

**COLORADO GENERAL ASSEMBLY  
JOINT BUDGET COMMITTEE**



**FY 2014-15 STAFF BUDGET BRIEFING**

**DEPARTMENT OF HEALTH CARE POLICY AND  
FINANCING**

**(Office of Community Living - Division for Individuals with Intellectual and  
Developmental Disabilities)**

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

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# DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

## Department Overview

The Department of Health Care Policy and Financing provides health care services to qualifying Colorado residents through the Medicaid medical, mental health, and intellectual and developmental disability programs, the Colorado Indigent Care Program, the Children's Basic Health Plan, and the Old Age Pension Medical Program. All of these programs are federal and State partnerships. The Department's budget is comprised of the following seven divisions: (1) Executive Director's Office; (2) Medical Services Premiums; (3) Medicaid Mental Health Community Programs; (4) Indigent Care Program; (5) Other Medicaid Services; (6) Division for Individuals with Intellectual and Developmental Disabilities; and (7) Department of Human Services Medicaid-Funded Programs.

This Joint Budget Committee staff budget briefing document covers the Division for Individuals with Intellectual and Developmental Disabilities (Division) which oversees community-based services for individual with intellectual and developmental disability. Effective March 1, 2014 the Division is transferred from the Department of Human Services to the Department of Health Care Policy and Financing (HCPF). Since this document covers the FY 2014-15 request, staff made the decision to discuss the Division based on where it will be located in FY 2014-15. The Division is responsible for the following functions related to the provision of services by community based providers to individuals with intellectual and developmental disabilities:

- Administration of three Medicaid waivers for individuals with developmental disabilities;
- Establishment of service reimbursement rates;
- Ensuring compliance with federal Centers for Medicare and Medicaid rules and regulations;
- Communication and coordination with Community Center Boards regarding waiver policies, rate changes, and waiting list information reporting; and
- Administration of the Family Support Services Program.

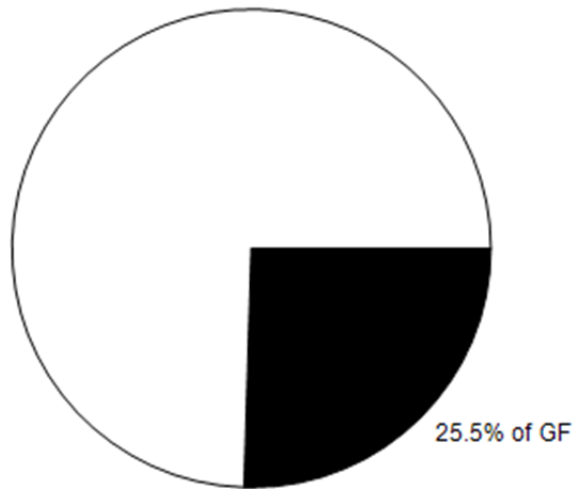
## Department Budget: Recent Appropriations

Funding Source	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15 *
General Fund	\$1,698,937,482	\$1,847,607,793	\$2,063,159,596	\$2,208,767,959
Cash Funds	886,393,498	936,373,544	888,516,606	946,274,662
Reappropriated Funds	8,576,440	7,174,145	10,483,522	9,685,529
Federal Funds	<u>2,589,886,684</u>	<u>2,804,373,050</u>	<u>3,575,483,329</u>	<u>4,383,420,616</u>
<b>Total Funds</b>	<b>\$5,183,794,104</b>	<b>\$5,595,528,532</b>	<b>\$6,537,643,053</b>	<b>\$7,548,148,766</b>
Full Time Equiv. Staff	312.5	327.1	358.1	395.1

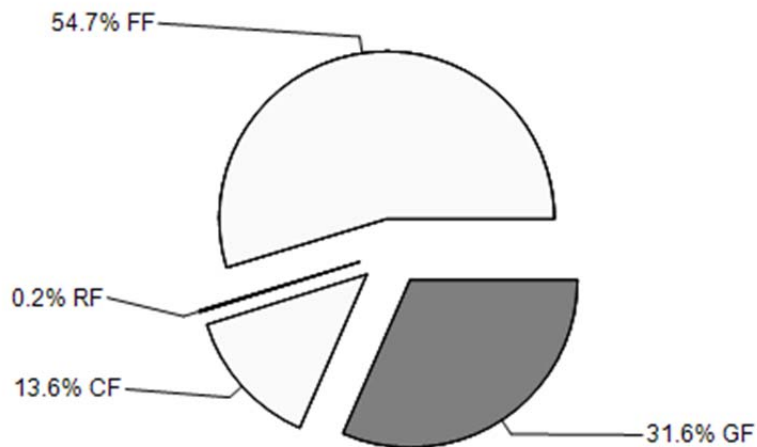
\*Requested appropriation.

## Department Budget: Graphic Overview

**Department's Share of Statewide  
General Fund**

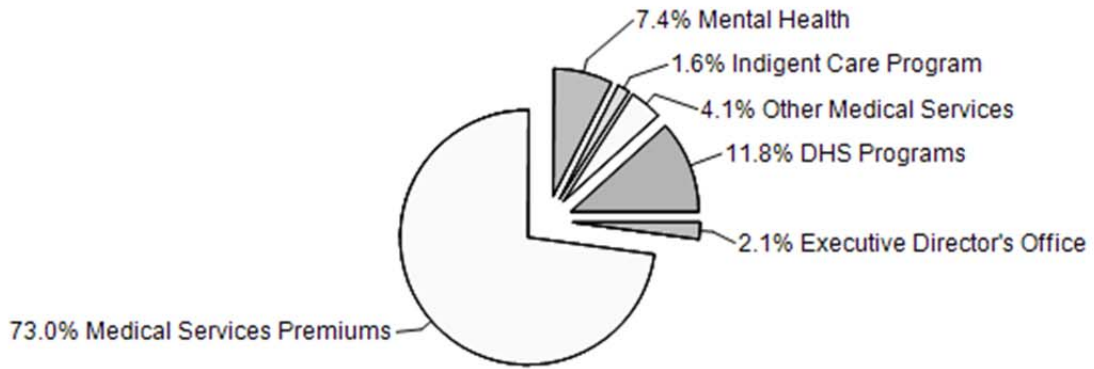


**Department Funding Sources**

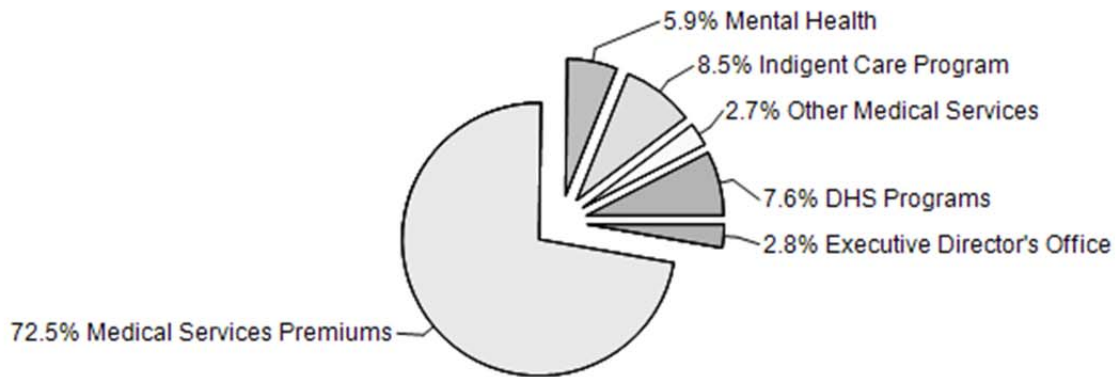


All charts are based on the FY 2013-14 appropriation.

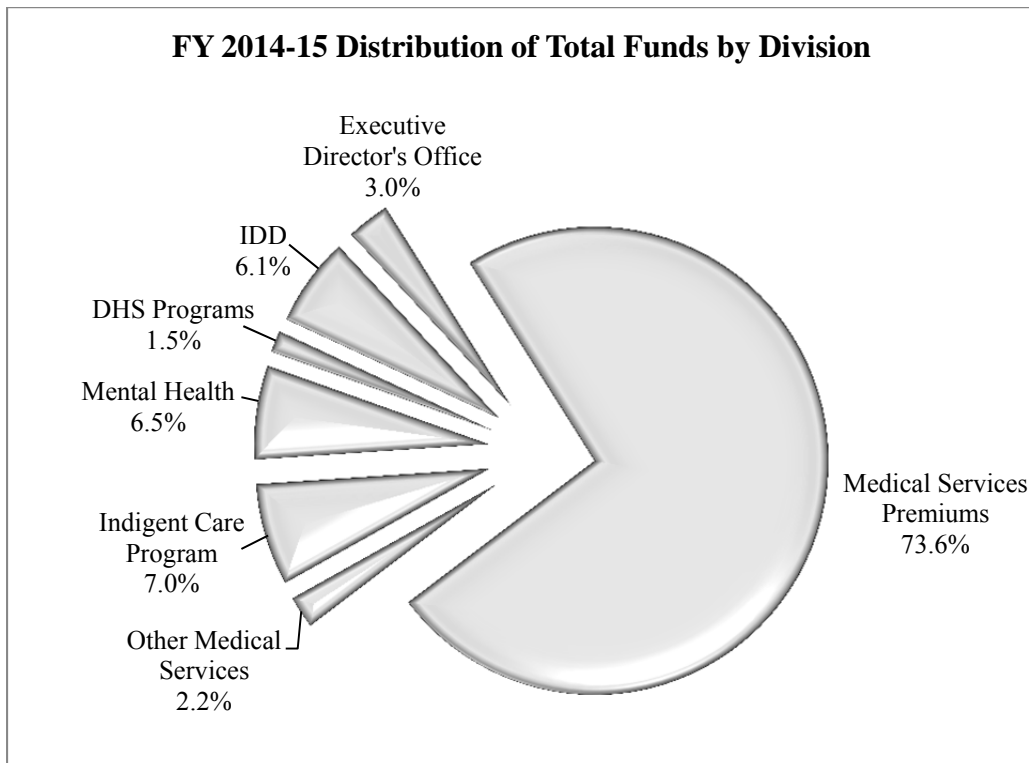
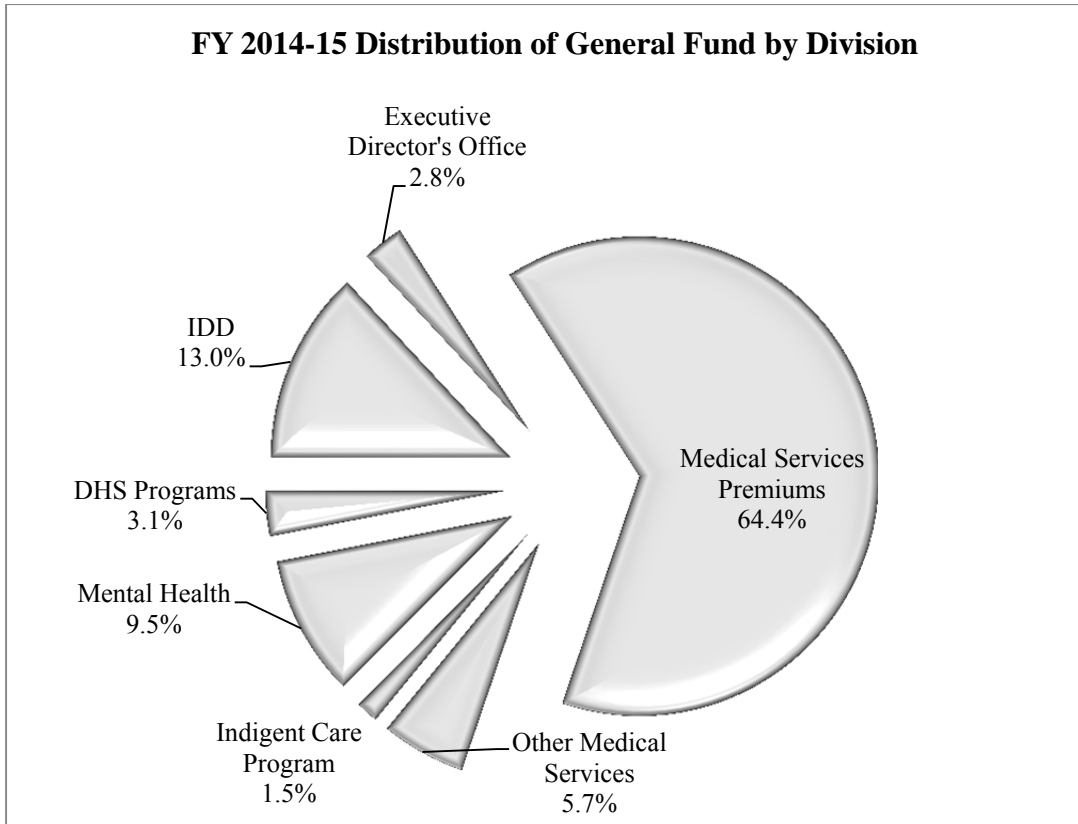
**Distribution of General Fund by Division**



