

**DEPARTMENT OF HUMAN SERVICES
FY 2010-11 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Wednesday, December 16, 2009
9:00 am – 12:00 pm**

9:00-9:30 INTRODUCTIONS AND OPENING COMMENTS

List of Department Presenters

Karen L. Beye – CDHS Executive Director
Will Kugel – CDHS Budget Director
Jenise May – Deputy Executive Director
Sharon Jacksi – Director – Division of Developmental Disabilities

9:30-10:15 Closing the Nursing Facility at the Grand Junction Regional Center

1. In August the Department announced plans to close the nursing facility at the Grand Junction Regional Center. Please provide an update on the status of the closure.
 - a. Where will people be placed?

Response:

Table 1: Status of Transition as of December 11, 2009	
Number of Individuals	
2	Community Nursing Facility
2	Regional Center group home (hospice care)
24	Community group homes in Grand Junction
1	Community group home in Montrose
3	Still finalizing decision on transition placement

- b. What is the schedule for moving them to new facilities, and how does this compare to the schedule presented in August?

Response:

Table 2: Transition Schedule as of December 11, 2009			
	Number of Individuals Transitioning		Type of Setting
Month	August 24th Proposal	Revised as of December 11, 2009	
December	10	0	
January	0	4	Community Nursing Facility/ Regional Center group home (hospice care)
February	10	4	Community group home in Montrose/ Individuals still finalizing Decision on transition placement
March	12	16	Community group homes in Grand Junction
April		8	Community group homes in Grand Junction

The Mesa Development Services group homes to accommodate these individuals in Grand Junction by will not be completed until the last week in February and the first week of March.

- c. What is the schedule for reducing staff?

Response:

The staff reduction schedule, as shown on the CDHS website GJRC Re-Organization/Layoff Plan, is linked to the transition of individuals residing in the nursing facility as shown in Table 2 above. The actual reduction of staff is contingent on dates of residents moving to these identified facilities.

- d. Please update the estimated savings and compare them to the estimate provided in August.

Response:

Table 3: Projected Savings tied to the individuals in the SNF		
	August 24th Proposal	Revised as of December 11, 2009*
FY 2009-10	\$2,820,485	\$935,897
FY 2010-11	\$6,479,793	\$3,069,457

* The Department may need future budget action or transfer authority per C.R.S. 24-75.106 to reconcile the projected savings within CDHS Regional Center and Community Programs.

The plan proposed in August 2009 was to transition all residents in the Grand Junction Regional Center skilled nursing facility (SNF) unit to community nursing facilities by the end of February 2010. However, according to federal requirements for freedom of choice in service delivery, individuals who meet the skilled nursing facility level of care may be served in the community when services are available sufficient to ensure their health and safety within the cost containment requirements of a Home and Community Based Services waiver. Since the initial plan was proposed and after working with families and having discussions with the community program providers, 28 of the 32 residents have indicated their choice to be served in the developmental disabilities (DD) system.

- e. What will the Department do with the vacated facility and equipment?

Response:

The Department will identify potential use of the SNF facility as part of a broader facility use plan. The Department is in the process of identifying the equipment that will no longer be needed due to the closure and where the equipment could best be used within the system. If any equipment cannot be used, the Department will follow standard disposal policy.

- 2. What are the advantages of having people served by community providers rather than the Regional Center? Are the impacted families happy with the decision to relocate?

Response:

By moving to the community provider system individuals may have more involvement in the community and will be living in smaller, home like residential settings. In addition, serving individuals in a waiver resource as opposed to a skilled nursing facility bed is more cost efficient.

Families have expressed a preference to have family members stay at the Regional Center. However, with the development of three group homes in the Grand Junction area, families appear more optimistic that individuals will transition smoothly into community settings.

**10:15-11:00 Financial Health of Providers and Community Centered Boards
And Regulatory Relief from State-mandated Functions**

3. How will providers manage the proposed 4.5 percent rate reduction (2.5 percent in FY 2009-10 and 2.0 percent in FY 2010-11)? Can providers raise local and private contributions to offset reductions in state funding?

