

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**FY 2015-16 STAFF FIGURE SETTING
DEPARTMENT OF HEALTH CARE POLICY AND
FINANCING**

(Office of Community Living)

**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) Department of Human Services Medicaid-Funded Programs; and (6) Office of Community Living.

This Joint Budget Committee staff figure setting document covers the Office of Community Living, Division for Individuals with Intellectual and Development Disabilities. 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.

GENERAL NOTES ABOUT THIS PACKET

Funding for New Enrollments

Funding for new enrollments are appropriated for six months of the first fiscal year, and will annualize to twelve months in the second fiscal year. The reason this occurs is due to the time required to enroll, and onboard enrollments for services which can range from three to six months after eligibility is determined. Therefore the appropriation assumes that on average a new enrollment will receive billable services for six months of the first fiscal year they are funded. There are a number of tables within this document which include a column titled "Full Year Cost" which represents twelve months of services, and a second column titled "FY 2015-16 Cost" which represents the six month of costs incurred during the first year.

Abbreviations Used This in Document

Enrollment Unduplicated individual receiving services.

FPE: Full Program Equivalent is the average monthly paid enrollments.

HCBS-SLS or SLS

Home and Community Based Services – Supported Living Services are non-residential waiver services provided to adults with developmental disabilities.

HCBS-DD or Comprehensive

Home and Community Based Services – Comprehensive Services are residential and support services provided to adults with developmental disabilities

HCBS-CES Home and Community Based Services – Children's Extensive Support Services are non-residential services provided to children under the age of 18.

HCPF Department of Health Care Policy and Financing

DHS Department of Human Services

IDD Intellectual and Developmental Disabilities

CCB Community-Centered Board

SIS Supports Intensity Scale

SPAL Spending Plan Authorization Limit

**(4) OFFICE OF COMMUNITY LIVING
(A) DIVISION FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES**

DIVISION REQUEST AND RECOMMENDATION SUMMARY

Office of Community Living					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2014-15 Appropriation					
HB 14-1336 (Long Bill)	\$478,939,702	\$230,582,978	\$30,841,087	\$217,515,637	30.5
Other legislation	5,746,227	0	2,829,586	2,916,641	0.0
SB 15-147 (Supplemental)	(8,682,433)	(5,100,000)	1,675,000	(5,257,433)	0.0
Recommended Long Bill Supplemental	<u>(1,764,657)</u>	<u>1,488,461</u>	<u>(1,236,158)</u>	<u>(2,016,960)</u>	<u>0.0</u>
TOTAL	\$474,238,839	\$226,971,439	\$34,109,515	\$213,157,885	30.5
FY 2015-16 Recommended Appropriation					
FY 2014-15 Appropriation	\$474,238,839	\$226,971,439	\$34,109,515	\$213,157,885	30.5
Annualize prior year budget decisions	15,155,036	8,227,901	(3,268,428)	10,195,563	0.0
R5 Office of Community Living	6,811,606	2,571,035	1,586,987	2,653,584	0.0
R7 Participant directed programs	2,387,292	1,174,786	0	1,212,506	0.0
R12 Provider rates	13,438,265	6,442,612	830,583	6,165,070	0.0
FMAP change	0	937,215	0	(937,215)	0.0
IDD services capacity increase	<u>21,166,857</u>	<u>10,605,338</u>	<u>0</u>	<u>10,561,519</u>	<u>0.0</u>
TOTAL	\$533,197,895	\$256,930,326	\$33,258,657	\$243,008,912	30.5
Increase/(Decrease)	\$58,959,056	\$29,958,887	(\$850,858)	\$29,851,027	0.0
Percentage Change	12.4%	13.2%	(2.5%)	14.0%	0.0%
FY 2015-16 Executive Request:	\$529,616,161	\$255,825,524	\$30,841,123	\$242,949,514	30.5
Request Above/(Below) Recommendation	(\$3,581,734)	(\$1,104,802)	(\$2,417,534)	(\$59,398)	(0.0)

ISSUE DESCRIPTIONS

Annualize prior year budget decisions: The recommendation includes an increase of \$15,155,036 total funds for annualization of FY 2014-15 budget decisions including new enrollments funded for six months in FY 2014-15 and adjustments to annualize the FY 2014-15 caseload adjustments.

R5 Office of Community Living: The recommendation includes an increase of \$6,811,606 total funds for 297 new enrollments for the three intellectual and developmental disabilities (IDD) waivers. The recommendation and analysis for R5 provides additional information on which waivers are being increase.

R7 Participant directed programs: The recommendation includes an increase of \$2,387,292 total funds to expand the availability of the Consumer Directed Attendant Support Services (CDASS) to individuals receiving services through the Support Living Services waiver. Note there is an associated reduction of \$1,233,513 total funds to the Medical Services Premiums line item.

R12 Provider rates: The recommendation includes an increase of \$13,438,265 total funds for the Committee approved 2.7 percent increase to the community provider rate.

IDD service capacity increase: The recommendation includes an increase of \$21,166,857 total funds for a 5.0 percent community capacity increase to be applied to wages paid to direct service providers.

→ Office of Community Living Caseload Adjustment

Includes R5 and BA5 as amended by the February 2015 caseload adjustment

Request:

On February 12, 2015 the Department submitted an update to the forecast. Although the update is not an "official" request to change the appropriation and it was submitted after the General Assembly's budget request deadlines, it represents the most current forecast available. The following requests for FY 2014-15 and FY 2015-16 reflect R5 Community Living Caseload and Per Capita and BA5 Community Living Caseload and Per Capita as updated by the February 12, 2015 informational caseload adjustments provided by the Department. R5 and BA5 incorporated data through June 2014 while the February forecast includes data through at least December 2014.

FY 2015-16 Request: The Department requests a reduction of \$9,313,387 total funds, of which \$1,409,731 is General Fund, \$2,829,586 is cash funds, and \$5,074,070 is federal funds.

Recommendations: The following are staff recommendations for FY 2014-15 funding adjustments for caseload and the FY 2015-16 recommendations for new enrollments. For both fiscal years staff recommends the creation of a new line item titled Waiver Enrollment Costs for non-Medicaid costs attributable to enrolling clients into waiver services.

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FY 2014-15 Recommendation

Due to the significant changes presented in the FY 2014-15 February 12, 2015 caseload adjustment for the Office of Community Living and the continuation of the Committee's policy to allow approximately \$4.5 million to roll into the IDD Services Cash Fund, **staff recommends further adjustment to the FY 2014-15 appropriation.** The following table summarizes the recommended FY 2014-15 appropriation adjustments for the Office of Community Living.

Summary of FY 2014-15 Recommended Adjustments				
	Total Funds	General Fund	Cash Funds	Federal Funds
Adult Comprehensive				
Eliminate Child Welfare Transition Cash Fund	0	2,829,586	(2,829,586)	0
Enrollment Adjustment	0		0	
FPE Factor Adjustment	1,980,638	994,962	(40,000)	1,025,676
FMAP Adjustment	<u>0</u>	<u>287,519</u>	<u>0</u>	<u>(287,519)</u>
<i>Total Adjustment</i>	<i>1,980,638</i>	<i>4,112,067</i>	<i>(2,869,586)</i>	<i>738,157</i>
Adult Supported Living Services				
Enrollment Adjustment	(4,531,174)	(2,231,150)	0	(2,300,024)
Per Capita Adjustment	<u>(1,622,510)</u>	<u>(798,924)</u>		<u>(823,586)</u>
<i>Total Adjustment</i>	<i>(6,153,684)</i>	<i>(3,030,074)</i>	<i>0</i>	<i>(3,123,610)</i>
Children's Extensive Support Services				
Enrollment Adjustment	(1,413,392)	(721,199)	0	(692,193)
Technical adjustment	<u>54,569</u>	<u>64,860</u>	<u>0</u>	<u>(10,291)</u>
<i>Total Adjustment</i>	<i>(1,358,823)</i>	<i>(656,339)</i>	<i>0</i>	<i>(702,484)</i>
Targeted Case Management				
FPE Factor Adjustment	537,449	264,640	0	272,809
QA/UR/SIS Adjustment	<u>1,596,335</u>	<u>798,167</u>	<u>0</u>	<u>798,168</u>
<i>Total Adjustment</i>	<i>2,133,784</i>	<i>1,062,807</i>	<i>0</i>	<i>1,070,977</i>
Waiver Enrollment	1,633,428	0	1,633,428	0
FY 2014-15 Total Adjustments	(\$1,764,657)	\$1,488,461	(\$1,236,158)	(\$2,016,960)

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FY 2015-16

Staff recommends an appropriation of \$6,811,606 total funds, of which \$2,571,035 is General Fund, \$1,586,987 is cash funds and \$2,653,584 is federal funds for 297 new enrollments and enrollment costs for enrollments funded in prior years and filled in FY 2015-16. As recommended in the Department of Human Services, Services for People with Disabilities figure setting presentation, **staff does not recommend the transfer of funding for Regional Center comprehensive waiver beds** from the Department of Human Services Medicaid appropriation section of the Department's Long Bill to the community-based waiver services funding in the Office of Community Living Long Bill section.