**Distribution of Total Funds by Division**



All charts are based on the FY 2013-14 appropriation.



Charts are based on FY 2014-15 request.

## General Factors Driving the Budget

### Youth with Developmental Disabilities Aging Into Adult Waivers

Youth with intellectual and developmental disabilities (IDD) receive services through the Children's Extensive Support waiver (CES), or the child welfare system, which can include the Children's Habilitation Residential Program waiver (CHRP). Funding for adult services for these youth when they age out of their current services is not required, but the General Assembly has regularly made the decision that once an individual receives services, they should continue to receive those services regardless of age.

### Children's Extensive Support Waiver

The CES waiver provides services to youth younger than eighteen years old that are able to remain in their home. Upon turning eighteen, youth receiving CES services are transitioned to the adult supported living waiver (SLS) because of the youth's existing residential support structure. The following table summarizes the number of supported living full program equivalents (FPE)<sup>1</sup> that have been added since FY 2008-09, with the exception of FY 2010-11 when no funding was added for any FPE due to the economic recession.

<b>Cost of Appropriation for new FPE for Youth Aging Off the CES Waiver to Adult Supported Living Waiver</b>				
Fiscal Year	FPE	Total Annual Cost	General Fund	Average Cost for 1 SLS FPE*
FY 2008-09	28	\$584,752	\$292,376	\$20,884
FY 2009-10	29	578,318	289,159	19,942
FY 2010-11	0	0	0	0
FY 2011-12	35	433,615	216,808	12,389
FY 2012-13	50	868,950	434,475	17,379
FY 2013-14	38	619,134	309,567	16,293
FY 2014-15 <sup>^</sup>	61	907,131	453,566	14,871
Average (excluding FY 10-11)	48	\$798,380	\$399,190	\$20,352

<sup>^</sup>Request

\*Includes cost of services and case management.

It is interesting to note the significant changes in the average annual FPE funding levels from FY 2008-09 to FY 2014-15. While the most recent economic recession impacted the amount of available General Fund during FY 2010-11 and FY 2011-12, there were additional measures taken during this time frame which impacted not only the amount of funding appropriated per FPE. The reduction in per FPE funding levels resulted in the implementation of numerous service caps and provider rate reductions. The first issue contains an in-depth discussion of the impact of these caps and rate reductions.

<sup>1</sup> One full program equivalent (FPE) is representative of one full year of services for one individual.

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**Youth with IDD in the Child Welfare System**

The child welfare system provides services to youth with an IDD through age twenty-one. Some youth will qualify for services through the Children's Habilitation Residential Program waiver (CHRP), but the number of youth on CHRP is a small fraction of the total youth in the child welfare system. Upon turning twenty-one, all youth with an IDD in the child welfare system will no longer qualify for child welfare services. Most youth do not have an existing support structure to access, and the General Assembly has made it a policy to provide funding for these youth to transition to the adult comprehensive waiver. The following table summarizes the number of supported living FPE that have been added since FY 2008-09, with the exception of FY 2010-11 when no funding was added for any FPE due to the economic recession.

<b>Appropriation for new FPE for Youth Aging Out of Foster Care to Adult Comprehensive Waiver</b>				
	<b>FPE</b>	<b>Total Annual Cost</b>	<b>General Fund</b>	<b>Average Cost for 1 Comprehensive FPE*</b>
FY 2008-09	45	\$4,211,460	\$2,105,730	\$93,588
FY 2009-10	37	3,425,127	1,712,564	92,571
FY 2010-11	0	0	0	0
FY 2011-12	66	4,167,900	2,083,950	63,150
FY 2012-13	46	3,734,004	1,867,002	81,174
FY 2013-14	50	3,635,500	1,817,750	72,710
FY 2014-15 <sup>^</sup>	55	3,744,895	1,872,448	68,089
Average (excluding FY 10-11)	50	\$3,819,814	\$1,909,907	\$78,547

<sup>^</sup>Request

\*Includes the cost of services and case management.

**Funding for Emergencies and Individuals Waiting for Services**

Developmental disability waiver services are not subject to standard Medicaid State Plan service and duration limits. As part of the waiver, Colorado is allowed to limit the number of waiver program participants which has resulted in a large number of individuals being unable to immediately access the services they need. The General Assembly is not required to appropriate funds for services for individuals waiting for services, but has made the policy decision to provide additional funds for waiver services in past years. These funds have been used for individuals who experience emergency situations (i.e. the death of their care giver, or loss of a home) or are waiting for services.

Prior to FY 2013-14 the large number of individuals waiting for services was not a factor driving the budget as much as it was a factor driving discussion. In FY 2013-14 the General Assembly approved funding for 532 children's extensive support service FPE. This appropriation provided enough funding to enable all children who qualify for services through the children's extensive support waiver to receive services. For FY 2014-15 the Department has requested funding sufficient to provide services to all adults seeking support living services (i.e. non-residential community-based services for adults). Based on the Department's request 1,526 adults would begin receiving services through the supported living waiver in FY 2014-15. The table on the following page shows how many FPE, since FY 2008-09, have been funded for individuals who are either waiting for services or required services due to an emergency situation.



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<b>Cost of Funding Emergency and Waiting List FPE Since FY 2008-09</b>				
<b>Fiscal Year</b>	<b>FPE</b>	<b>Full Year Cost</b>	<b>General Fund</b>	<b>Medicaid FF</b>
<b>Adult Comprehensive Waiver</b>				
FY 2008-09	260	\$17,250,346	\$8,385,247	\$8,865,099
FY 2009-10	0	0	0	0
FY 2010-11	0	0	0	0
FY 2011-12	30	1,833,030	916,515	916,515
FY 2012-13	47	3,277,712	1,638,856	1,638,856
FY 2013-14	133	8,375,276	4,187,638	4,187,638
FY 2014-15	<u>40</u>	<u>2,723,560</u>	<u>1,361,780</u>	<u>1,361,780</u>
<b>Total Comprehensive</b>	<b>510</b>	<b>\$33,459,924</b>	<b>\$16,490,036</b>	<b>\$16,969,888</b>
<b>Supported Living Services Waiver</b>				
FY 2008-09	200	\$3,666,040	\$1,833,020	\$1,833,020
FY 2009-10	0	0	0	0
FY 2010-11	0	0	0	0
FY 2011-12	0	0	0	0
FY 2012-13	30	457,260	200,328	256,932
FY 2013-14	7	81,284	40,642	40,642
FY 2014-15	<u>1,526</u>	<u>22,693,146</u>	<u>11,346,573</u>	<u>11,346,573</u>
<b>Total Supported Living</b>	<b>1,763</b>	<b>\$26,897,730</b>	<b>\$13,420,563</b>	<b>\$13,477,167</b>
<b>Children's Extensive Support</b>				
<b>FY 2013-14</b>	<b>532</b>	<b>\$11,993,940</b>	<b>\$5,996,970</b>	<b>\$5,996,970</b>

The numbers of individuals waiting for services is a snapshot in time, and only includes those individuals who have actively sought services. The numbers do not capture how many individuals are eligible for services, or may have stopped seeking services because of the length of time required to wait for services. The following table summarizes the number of individuals waiting for services as of September 30, 2013. Staff is concerned that despite sufficient funding being appropriated to enable all children waiting for the children's extensive waiver, the September numbers reflect 417 children are still waiting for services. The Department is submitting a request for information on December 1, 2013 which should explain why the waiting list numbers still reflect children waiting for services. **Staff recommends the Department discuss at their hearing why the waiting list reflects children waiting for services.**

<b>Summary of the Number of Individuals Waiting for Waiver Services as of September 30, 2013</b>							
<b>Waiver</b>	<b>Total</b>	<b>Age Group</b>					
		<b>0-17</b>	<b>18-27</b>	<b>28-37</b>	<b>38-47</b>	<b>48-57</b>	<b>58+</b>
Comprehensive	1,866	0	1,165	366	146	111	78
Supported Living							
Medicaid Funded	216	0	145	35	20	10	6
General Funded	<u>131</u>		<u>67</u>	<u>20</u>	<u>16</u>	<u>20</u>	<u>8</u>
<i>Supported Living Total</i>	347	0	212	55	36	30	14
Children's Extensive Support	417	417	0	0	0	0	0
<b>Waivers Total</b>	<b>2,630</b>	<b>417</b>	<b>1,377</b>	<b>421</b>	<b>182</b>	<b>141</b>	<b>92</b>
Family Support	6,151	5,314	671	109	35	18	4

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**Provider Rates and Service Limits**

Two primary factors driving the Division's budget are the amount of services consumed and the cost of those services. As more individuals are served the total cost of services will increase. This increase is compounded either positive or negatively by adjustments made to provider rates through both the annual budget process and as a budgeting mechanism by the Department. Expenditures continue to be impacted by FY 2011-12 service caps implemented for behavioral services, case management, and day habilitation. The following table summarizes the percent changes to the provider service reimbursement rates since FY 2008-09 and the associated net General Fund<sup>2</sup> increase or decrease.