Response:

Providers may have to make changes to business practices to keep expenditures in line with revenues. Individually, providers may raise local and private contributions, as there is no Department restriction on raising alternative funds.

4. Is there an expected local match for developmental disability services? Should there be an expected or required match?

Response:

The statutory requirement for a five percent local match was removed from statute in 2007. When the federal Centers for Medicare and Medicaid Services required that standardized rates be used and that service providers be able to bill directly, the Department determined it was no longer feasible to require a local match. At this time, the Department does not believe the local match requirement should be reintroduced. While some Community Centered Boards (CCB) express support in the five percent local match to help with local fund raising, other CCBs and service providers express concern with their inability to meet such a requirement. From previous experience, the Department does not have the ability to monitor or enforce the collection of a local match and not all private community providers were able to generate the local match.

5. Please assess the financial stability of The Resource Exchange (TRE). Will TRE be able to continue serving the El Paso, Park, and Teller area in the future? Does the business model developed by TRE work for the long term, or are there elements missing from it that are necessary to be a successful and viable Community Centered Board?

Response:

TRE appears to have made the necessary changes to their business practices to keep expenditures in line with revenues. Audit results for FY 2008-09 demonstrate significant improvement in financial stability. The August 30, 2009 financial reports for TRE demonstrated \$1,989,666 cash and \$213,304 in investments included in its current assets. Its total current assets are \$2,814,283 compared to current liabilities of \$1,032,245. This is a good asset to liability ratio of 2.72 to 1.

The FY 2009-10 revenue projections (based on year to date data) are \$1,682,325 compared to expenses of \$1,710,426. TRE should finish the fiscal year with enough cash on hand to continue to operate into FY 2010-11. The TRE Executive Director, staff and Board have focused efforts to become financially viable and continue to provide monthly financial reports to the Department. If TRE remains on its present course under their current business model, the Department anticipates that TRE will remain viable.

6. The Department indicates it will complete a review of the efficiency recommendations in the Myers and Stauffer report on mandated functions of Community Centered Boards by April 30, 2010. This date is too late in the session to start bills for any of the recommendations that require statutory changes or appropriations for up-front costs. Would the Department be willing to commit to providing the analysis no later than March 30, 2010?

Response:

The Department could provide information regarding critical statutory changes needed to create the biggest impact on administrative cost reductions by March 30, 2010, but will not have a full analysis available until April 30, 2010.

- a. Understanding that the Department has not completed a full analysis of the recommendations in the Myers and Stauffer report, which of the recommendations are likely to generate the most administrative savings for the Community Centered Boards?

Response:

In a preliminary review, the Department identified that addressing the recommendations for the following activities may generate the greatest reduced costs.

- **Miscellaneous case management activities not part of any federal requirements for HCBS waiver programs, including the frequency of post eligibility treatment of income activities and prior authorization requests**
 - **System processes and record keeping activities, including system functionality and partial duplication of processes across multiple electronic systems**
 - **Waiting list activities that are not allowable under federal Medicaid reimbursement requirements, including the development of individualized plans, with annual updates, for people whose names are on the waiting list.**
- b. Which of the recommendations would require statutory changes or appropriations to implement?

Response:

In the same preliminary review, the Department identified the following change to statute and appropriations that may be needed to implement the recommendations in 6a above:

- **System processes and record keeping activities - There may be costs associated with making system changes to improve system functionality and create an interface between the Medicaid-required Benefits Utilization System and the Community Contracts and Management System.**
- **Waiting list activities - Implementing these recommendations will require changes to statute at CRS 27-10.5-106 to eliminate the requirement to develop an individual service plan for people whose names are placed on the waiting list.**

7. The Myers and Stauffer report identified costs associated with different functions of the Community Centered Boards (CCBs). Is there any way to determine which CCBs spend the most/least on different functions to identify the outliers and learn from them?

Response:

The Myers and Stauffer report identifies outliers on each function studied specific to the six CCBs in the study sample. The Department will study the reasons for the cost differences and determine whether there are efficiencies that could be recommended for CCBs to use across the system.

