,032,665,905
<i>FTE</i>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	855,579,865	1,072,729,195	(1,162,256)	933,828	1,073,663,023
General Fund Exempt	373,508,751	312,202,624	0	0	312,202,624
Cash Funds	629,762,743	651,181,857	4,192,172	0	651,181,857
Reappropriated Funds	6,445,828	5,082,995	(1,867,655)	(1,867,655)	3,215,340
Federal Funds	1,820,036,622	1,992,403,061	1,162,256	0	1,992,403,061

**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2012-13 Requested Change	FY 2012-13 Rec'd Change	FY 2012-13 Total W/ Rec'd Change
--	----------------------	-----------------------------	--------------------------------	----------------------------	-------------------------------------

**HCPF Supplemental #14 - Colorado Choice Transitions for HCBS-DD Waiver Clients**

**MEDICAL SERVICES PREMIUMS**

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	<u>3,642,032,762</u>	<u>3,985,613,386</u>	<u>(214,515)</u>	<u>(214,515)</u>	<u>3,985,398,871</u>
General Fund	833,239,176	1,050,603,677	(107,257)	(107,257)	1,050,496,420
General Fund Exempt	373,508,751	312,202,624	0	0	312,202,624
Cash Funds	629,762,743	651,181,857	0	0	651,181,857
Reappropriated Funds	6,445,828	3,215,340	0	0	3,215,340
Federal Funds	1,799,076,264	1,968,409,888	(107,258)	(107,258)	1,968,302,630

**DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS**

**Services for People with Disabilities - Medicaid Funding**

Community Services for People with Developmental

Disabilities, Program Costs	<u>329,836,283</u>	<u>340,502,802</u>	<u>214,515</u>	<u>356,428</u>	<u>340,859,230</u>
General Fund	164,927,548	170,251,400	107,257	178,214	170,429,614
Cash Funds	1	1	0	0	1
Federal Funds	164,908,734	170,251,401	107,258	178,214	170,429,615

<b>Total for HCPF Supplemental #14 - Colorado</b>					
<b>Choice Transitions for HCBS-DD Waiver Clients</b>	3,971,869,045	4,326,116,188	0	141,913	4,326,258,101
<i>FTE</i>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	998,166,724	1,220,855,077	0	70,957	1,220,926,034
General Fund Exempt	373,508,751	312,202,624	0	0	312,202,624
Cash Funds	629,762,744	651,181,858	0	0	651,181,858
Reappropriated Funds	6,445,828	3,215,340	0	0	3,215,340
Federal Funds	1,963,984,998	2,138,661,289	0	70,956	2,138,732,245

**JBC Staff Supplemental Recommendations - FY 2012-13**  
**Staff Working Document - Does Not Represent Committee Decision**

	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2012-13 Requested Change	FY 2012-13 Rec'd Change	FY 2012-13 Total W/ Rec'd Change
<b>Totals Excluding Pending Items</b>					
<b>HEALTH CARE POLICY AND FINANCING</b>					
<b>TOTALS for ALL Departmental line items</b>	5,137,020,090	5,561,158,114	2,324,517	(791,914)	5,560,366,200
<i>FTE</i>	<u>293.4</u>	<u>326.2</u>	<u>0</u>	<u>0</u>	<u>326.2</u>
General Fund	1,316,337,983	1,544,471,251	(1,162,256)	1,004,785	1,545,476,036
General Fund Exempt	373,954,851	312,644,224	0	0	312,644,224
Cash Funds	875,991,975	925,374,919	4,192,172	0	925,374,919
Reappropriated Funds	7,557,386	8,170,248	(1,867,655)	(1,867,655)	6,302,593
Federal Funds	2,563,177,895	2,770,497,472	1,162,256	70,956	2,770,568,428