<b>Community Provider Rate Changes</b>								
<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>	<b>FY 10-11</b>	<b>FY 11-12</b>	<b>FY 12-13</b>	<b>FY 13-14</b>	<b>FY 14-15</b>
3.25%	1.50%	1.50%	(2.50%)	(2.00%)	0.00%	0.00%	4.00%	1.50%
\$4,149,332	\$2,257,019	\$2,594,770	(\$4,343,556)	(\$4,427,894)	\$0	\$0	\$7,446,715	\$3,346,830

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<sup>2</sup> Net General Fund for the waivers is equal to one half of the total cost, with the exception of FY 2010-11 when there was an enhanced federal Medicaid match rate. Net General Fund originates in the Department of Health Care Policy and Financing as General Fund used to draw down the federal Medicaid funds.

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**Summary: FY 2013-14 Appropriation & FY 2014-15 Request**

<b>Department of Health Care Policy and Financing</b>						
<b>(Office of Community Living - Division for Individuals with Intellectual and Developmental Disabilities, and Department of Human Services Medicaid-funded Programs, Services for People with Disabilities)</b>						
	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FTE</b>
<b>FY 2013-14 Appropriation</b>						
SB 13-230 (Long Bill)	\$428,875,426	\$214,437,715	\$1	\$0	\$214,437,710	0.0
Other legislation	<u>(2,715,352)</u>	<u>(3,223,818)</u>	<u>1,866,142</u>	<u>0</u>	<u>(1,357,676)</u>	<u>0.0</u>
<b>TOTAL</b>	<b>\$426,160,074</b>	<b>\$211,213,897</b>	<b>\$1,866,143</b>	<b>\$0</b>	<b>\$213,080,034</b>	<b>0.0</b>
<b>FY 2014-15 Requested Appropriation</b>						
FY 2013-14 Appropriation	\$426,160,074	\$211,213,897	\$1,866,143	\$0	\$213,080,034	0.0
R7 IDD SLS increases	12,223,137	6,111,569	0	0	6,111,568	0.0
R8 IDD new FPE	4,765,300	2,382,651	0	0	2,382,649	0.0
R11 1.5% provider rate increase	6,857,334	3,346,830	462,036	0	3,048,468	0.0
R14 Family Support restoration	3,406,321	3,406,321	0	0	0	0.0
Annualize HB 13-1314 IDD transfer	44,512,812	15,118,095	30,802,356	0	(1,407,639)	0.0
Human Services programs	<u>16,901,129</u>	<u>8,416,057</u>	<u>0</u>	<u>0</u>	<u>8,485,072</u>	<u>0.0</u>
<b>TOTAL</b>	<b>\$514,826,107</b>	<b>\$249,995,420</b>	<b>\$33,130,535</b>	<b>\$0</b>	<b>\$231,700,152</b>	<b>0.0</b>
<b>Increase/(Decrease)</b>	\$88,666,033	\$38,781,523	\$31,264,392	\$0	\$18,620,118	0.0
Percentage Change	20.8%	18.4%	1,675.3%	0.0%	8.7%	0.0%

**R7 IDD SLS increases:** The Department requests an additional \$15.5 million total funds, of which \$7.7 million is General Fund to increase community capacity to serve individuals with intellectual and developmental disabilities by:

- Adding funding to enable approximately 1,526 individuals waiting for services through the supported living services waiver;
- Increasing the maximum annual expenditure for individuals receiving services through the supported living services waiver by 20.0 percent for levels one through six;
- Increasing the maximum services funding limit for support living services from \$35,000 to \$45,000; and
- Providing additional funding for Medicaid State Plan services that will be accessed by individuals served through the new SLS funding; and to the Medicaid State Plan and Behavioral Health Community Programs for additional Medicaid behavioral health services.

Note the above table only includes the increases to the Division for Individuals with Intellectual and Developmental Disabilities. The Medical Services Premiums and Mental Health

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Community Programs also receive increases which is why the total requested increase is greater than the amount shown in the above table.

**R8 IDD new FPE:** The Department requests an additional \$,472,452 total funds, of which \$7,736,227 is General Fund to increase the number of funded FPE for adult supported living and comprehensive services as shown in the following table:

<b>FY 2014-15 Development Disabilities Full Program Equivalent Request</b>				
	FPE	No. of Months	Request	
			Cost per FPE	FY 2013-14 Dollars
<b>Comprehensive</b>				
Foster Care Transitions	55	6	\$65,632	\$1,804,880
Comprehensive Emergencies	40	6	65,632	1,312,640
Deinstitutionalization	<u>30</u>	<u>6</u>	<u>65,632</u>	<u>984,480</u>
<i>Subtotal HCBS-DD</i>	<i>125</i>			<i>\$4,102,000</i>
<b>Supported Living</b>				
CES Age Outs	61	6	\$12,414	378,627
Targeted Case Management^	186	6	\$2,157	200,601
Quality Assurance	186	6	\$300	27,900
Utilization Review	186	Annual	\$78	14,508
Supports Intensity Scale Assessment	186	One time	\$224	41,664
<b>Total FY 2013-14 New FPE</b>	<b>186</b>			<b>\$4,765,300</b>

Note there is an increase to the Behavioral Health Capitation Payments for individuals who will access Medicaid behavioral health services who were not previously receiving any Medicaid services. There is also a reduction to the Medical Services Premiums line item to reflect reductions of Medicaid State Plan services no longer required for individuals being deinstitutionalized.

**R11 1.5% provider rate increase:** The request includes an increase of \$6,857,334 total funds, of which 3,428,667 is General Fund, for the 1.5 percent community provider rate increase for the Division for Individuals with Intellectual and Developmental Disabilities.

**R14 Family Support restoration:** The Department requests \$3,406,321 General Fund for the Family Support Services Program to increase the Program's so that it is equal to the FY 2009-10 funding level. The request reflects an increase of 104.6 percent over the FY 2013-14 appropriation of \$3,255,842 General Fund.

**Annualize HB 13-1314 IDD transfer:** The request annualizes the transfer of the Division for Individuals with Intellectual and Developmental Disabilities as it impacts the divisions covered in this document. The resulting increases are related to what was direct General Fund and cash funds appropriations to the program when it was in the Department of Human Services. The reduction of federal funds is related to how the funds appropriated for Administration of the

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Division are being appropriated to the Executive Director's Office in the Department of Health Care Policy and Financing.

**Human Services programs:** The request reflects the following changes to the Medicaid General Fund and federal funds appropriated initially to the Department of Health Care Policy and Financing and reappropriated to the Department of Human Services:

- Increase funding so that FPE added in FY 2013-14 are funded for a full year. Note this increase is offset by a reduction related to transferring the Division for Individuals with Intellectual and Developmental Disabilities;
- Annualization of salary survey and merit pay increases for the Regional Centers and IDD program administration (note again the IDD increase is offset by the reduction related to transferring the program);
- Increase of \$420,000 total funds (\$210,000 General Fund) for capital improvements to Regional Center group homes (this decision item is discussed in the Department of Human Services portion of this briefing).

## **Issue: Structural Foundation of IDD Waivers Budget**

Management of the budget for the Division for Individuals with Intellectual and Developmental Disabilities has resulted in significant fluctuations in the amount of funds expended for services. Additionally the cost per full program equivalent used to calculate the annual Long Bill appropriation has fluctuated from year to year. Staff is concerned that the existing budget management structure is not allowing funds appropriated for services for individuals with intellectual and developmental disabilities to actually be used for services. Staff is also concerned that existing issues will only be compounded by the large request for new dollars and will result in a continued underexpenditure. Underexpenditures results in individuals who are waiting for services having to wait longer with no good explanation as to why.

### **SUMMARY:**

- Funding for community-based services for individuals with intellectual and developmental disabilities was underexpended by a total of \$12.8 million total funds, of which \$6.4 million is General Fund in FY 2012-13.
- The underexpenditure continues another year of significant expenditure fluctuations for a system that experienced a dramatic change from a quasi-managed care model to a fee for service model. As a result of significant over expenditures in prior years, service caps and full program equivalent management techniques were implemented by the Department.
- The underlying issues with why there continues to be significant fluctuations in expenditures is concerning to staff and makes staff question the ability of the program to manage both the existing appropriation and the new funding as requested by the Governor for FY 2014-15.

### **RECOMMENDATION:**

Staff recommends the Department discontinue the practice of taking back an full program equivalent from a Community Center Board upon vacancy for two reasons: (1) taking back FPE adversely impacts the providers ability to maintain infrastructure, and in light of the push to increase deinstitutionalization individuals, maintaining a community infrastructure is critical to the success of transitioning these individuals; and (2) based on information provided by the Department they are unable to account for the number of full program equivalents taken back in prior years and this underutilization of full program equivalents has contributed to the Division's underexpenditure of fund.

### **DISCUSSION:**

#### **Quasi Managed Care Model**

Prior to FY 2003-04 funding for waiver services was provided through a quasi-managed care model utilizing block allocations to Community Center Boards (CCBs). CCBs were responsible for providing services to a minimum number of individuals, and any remaining funds were spent by CCBs to provide services to additional individuals and/or enhanced services for existing

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clients. Remaining funds were due to client turnover, underutilization of services (e.g. a client did not want/need the full number of available respite care hours), or favorable contract rates with providers.

During FY 2003-04, the federal Centers for Medicare and Medicaid Services (CMS) reviewed the three waivers for individuals with intellectual and developmental disabilities (IDD) and identified two concerns:

1. the lack of an audit trail for how funding distributed to CCBs was being used; and
2. the equity of the distribution of funding relative to an individual's needs.

CMS conditionally renewed Colorado's waivers on September 24, 2004 with two conditions:

- Colorado had to implement steps to increase financial oversight and accountability for the program; and
- waiver service costs had to be "unbundle".

From FY 2006-07 through FY 2009-10, the Department developed and implemented these requirements by changing from a quasi-managed care model to a fee for service model. The major changes included:

- standardized rates for all services across the state;
- the ability for any service provider to bill directly to the State and receive payments for services; and
- the development and implementation of an assess tool to determine each individual's level of need.