Summary of FY 2015-16 Recommended Increase for New Enrollments						
	Cost Per Enrollment	FY 2015-16 Cost	General Fund	Cash Funds	Federal Funds	FY 2016-17 Total Cost
Adult Comprehensive						
Foster Care Transitions	\$66,947	1,841,054	905,983	0	935,071	3,682,108
Emergency Enrollments	\$66,947	1,338,948	658,896	0	680,052	2,677,896
Deinstitutionalization	\$66,974	0	0	0	0	0
<i>Subtotal - Adult Comprehensive</i>		<i>3,180,002</i>	<i>1,564,879</i>	<i>0</i>	<i>1,615,123</i>	<i>6,360,004</i>
Adult Supported Living Services						
New Enrollments	\$15,568	716,134	352,410	0	363,724	1,432,269
CES Transitions	\$15,568	<u>474,828</u>	<u>233,663</u>	<u>0</u>	<u>241,165</u>	<u>949,657</u>
<i>Subtotal - Adult SLS</i>		<i>1,190,962</i>	<i>586,073</i>	<i>0</i>	<i>604,889</i>	<i>2,381,926</i>
Children's Extensive Support Services						
New Enrollments	\$18,843	461,665	227,185	0	234,480	923,331
Targeted Case Management						
New Enrollments	\$2,640	391,990	192,898	0	199,092	783,979
Waiver Enrollment						
Enrollments funded in prior years and not filled until FY 2015-16	\$1,601	1,586,987	0	1,586,987	0	These are one time costs
Total Increase for FY 2015-16		\$6,811,606	\$2,571,035	\$1,586,987	\$2,653,584	\$10,449,240

Analysis:

Waiver Enrollment Costs

Prior to FY 2013-14 when annual enrollment increases resulting from new funds were fairly small, CCBs could absorb the non-Medicaid costs of enrolling an individual into IDD waiver services. Through the General Assembly's decisions to provide sufficient funding to serve all individuals waiting for CES and SLS services, CCBs have experienced significant enrollment costs which are more difficult to absorb because of the volume of new enrollments. Enrollment activities include: assigning a case management, establishing communication with the individual

and family, scheduling various assessment (including the Supports Intensity Scale assessment), assistance with the Medicaid and documentation verification process, and assistance with provider selection.

Enrolling individuals into services is the first step to providing services, and the staff recommendation will address the significant costs associated with the volume of new enrollments as the wait lists are eliminated thus removing one of the barriers to individuals receiving services. The recommendation includes the creation of a new line item for transparency and accountability purposes. Staff anticipates that once the individuals waiting for SLS and CES services are receiving services the annual incremental increases in new enrollments will be fairly small and the CCBs will again be able to absorb the enrollment costs. The following table summarizes how the waiver enrollment cost per individual was calculated.

Average Enrollment Cost	
Average annual cost per enrollment manager	\$76,867.00
Monthly cost per enrollment manager	6,405.59
Number of enrollments per month	4
Average cost per enrollment	\$1,601.40

The recommendation for waiver enrollment funding for FY 2014-15 assumes 1,020 individuals will be enrolled into the SLS and CES waivers. The recommendation assumes that 991 individuals remain to be enrolled into the SLS and CES waivers in FY 2015-16.

FY 2014-15 Changes

Staff assumed the Committee would continue the policy set during the supplemental process to allow a portion of the funds appropriated for the IDD waivers but not expended to revert into the Intellectual and Developmental Disabilities Services Cash Fund. Therefore the recommended adjustments for FY 2014-15 would allow for approximately \$4.5 million to revert into the IDD Services Cash Fund at the end of FY 2014-15.

There were a number of changes within the February 12, 2015 FY 2014-15 caseload adjustment which factor into the recommendation to further adjust the lines. Those changes include:

- The elimination of the cash funds appropriated from the Child Welfare Transition Cash Fund. This fund was appropriated to both the Department of Human Services and the Department of Health Care Policy and Financing as a means to ensure that as youth transition from the child welfare system to the adult waiver system pursuant to H.B. 14-1362, the youth did not experience any gaps in services. As both Departments began identifying and transitioning youth it was determined there were at least thirty more youth eligible to transition than was assumed when the appropriation for H.B. 14-1362 was set. Therefore since the Department of Human Services had first right to use the fund and more individuals were identified as eligible to transition, the Department of Human Services is expected to deplete the fund. Therefore without the increase of General Fund, HCPF will have insufficient spending authority to serve the youth transitioned from the child welfare system to the adult waiver system.

- The initial supplemental adjustments for the adult comprehensive waiver had a reduction due to lower enrollment numbers than was assumed when the FY 2014-15 appropriation was set. Based on the information provided in the February caseload adjustment the anticipated underutilization of enrollments was incorrect and the Department is now projects a 98.04 percent enrollment utilization (the January supplemental request assumed a 94.94 percent utilization rate). Therefore the increase to the adult comprehensive line item will account for the increase in the utilization rate.
- The FY 2014-15 appropriation for the Adult Support Living Services waiver included funding for 2,040 new enrollments to eliminate the waiting list for the SLS waiver. The February 2015 caseload adjustment indicates that the assumption of 2,040 individuals was high by approximately 920 enrollments. Therefore the request would reduce the number of SLS enrollments by 920. Since one of the benefits of transitioning the waivers to HCPF is that the Department uses actual paid claims and historical enrollment drivers to project caseload, staff believes that this request is a result of true-up between the number of individuals that were projected to use SLS services and the actual number of individuals waiting for those services.
- The last significant factor for why staff recommends the FY 2014-15 adjustments is the adjustment to the case management line item to reflect the costs of the quality assurance, utilization review, and supports intensity scale. This adjustment will ensure the Department has sufficient funding to conduct monthly quality assurance and utilization reviews, and support intensity scale assessments.

FY 2015-16 New Enrollments

The recommendation includes funding for the following types of enrollments:

- 55 enrollments for youth turning 18 and aging out of the child welfare system into the adult comprehensive;
- 40 enrollments for adults who experience emergency or crisis situations and require immediate residential services;
- 61 enrollments for youth transitioning from the children's extensive support services to the adult supported living services waiver.

The Department has changed the policy to allow youth transitioning from the child welfare system and the CES waiver to pick which waiver (adult comprehensive or adult SLS). Prior to this policy change youth transitioning did not have a choice and youth transitioning from foster care moved to the adult comprehensive waiver and youth transitioning from CES moved to the adult SLS waiver. For the purpose of setting the FY 2015-16 appropriation there is not sufficient data to determine which waiver a youth transitioning from CES or the child welfare system, and staff used the Department's assumptions. Any waiver enrollment changes which result from the new policy will be reflect in the midyear caseload adjustments and future budget requests.

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The single difference (excluding funds for waiver enrollment costs) between the staff recommendation and the request is the recommendation to not fund 30 enrollments for deinstitutionalization. In the November 2014 response to the request for information regarding the distribution of full program equivalents for FY 2014-15 the Department indicated that of the 63 enrollments funded for Colorado Choice Transitions (CCT), 16 individuals have been enrolled and 7 additional individuals have authorized enrollments. The Department noted that the under-utilization of these enrollments is due to individuals and guardians declining the program. Therefore staff is not recommending the addition of 30 deinstitutionalization transitions and instead recommends that 47 of the CCT enrollments be repurposed for more general deinstitutionalizations. The following table summarizes the FY 2015-16 request for new enrollments and provide a comparison to the Department request.

Summary of New Enrollments for FY 2015-16		
	Request	Recomm.
Adult Comprehensive		
Foster Care Transitions	55	55
Emergency Enrollments	40	40
Deinstitutionalization	30	0
<i>Subtotal - Adult Comprehensive</i>	<i>125</i>	<i>95</i>
Adult Supported Living Services		
New Enrollments	92	92
CES Transitions	61	61
<i>Subtotal - Adult SLS</i>	<i>153</i>	<i>153</i>
Children's Extensive Support Services		
New Enrollments	49	49
FY 2015-16 Total New Enrollments	327	297
Targeted Case Management - New Enrollments	327	297
Waiver Enrollment		
Enrollments funded in prior years and not filled until FY 2015-16	0	991

The following table summarizes the fiscal impact of the recommendations. The standard policy for funding new enrollments is to provide six months of funding in the first fiscal year because of the time require for an individual to enroll, select providers and begin receiving services. Therefore the table includes a column titled FY 2016-17 Total Cost to represent the full year cost of the recommendation. Additionally the recommendation uses a "cost per enrollment" which does not include the 2.7 community provider rate adjustment because staff calculates the provider rate increase on the total appropriation and not the individual changes.

JBC Staff Figure Setting – FY 2015-16
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Summary of FY 2015-16 Recommended Increase for New Enrollments						
	Cost Per Enrollment	FY 2015-16 Cost	General Fund	Cash Funds	Federal Funds	FY 2016-17 Total Cost
Adult Comprehensive						
Foster Care Transitions	\$66,947	1,841,054	905,983	0	935,071	3,682,108
Emergency Enrollments	\$66,947	1,338,948	658,896	0	680,052	2,677,896
Deinstitutionalization	\$66,974	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<i>Subtotal - Adult Comprehensive</i>		<i>3,180,002</i>	<i>1,564,879</i>	<i>0</i>	<i>1,615,123</i>	<i>6,360,004</i>
Adult Supported Living Services						
New Enrollments	\$15,568	716,134	352,410	0	363,724	1,432,269
CES Transitions	\$15,568	<u>474,828</u>	<u>233,663</u>		<u>241,165</u>	<u>949,657</u>
<i>Subtotal - Adult SLS</i>		<i>1,190,962</i>	<i>586,073</i>	<i>0</i>	<i>604,889</i>	<i>2,381,926</i>
Children's Extensive Support Services						
New Enrollments	\$18,843	461,665	227,185	<u>0</u>	234,480	923,331
Targeted Case Management						
New Enrollments	\$2,640	391,990	192,898	0	199,092	783,979
Waiver Enrollment						
Enrollments funded in prior years and not filled until FY 2015-16	\$1,601	1,586,987	0	1,586,987	0	These are one time costs
Total Increase for FY 2015-16 New Enrollments		\$6,811,606	\$2,571,035	\$1,586,987	\$2,653,584	\$10,449,240

→ R7 Participant Directed Programs Expansion

Request: The Department requests a net increase of \$1,382,006 total funds, of which \$691,003 is General Fund to allow all individuals receiving services on the Supported Living Services waiver for individuals with intellectual and developmental disabilities to utilize Consumer Directed Attendant Support Services (CDASS).