8. Are there some functions of the Community Centered Boards that the Department should take over to achieve economies of scale, reduce costs, and/or improve consistency of services?

Response:

The Department will analyze the Myers and Stauffer report to determine if there are further functions the Department should take over to achieve economies of scale, reduce costs, and/or improve consistency of services.

9. Does the Myers and Stauffer report identify all of the areas where CCBs have expressed concerns about over-regulation? Is the Department aware of other concerns, for example in the area of reporting requirements?

Response:

The Myers and Stauffer study was specific to single entry point agency administration and targeted case management. The Department is aware of other CCB concerns related to the federal reporting requirements to track the use of funds under Part C of the Individuals with Disabilities Education Act (IDEA), including additional requirements for the Part C (IDEA) reporting associated with receipt of funds under the American Recovery and Reinvestment Act (ARRA). Also, providers and CCBs have expressed that the requirement to submit claims to receive payment for service delivery has increased their administrative costs.

10. Has the Office of Information Technology (OIT) reviewed the various computer systems used by the Department to serve people with developmental disabilities?

Response:

Yes. The Department utilizes five main technology tools to serve people with developmental disabilities: two are CDHS-developed/customized systems; two are HCPF systems; and the remaining one is a third-party supported assessment tool.

Avatar - Formerly HIMS (Health Information Management System)

- **Shared by Mental Health Institutes, Financial Services, Developmental Disability Services, and Youth Corrections**
- **Client demographic admission, discharge, and transfer tracking**
- **Component Medicare, Medicaid, and third party billing**
- **Client banking**
- **Serves as a data hub that interfaces to ADT, pharmacy, lab services, and dietary services for purposes of gathering of service billing information**

DDweb - Formerly CCMS (Colorado Contract Management System)

- **System for provider contract management**
- **Partial case management**
- **Critical Incident Tracking**
- **Program Quality Management**
- **Medicare, Medicaid, and third party billing**

SIS - Supports Intensity Scale

- **Hosted third party system for entry, storage, and tracking of developmentally disabled client assessments and evaluations**

BUS - Benefits Utilization System

- **HCPF application used for tracking of client service plans**

MMIS - Medicare and Medicaid Information System

- **This HCPF application is essentially a Medicare and Medicaid billing gateway**

OIT continually works closely with program staff to review and improve the data integrity, reduce redundancy, and streamline information flow between related systems.

Does OIT have recommendations for improving the integration of these systems?

Response:

Program staff works with OIT staff to define the business need that each system supports. While integration can provide some efficiencies, due, in part, to statutory, federal, state, and internal privacy policies and differing program needs and objectives a master plan for broad, overall data integration has not been developed. Thus, there are no specific recommendations for integration at this time. However, the Department and OIT will continue to explore opportunities for system improvement.

11:00-11:30 Early Intervention Services

11. Please provide data on outcomes for people served through Early Intervention Services and evidence of the program’s effectiveness.

Response:

Table 4 illustrates that 31.2% and 33.6% of children who received early intervention services in FY 2007-08 and FY 2008-09 respectively, no longer needed intervention services. There are additional children who may have continued to need preschool intervention services after exiting early intervention services, but the amount or frequency of the intervention may have been less, resulting in cost avoidance and improved outcomes for children. However, the Department does not have information on children served in the public schools to complete further analysis.

Table 4: Outcomes for Children receiving Early Intervention Services							
	Total Number of Children Exiting EI Services	Number of Children Completing Individual Family Services Plan (IFSP) Goals	Percent Completing IFSP	Number of Children Not Eligible for Part B* (preschool)	Percent Not Eligible for Part B*	Total Number of Children No Longer Needing Intervention Services	Percent of Children No Longer Needing Intervention
FY 07-08	1,851	286	15.50%	292	15.80%	578	31.20%
FY 08-09	2,706	425	15.70%	483	17.80%	908	33.60%

*Federal special education rules and requirements for students aged 3 to 21

Additionally, the Department's Strategic Plan as submitted in the budget request November 6, 2009, tracks two performance measures that are also reported federally regarding outcomes that demonstrate the effectiveness of the early intervention services and the program.