### **How the Fee-for-Service Model Works**

There are three basic steps to determine what services an individual can access through the fee-for-service model:

Step 1 – Determine the individual's level of need for services utilizing the Supports Intensity Scale (e.g. the individual's SIS score).

Step 2 – Based on the individual's need level within the Supports Intensity Scale; determine how much funding for services the individual is eligible for.

Step 3 – Based on the amount of funding available to the individual, develop a service plan.

Appendix F provides a more detailed overview of the steps involved in the fee-for-service model.

### **Overexpenditure**

During FY 2010-11, the Department had an overexpenditure of \$35,024,709 total funds (\$14,090,680 net General Fund). The overexpenditure in adult comprehensive services was slightly offset by an underexpenditure of the waiver costs for supported-living services. The primary factors driving the overexpenditure include:

- Individuals having higher SIS scores than anticipated;
- No vacancy savings due to filling emergency FPE immediately;
- Increase in the number of day habilitation and behavioral health service units; and
- Increase in transportation units associated with day habilitation.

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The problem of aligning the fee-for-service levels with SIS scores continued into FY 2011-12, when the Department was required to implement \$17.9 million total funds (\$9.2 million net General Fund) worth of cost containment strategies.

**Resulting caps**

The overexpenditures resulted in the implementation of multiple cost containment strategies which have not been modified since. The majority of the changes required approval from the Centers for Medicaid and Medicare (CMS), and if any changes are to be made to the service caps, the Department would have to get approval from CMS again. Other cost containment measures were implemented which did not require CMS approval. The following service limits were implemented with CMS approval:

- Target case management - a cap of twelve billable units for one year for each individual was implemented on target case management services.
- Day habilitation: Individuals were capped at 24 hours per week, 50 weeks per year of day habilitation services. Based on discussions with multiple providers, the cap is one of the most unpopular implemented because it has caused many providers to reduce their day programs from five days a week to four days a week, and from at most eight hours a day to six hours a day.
- Definition of behavioral services: Changes were made to the definition of reimbursable behavioral services to limit the types of behavioral services eligible for reimbursement.
- Dental services: Dental services were capped at \$2,000 per year and \$10,000 over five years.

The following cost containment strategies did not require the approval of CMS:

- elimination of 66 adult comprehensive placements solely funded with General Fund (note this reduction was slightly offset by an increase of 16 Medicaid adult comprehensive FPE);
- provider rate reduction of 4.5 percent for General Fund supported living services;
- a \$3.1 million reduction to the Family Support Program; and
- taking back vacant full program equivalents from providers.

**Under expenditure**

Prior to the finish of the 2013 Legislative Session, it came to staff's attention there would be a significant underexpenditure of funds appropriated for IDD waiver services. In order to ensure the funds appropriated for IDD waiver services was not lost, the General Assembly included a provision in H.B. 13-1314 which required any unspent funds appropriated for the IDD waivers, family support, and case management would be credited to the Intellectual and Developmental Disability Cash Fund and not revert to the General Fund.

Based on information from the State Controller's Office, it is anticipated that a total of \$6,900,000 (of which \$500,000 is direct General Fund appropriated to the Division for functions other than the provision of waiver services) will be credited to the Fund upon the final close of FY 2012-13. Due to timing issues currently only the \$500,000 related to non-waiver services resides in the fund. Upon final auditing and approval of accounting schedules, it is anticipated



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that by March 2014 the full amount will be in the fund. There has not yet been any proposal put forth by the Department for how to utilize these funds. Staff has heard proposals from various stake holders on how these funds should be spent, and anticipates making a recommendation for expenditure of these funds during figure setting. Appendix G provides a historical view of the expenditures for the IDD waivers since FY 2007-08.

The following table summarizes how differences between annual budgeting methodologies and what actually occurred as a result of full year impacts of service caps has resulted a large amount of funds appropriated for services remaining unspent.

Comparison of Budgeting Funding Changes and Actual Funding Changes for the IDD Waivers from FY 2010-11 to FY 2012-13								
Change	What Was Budgeted For				What Actually Happened			
	Total	GF	MGF	MFF	Total	GF	MGF	MFF
<b>FY 2010-11</b>								
FY 2010-11 CCMs*	<u>(\$1,061,654)</u>	<u>(\$1,506,998)</u>	<u>\$192,358</u>	<u>\$252,986</u>	<u>(\$1,061,654)</u>	<u>(\$1,506,998)</u>	<u>\$192,358</u>	<u>\$252,986</u>
FY 2010-11 Over/(Under) Expenditure					35,024,709	0	14,090,680	20,934,029
<b>FY 2011-12</b>								
Annualize FY 2010-11 CCMs	\$454,894	(\$412,615)	\$433,755	\$433,754	\$454,894	(\$412,615)	\$433,755	\$433,754
<b>FY 2011-12 CCM</b>	<b>(9,645,987)</b>	<b>0</b>	<b>(4,822,994)</b>	<b>(4,822,993)</b>	<b>(725,613)</b>	<b>0</b>	<b>(362,807)</b>	<b>(362,806)</b>
<b>FY 11-12 Additional CCMs</b>	<b>(8,708,394)</b>	<b>0</b>	<b>(4,354,197)</b>	<b>(4,354,197)</b>	<b>(15,425,983)</b>	<b>0</b>	<b>(7,712,992)</b>	<b>(7,712,991)</b>
Total CCMs	<u>(17,899,487)</u>	<u>(412,615)</u>	<u>(8,743,436)</u>	<u>(8,743,436)</u>	<u>(15,696,702)</u>	<u>(412,615)</u>	<u>(7,642,044)</u>	<u>(7,642,043)</u>
FY 11-12 Over/(Under) Expenditure					\$2,202,940	\$0	\$1,101,470	\$1,101,470
<b>FY 2012-13</b>								
<b>Annualize FY 2011-12 CCMs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$6,370,415)</b>	<b>0</b>	<b>(\$3,185,208)</b>	<b>(\$3,185,207)</b>
Base increase	4,861,362	0	2,430,681	2,430,681	0	0	0	0
<b>FY 12-13 Over/(Under) Expenditure</b>					<b>(12,858,407)</b>	<b>0</b>	<b>(6,429,204)</b>	<b>(6,429,203)</b>

\*CCMs stands for cost containment measures.

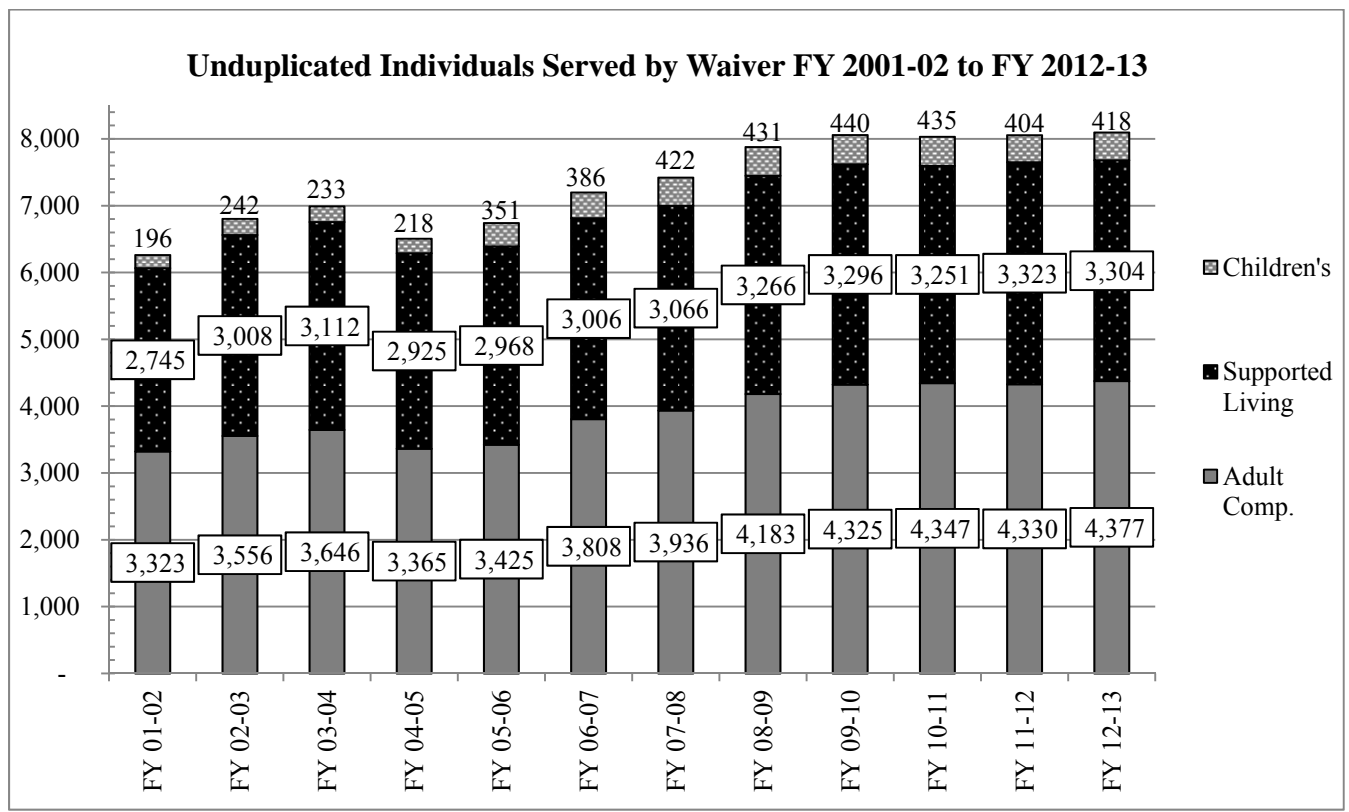
The above table illustrates the challenges of the current fee-for-service model because as one person explained to me, the transition to the fee for service model was like going from trying to estimate your electric bill on an annual basis for your home, to trying to estimate your electric bill on a monthly basis and estimating the monthly electric bill of everyone on your street, to finally requiring you to know your daily electric bill and the daily electric bill of all the houses on your street.

In order for the Department to reduce expenditures in FY 2011-12 by a total of \$17.9 million, the Department instituted a policy of taking back a vacant FPE from a provider/CCB and not reissuing that FPE. There was only one problem the Department failed to track the number FPE taken back during FY 2011-12 and FY2012-13. This has resulted in the following problems:

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- By taking back FPE, the ability of providers to maintain their infrastructure needed to serve, especially the high needs individuals who require extensive medical, physical and behavioral care has been significant damaged (i.e. it is very difficult for a provider to maintain a five bed group home when only four individuals live in the home);
- The lack of reissuing FPE has exacerbated the underexpenditure; and
- The Department of Human Services indicated in responses to questions from JBC staff that somewhere between 150 and 250 FPE remained vacant at the close of FY 2012-13 even though the Department indicated to staff in March 2013 there was the possibility of a sizeable underexpenditure.