Recommendation: Staff recommends the Committee approve the request to expand the availability of CDASS to individuals receiving services through the Supported Living Waiver and make the following appropriations in FY 2015-16. The difference from the request is due to the number of individuals projected to be enrolled in the SLS waiver in FY 2015-16.

JBC Staff Figure Setting – FY 2015-16
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Summary of CDASS Recommendation			
Line Item	Total Funds	General Fund	Federal Funds
Medical Services Premiums	(\$1,233,531)	(\$607,021)	(\$626,510)
SLS Waiver	2,387,292	1,174,786	1,212,506
Total	\$1,153,761	\$567,765	\$585,996
Recommendation Over/(Under) Request	(\$128,245)	(\$60,290)	(\$67,955)

Analysis:

Background

Consumer Directed Attendant Support Services (CDASS) are a consumer-directed service delivery model that enabled individuals to:

- Hire attendants, even friends and family, based on qualifications that they set;
- Train, supervise, and dismiss attendants;
- Decide when and where they receive services;
- Set wages for attendants, within an annual budget; and
- Choose someone they trust to act as an authorized representative to help them manage their care.

In CDASS, Medicaid funds are set aside for individuals to control, rather than paying a home health agency or personal care agency to provide their attendant care. The individual's case manager determines his or her individual annual allocation. After individuals (or their representatives) complete training and enroll in services, they are responsible for managing these funds to meet their needs. To receive CDASS, individuals must be eligible for a waiver that offers the service; they must demonstrate a need for attendant supports; they must have a stable health condition; and they must demonstrate the ability to direct their care.¹

House Bill 05-1243 authorized the Department to provide Consumer Directed Attendant Support Services (CDASS) to all Medicaid waivers. . CDASS is currently available in the Elderly, Blind and Disabled (EBD waiver) waiver; the Community Mental Health Supports (CMHS waiver) waiver; the Spinal Cord Injury (SCI waiver) waiver; and, the Persons with Brain Injury (BI waiver) waiver. The expansion of CDASS to the supported living services waiver (SLS waiver) allows individuals to have more control over managing their services which can be especially beneficial to clients in rural areas that may live far from a home care agency. CDASS also offers support for individuals who are employed, allowing them to set their own schedules for attendant services, and to be flexible to accommodate the changing demands associated with working.

When CDASS was implemented for the EBD waiver, the Department found that service utilization increased by 28.67 percent, which increased costs rather than reducing costs as initially assumed. In addition to the jump in service utilization, the first three years of CDASS availability in the EBD waiver saw a 42.5 percent growth in the number of individuals accessing CDASS (8.88 percent in FY 2010-11 to 12.65 percent in FY 2012-13).

¹ Feasibility Analysis of Community First Choice in Colorado by Edward Kako et al. December 2013

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The Department's request assumes that 12.65 percent of individuals receiving SLS waiver services will opt to use CDASS. The Department's request and staff recommendation assume the FY 2015-16 costs are funded similar to how new enrollments are funded for six months the first year. Therefore in the recommendation the percent of individuals accessing CDASS is 6.83 percent for FY 2015-16 and annualizes to 12.65 percent in FY 2016-17. The difference between the staff recommendation and the Department request is the number of individuals that will be on the SLS waiver, the request assumed 5,210 individuals would be eligible for CDASS. The staff recommendation assumes 4,624 will be eligible based on the revised caseload numbers the Department provided on February 15, 2015.

At this point in time the staff recommendation uses the Department's assumptions for the cost savings and service increases because the Department based the assumptions on what actually happened within the Elderly, Blind, and Disabled waiver when CDASS was initially offered in that waiver. Staff does anticipate that once individuals are able to access CDASS services the Department would submit a FY 2015-16 supplemental adjustment based on the first months of actual data. The following table summarizes the costs associated with CDASS per individual.

Summary of HCPF Projected CDASS Costs	
Service	Cost / (Savings)
Long Term Home Health Service Savings per individual	(\$3,903.58)
Waiver Cost increase per individual	5,722.06
SLS-CDASS Administrative Fees per individual	1,782.66
Total Cost of CDASS per individual	\$3,601.14

For the Committee's reference, each percentage point change in the number of individuals that access CDASS through the SLS waiver will cost \$166,517 total funds (assuming CDASS costs \$3,601.14 per individual and a 1.0 percent change equals 46 individuals). The following table provides a detailed calculated for both FY 2015-16 and FY 2016-17 of what the CDASS expansion to the SLS waiver will cost.

Summary of CDASS Expansion Recommendation		
	FY 2015-16	FY 2016-17
Number of Individuals Enrolled in SLS who will access CDASS		
Number of Individuals Enrolled in SLS in FY 2015-16	4624	4764
Percent of SLS clients in FY 2015-16 who will utilize CDASS	6.83%	12.65%
Estimate Number of Individuals who will access CDASS	316	603
Estimated Increase in SLS Waiver Costs		
Estimate Waiver Cost Increase per Individual	5,772	5,772
SLS Waiver Increase for Personal Care and Homemaker Services through CDASS	1,823,971	3,480,552

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Summary of CDASS Expansion Recommendation		
	FY 2015-16	FY 2016-17
Cost of Administrative Fee and Attendant Training		
Estimate Administrative Fee and Attendant Training Costs Per Enrollment	1,783	1,783
SLS Waiver Increase for Administrative Fee and Attendant Training	563,321	1,074,944
Savings from reduction in Long Term Home Health Services		
Estimated Long Term Home Health services savings	(3,904)	(3,904)
Total reduction for LTHH savings (occurs in the Medical Services Premiums line item)	(1,233,531)	(2,353,859)
Total CDASS Costs	\$1,153,760	\$2,201,637
General Fund	567,765	1,083,426
Federal Funds	585,995	1,118,211

→ R11 Community Provider Rates

Request: The Department requests \$4,905,461 total funds, of which \$2,323,416 is General Fund for the 1.0 percent community provider rate for the Division for Intellectual and Developmental Disabilities.

Recommendation: **Staff recommends a 2.7 percent community provider rate increase in accordance with the Committee's policy for the FY 2015-16 provider rate.** The following table summarizes the total cost of the provider rate for the IDD waivers.

Summary of Community Provider Rate Increase for IDD Waivers				
	Total Funds	General Fund	Cash Funds	Federal Funds
Adult Comprehensive Services	\$9,751,013	\$4,389,792	\$830,485	\$4,530,736
Adult Supported Living Services	1,926,252	1,050,038	0	876,214
Children's Extensive Support Services	583,323	287,053	0	296,270
Case Management	908,253	446,951	0	461,302
Family Support Services	184,784	184,784	0	0
Preventive Dental Hygiene	1,779	1,681	98	0
Eligibility Determination and Waiting List Management	82,861	82,313	0	548
Total	\$13,438,265	\$6,442,612	\$830,583	\$6,165,070

→ BA17: Federal Medical Assistance Percentages (FMAP) Rate Adjustment

Request: The Department requests funding adjustments to General Fund and Medicaid federal funds to account for the increased federal medical assistance percentages (FMAP) rate the State will receive effective October 1, 2015. For the IDD waivers the FY 2014-15 FMAP rate is 49.24 percent state funds, 50.76 percent federal Medicaid funds, and 49.21 percent state funds and 50.79 percent Medicaid funds for FY 2015-16.

Recommendation: **Staff recommends the Committee approve the FMAP changes. The staff recommends reflect the appropriated FMAP rate and staff requests permission to adjust any technical errors to the FMAP calculations in staff's recommendations.**

→ (4) (B) Program Costs Footnotes

Waiver Enrollment and FPE Footnote

Recommendation: Staff recommends the following footnote be **amended and continued** to identify the number of FPE and the maximum enrollment number that would be funded by the appropriation. The numbers in the footnote shown below will be updated to reflect the Committee's final decisions for FY 2015-16.

Department of Health Care Policy and Financing, Office of Community Living,
Division for Intellectual and Developmental Disabilities, Program Costs -- The
appropriations in this subdivision assume the following caseload and cost
estimates for Medicaid clients:

<u>Waiver</u>	<u>Enrollment</u>	<u>Full Program Equivalent</u>	<u>Cost Per Enrollment</u>
Comprehensive	4,695	4,356.75	\$65,765.91
Supported Living Services	3,217	3,098.00	\$12,898.74
Children's Extensive Support	1,204	623.41	\$19,929.64
Targeted Case Management	9,116	8,039.41	\$2,192.62

Comment: This footnote was added through the FY 2013-14 supplemental bill (H.B. 14-1252) to provide a standard basis understood by both the Department and staff on which the appropriation is calculated. The definition for enrollments is the number of individuals receiving services. The definition for FPE is the average monthly paid claims.

Program Costs Flexibility Footnote

Recommendation: **Staff recommends the footnote be continued** to provide the Department with flexibility to manage the costs associated with the provision of Medicaid waivers services for individuals with intellectual and developmental disabilities.