- a. 96% of the children demonstrated improvement in their acquisition and use of knowledge and skills. These figures are based on children who received services for at least six months and who received an assessment upon entry, annually and just before exit from early intervention services.**
- b. 91% of the families express that early intervention services improved their ability to help their children develop and learn. These figures are based on families who responded to the annual family survey. This is significant because the family is integral to the overall development of young children with disabilities.**

12. Why is the population identified as needing Early Intervention Services increasing? What explains the differences in regional growth rates?

Response:

There are multiple factors that are contributing to the growth in the identification rate for early intervention services that are on top of the general population growth. The primary driving factor is the rate of referral. In response to one of the federal Individuals with Disabilities Education Act (IDEA) Part C grant assurances, the Department has been providing public awareness and training to communities and especially physicians. Additionally, the federal requirement for mandatory referral of all children who have a substantiated case of abuse or neglect has increased the number of children being referred. Counties are inconsistent with substantiating abuse and neglect across the system which also results differences in the regional growth rates. The more aware potential referral sources are in local communities about early intervention services, the more children are referred for screening and evaluation.

Differences in regional growth rates can also be attributed to multiple factors. The movement of young families to and from different regions in the state contributes to demographic changes. The availability of particular types of therapy services (i.e., some therapies are less available in rural areas) or job availability may also create differences. Some parts of the state are more susceptible to seasonal work, thus resulting in fluctuations from year to year and season to season.

13. How does the Department propose managing the increasing population and the loss of one-time federal funds for Early Intervention Services?

Response:

The Department is taking a multi-faceted approach to manage the growth in the number of eligible children, the reduction of federal American Recovery and Reinvestment Act

funding in 2011, and maximizing access to other funding sources.

Some of the strategies under consideration include:

- **revising the eligibility criteria for children who are demonstrating a developmental delay;**
- **investigating the use of a sliding fee scale; and**
- **altering service delivery models.**

The Department will continue to work with the Colorado Interagency Coordinating Council and the Community Centered Boards to identify and analyze the impact of all strategies to manage growth and increase access to funding resources. A full analysis of the strategies will be available in February 2010.

11:30-12:00 Changes to the Way Supported Living Services are Funded

14. What is the Department doing to mitigate potential negative impacts to service recipients and providers arising from the change to a fee-for-service billing system for Supported Living Services?

Response:

The Department went through an extensive rate methodology development process that included CCB, providers and advocates to help ensure that the standardized method and resulting rates considered all of the non-direct service variables that impact how providers earn the funds (i.e., productivity factors, such as time for training, sick and annual leave, etc.). Based on stakeholder input, the Department has reviewed and will be removing transportation, vision and dental services from the Service Plan Authorization Limits (SPAL). This change should provide additional flexibility to waiver participants and providers, and increases the funds available for ongoing services. The Department will also be conducting a utilization review in January 2010 based on actual claims data to determine if the SPALs should be adjusted.

15. When the Department made the transition from lump sum payments for adult residential developmental disability services to fee-for-service payments, the General Assembly authorized the Department to “hold harmless” the providers rather than reverting funds. Should the General Assembly provide similar “hold harmless” authority for the transition to fee-for-service for the Supported Living Services program?

Response:

The Department supports rolling forward any available general fund remaining in the Community Program appropriation at FY 2009-10 year-end.

16. What are the most commonly used Supported Living Services? What Supported Living Services cost the most in aggregate to provide?

Response:

The table below details the costs by service for FY 2008-09 services. Highlighted are the most common and costly services.