Staff is concerned that the weakness of the current structural foundation of the IDD waivers budget and budget management policies will be unable to support the requested increase of funds for additional services in FY 2014-15. The following table illustrates that despite steady funding increases the number of unduplicated individuals receiving services has not also increased.



**Staff recommends that the Department discuss what programmatic changes can be implemented for the budget management policies of the IDD waivers to ensure that all appropriated funds for services are being made available to individuals.** Staff believes that without changes to the structural management of the IDD waivers budget the Department will be unable to ensure all funds appropriated for services will be spent each fiscal year.

**RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENTS  
PERFORMANCE PLAN**

This briefing issue addresses the department's management of funding appropriated for IDD waiver services.

## **Issue: Methods to Efficiently Utilize Funding for Youth with Intellectual and Developmental Disabilities Currently Served through the Child Welfare System**

Youth with intellectual and developmental disabilities (IDD) in the child welfare system are served through the system until the age of 21. Upon turning 21, these youth are transitioned to the adult comprehensive waiver. There is a large consensus which supports serving these youth when they turn 18 years old through the adult comprehensive waiver. There are also ongoing conversations regarding structural changes to how all youth with IDD involved in the child welfare system are best served.

### **SUMMARY:**

- Currently youth with IDD in the child welfare system ages 18 to 20 are served through the county child welfare system. Upon turning 21 these youth are transitioned and served through the adult comprehensive waiver.
- There is wide ranging consensus that youth ages 18 to 20 are better served through the adult comprehensive waiver because of the ability of the adult comprehensive services to meet the needs of the youth.
- Staff is unable to provide an estimate of the reduction to the Child Welfare budget and associated base building increase to the adult comprehensive waiver required to transition youth with IDD ages 18 through 20 because of a lack of data on the location of these youth.
- Moving the Children's Habilitation Residential Program waiver from the Department of Human Services to the Department of Health Care Policy and Financing is a significant system change which requires additional discussions with all impacted stakeholders.
- The Larimer County Department of Human Services and Larimer County community center board, Foothills Gateway, Inc. have proposed a pilot project to transition services for youth with IDD in the Larimer County child welfare system from the County Department of Human Services to Foothills Gateway.

### **RECOMMENDATION:**

**Staff recommends all youth aged 18 to 20 with an intellectual or developmental disability be served through the adult comprehensive waiver starting in FY 2014-15. Additionally, staff recommends the transition of youth with an IDD turning 18 during FY 2014-15 from the child welfare system to the adult comprehensive waiver system.**

Staff believes transition services for youth with an IDD (funded through either county block grants or the children's habilitation residential program waiver) from the Department of Human Services to the Department of Health Care Policy and Financing would benefit the youth but

requires additional input and discussion on what rules, statutory, and programmatic changes are needed, in addition to the fiscal implications and how best to implement a transition.

**DISCUSSION:**

This issue is about three subgroups of youth with intellectual and developmental disabilities (IDD) served through the child welfare system:

- Youth with an IDD ages 18 to 20;
- Youth in the Children's Residential Habilitation Program waiver (a subset of youth with an IDD in the child welfare system); and
- Youth ages 0-17 with an IDD served through the Child Welfare System.

**Youth served through CHRP vs. Youth served through the Child Welfare System**

In order to avoid confusion, which staff did experience until about two months ago, it is important to clarify what staff means when talking about youth served through the children's habilitation residential program waiver (CHRP), and youth served through the child welfare system. Youth served through CHRP are a subset of the youth served through the child welfare system, but not all youth served through the child welfare system are served through CHRP.

**Background:**

Youth with intellectual and developmental disabilities (youth with IDD) who are involved in the child welfare system present a unique challenge to both the child welfare system and the IDD system. Most of these youth are not adults (i.e. under the age of 18), they cannot receive services through the adult comprehensive waiver, but since these youth cannot safely remain in their homes, they are not eligible for services through the Children's Extensive Support Medicaid waiver which assists families in caring for their high-needs children with IDD in their home. Within the child welfare system they require services that are outside of the typical service needs of youth who do not have an IDD. This could be seen as similar to how students with special educational needs require different and/or expanded services as compared to students who do not have special educational needs.

The Department, youth, guardians, and service providers are well aware that the current system, including child welfare services for youth with IDD, the CHRP waiver, and the existing adult comprehensive waiver does not work well for youth ages 18 to 20 because the needs of these youth do not fit within the boundaries of the existing waivers. Therefore in 2009, a task force was convened to look at the system for youth with IDD and present recommendations on what changes can be made to make the system work better for these youth. In 2010 the task force made a number of recommendations, one of which was to transition youth ages 18 to 20 from the child welfare system to the adult comprehensive waiver.

**Recommendation relating to youth with IDD ages 18 to 20**

Youth who do not have an IDD in the child welfare system are determined to be adults when they turn 18 and transition out of the child welfare system. For youth with IDD, because they are guaranteed educational services system until the age of 21, current policy has them remaining within the child welfare system until they turn 21. This presents a number of challenges for child welfare case workers in ensuring that these youth are receiving appropriate services because not

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only are these youth older than all the other youth the case workers handle, they have the added needs associated with their IDD. The recommendations from the task group specifically stated "The task group concluded that the 18-20 year old youth with developmental disabilities, who are already adults by age, should be phased out of the child welfare system over a three year period to be served in the adult DD system. The phase out is recommended due to the need to "ramp up" the adult DD system, Community Centered Boards and service providers for the increased number of new clients from child welfare."<sup>3</sup>.

The report went on to note that there was virtually unanimous support for the recommendation but the rationale for the recommendation was based on "what is right for these children and families. Families with children with developmental disabilities are in the child welfare system largely due to the inability to access services that include out-of-home placement without surrendering custody of their children to the department of human services. The child welfare system then inherits a child or youth not in need of protection, but in need of long-term services that require special expertise to manage the considerable resources efficiently."

**What would and would not change if youth transition at age 18**

It should be noted that this transition, while ideally seamless for the youth, could be disruptive for the youth depending on the number of changes that would have to occur. It is important that in the mind set of person-centered services all possible methods are employed to ensure that the transition appears seamless. The following table summarizes what would change and would not change both from an operational stand-point and a service provision stand-point if the transition occurs on their 18<sup>th</sup> birthday.

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<sup>3</sup> Page 2 from the "Interim Report from the Policy & Finance Task Group, 10-26-12. Concerning Moving Service Delivery and Case Management of 18-20 year old Youth with Developmental Disabilities from the Child Welfare System to the Division of Developmental Disabilities".

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<b>Comparison of Service Providers if Youth with an IDD are Transitioned from Child Welfare Services to Adult Comprehensive Services</b>		
<b>Services</b>	<b>Current Provider for 18 Year Old</b>	<b>New Provider</b>
Case management	County child welfare case manager.	Community center board (CCB) case manager.
Non-educational service providers	County child welfare service provider.	CCB and/or service providers through adult comprehensive waiver. There is the small potential that their foster home provider might become a host home provider but this is unlikely due to the large number of rules and licensing requirements.
Education requirements	School district where the youth lives until the youth is 21.	Youth-specific, because youth could choose after the age of 18 to enter into day habilitation programs or continue with educational transitions programs. If the youth chooses educational transition and the youth's residential placement remains unchanged or is changed to a new home in the same school district, the school location would not change. The youth would have to change school districts if the youth is moved to a residence outside of their current school district.  If a youth has to change school districts and chooses to continue educational transition services, the change of school district could be a positive by allowing the youth to become integrated within a community of their peers and allow for a better transition into the community from their school program into another day program at 21.
Housing	Child placement agency or county agency, through a child welfare certified foster home, group home, or a residential child care facility.	If the current child welfare provider is willing to become an adult provider it is possible and would be looked at on a case by case basis with the transition team. This is not typically possible for individuals requiring high levels of care and for youth transitioning out of children's group homes.
Out of State Placements	Currently youth placed in out of state residential facilities are not Medicaid eligible and counties have to use a portion of their child-welfare block grant funds to pay for the cost of the out of state placement. Additionally counties have mandated responsibilities for these youth which include covering the costs related to family visits, and case worker visits.	For youth transitioned back to Colorado from out of state placements, ideally the youth would be offered a community placement. If no community provider accepts the placement, the youth would be served through one of the Regional Centers.

\*This table includes information provided in responses to JBC staff questions asked of counties and community center boards.

**FY 2013-14 Department Initiated Transitions**

Staff inquired if the Department was planning to transition youth prior to them turning 21 in FY 2013-14. The Department responded that a cohort of youth ages 16 to 20 with developmental disabilities and in the custody of Child Welfare, for whom parental rights have been terminated, has been identified. Eleven youth from the cohort who are younger than 20 in FY 2013-14 were selected for transition. The Department did not include any explanation into what criteria was used to select which youth were eligible. Of the eleven, two have fully transitioned and are actively enrolled in the adult comprehensive waiver. Staff is concerned that this policy was instituted without any notice to the General Assembly and somewhat conflicts with the

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Department's January 2, 2013 hearing response that it could not either support or object to the recommendation made last year to transition these youth in FY 2013-14 and would require at least six months to analyze the policy change. It is concerning that the Department is providing such mixed messages to the General Assembly by stating in January that they are unable to support or reject the staff recommendation, but then informing staff after the fact that not only have youth under the age of 21 been identified but that two have fully transitioned.

The Department then goes on to say that "Eleven youth have been authorized to enroll in the HCBS-DD for transition since July 1, 2013. As of September 30, 2013 two of these youth have transitioned to active enrollment in the HCBS-DD waiver. The Department will fund these enrollments from available Foster Care Transition FPE appropriated in the FY 2013-14 Long Bill. The funding available is sufficient to cover the cost of these enrollments." It is concerning to staff that the Department was so non-responsive at the January 2013 hearing but is now indicating that the FY 13-14 appropriation for foster care transitions may have included transitioning youth under the age of 21.

In order to provide the Committee with a responsible cost estimate of the savings to the local counties and the associated increase in adult comprehensive services, staff asked about the number of youth who are living in children's group homes, county foster care placement, or out of state. The reason staff asked for these youth is because these youth are the highest need youth who will require significant medical, behavioral, and social care if served through the community. The Department's response to "How many youth ages 18 to 21, are currently living in children's group homes or county foster care placements, or out of state?" was "As of August 2013 there were 86 youth (ages 18 to 21) with a confirmed developmental disability in out-of-home care through Child Welfare. Data is not available at this time to detail the placement type by group home, county foster care placement or out-of-state." It is quite concerning to staff that despite selecting and starting to transition youth, the Department is unable to identify where all the youth ages 18 to 20 are living.