Department of Health Care Policy and Financing, Office of Community Living, Division for Intellectual and Developmental Disabilities, Program Costs -- It is the intent of the General Assembly that expenditures for these services be recorded only against the Long Bill group total for Program Costs.

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

Preventive Dental Hygiene Footnote

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

Department of Health Care Policy and Financing, Office of Community Living, Division for Intellectual and 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.

→ FPE Request for Information

Recommendation: **Staff recommends the following request for information be continued for FY 2015-16** in order to inform the Joint Budget Committee on the status of the distribution of new enrollments and any issues that have, or could prevent the distribution of these enrollments funded by the General Assembly.

Department of Health Care Policy and Financing, Office of Community Living, Division for Intellectual and Developmental Disabilities – The Department is request to submit a report to the Joint Budget Committee on November 1, 2015 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 total number of enrollments, noted in the FY 2015-16 Long Bill.

→ Staff Initiated Dual Diagnosis Pilot Programs

Request: The Department did not request this change.

Recommendation: Staff recommends the Committee sponsor legislation creating two pilot projects for cross-system response to behavioral health crises among people with intellectual and developmental disabilities that would include timely evaluation, treatment, therapeutic respite and follow up services. Additionally staff recommends the legislation create a new cash fund for the pilot program and transfer \$3,385,000 cash funds from the Intellectual and Developmental Disability Services Fund to the new fund to cover the costs of the pilot programs. Lastly staff recommends the cost analysis study be included in the legislation to ensure the cost analysis and pilot program are complementary.

Analysis:

Background - Recommendations in the Gap Analysis and Regional Center Utilization Study

The General Assembly provided funding in FY 2013-14 for a gap analysis² which was published in January 2015. The Gap Analysis found there were four primary barriers to adequate treatment for individuals with IDD and mental health needs and those barriers include:

- Limited access to appropriate treatment including crisis intervention, stabilization and prevention in the behavioral health system for people with IDD;
- Inadequate reimbursement and inappropriate service limits and definitions for people with IDD in the behavioral health capitated system as well as medical mental health benefits in the Colorado fee for service Medicaid state plan;
- Conflicting requirements and confusion about diagnoses-based requirements which limit access to assessments as well as treatment; and
- Lack of professional expertise and workforce capacity.³

The Gap Analysis provided a number of possible solutions to the above problems including:

- A cost analysis with accompanying actuarial study to ensure that people with IDD are fully included in the Colorado Behavioral Health system.
- Funding for pilot projects which utilize collaborative approaches for cross-system funding for a cross-system response to behavioral health crises among people with IDD to include timely evaluation, treatment, therapeutic respite and follow up services that could be integrated into the Colorado Mental Health Crises Program but would require services appropriate for the needs of people with IDD.

² The official title of the report is Analysis of Access to Mental Health Services for Individuals who have Dual Diagnoses of Intellectual and/or Developmental Disabilities (I/DD) and Mental and/or Behavioral Health Disorders.

³ Summary points are from the presentation of the Gap Analysis to the Joint Budget Committee in December 2014.

- A systematic and strategic approach to increase capacity among licensed medical professionals, credentialed service providers and direct service personnel to provide medical and behavioral health services for people with I/DD.

The General Assembly approved funding for the cost analysis in the Department's FY 2014-15 supplemental bill. Staff recommendations for the pilot programs and system capacity increase would address the second and third bullet points.

The Regional Center Utilization Study found a "lack of access to acute and crisis services for individual in two categories: individuals with special mental health diagnoses and intellectual and developmental disabilities, and individuals with intellectual or developmental disabilities who exhibit significant behavioral symptoms but who may not qualify for specific mental health condition." Additionally the study found that individuals are unable to accessing appropriate services when they experience acute episodes of instability.⁴

Even with the newly formed Crisis Stabilization Units within the behavioral health system, the study anticipates there will remain a gap for individuals with IDD who also have behavioral health challenges, especially for individuals who are medically fragile, those who exhibit aggressive or violent behaviors, and those who require a locked facility. The staff recommendation incorporates the recommendation of the utilization study and the gap analysis to identify service gaps and provide recommendations for how to eliminate those gaps.

Proposed Solution

The argument was presented to staff that while a financial analysis of what it would cost to eliminate the current service gaps for individuals who are dually diagnosed with IDD and a mental illness will inform policy makers about the financial cost, policy makers are operating with an incomplete picture of what would be needed to address the behavioral and mental health needs of people with IDD who experience crises without the pilot programs. The pilot programs will be able to:

- Provide access to intensive coordinated behavioral and mental health services as an alternative to emergency department utilization and/or in-patient hospitalization;
- Offer community based, mobile supports to people with dual diagnoses and families and caregivers; provide follow up supports to individuals, families and care-givers to reduce likelihood of future crises;
- Provide data about the cost in Colorado of providing such services throughout the state to complement the cost study approved by the Joint Budget Committee to assess costs of services for persons with IDD and psychiatric or behavioral disorders; and
- Provide data about system structural changes needed to “blend” public funds across systems including Medicaid state plan, HCBS Medicaid waivers, and capitated Mental Health system.

⁴Health Management Associates "Regional Center Utilization Study." January 2015. Page 43

Staff believes that since the General Assembly has already invested \$225,000 (\$50,000 for the gap analysis in FY 2013-14 and \$175,000 for the cost study in FY 2014-15) to study and analyze the service gaps the provision of additional funds for pilot programs that could translate academic recommendations into operational efficiencies is a wise use of state funds. Additionally staff believes the following plan crafted in coordination with the stakeholders will provide the General Assembly with tangible results for how to address the gaps in services while at the same time providing Colorado with a unique opportunity to develop innovative solutions for how to eliminate the gaps in services.

Pilot Program Outline

Funds will be appropriated in the Department of Health Care Policy and Financing for two pilot programs (one in Grand Junction and one in Colorado Springs) to provide crisis intervention/stabilization and wrap around services to individuals with both an IDD and a mental health or behavioral disorder who require services not available through an existing HCBS waiver or covered under the current CO Behavioral Health Care system.

The pilot programs will work with individuals who have needs which exceed what is available through the existing waiver and/or behavioral health system but who are not in crisis situations. The Program will work with those individuals to obtain the extra services regardless of the appropriate payer (hence the appropriation of cash fund dollars for the pilots). Once an individual is stabilized the Program is responsible for going back and determining where some of the services could have been covered and who the appropriate payer is (i.e. State Plan, BHO capitation payments). If no payment service is available, funds for those additional services will be solely from the pilot. The pilots will also provide education and training for agencies and families.

Once an individual has been stabilized and is receiving the services they need to be successful the pilots will analyze the data and make recommendations regarding where the service gaps are and propose solutions for how to eliminate those gaps.

Pilot Program Logistics

Pilot programs will start no later than March 1, 2016 and run for three years, cost on average approximately \$450,000 per year. Staff recommends the bill create a new cash fund specifically for this program and transfer the required funds from the IDD Services Fund to the new fund which would be subject to annual appropriation. Requiring the new fund to be subject to annual appropriation will provide the General Assembly to maintain oversight of the pilot programs and make an informed decision each fiscal year if the pilot programs should continue to receive funding. The following table summarizes the projected costs of the pilot programs.

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Summary of Pilot Program Costs		
Year	Cost	Amount
Year One - Per Pilot Costs		
	Project Coordinator	\$90,000
	Administrative Support	40,000
	Medical/Nurse Practioner/Care Coordination	150,000
	Direct Service Providers*	100,000
	Facility Maintenance/Individual Setting as Needed	<u>40,000</u>
Total		\$420,000
Year One - Expenses Shared Between Pilots		
	START Consultation	\$50,000
	Locally Contracted	55,000
	Data Analysis/Reporting/Program Evaluation	<u>50,000</u>
Total		\$155,000
Total Per Pilot		\$77,500
<i>Year One Costs Per Pilot</i>		<i>\$497,500</i>
Year Two and Three - Per Pilot Costs		
	Project Coordinator	\$90,000
	Administrative Support	40,000
	Medical/Nurse-Practioner/Care Coordination	62,500
	Direct Service Providers*	120,000
	Facility Maintenance/Individual Setting as Needed	25,000
	Training	35,000
	Data Analysis/Reporting/Program Evaluation	<u>50,000</u>
<i>Year Two and Three Total Costs Per Pilot</i>		<i>\$422,500</i>
Capital Expenses		
	Colorado Springs	\$350,000
	Grand Junction	<u>350,000</u>
<i>Capital Expenses</i>		<i>\$700,000</i>
Total Cost For Two Pilot Programs for Three Years		\$3,385,000

*There is at least one vacant Grand Junction Regional Center group home which could be leased to the CCB running this pilot and that would significantly reduce the capital costs.

Staff recommends the bill include the requirement that Pilot Program operators provide the Department and General Assembly with recommendations on the continued need for the programs and, if appropriate, any system changes that would allow the pilot programs to be offered in more areas of the State.

Additional Points to Consider

The General Assembly appropriated \$175,000 in the Department's FY 2014-15 supplemental for a study of what it would cost to eliminate the current service gaps for individuals who are dually diagnosed with IDD and a mental illness. Stakeholders have request, and staff supports

including these funds in the legislation to ensure the work done through the pilots is complementary to the work done by the cost study.

As stated in the above table outlining the costs of the pilot programs, the Grand Junction Regional Center has at least one offline group home in the community that could be used for the pilot program, assuming there is a way to transition the group home from state run to community run. This would also address one of the concerns that after December 2015 the Department of Human Services will be able to sell or close the group home.