Table 5: SLS Services rendered for FY2008-09					
Service	Waiver Participant Count	% of Total Participants	Total Paid Units*	Total Paid Amount	% of Total Amount
Day Habilitation Services	2,703	81.60%	5,403,800	\$23,203,412	50.70%
Dental Services	2,597	78.40%	1,050,978	\$1,048,523	2.30%
Environmental Engineering Services	293	8.80%	395,390	\$395,266	0.90%
Personal Assistance**		0.00%			0.00%
Personal Assistance Services	2,658	80.30%	2,790,802	\$13,503,565	29.50%
Personal Care Item	314	9.50%	539,377	\$539,375	1.20%
Pre-Vocational Services***	62	1.90%	41,253	\$313,071	0.70%
Professional		0.00%			0.00%
Professional Service	353	10.70%	52,486	\$757,425	1.70%
Service Assessment for Behavioral Services	10	0.30%	11,196	\$11,194	0.00%
Supported Employment	698	21.10%	428,506	\$2,213,664	4.80%
Transportation		0.00%			0.00%
Transportation Services - per Day	1,445	43.60%	155,438	\$2,702,100	5.90%
Transportation Services – Other	1,525	46.00%	927,766	\$926,723	2.00%
Vision Services	597	18.00%	186,512	\$186,434	0.40%
Overall Total				\$45,800,752	100.00%

* Unit Measurement varies by Service (see table 6)

**Note that Personal assistance in FY 2009 was composed of several services including personal care, respite, housekeeping, mentorship and supported living consultants. The latter was a frequently accessed service and is no longer available in FY 2010.

***Prevocational Services was removed from the waiver effective July 1, 2009.

Source: Paid claims through 12-4-2009 from HCPF BOA site for service dates 7/1/2008 to 6/30/2009 (includes 120 day Medicaid Billing rule).

17. Please describe the potential for Consumer Directed Attendant Support Services (CDASS) to minimize reversions and mitigate complaints that the new Supported Living Services rates are too rigid. Why hasn't CDASS been implemented yet, and could the Department accelerate the implementation?

Response:

The Consumer Directed Attendant Support benefit allows participants, at their option and with the assistance of an authorized representative, to direct their own personal care and homemaker services, including hiring, directing and firing their personal care attendants. Within the amount that the participant's services would cost if those services were directly billed to and reimbursed under Medicaid rates by an enrolled Medicaid provider, the participant can negotiate the wages paid to the attendant, which impacts the amount of service available.

The Department estimates that based on CDASS utilization in other Home and Community Based Services (HCBS) waivers, approximately 10% of the participants enrolled in the HCBS-SLS waiver will access services through CDASS. Since CDASS represents only the cost of personal care and homemaker services, rather than all services available under the HCBS-SLS waiver, the implementation of CDASS will not significantly reduce reversions.

The Department is on track to implement CDASS by July 1, 2010. Some of the activities associated with implementation must be conducted sequentially, such as rulemaking. These steps have timeframes that cannot be accelerated. The Department has a timeline for implementation and is making progress to implement.

Following are the time lines associated with the major components of implementation:

- a. Amend HCBS waivers - Completed**
- b. Write rules - Completed for clearance by January 31, 2010, present to the Human Services Board and the Medical Services Board in March 2010 for the initial hearing, April 2010 for second hearing, and effective June 1, 2010.**
- c. Develop policy and procedures - following internal rule clearance with completion by April 2010.**
- d. Develop CCB training – develop training agenda and curriculum. Training includes how to determine eligibility for CDASS, develop participant budget amount, monitor for service delivery and work with the state's financial management service contractor on how to train participants for participation in CDASS. Training materials are scheduled for completion in April 2010. Conduct statewide training in**

conjunction with HCPF for case managers.

- e. **Transition participants from personal care and homemaker services to CDASS during annual service plan development meetings, which occur throughout the year. CDASS will be available to participants beginning June 2010.**

Given the tasks required for implementation, the Department does not believe the timeline for full implementation can be accelerated.

18. Please provide an update on funding for sheltered workshops. How will the Department provide a continuum of care to meet the employment goals for individuals with developmental disabilities?