Staff also inquired about the process for transitioning youth who are placed out of state back into community services when they turn 21. The Department responded that once the Regional Centers determine that the youth meet the institutionalization requirement that is a universal requirement for all individuals receiving waiver services, a Regional Center coordinates with the county department of human services that has placement and care responsibility for the youth to develop a transition plan. The Department notes that the Regional Centers can accept the youth directly into the Regional Center. It is concerning to staff that it appears that nowhere in the process is the youth asked if they would like community-based services.

Staff asked the questions about transitions partly based on the experience of Strive, the Grand Junction CCB which took over care for the very high need individuals transitioned out of the Grand Junction Regional Center Skilled Nursing Facility Unit. Strive had to build group homes that could serve medically fragile individuals. Similar situations may arise from the transition of the 18 to 20 year olds. Additionally the infrastructure erosion that has occurred as a result of budget management policies means that community providers would need to know what type of residential services these youth will require and what changes/improvements to their existing residential homes need to be made. If a community provider does not have the capacity to



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provide services to one of these youth, the youth will be transitioned into one of the Regional Centers.

Without information relating to the number of youth placed in high cost settings and the associated costs and needs of the youth if placed in the community, staff is not comfortable putting forth a fiscal estimate of the savings to counties and added costs to the adult comprehensive waivers. It is important to note there has been an extensive amount of work done by counties, CCBs, and the Department on the policy and fiscal implications of this policy change which was based on a snap shot in time of the number of youth with IDD in the child welfare system.

**Moving the CHRP Waiver**

The CHRP waiver is available to youth ages birth to 21 years old who have an intellectual and developmental disability, require residential care, and are at risk for institutionalization in an intermediate care facility by his/her physician. Children are placed into the child welfare system either through a court order or through the relinquishment of parental rights by both parents. The idea of moving the CHRP waiver to the Department of Health Care Policy and Financing (HCPF) makes sense for a couple of reasons including:

- Youth with an IDD in the child welfare system require services similar to youth on the Children's Extensive Support Medicaid waiver, with the exception that youth in the child welfare system also require residential services;
- The CHRP waiver is severely under-utilized and many youth who would qualify for the waiver do not access the CHRP waiver because of numerous requirements and limitations which places an additional burden on the county block grant funding;
- The CHRP waiver is not meeting the needs of the counties because the counties do not have the type of providers to care for the truly hard to place children.

The following table summarizes the high level changes and challenges and unresolved questions which are currently preventing the transition of the CHRP waiver over to HCPF:

<b>Changes and Challenges Associated with Transitions CHRP to HCPF</b>		
<b>Operation/Service</b>	<b>Current Responsible Provider/Agency</b>	<b>Provider/Agency Responsible if Transitioned to HCPF</b>
Funding	Child welfare block grants to counties, and Medicaid funds for youth on the CHRP waiver.	Medicaid funding for adult comprehensive waiver and associated case management.
Case Management	County department of Human Services child welfare case managers.	If the CCB becomes the case manager the question of custody is an issue and would have to be reviewed. If a youth is on CHRP and has terminated parental rights, the counties would likely have guardianship until 18, but case management could move to the CCB.
Services	County child welfare services and school districts for educational services.	May require rule/statutory change to the Program Approved Service Agency (PASA). Based on increased oversight implemented in child welfare, may require additional oversight of the associated CCB PASA system.

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Housing/housing requirements	County placement agency-only place with Child Placement Agency into Licensed Homes	The Department would need to make administrative changes at the state level so that children with IDD are referred to and primarily served through the developmental disabilities system and child protective services should remain involved only when there are substantiated cases that require involvement due to abuse or neglect.  If a CCB were to take over care and case management of a child beyond child protection emergencies, the block funding to counties would be impacted.
Licensing	Right now child welfare homes are licensed through Child Care and the Department of Public Health and Environment (DPHE).	Questions remain about licensure requirements for providers and residential services. Questions also remain about the ability of youth with IDD to cohabitate with youth without an IDD.
CHRP specific		Changes cannot be made in how the services, placement or case management are done without making changes to the actual CHRP waiver.

**Options for Youth Ages 0-17 with an IDD in the Child Welfare System**

One recommendation from the task force convened to look at the system of services for youth with an IDD currently in the child welfare system recommended the Department of Human Services should investigate making administrative changes at the state level so that children with developmental disabilities are referred to and primarily served through the developmental disabilities system, rather than the child welfare system.

Staff learned this summer of a proposal put forth by Foothills Gateway, Inc. (FGI) the CCB in Larimer County and the Larimer County Department of Human Services – Children, Youth and Family Services Division (LCDHS) to implement the task force's recommendation as a pilot project in Larimer County. The proposal seeks to "offer a broader array of services designed to address child protection concerns while focusing on early family intervention and in-home supports designed to prevent, forestall, delay out of home placements, as well as, increase the potential of reunification should out of home placement be necessary. The pilot project would work to demonstrate a more efficient and effective ways of serving children and families, meeting state and federal outcomes, and creating a more robust community capacity to support children with developmental delays/disabilities and assist them with transition to adult life.<sup>4</sup> The proposal includes goals for each year of the three years of the project, what resources would be required to implement and fund the project, and evaluation measures that can used to measure the success of the project. This project would require changes to Department of Human Services rules and possibility statute, but represents the possibility to test how effective creating structural changes to improve the existing system that services youth with IDD.

**RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENTS  
PERFORMANCE PLAN**

This briefing issue addresses relevant to the improvement of appropriate health care access while demonstrating sound stewardship of financial resources

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<sup>4</sup> Language is taken from the "A Pilot Project Submitted jointly by Larimer County Department of Human Services-Children, Youth and Family Services Division and The Community Centered Board in Larimer County, Foothills Gateway, Inc." document.

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**Appendix A: Number Pages**

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
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**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**  
**Sue Birch, Executive Director**

**OFFICE OF COMMUNITY LIVING**

**(A) Division for Individuals with Intellectual and Developmental Disabilities**

**(i) Program Costs**

Adult Comprehensive Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>347,249,465</u>	*
General Fund	0	0	0	157,994,385	
Cash Funds	0	0	0	31,260,696	
Federal Funds	0	0	0	157,994,384	
Adult Supported Living Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>58,168,084</u>	*
General Fund	0	0	0	33,103,805	
Federal Funds	0	0	0	25,064,279	
Children's Extensive Support Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>19,066,967</u>	*
General Fund	0	0	0	9,533,483	
Federal Funds	0	0	0	9,533,484	
Case Management	<u>0</u>	<u>0</u>	<u>0</u>	<u>29,668,921</u>	*
General Fund	0	0	0	16,001,021	
Federal Funds	0	0	0	13,667,900	
Family Support Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,762,095</u>	*
General Fund	0	0	0	6,762,095	

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	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Preventive Dental Hygiene	<u>0</u>	<u>0</u>	<u>0</u>	65,203	*
General Fund	0	0	0	61,506	
Cash Funds	0	0	0	3,697	
Eligibility Determination and Waiting List Management	<u>0</u>	<u>0</u>	<u>0</u>	3,032,242	*
General Fund	0	0	0	3,012,587	
Federal Funds	0	0	0	19,655	
<b>SUBTOTAL -</b>	0	0	0	464,012,977	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	226,468,882	0.0%
Cash Funds	0	0	0	31,264,393	0.0%
Federal Funds	0	0	0	206,279,702	0.0%
<b>(ii) Administrative Costs</b>					
Community and Contract Management System	<u>0</u>	<u>0</u>	<u>0</u>	137,480	
General Fund	0	0	0	89,362	
Federal Funds	0	0	0	48,118	
Support Level Administration	<u>0</u>	<u>0</u>	<u>0</u>	57,368	
General Fund	0	0	0	28,684	
Federal Funds	0	0	0	28,684	
<b>SUBTOTAL -</b>	0	0	0	194,848	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	118,046	0.0%
Federal Funds	0	0	0	76,802	0.0%

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	<b>FY 2011-12 Actual</b>	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Appropriation</b>	<b>FY 2014-15 Request</b>	<b>Request vs. Appropriation</b>
<b>TOTAL - Office of Community Living</b>	0	0	0	464,207,825	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	226,586,928	0.0%
Cash Funds	0	0	0	31,264,393	0.0%
Federal Funds	0	0	0	206,356,504	0.0%

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	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
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**(7) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS**

Primary functions: This division reflects the Medicaid funding used by the Department of Human Services. The Medicaid dollars appropriated to that Department are first appropriated in this division and then transferred to the Department of Human Services. See the Department of Human Services for additional details about the line items contained in this division.

**(G) Services for People with Disabilities - Medicaid Funding**

Community Services for People with Developmental  
Disabilities, Administration

<u>2,705,995</u>	<u>2,356,594</u>	<u>2,897,037</u>	<u>0</u>
General Fund	1,352,998	1,178,297	0
Federal Funds	1,352,997	1,178,297	0

Community Services for People with Developmental  
Disabilities, Program Costs

<u>329,836,283</u>	<u>327,987,037</u>	<u>374,575,651</u>	<u>0</u>
General Fund	164,927,548	163,993,519	0
Cash Funds	1	0	0
Federal Funds	164,908,734	163,993,518	0

Community Services for People with Developmental  
Disabilities, Early Intervention Services

<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0
Federal Funds	0	0	0

Regional Centers

<u>43,301,047</u>	<u>54,035,040</u>	<u>47,499,561</u>	<u>49,430,457</u>
General Fund	22,340,689	23,231,667	22,814,579
Cash Funds	0	3,785,853	1,866,142
Reappropriated Funds	0	0	0
Federal Funds	20,960,358	27,017,520	24,749,736

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	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Regional Center Depreciation and Annual Adjustments	<u>1,187,825</u>	<u>1,187,826</u>	<u>1,187,825</u>	<u>1,187,825</u>	
General Fund	593,913	593,913	593,913	593,913	
Federal Funds	593,912	593,913	593,912	593,912	
<b>TOTAL - (7) Department of Human Services</b>					
<b>Medicaid-Funded Programs</b>	377,031,150	385,566,497	426,160,074	50,618,282	(88.1%)
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	189,215,148	188,997,396	211,213,897	23,408,492	(88.9%)
Cash Funds	1	3,785,853	1,866,143	1,866,142	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	187,816,001	192,783,248	213,080,034	25,343,648	(88.1%)
<b>TOTAL - Department of Health Care Policy and Financing</b>					
<b>Financing</b>	377,031,150	385,566,497	426,160,074	514,826,107	20.8%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	189,215,148	188,997,396	211,213,897	249,995,420	18.4%
Cash Funds	1	3,785,853	1,866,143	33,130,535	1675.3%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	187,816,001	192,783,248	213,080,034	231,700,152	8.7%

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**Appendix A: Number Pages**