→ Staff Initiated Community Capacity Increase

Request: The Department did not request this change.

Recommendation: Staff recommends a 5.0 percent community capacity increase for direct service providers for the intellectual and developmental disabilities waivers as well as providers of early intervention providers. Staff also recommends the Committee approve the following footnote expressing the General Assembly's intent that the increase is for direct service providers only.

Department of Health Care Policy and Financing, Office of Community Living,
 Division for Intellectual and Developmental Disabilities -- The appropriation
 assumes that the Department will increase wages to direct services workers.

The following table summarizes the increase by waiver and early intervention services.

Summary of Community Capacity Increase			
Waiver	Total Funds	General Fund	Federal Funds
Adult Comprehensive Services	\$16,519,496	\$8,129,244	\$8,390,252
Adult Supported Living Services	3,567,133	1,944,514	1,622,619
Children's Extensive Support Services	1,080,228	531,580	548,648
Early Intervention Services	810,664	810,664	0
Total	\$21,977,521	\$11,416,002	\$10,561,519

Analysis: Providers for Medicaid waiver services for individuals with intellectual and developmental disabilities lack the resources necessary to maintain and hire qualified staff to provide direct services. This problem has been consistently document and often cited as an impediment to enabling all individuals to live in a place of their choosing. Examples include:

- The January 2015 Regional Center Utilization Study recommended on page 76 that "enhancing community capacity for adults with intellectual and developmental disabilities should be the immediate objective that Colorado pursues, not reducing or eliminate Regional Center beds or facilities."

- The September 2014 Community Living Advisory Group Final Report starting on page 19 recommended that "Colorado should develop recruitment and retention strategies to grow the workforce, promote career opportunities, increase the quality of services that individuals receive, and increase the pay of professional LTSS workers." Additionally the report recommended that the state should "explore ways to provide benefits to the direct care workforce, including regular pay raises based on performance, retirement plans, vacations and holidays, and opportunities for professional development and career advancement."
- The July 2014 Colorado Community Living Plan included nine goals the State was going to work toward that will enable individuals to live in a setting of their choice in order to ensure individuals are able to live in the least restrictive setting as required by the Olmstead ruling. The fifth goal of the Plan is to "increase the skills and expertise of the Direct Service Workforce (DSW) to increase retention, improve service quality and better meet the needs of consumer groups."
- The General Assembly acknowledged the issue with community capacity in last year's H.B. 14-1252 which provided approximately \$4.5 million cash funds to be distributed to community providers for capacity increases in anticipation of the significant enrollment increases resulting from the elimination of the children's extensive support waiting list and adult supported living waiting list.

As staff read and analyzed each of these reports, and with the positive feedback regarding the H.B. 14-1252 capacity funds, it became very clear that without a direct investment of funds for wages paid to the direct service provider the community would still be unable to recruit and retain their direct service providers because the competitive market wages paid by other industries would draw providers away. The staff recommendation is intended to bolster the wages paid to direct service providers so that there is incentive to remain a direct service provider as well as a recognition by the General Assembly that these providers are essential to ensuring individuals with intellectual and developmental disabilities are able to access the services they require to live the life of their choosing.

The intent of the increase is to support the retention of qualified staff and providers to match competitive wages. In light of Colorado's work to ensure a continuum of care for individuals with intellectual and development disabilities, staff is also recommending the capacity increase be applied to early intervention direct service providers, because of the significant growth in the number of youth eligible for early intervention services. The caseload growth over the past two years has exceeded 5.0 percent annually for early intervention services. The CCBs who are responsible for ensuring that all eligible youth receive these services have experienced significant issues in attaining and retaining qualified direct service providers. The JBC staff responsible for early intervention services supports the recommendation to increase capacity for early intervention services.

Staff also received a recommendation that the State explore a "tiered incentivized system based on capacity growth that allows providers to build service capacity necessary for the development of diverse services to offset the lagging reimbursement rate" to address the capacity needs to

provide services to individuals coming off the waiting list. An example of how the tiered incentivized system would work is if a provider increased their capacity to serve individuals by 5.0 percent, the provider would receive a proportional payback. At this time staff has sufficient information to make a recommendation on a specific dollar amount for the tiered incentivized system, but believes it is worth exploring how an incentive system would work. Specific information which staff believes would help inform the decision making process includes: the feasibility of building this concept into the new waiver and what would be the appropriate basis for the payback (i.e. a set dollar amount per provider or total paid claims for that provider).

The Department, CCBs, and providers are required to report to the joint Health Committees on how funds appropriated for system capacity increases are used pursuant to Section 25.5-10-207.5, C.R.S. Unfortunately this reporting requirement is after the Committee completes the briefing and hearings. Therefore in order to get information regarding capacity needs at a time when it can be incorporated in the Committee's hearing discussions with the Department, staff recommends **the Committee sponsor legislation to clarify that the reporting requirement in Section 25.5-10-207.5 (2), C.R.S. applies to the Department's presentation on the waiting list numbers and strategic plan.** In place of the capacity reporting requirements, staff recommends the Committee request information on the need for capacity increases through a request for information so the Committee can get information which can inform FY 2015-16 supplemental and FY 2016-17 appropriations decisions.

Department of Health Care Policy and Financing, Office of Community Living, Division for Intellectual and Developmental Disabilities -- The Department is requested to submit the following information to the Joint Budget Committee on November 1, 2015: how moneys appropriated for the community capacity increase were used by Community-Centered Boards and service providers, the feasibility of implementing a tiered incentivized system for the intellectual and developmental disabilities waivers, and the cost of such a system.

DIVISION (4) LINE ITEM DETAIL

(4) (A) ADMINISTRATION

Personal Services

Description: This line item will fund the staff responsible for administration of the intellectual and developmental disability waiver programs.

Request: The Department requests an appropriation of \$2,648,939 total funds, of which \$1,405,951 is General Fund and 30.5 FTE. The request includes the annualization of FY 2014-15 salary survey and merit pay.

Recommendation: Staff recommends the Department's request for an appropriation of **\$2,648,939 total funds of which \$1,405,951 is General Fund.** The recommendation is calculated in accordance with Committee policy and outlined in the following table.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Personal Services					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2014-15 Appropriation					
HB 14-1336 (Long Bill)	<u>\$2,575,884</u>	<u>\$1,369,423</u>	<u>\$38,730</u>	<u>\$1,167,731</u>	<u>30.5</u>
TOTAL	\$2,575,884	\$1,369,423	\$38,730	\$1,167,731	30.5
FY 2015-16 Recommended Appropriation					
FY 2014-15 Appropriation	\$2,575,884	\$1,369,423	\$38,730	\$1,167,731	30.5
Annualize prior year budget decisions	<u>73,055</u>	<u>36,528</u>	<u>0</u>	<u>36,527</u>	<u>0.0</u>
TOTAL	\$2,648,939	\$1,405,951	\$38,730	\$1,204,258	30.5
Increase/(Decrease)	\$73,055	\$36,528	\$0	\$36,527	0.0
Percentage Change	2.8%	2.7%	0.0%	3.1%	0.0%
FY 2015-16 Executive Request:	\$2,648,939	\$1,405,951	\$38,730	\$1,204,258	30.5
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	(0.0)

Operating Expenses

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

Request: The Department requests an appropriation of \$292,036 total funds, of which \$144,899 is General Fund. The request does not include any changes from the FY 2014-15 appropriation.

Recommendation: Staff recommends an appropriation of **\$292,036 total funds, of which \$144,899 is General Fund.** The recommendation includes the reduction of \$675,000 cash funds appropriated in the FY 2014-15 supplemental for a dual diagnosis gap analysis and person

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centered training. The supplemental appropriations included roll forward spending authority for the cash funds into FY 2015-16. The recommendation is calculated in accordance with Committee policy and outlined in the following table.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Operating Expenses					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2014-15 Appropriation					
HB 14-1336 (Long Bill)	\$292,036	\$144,899	\$0	\$147,137	0.0
SB 15-147 (Supplemental)	<u>675,000</u>	<u>0</u>	<u>675,000</u>	<u>0</u>	<u>0.0</u>
TOTAL	\$967,036	\$144,899	\$675,000	\$147,137	0.0
FY 2015-16 Recommended Appropriation					
FY 2014-15 Appropriation	\$967,036	\$144,899	\$675,000	\$147,137	0.0
Annualize prior year budget decisions	<u>(675,000)</u>	<u>0</u>	<u>(675,000)</u>	<u>0</u>	<u>0.0</u>
TOTAL	\$292,036	\$144,899	\$0	\$147,137	0.0
Increase/(Decrease)	(\$675,000)	\$0	(\$675,000)	\$0	0.0
Percentage Change	(69.8%)	0.0%	(100.0%)	0.0%	0.0%
FY 2015-16 Executive Request:	\$292,036	\$144,899	\$0	\$147,137	0.0
Request Above/(Below)					
Recommendation	\$0	\$0	\$0	\$0	0.0

Community and Contract Management System

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

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

Request: The Department requests an appropriation of \$137,480 total funds, of which \$89,362 is General Fund. The request does not include any changes from the FY 2014-15 appropriation.

Recommendation: **Staff recommends the Department's request for an appropriation of \$137,480 total funds, of which \$88,633 is General Fund.**

Support Level Administration

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

Request: The Department requests an appropriation of \$57,368 total funds, of which \$28,684 is General Fund. The request does not include any changes from the FY 2014-15 appropriation.