	<b>FY 2011-12 Actual</b>	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Appropriation</b>	<b>FY 2014-15 Request</b>	<b>Request vs. Appropriation</b>
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**DEPARTMENT OF HUMAN SERVICES**  
**Reggie Bicha, Executive Director**

**(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>2,739,222</u>	<u>2,183,895</u>	<u>2,821,868</u>	<u>0</u>
FTE	32.5	25.8	34.0	0.0
General Fund	90,146	207,097	226,958	0
Cash Funds	80,307	79,485	0	0
Reappropriated Funds	2,568,769	1,897,313	2,594,910	0
Operating Expenses	<u>133,984</u>	<u>144,528</u>	<u>148,523</u>	<u>0</u>
Cash Funds	2,349	4,364	0	0
Reappropriated Funds	131,635	140,164	148,523	0
Community and Contract Management System	<u>75,214</u>	<u>130,393</u>	<u>137,480</u>	<u>0</u>
General Fund	38,160	34,157	41,244	0
Reappropriated Funds	37,054	96,236	96,236	0
Support Level Administration	<u>69,101</u>	<u>55,741</u>	<u>57,368</u>	<u>0</u>
Reappropriated Funds	69,101	55,741	57,368	0



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	<b>FY 2011-12 Actual</b>	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Appropriation</b>	<b>FY 2014-15 Request</b>	<b>Request vs. Appropriation</b>
<b>SUBTOTAL -</b>	3,017,521	2,514,557	3,165,239	0	(100.0%)
<i>FTE</i>	<u>32.5</u>	<u>25.8</u>	<u>34.0</u>	<u>0.0</u>	<u>(100.0%)</u>
General Fund	128,306	241,254	268,202	0	(100.0%)
Cash Funds	82,656	83,849	0	0	0.0%
Reappropriated Funds	2,806,559	2,189,454	2,897,037	0	(100.0%)

**(2) Program Costs**

Adult Comprehensive Services	<u>297,831,986</u>	<u>292,632,713</u>	<u>329,907,455</u>	<u>0</u>
General Fund	1,212,832	0	0	0
Cash Funds	30,798,715	30,798,715	30,798,715	0
Reappropriated Funds	265,820,439	261,833,998	299,108,740	0
Adult Supported Living Services	<u>44,551,551</u>	<u>44,737,237</u>	<u>46,728,721</u>	<u>0</u>
General Fund	7,520,973	7,463,574	7,920,712	0
Reappropriated Funds	37,030,578	37,273,663	38,808,009	0
Early Intervention Services	<u>13,161,802</u>	<u>17,210,023</u>	<u>0</u>	<u>0</u>
General Fund	13,161,802	17,210,023	0	0
Family Support Services	<u>2,173,002</u>	<u>2,168,232</u>	<u>3,255,842</u>	<u>0</u>
General Fund	2,173,002	2,168,232	3,255,842	0
Children's Extensive Support Services	<u>7,335,731</u>	<u>7,015,707</u>	<u>13,201,051</u>	<u>0</u>
Reappropriated Funds	7,335,731	7,015,707	13,201,051	0
Case Management	<u>23,874,498</u>	<u>25,840,569</u>	<u>25,717,760</u>	<u>0</u>
General Fund	4,224,963	3,995,998	2,298,639	0
Reappropriated Funds	19,649,535	21,844,571	23,419,121	0

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	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Eligibility Determination and Waiting List Management	908,455	967,490	2,987,431	0	
General Fund	908,455	948,392	2,948,701	0	
Reappropriated Funds	0	19,098	38,730	0	
Preventive Dental Hygiene	63,051	63,051	64,239	0	
General Fund	59,409	59,409	60,597	0	
Cash Funds	3,642	3,642	3,642	0	
<b>SUBTOTAL -</b>	389,900,076	390,635,022	421,862,499	0	(100.0%)
<b>FTE</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	29,261,436	31,845,628	16,484,491	0	(100.0%)
Cash Funds	30,802,357	30,802,357	30,802,357	0	(100.0%)
Reappropriated Funds	329,836,283	327,987,037	374,575,651	0	(100.0%)

**(3) Early Intervention Services**

Early Intervention Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
FTE	0.0	0.0	0.0	0.0
General Fund	0	0	0	0
Cash Funds	0	0	0	0
Federal Funds	0	0	0	0
Early Intervention Services Case Management	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0
Reappropriated Funds	0	0	0	0

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	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
<b>SUBTOTAL -</b>	0	0	0	0	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	0	0.0%
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%

**(3) Other Community Programs**

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

FTE	5.9	6.7	0.0	0.0	
Federal Funds	7,988,552	9,916,498	0	0	
Custodial Funds for Early Intervention Services	<u>10,895,854</u>	<u>7,937,120</u>	<u>0</u>	<u>0</u>	
Cash Funds	10,895,854	7,937,120	0	0	
<b>SUBTOTAL -</b>	18,884,406	17,853,618	0	0	0.0%
<i>FTE</i>	<u>5.9</u>	<u>6.7</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
Cash Funds	10,895,854	7,937,120	0	0	0.0%
Federal Funds	7,988,552	9,916,498	0	0	0.0%

<b>TOTAL - (9) Services for People with Disabilities</b>	411,802,003	411,003,197	425,027,738	0	(100.0%)
<i>FTE</i>	<u>38.4</u>	<u>32.5</u>	<u>34.0</u>	<u>0.0</u>	<u>(100.0%)</u>
General Fund	29,389,742	32,086,882	16,752,693	0	(100.0%)
Cash Funds	41,780,867	38,823,326	30,802,357	0	(100.0%)
Reappropriated Funds	332,642,842	330,176,491	377,472,688	0	(100.0%)
Federal Funds	7,988,552	9,916,498	0	0	0.0%

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	<b>FY 2011-12 Actual</b>	<b>FY 2012-13 Actual</b>	<b>FY 2013-14 Appropriation</b>	<b>FY 2014-15 Request</b>	<b>Request vs. Appropriation</b>
<b>TOTAL - Department of Human Services</b>	411,802,003	411,003,197	425,027,738	0	(100.0%)
<i>FTE</i>	<u>38.4</u>	<u>32.5</u>	<u>34.0</u>	<u>0.0</u>	<u>(100.0%)</u>
General Fund	29,389,742	32,086,882	16,752,693	0	(100.0%)
Cash Funds	41,780,867	38,823,326	30,802,357	0	(100.0%)
Reappropriated Funds	332,642,842	330,176,491	377,472,688	0	(100.0%)
Federal Funds	7,988,552	9,916,498	0	0	0.0%

## **Appendix B: Recent Legislation Affecting Department Budget**

### **2012 Session Bills**

**H.B. 12-1335 (Long Bill):** General appropriations act for FY 2012-13.

### **2013 Session Bills**

**S.B. 13-089 (Supplemental Appropriations Department of Health Care Policy and Financing):** Supplemental appropriations to the Department of Health Care Policy and Financing for FY 2012-13.

**S.B. 13-091 (Supplemental Appropriations Department of Human Services):** Supplemental appropriations to the Department of Human Services for FY 2012-13.

**S.B. 13-230 (Long Bill):** General appropriations act for FY 2013-14.

**H.B. 13-1314 (Transfer Developmental Disabilities to Health Care Policy and Financing):** Transfers the powers, duties, and functions from the Department of Human Services (DHS) relating to the programs, services, and supports for persons with intellectual and developmental disabilities to the Department of Health Care Policy and Financing (HCPF) on March 1, 2014. Changes terminology used in the statutes, including "developmental disabilities" to "intellectual and developmental disabilities". Creates the Office of Community Living (Office) in HCPF and the Division of Intellectual and Developmental Disabilities (Division) in the Office. Requires HCPF, in conjunction with intellectual and developmental disability advocates and service providers, to report to the Joint Budget Committee in 2013 on any issues relating to the set-up of the Office and the upcoming transfer of programs. Additionally, quarterly, commencing after the March 2014 transfer and concluding in December 2014, HCPF, along with the above-referenced advocates and providers, must report to the Joint Budget Committee and the Health Care Committees of the General Assembly concerning the operation of the Division, administration of the transferred programs, services, and supports.

## **Appendix C: Update on Long Bill Footnotes & Requests for Information**

### **Long Bill Footnotes**

(Note these footnotes appear in the Department of Human Services section of the FY 2013-14 Long Bill and will appear, if continued, in the Department of Health Care Policy and Financing section of the FY 2014-15 Long Bill)

- 30 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:** This footnote indicates the line items within the Program Costs section of the FY 2013-14 Community Services for People with Developmental Disabilities Long Bill section are shown for informational purposes only because the Department has the authority pursuant to this footnote to transfer funds between the lines items. Expenditures are limited by the total for the subdivision not by the total for each line item.

- 31 Department of Human Services, Services for People with Disabilities, Community Services for People with Developmental Disabilities, 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:** This footnote expresses the General Assembly's intent that these funds be used to pay for dental services to individuals who have an intellectual and developmental disability.

### **Requests for Information – Department of Health Care Policy and Financing**

- 3. 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 Colorado Choice Transitions 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:** As of October 8, 2013, the rebalancing fund has accrued \$11,758.84 since April 2013. Based on the Department's projected transition goal, the fund will reach or exceed approximately \$4.0 million by the end of the grant. To date, none of the accrued funds have been utilized. The Department plans to solicit stakeholder input to determine how the funds are used according to the goals of the program. The Department has

convened the CCT Stakeholder Advisory Council to make recommendations on the use of the rebalancing funds. The Council consists of multiple stakeholders representing different perspectives, including consumers. The Department, taking into consideration regulatory, statutory and resource constraints, will determine which recommendations to finance through the rebalancing fund.

### **Requests for Information – Department of Human Services**

- 1. 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.

**Comment:** This request was associated with the Department of Human Services for FY 2013-14, and if continued will be submitted to the Department of Health Care Policy and Financing for FY 2014-15. The Department anticipates submitting this report on December 1, 2013.

## **Appendix D: Indirect Cost Assessment Methodology**

This appendix will be included in the briefing presentation by Eric Kurtz on the Department of Health Care Policy and Financing on Wednesday December 11, 2013.



## Appendix E: Change Requests' Relationship to Measures

This appendix will show how the Department of Health Care Policy and Financing indicates each change request ranks in relation to the Department's top priorities and what performance measures the Department is using to measure success of the request.

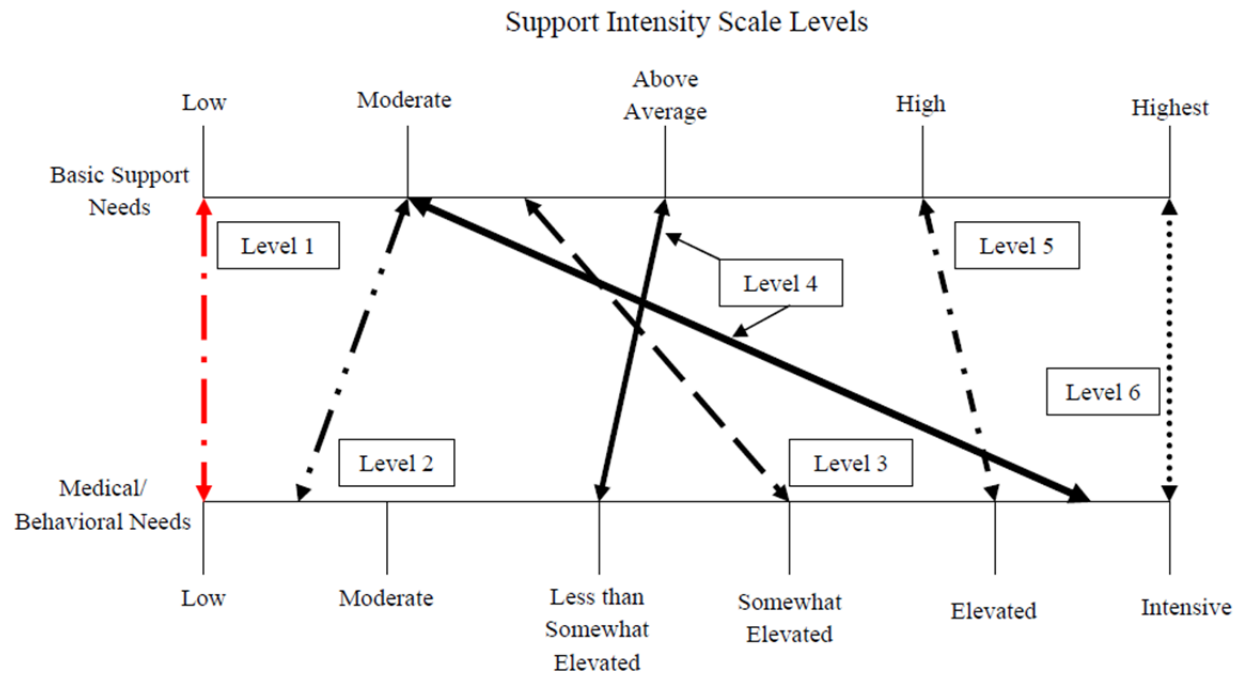
<b>Change Requests' Relationship to Performance Measures</b>			
<b>R</b>	<b>Change Request Description</b>	<b>Goals / Objectives</b>	<b>Performance Measures</b>
7	Provide funding for 1,526 supported living services FPE, increase the SPAL and make associated increase to the Medicaid State Plan and community behavioral health services.	Improve health outcomes, client experience, and lower per capita costs.	Number of clients receiving home- and community-based waiver services.
8	Provide funding for 125 adult comprehensive FPE and 61 supported living services FPE and make associated increase to the Medicaid State Plan and community behavioral health services.	Improve health outcomes, client experience, and lower per capita costs.	Number of clients receiving home- and community-based waiver services.
11	1.5 percent community provider rate increase.	N/A	N/A
14	Increase funding to the Family Support Services Program.	Improve health outcomes, client experience, and lower per capita costs.	N/A

## Appendix F – How the Fee-for-Service Model Works

The following is a brief description of how the fee-for-service model implemented for the intellectual and developmental disabilities waivers works.

### Step 1 - Determine the Supports Intensity Scale Score

Once an FPE is allocated to an individual, they are evaluated using the Supports Intensity Scale (SIS). The SIS uses a structured interview process to identify and measure the practical support requirements (basic needs, behavioral and medical) of the person. Each individual receives a score of one through six depending on their needs. The following graphic illustrates what each score one through six means in terms of an individual's needs.



### Step 2 - Determine the Service Plan Authorization Limit

Each SIS score is tied to a Service Plan Authorization Limits (SPAL), which identifies the maximum dollar available for all ongoing services. The SPAL is designed to ensure higher needs individuals are able to access higher funding amounts as compared to lower needs individuals. The SPAL applies only to ongoing services and does not include intermittent services like transportation, dental, vision, assistive technology, and environmental modifications. As part of FY 2014-15 request seven; the Department is seeking a 20.0 percent increase to the SPAL for levels one through six, and a 28.6 percent increase to the maximum SPAL. The following table summarizes the current and requested SPAL levels.

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<b>SIS Scores and the Corresponding SPAL Amount</b>			
<b>SIS Score</b>	<b>SPAL Level</b>	<b>Maximum SPAL</b>	<b>Requested Increased SPAL</b>
SIS Level 1	Authorization Limit 1	\$12,193	\$14,632
SIS Level 2	Authorization Limit 2	\$13,367	\$16,040
SIS Level 3	Authorization Limit 3	\$15,038	\$18,046
SIS Level 4	Authorization Limit 4	\$17,296	\$20,755
SIS Level 5	Authorization Limit 5	\$20,818	\$24,982
SIS Level 6	Authorization Limit 6	\$27,366	\$32,839
	Maximum SPAL	\$35,000	\$45,000

*Step3 - Based on the amount of funding available to the individual, develop a service plan*

Each service (residential services, day services, behavioral services, etc.) are broken down into units under the fee-for-service model. For most services, one unit of service is equal to fifteen minutes. For residential services one unit is equal to one day. Two other services, job placement and non-medical transportation are billed on dollar amount and mileage respectively. Each service has a maximum number of units the individual can utilize depending on the SIS score.

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**Appendix G - IDD Waiver Expenditures Since FY 2007-08**

Funding for IDD Waivers FY 2007-08 to FY 2014-15 Request								
			<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>MGF</b>	<b>MFF</b>	<b>FPE</b>
Comprehensive	FY 2007-08	Actual*	210,166,941	3,034,482	0	103,566,230	103,566,229	3,731.0
	FY 2008-09	Actual	219,723,763	693,077	0	109,515,343	109,515,343	3,838.5
	FY 2009-10	Actual	255,829,750	1,550,603	0	127,139,574	127,139,573	4,032.4
	FY 2010-11	Actual	273,771,235	387,156	0	108,957,177	164,426,902	4,114.5
	FY 2011-12	Actual	267,033,271	1,212,832	0	132,910,220	132,910,219	4,129.4
	FY 2012-13	Actual	261,833,998	0	0	130,916,999	130,916,999	4,125.5
	FY 2013-14	Approp.	299,108,740	0	0	149,554,370	149,554,370	4,471.2
	FY 2014-15	Request^	307,216,986	0	0	153,608,493	153,608,493	4,596.2
Supported Living			<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>MGF</b>	<b>MFF</b>	<b>FPE</b>
	FY 2007-08	Actual	46,431,134	7,403,678	0	19,513,728	19,513,728	2,844.5
	FY 2008-09	Actual	53,934,755	7,543,037	0	23,195,859	23,195,859	2,894.9
	FY 2009-10	Actual	44,974,958	7,575,159	0	18,699,900	18,699,899	2,894.9
	FY 2010-11	Actual	45,391,603	7,812,106	0	15,490,269	22,089,228	2,976.0
	FY 2011-12	Actual	44,551,551	7,520,973	0	18,515,289	18,515,289	3,060.7
	FY 2012-13	Actual	44,737,237	7,463,574	0	18,636,832	18,636,831	3,072.2
	FY 2013-14	Approp.	46,728,721	7,920,712	0	19,404,005	19,404,004	4,109.5
FY 2014-15	Request^	47,042,236	7,920,712	0	19,560,762	19,560,762	5,696.5	
Children's			<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>MGF</b>	<b>MFF</b>	<b>FPE</b>
	FY 2007-08	Actual	5,756,235	0	0	2,878,118	2,878,117	376.5
	FY 2008-09	Actual	6,913,410	0	992,766	2,463,939	3,456,705	386.6
	FY 2009-10	Actual	7,158,025	0	1	3,579,011	3,579,013	386.6
	FY 2010-11	Actual	7,956,079	0	1	3,279,492	4,676,586	371.8
	FY 2011-12	Actual	7,335,731	0	1	3,667,865	3,667,865	363.9
	FY 2012-13	Actual	7,015,708	0	1	3,507,854	3,507,853	365.0
	FY 2013-14	Approp.	13,201,051	0	1	6,600,525	6,600,525	659.0
FY 2014-15	Request^	18,785,189	0	1	9,392,594	9,392,594	659.0	
Case Management			<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>MGF</b>	<b>MFF</b>	<b>FPE</b>
	FY 2007-08	Actual	19,718,750	2,986,639	0	8,366,056	8,366,055	7,952.0
	FY 2008-09	Actual	18,114,887	3,021,894	2,167,353	5,379,144	7,546,496	7,120.0
	FY 2009-10	Actual	21,501,608	2,979,204	0	9,261,202	9,261,202	7,313.9
	FY 2010-11	Actual	25,216,667	3,541,232	0	8,934,614	12,740,821	7,462.3
	FY 2011-12	Actual	23,874,498	4,224,963	0	9,824,768	9,824,767	7,554.0
	FY 2012-13	Actual	25,840,569	3,995,998	0	10,922,286	10,922,285	7,562.7
	FY 2013-14	Approp.	25,717,760	2,298,639	0	11,709,561	11,709,560	9,239.7
FY 2014-15	Request^	26,610,248	2,298,639	0	12,155,805	12,155,804	10,951.7	

**JBC Staff Budget Briefing – FY 2014-15**  
**Staff Working Document – Does Not Represent Committee Decision**

Funding for IDD Waivers FY 2007-08 to FY 2014-15 Request								
		<b>Total</b>	<b>GF</b>	<b>CF</b>	<b>MGF</b>	<b>MF</b>	<b>FPE</b>	
Total	FY 2007-08	Actual	282,073,060	13,424,799	0	134,324,132	134,324,129	7,952.0
	FY 2008-09	Actual	298,686,815	11,258,008	3,160,119	140,554,285	143,714,403	7,120.0
	FY 2009-10	Actual	329,464,341	12,104,966	1	158,679,687	158,679,687	7,313.9
	FY 2010-11	Actual	352,335,584	11,740,494	1	136,661,552	203,933,537	7,462.3
	FY 2011-12	Actual	342,795,051	12,958,768	1	164,918,142	164,918,140	7,554.0
	FY 2012-13	Actual	339,427,512	11,459,572	1	163,983,971	163,983,968	7,562.7
	FY 2013-14	Approp.	384,756,272	10,219,351	1	187,268,461	187,268,459	9,239.7
	FY 2014-15	Request <sup>^</sup>	399,654,659	10,219,351	1	194,717,654	194,717,653	10,951.7

\*Includes \$1,511,289 Hold Harmless General Fund funding

<sup>^</sup>The request only includes base appropriation and annualization of FPE added in FY 2013-14.