Recommendation: **Staff recommends the Department's request for an appropriation of \$57,368 total funds, of which \$28,250 is General Fund.**

LINE ITEMS INCLUDED FOR INFORMATIONAL PURPOSES

System Capacity

This line item was added through H.B. 12-14-1252 for one time funds appropriated to address community system capacity issues. This line item is included in the numbers pages for informational purposes and will not appear in the FY 2015-16 Long Bill.

(B) PROGRAM COSTS

Adult Comprehensive Services

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

FY 2014-15 Request: The Department submitted a request to change the FY 2014-15 appropriation as required in January 2015. The Committee acted on that request in January. The Department submitted an informational caseload adjustment on February 12, 2015.

FY 2014-15 Recommendation: **Staff recommends increasing the existing FY 2014-15 appropriation by \$1,980,638 total funds, of which \$4,112,067 is a General Fund increase based on the Department's February 2015 caseload and expenditure forecast.**

FY 2015-16 Request: The Department requests an appropriation of \$363,998,652 total funds, of which \$163,967,689 is General Fund. The request includes adjustments for the annualization of FY 2014-15 partially funded enrollments, funding for 125 new enrollments, a 1.0 percent community provider rate increase, and a net zero FMAP adjustment.

Recommendation: **Staff recommends an appropriation of \$385,653,733 total funds, of which \$174,214,931 is General Fund.** The recommendation includes the following changes from the FY 2014-15 appropriation:

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- An increase of \$3,180,002 total funds for 95 enrollments for youth transitioning from the child welfare system or institution, and for adults experiencing emergency situations;
- An increase of \$9,751,013 total funds for the 2.7 percent provider rate increase;
- An increase of \$11,092,289 total funds for annualization of partial year prior funding for new enrollments and caseload adjustments;
- A net zero adjust for the FMAP change; and
- An increase of \$16,519,496 pursuant to the staff recommendation for a community capacity increase.

The recommendations for FY 2014-15 and FY 2015 are calculated in accordance with Committee policy and outlined in the table below.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Adult Comprehensive Services					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2014-15 Appropriation					
HB 14-1336 (Long Bill)	\$341,360,287	\$152,632,855	\$30,798,715	\$157,928,717	0.0
Other legislation	5,746,227	0	2,829,586	2,916,641	0.0
SB 15-147 (Supplemental)	(3,976,219)	(1,957,890)	0	(2,018,329)	0.0
Recommended Long Bill Supplemental	<u>1,980,638</u>	<u>4,112,067</u>	<u>(2,869,586)</u>	<u>738,157</u>	<u>0.0</u>
TOTAL	\$345,110,933	\$154,787,032	\$30,758,715	\$159,565,186	0.0
FY 2015-16 Recommended Appropriation					
FY 2014-15 Appropriation	\$345,110,933	\$154,787,032	\$30,758,715	\$159,565,186	0.0
Annualize prior year budget decisions	11,092,289	4,567,719	40,000	6,484,570	0.0
R5 Office of Community Living	3,180,002	1,564,879	0	1,615,123	0.0
R12 Provider rates	9,751,013	4,389,792	830,485	4,530,736	0.0
FMAP change	0	776,265	0	(776,265)	0.0
IDD services capacity increase	<u>16,519,496</u>	<u>8,129,244</u>	<u>0</u>	<u>8,390,252</u>	<u>0.0</u>
TOTAL	\$385,653,733	\$174,214,931	\$31,629,200	\$179,809,602	0.0
Increase/(Decrease)	\$40,542,800	\$19,427,899	\$870,485	\$20,244,416	0.0
Percentage Change	11.7%	12.6%	2.8%	12.7%	0.0%
FY 2015-16 Executive Request:	\$363,998,652	\$163,967,689	\$30,798,715	\$169,232,248	0.0
Request Above/(Below) Recommendation	(\$21,655,081)	(\$10,247,242)	(\$830,485)	(\$10,577,354)	0.0

Adult Supported Living Services

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

FY 2014-15 Request: The Department submitted a request to change the FY 2014-15 appropriation as required in January 2015. The Committee acted on that request in January. The Department submitted an informational caseload adjustment on February 12, 2015.

FY 2014-15 Recommendation: **Staff recommends reducing the existing FY 2014-15 appropriation by \$6,153,684 total funds, of which \$3,030,074 is General Fund** based on the Department's February 2015 caseload and expenditure forecast.

FY 2015-16 Request: The Department requests an appropriation of \$74,653,917 total funds, of which \$40,695,316 is General Fund. The request includes adjustments for the annualization of FY 2014-15 partially funded enrollments, funding for 125 new enrollments, a 1.0 percent community provider rate increase, and a net zero FMAP adjustment.

Recommendation: **Staff recommends an appropriation of \$76,835,996 total funds, of which \$42,034,316 is General Fund.** The recommendation includes the following changes from the FY 2013-14 appropriation:

- An increase of \$1,190,962 for 153 new enrollments to serve individuals transition from the CES waiver and individuals in emergency situations;
- An increase of \$5,591,744 for annualization of the FY 2014-15 caseload and for new enrollments funded a portion of FY 2014-15;
- An increase of \$2,387,292 total funds, of which \$1,174,786 is General Fund for implementation of CDASS for the SLS waiver;
- An increase of \$1,926,252 total funds for the 2.7 percent community provider rate increase;
- An increase of \$3,567,133 pursuant to the staff recommended community capacity increase; and
- Net zero fund adjustment for the FMAP change.

The recommendations for FY 2014-15 and FY 2015-16 are calculated in accordance with Committee policy and outlined in the following table.

JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Adult Supported Living Services				
	Total Funds	General Fund	Federal Funds	FTE
FY 2014-15 Appropriation				
HB 14-1336 (Long Bill)	\$70,648,433	\$38,709,948	\$31,938,485	0.0
SB 15-147 (Supplemental)	(2,322,136)	(1,143,420)	(1,178,716)	0.0
Recommended Long Bill Supplemental	<u>(6,153,684)</u>	<u>(3,030,074)</u>	<u>(3,123,610)</u>	<u>0.0</u>
TOTAL	\$62,172,613	\$34,536,454	\$27,636,159	0.0
FY 2015-16 Recommended Appropriation				
FY 2014-15 Appropriation	\$62,172,613	\$34,536,454	\$27,636,159	0.0
Annualize prior year budget decisions	5,591,744	2,788,297	2,803,447	0.0
R5 Office of Community Living	1,190,962	586,073	604,889	0.0
R7 Participant directed programs	2,387,292	1,174,786	1,212,506	0.0
R12 Provider rates	1,926,252	1,050,038	876,214	0.0
FMAP change	0	(45,846)	45,846	0.0
IDD services capacity increase	<u>3,567,133</u>	<u>1,944,514</u>	<u>1,622,619</u>	<u>0.0</u>
TOTAL	\$76,835,996	\$42,034,316	\$34,801,680	0.0
Increase/(Decrease)	\$14,663,383	\$7,497,862	\$7,165,521	0.0
Percentage Change	23.6%	21.7%	25.9%	0.0%
FY 2015-16 Executive Request:	\$78,073,376	\$42,410,449	\$35,662,927	0.0
Request Above/(Below)				
Recommendation	\$1,237,380	\$376,133	\$861,247	0.0

Children's Extensive Support Services

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

FY 2014-15 Request: The Department submitted a request to change the FY 2014-15 appropriation as required in January 2015. The Committee acted on that request in January. The Department submitted an informational caseload adjustment on February 12, 2015.

FY 2014-15 Recommendation: **Staff recommends reducing the existing FY 2014-15 appropriation by \$1,358,823 total funds, of which \$656,339 is a General Fund increase** based on the Department's February 2015 caseload and expenditure forecast.

JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision

FY 2015-16 Request: The Department requests an appropriation of \$22,165,020 total funds, of which \$10,907,406 is General Fund. The request includes adjustments for the annualization of FY 2014-15 partially funded enrollments, funding for 49 new enrollments, a 1.0 percent community provider rate increase, and a net zero FMAP adjustment.

Recommendation: Staff recommends an appropriation of \$21,854,722 total funds, of which \$10,729,040 is General Fund. The recommendation includes the following changes from the FY 2014-15 appropriation:

- An increase of \$461,665 for 49 new enrollments;
- An increase of \$583,323 total funds for the 2.7 percent community provider rate increase;
- Net zero fund adjustment for the FMAP change; and
- An increase of \$1,080,228 total funds pursuant to the staff recommendation for a community capacity increase.

The recommendations for FY 2014-15 and FY 2015-16 are calculated in accordance with Committee policy and outlined in the following table.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Children's Extensive Support Services				
	Total Funds	General Fund	Federal Funds	FTE
FY 2014-15 Appropriation				
HB 14-1336 (Long Bill)	\$24,610,892	\$12,080,413	\$12,530,479	0.0
SB 15-147 (Supplemental)	(3,522,563)	(1,734,510)	(1,788,053)	0.0
Recommended Long Bill Supplemental	<u>(1,358,823)</u>	<u>(656,339)</u>	<u>(702,484)</u>	<u>0.0</u>
TOTAL	\$19,729,506	\$9,689,564	\$10,039,942	0.0
FY 2015-16 Recommended Appropriation				
FY 2014-15 Appropriation	\$19,729,506	\$9,689,564	\$10,039,942	0.0
Annualize prior year budget decisions	0	(13,175)	13,175	0.0
R5 Office of Community Living	461,665	227,185	234,480	0.0
R12 Provider rates	583,323	287,053	296,270	0.0
FMAP change	0	6,833	(6,833)	0.0
IDD services capacity increase	<u>1,080,228</u>	<u>531,580</u>	<u>548,648</u>	<u>0.0</u>
TOTAL	\$21,854,722	\$10,729,040	\$11,125,682	0.0
Increase/(Decrease)	\$2,125,216	\$1,039,476	\$1,085,740	0.0
Percentage Change	10.8%	10.7%	10.8%	0.0%
FY 2015-16 Executive Request:	\$22,165,020	\$10,907,406	\$11,257,614	0.0
Request Above/(Below) Recommendation	\$310,298	\$178,366	\$131,932	0.0

Case Management

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

FY 2014-15 Request: The Department submitted a request to change the FY 2014-15 appropriation as required in January 2015. The Committee acted on that request in January. The Department submitted an informational caseload adjustment on February 12, 2015.

FY 2014-15 Recommendation: **Staff recommends increasing the existing FY 2014-15 appropriation by \$2,133,784 total funds, of which \$1,062,807 is a General Fund** increase based on the Department's February 2015 caseload and expenditure forecast.

FY 2015-16 Request: The Department requests an appropriation of \$34,058,968 total funds, of which \$17,939,336 is General Fund. The request includes adjustments for the annualization of FY 2014-15 partially funded enrollments, funding for 327 new enrollments, a 1.0 percent community provider rate increase, and a net zero FMAP adjustment.

Recommendation: **Staff recommends an appropriation of \$33,882,552 total funds, of which \$18,059,641 is General Fund.** The recommendation includes the following changes from the FY 2012-13 appropriation:

- An increase of \$391,990 total funds for the case management and associated costs for the new enrollments;
- An increase \$1,684,307 total funds for annualization of partial year funding for new enrollments added in FY 2014-15;
- An increase of \$908,253 total funds for 2.7 percent provider rate increase; and
- A net zero fund adjustment for the FMAP change.

The recommendations for FY 2014-15 and FY 2015-16 are calculated in accordance with Committee policy and outlined in the following table.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Case Management				
	Total Funds	General Fund	Federal Funds	FTE
FY 2014-15 Appropriation				
HB 14-1336 (Long Bill)	\$29,300,733	\$15,594,596	\$13,706,137	0.0
SB 15-147 (Supplemental)	(536,515)	(264,180)	(272,335)	0.0
Recommended Long Bill Supplemental	<u>2,133,784</u>	<u>1,062,807</u>	<u>1,070,977</u>	<u>0.0</u>
TOTAL	\$30,898,002	\$16,393,223	\$14,504,779	0.0

*JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision*

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Case Management				
	Total Funds	General Fund	Federal Funds	FTE
FY 2015-16 Recommended Appropriation				
FY 2014-15 Appropriation	\$30,898,002	\$16,393,223	\$14,504,779	0.0
Annualize prior year budget decisions	1,684,307	826,508	857,799	0.0
R5 Office of Community Living	391,990	192,898	199,092	0.0
R12 Provider rates	908,253	446,951	461,302	0.0
FMAP change	<u>0</u>	<u>200,061</u>	<u>(200,061)</u>	<u>0.0</u>
TOTAL	\$33,882,552	\$18,059,641	\$15,822,911	0.0
Increase/(Decrease)	\$2,984,550	\$1,666,418	\$1,318,132	0.0
Percentage Change	9.7%	10.2%	9.1%	0.0%
FY 2015-16 Executive Request:	\$34,058,968	\$17,939,336	\$16,119,632	0.0
Request Above/(Below)				
Recommendation	\$176,416	(\$120,305)	\$296,721	0.0

Eligibility Determination and Waiting List Management

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

Request: The Department requests an appropriation of \$3,099,596 total funds, of which \$3,079,101 is General Fund. The request includes the following changes from the FY 2014-15 appropriation:

- An increase of \$30,689 total funds for the requested 1.0 percent provider rate increase;
- An increase of \$6,790 total funds to annualize FY 2014-15 budget actions; and
- Net zero fund adjustment for the FMAP change.

Recommendation: **Staff recommends the Department request of \$3,151,768 total funds, of which \$3,130,928 is General Fund.** The difference from the request is an increase of \$82,861 total funds for the 2.7 percent community provider rate increase. The recommendation is calculated in accordance with Committee policy and outlined in the table below.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Eligibility Determination and Waiting List Management					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2014-15 Appropriation					
HB 14-1336 (Long Bill)	<u>\$3,062,117</u>	<u>\$3,041,968</u>	<u>\$0</u>	<u>\$20,149</u>	<u>0.0</u>
TOTAL	\$3,062,117	\$3,041,968	\$0	\$20,149	0.0

*JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision*

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Eligibility Determination and Waiting List Management					
	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
FY 2015-16 Recommended Appropriation					
FY 2014-15 Appropriation	\$3,062,117	\$3,041,968	\$0	\$20,149	0.0
FMAP change	0	(98)	0	98	0.0
R12 Provider rates	82,861	82,313	0	548	0.0
Annualize prior year budget decisions	<u>6,790</u>	<u>6,745</u>	<u>0</u>	<u>45</u>	<u>0.0</u>
TOTAL	\$3,151,768	\$3,130,928	\$0	\$20,840	0.0
Increase/(Decrease)	\$89,651	\$88,960	\$0	\$691	0.0
Percentage Change	2.9%	2.9%	0.0%	3.4%	0.0%
FY 2015-16 Executive Request:	\$3,099,596	\$3,079,101	\$0	\$20,495	0.0
Request Above/(Below) Recommendation	(\$52,172)	(\$51,827)	\$0	(\$345)	0.0

Family Support Services

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

Request: The Department requests an appropriation of \$6,912,298 General Fund. The request includes the following changes from the FY 2014-15 appropriation:

- An increase of \$68,439 for the 1.0 percent provider rate increase; and
- A reduction of 984,859 total funds, of which \$15,141 is an increase of General Fund for annualization of FY 2014-15 budget actions, including the reduction of \$1.0 million cash funds added through the FY 2014-15 supplemental for respite services.

Recommendation: **Staff recommends an appropriation of \$7,028,643 General Fund.** The difference from the recommendation is an increase of \$184,784 General Fund for the 2.7 percent community provider rate increase. The recommendation is calculated in accordance with Committee policy and is outlined in the table below.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Family Support Services				
	Total Funds	General Fund	Cash Funds	FTE
FY 2014-15 Appropriation				
HB 14-1336 (Long Bill)	\$6,828,718	\$6,828,718	\$0	0.0
SB 15-147 (Supplemental)	<u>1,000,000</u>	<u>0</u>	<u>1,000,000</u>	<u>0.0</u>
TOTAL	\$7,828,718	\$6,828,718	\$1,000,000	0.0

*JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision*

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Family Support Services				
	Total Funds	General Fund	Cash Funds	FTE
FY 2015-16 Recommended Appropriation				
FY 2014-15 Appropriation	\$7,828,718	\$6,828,718	\$1,000,000	0.0
R12 Provider rates	184,784	184,784	0	0.0
Annualize prior year budget decisions	<u>(984,859)</u>	<u>15,141</u>	<u>(1,000,000)</u>	<u>0.0</u>
TOTAL	\$7,028,643	\$7,028,643	\$0	0.0
Increase/(Decrease)	(\$800,075)	\$199,925	(\$1,000,000)	0.0
Percentage Change	(10.2%)	2.9%	(100.0%)	0.0%
FY 2015-16 Executive Request:	\$6,912,298	\$6,912,298	\$0	0.0
Request Above/(Below)				
Recommendation	(\$116,345)	(\$116,345)	\$0	0.0

Preventive Dental Hygiene

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

Request: The Department requests an appropriation of \$66,534 total funds, of which \$62,856 is General Fund. The request includes the following changes from the FY 2014-15 appropriation:

- An increase of \$659 total funds for the 1.0 community provider rate increase; and
- An increase of \$138 total funds for annualization of FY 2014-15 budget decision.

Recommendation: **Staff recommends an appropriation of \$67,671 total funds, of which \$63,931 is General Fund.** The difference from the request is an increase of \$1,779 total funds for the 2.7 percent community provider rate increase. The recommendation is calculated in accordance with Committee policy and outlined in the following table.

JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Preventive Dental Hygiene				
	Total Funds	General Fund	Cash Funds	FTE
FY 2014-15 Appropriation				
HB 14-1336 (Long Bill)	<u>\$65,754</u>	<u>\$62,112</u>	<u>\$3,642</u>	<u>0.0</u>
TOTAL	\$65,754	\$62,112	\$3,642	0.0
FY 2015-16 Recommended Appropriation				
FY 2014-15 Appropriation	\$65,754	\$62,112	\$3,642	0.0
R12 Provider rates	1,779	1,681	98	0.0
Annualize prior year budget decisions	<u>138</u>	<u>138</u>	<u>0</u>	<u>0.0</u>
TOTAL	\$67,671	\$63,931	\$3,740	0.0
Increase/(Decrease)	\$1,917	\$1,819	\$98	0.0
Percentage Change	2.9%	2.9%	2.7%	0.0%
FY 2015-16 Executive Request:	\$66,534	\$62,856	\$3,678	0.0
Request Above/(Below) Recommendation	(\$1,137)	(\$1,075)	(\$62)	0.0

Regional Center Adult Comprehensive Services

***NEW LINE REQUESTED BUT NOT RECOMMENDED FOR FY 2015-16**

Description: This line item would fund the state-operated adult comprehensive waiver beds at the Regional Centers.

Request: The Department requests an appropriation of \$21,525,353 total funds, of which \$10,592,626 is General Fund.

Recommendation: **Staff does not recommend an appropriation for this line item** pursuant to recommendation in the Department of Human Services, Services for People with Disabilities figure setting document.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Regional Center Adult Comprehensive Services				
	Total Funds	General Fund	Federal Funds	FTE
FY 2014-15 Appropriation				
HB 14-1336 (Long Bill)	\$0	\$0	\$0	0.0
Recommended Long Bill Supplemental	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
TOTAL	\$0	\$0	\$0	0.0

JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Regional Center Adult Comprehensive Services				
	Total Funds	General Fund	Federal Funds	FTE
FY 2015-16 Recommended Appropriation				
FY 2014-15 Appropriation	\$0	\$0	\$0	0.0
R5 Office of Community Living	0	0	0	0.0
FMAP change	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
TOTAL	\$0	\$0	\$0	0.0
Increase/(Decrease)				
Percentage Change	0.0%	0.0%	0.0%	0.0%
FY 2015-16 Executive Request:				
Request Above/(Below)	\$21,525,353	\$10,592,626	\$10,932,727	0.0
Recommendation	21,525,353	10,592,626	10,932,727	0.0

Waiver Enrollment

***NEW LINE ITEM RECOMMENDED FOR FY 2015-16**

Description: This line item will fund the costs associated with enrolling individuals into the SLS and CES waivers. These are one time funds recommended for FY 2014-15 and FY 2015-16 to offset the costs incurred by the CCBs for the enrollment costs associated with the large number of new enrollments funded by the General Assembly to eliminate the waiting lists for the CES and SLS waivers.

Request: The Department did not request this line item.

Recommendation: **Staff recommends an appropriation of \$1,586,987 cash funds from the IDD Services Cash Fund.** The recommendation includes a reduction of \$46,441 from the FY 2014-15 recommendation. The recommendation is calculated in accordance with Committee policy and outlined in the following table.

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Waiver Enrollment				
	Total Funds	General Fund	Cash Funds	FTE
FY 2014-15 Appropriation				
HB 14-1336 (Long Bill)	\$0	\$0	\$0	0.0
Recommended Long Bill Supplemental	<u>1,633,428</u>	<u>0</u>	<u>1,633,428</u>	<u>0.0</u>
TOTAL	\$1,633,428	\$0	\$1,633,428	0.0

JBC Staff Figure Setting – FY 2015-16
Staff Working Document – Does Not Represent Committee Decision

Office of Community Living, Division for Individuals with Intellectual and Developmental Disabilities, Waiver Enrollment				
	Total Funds	General Fund	Cash Funds	FTE
FY 2015-16 Recommended Appropriation				
FY 2014-15 Appropriation	\$1,633,428	\$0	\$1,633,428	0.0
Annualize prior year budget decisions	(1,633,428)	0	(1,633,428)	0.0
R5 Office of Community Living	<u>1,586,987</u>	<u>0</u>	<u>1,586,987</u>	<u>0.0</u>
TOTAL	\$1,586,987		\$1,586,987	0.0
Increase/(Decrease)	(\$46,441)	\$0	(\$46,441)	0.0
Percentage Change	(2.8%)	0.0%	(2.8%)	0.0%
Request Above/(Below) Recommendation	(\$1,586,987)		(\$1,586,987)	0.0

JBC Staff Staff Figure Setting - FY 2015-16
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Number Pages

	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	FY 2015-16 Recommendation
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<p>DEPARTMENT OF HEALTH CARE POLICY AND FINANCING Sue Birch, Executive Director</p>
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(4) OFFICE OF COMMUNITY LIVING

(A) Division for Individuals with Intellectual and Developmental Disabilities

(i) Administrative Costs

Personal Services	<u>0</u>	<u>517,386</u>	<u>2,575,884</u>	<u>2,648,939</u>	<u>2,648,939</u>
FTE	0.0	0.0	30.5	30.5	30.5
General Fund	0	250,167	1,369,423	1,405,951	1,405,951
Cash Funds	0	0	38,730	38,730	38,730
Federal Funds	0	267,219	1,167,731	1,204,258	1,204,258
Operating Expenses	<u>0</u>	<u>57,981</u>	<u>967,036</u>	<u>292,036</u>	<u>292,036</u>
General Fund	0	28,991	144,899	144,899	144,899
Cash Funds	0	0	675,000	0	0
Federal Funds	0	28,990	147,137	147,137	147,137
Community and Contract Management System	<u>0</u>	<u>54,700</u>	<u>137,480</u>	<u>137,480</u>	<u>137,480</u>
General Fund	0	36,851	89,362	89,362	89,362
Federal Funds	0	17,849	48,118	48,118	48,118
Support Level Administration	<u>0</u>	<u>32,490</u>	<u>57,368</u>	<u>57,368</u>	<u>57,368</u>
General Fund	0	16,245	28,684	28,684	28,684
Federal Funds	0	16,245	28,684	28,684	28,684

JBC Staff Staff Figure Setting - FY 2015-16
Staff Working Document - Does Not Represent Committee Decision

	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	FY 2015-16 Recommendation
System Capacity	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Appropriation from General Fund to Disabilities					
Services Cash Fund	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (i) Administrative Costs	0	662,557	3,737,768	3,135,823	3,135,823
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>30.5</u>	<u>30.5</u>	<u>30.5</u>
General Fund	0	332,254	1,632,368	1,668,896	1,668,896
Cash Funds	0	0	713,730	38,730	38,730
Federal Funds	0	330,303	1,391,670	1,428,197	1,428,197
(ii) Program Costs					
Adult Comprehensive Services	<u>0</u>	<u>0</u>	<u>345,110,933</u>	<u>363,998,652</u>	<u>385,693,733</u>
General Fund	0	0	154,787,032	163,967,689	174,214,931
Cash Funds	0	0	30,758,715	30,798,715	31,669,200
Federal Funds	0	0	159,565,186	169,232,248	179,809,602
Adult Supported Living Services	<u>0</u>	<u>1,976,615</u>	<u>62,172,613</u>	<u>74,653,917</u>	<u>76,835,996</u> *
General Fund	0	1,976,615	34,536,454	40,695,316	42,034,316
Federal Funds	0	0	27,636,159	33,958,601	34,801,680
Children's Extensive Support Services	<u>0</u>	<u>0</u>	<u>19,729,506</u>	<u>22,165,020</u>	<u>21,854,722</u> *
General Fund	0	0	9,689,564	10,907,406	10,729,040
Federal Funds	0	0	10,039,942	11,257,614	11,125,682

JBC Staff Staff Figure Setting - FY 2015-16
Staff Working Document - Does Not Represent Committee Decision

	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	FY 2015-16 Recommendation
Case Management	<u>0</u>	<u>734,516</u>	<u>30,898,002</u>	<u>34,058,968</u>	<u>33,882,552</u> *
General Fund	0	734,516	16,393,223	17,939,336	18,059,641
Federal Funds	0	0	14,504,779	16,119,632	15,822,911
Family Support Services	<u>0</u>	<u>838,100</u>	<u>7,828,718</u>	<u>6,912,298</u>	<u>7,028,643</u> *
General Fund	0	838,100	6,828,718	6,912,298	7,028,643
Cash Funds	0	0	1,000,000	0	0
Federal Funds	0	0	0	0	0
Preventive Dental Hygiene	<u>0</u>	<u>30,892</u>	<u>65,754</u>	<u>66,534</u>	<u>67,671</u> *
General Fund	0	30,892	62,112	62,856	63,931
Cash Funds	0	0	3,642	3,678	3,740
Federal Funds	0	0	0	0	0
Eligibility Determination and Waiting List Management	<u>0</u>	<u>81,661</u>	<u>3,062,117</u>	<u>3,099,596</u>	<u>3,151,768</u> *
General Fund	0	81,661	3,041,968	3,079,101	3,130,928
Cash Funds	0	0	0	0	0
Federal Funds	0	0	20,149	20,495	20,840
Waiver Enrollment	<u>0</u>	<u>0</u>	<u>1,633,428</u>	<u>0</u>	<u>1,586,987</u>
Cash Funds	0	0	1,633,428	0	1,586,987
Regional Center Adult Comprehensive Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>21,525,353</u>	<u>0</u> *
General Fund	0	0	0	10,592,626	0
Federal Funds	0	0	0	10,932,727	0

JBC Staff Staff Figure Setting - FY 2015-16
Staff Working Document - Does Not Represent Committee Decision

	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2015-16 Request	FY 2015-16 Recommendation
SUBTOTAL - (ii) Program Costs	0	3,661,784	470,501,071	526,480,338	530,102,072
<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	3,661,784	225,339,071	254,156,628	255,261,430
Cash Funds	0	0	33,395,785	30,802,393	33,259,927
Federal Funds	0	0	211,766,215	241,521,317	241,580,715
TOTAL - (4) Office of Community Living	0	4,324,341	474,238,839	529,616,161	533,237,895
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>30.5</u>	<u>30.5</u>	<u>30.5</u>
General Fund	0	3,994,038	226,971,439	255,825,524	256,930,326
Cash Funds	0	0	34,109,515	30,841,123	33,298,657
Federal Funds	0	330,303	213,157,885	242,949,514	243,008,912
TOTAL - Department of Health Care Policy and Financing	0	4,324,341	474,238,839	529,616,161	533,237,895
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>30.5</u>	<u>30.5</u>	<u>30.5</u>
General Fund	0	3,994,038	226,971,439	255,825,524	256,930,326
Cash Funds	0	0	34,109,515	30,841,123	33,298,657
Federal Funds	0	330,303	213,157,885	242,949,514	243,008,912