Response:

Effective June 30, 2012, the Non-Integrated Work Services (NIWS) service can not be reimbursed using Medicaid funds. The NIWS workgroup, consisting of 15 stakeholders, met five times between May and December 2009 to address the issue. The workgroup recommended to amend the Home and Community Based Services (HCBS) waivers to include Prevocational Services. In January 2010, the Department of Human Services and the Department of Health Care Policy and Financing will determine if this is an appropriate approach to addressing participant service needs. Additionally, the Department will be strengthening the HCBS waiver Supported Employment opportunities so persons currently receiving NIWS have the opportunity to transition to work in the community.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

19. Please provide a copy of the Supported Living Services rates and Service Plan Authorization Limits. How do the new statewide, standardized rates compare to payments in the old reimbursement model?

Response:

There are two tables below which respond to the questions above: Table 6 provides the SLS rates. Table 7 provides the SLS Service Plan Authorization Limits (SPAL) amounts.

a. Supported Living Services Rates – Current (10/1/2009) and Future (7/1/2010)

Table 6 provides SLS current rates, as of October 1, 2009 that include the 2.5% rate cut, and the rates that should go into affect next July 1, 2010, with the additional 2.0% rate cut.

Table 6: SLS Service Rates			
SLS Service	Units	10/1/2009 Rate with 2.5% cut	7/1/2010 Rate with additional 2% cut – pending HCPF approval ⁽¹⁾
Personal Care	15 min.	\$4.66	\$4.57
Respite Care			
Individual 15 minutes	15 min.	\$4.66	\$4.57
Individual Day	Day	\$186.28	\$182.80
Group	\$1/unit ⁽²⁾	\$1.00	\$1.00
Camp	\$1/unit ⁽²⁾	\$1.00	
Homemaker			
Basic	15 min.	\$3.57	3.57 ⁽³⁾
Enhanced	15 min.	\$5.77	\$5.65
Mentorship	15 min.	\$9.41	\$9.22
Day Habilitation			
Specialized Habilitation Level 1	15 min.	\$2.22	\$2.18
Specialized Habilitation Level 2	15 min.	\$2.44	\$2.39
Specialized Habilitation Level 3	15 min.	\$2.71	\$2.66
Specialized Habilitation Level 4	15 min.	\$3.19	\$3.13
Specialized Habilitation Level 5	15 min.	\$3.96	\$3.88

Specialized Habilitation Level 6	15 min.	\$5.69	\$5.58
Supported Community Connections Level 1	15 min.	\$2.70	\$2.65
Supported Community Connections Level 2	15 min.	\$2.96	\$2.90
Supported Community Connections Level 3	15 min.	\$3.33	\$3.26
Supported Community Connections Level 4	15 min.	\$3.83	\$3.75
Supported Community Connections Level 5	15 min.	\$4.61	\$4.52
Supported Community Connections Level 6	15 min.	\$6.06	\$5.94
Supported Employment (SE)			
Group Level 1	15 min.	\$2.98	\$2.92
Group Level 2	15 min.	\$3.26	\$3.19
Group Level 3	15 min.	\$3.63	\$3.56
Group Level 4	15 min.	\$4.19	\$4.11
Group Level 5	15 min.	\$5.01	\$4.91
Group Level 6	15 min.	\$6.53	\$6.40
Individual	15 min.	\$12.25	\$12.01
Job Development			
Job Development Group	15 min.	\$3.91	\$3.83
Job Development Individual SIS Level 1-2	15 min.	\$12.25	\$12.01
Job Development Individual SIS Level 3-4	15 min.	\$12.25	\$12.01
Job Development Individual SIS Level 5-6	15 min.	\$12.25	\$12.01
Job Placement Group	\$1/unit ⁽²⁾	\$1.00	\$1.00
Job Placement Individual	\$1/unit ⁽²⁾	\$1.00	\$1.00
Transportation			
Mileage Day Program Level 1	Trip	\$5.45	\$5.34
Mileage Day Program Level 2	Trip	\$11.42	\$11.19
Mileage Day Program Level 3	Trip	\$17.39	\$17.04
Mileage Not Day Program	Trip	\$5.45	\$5.34
Bus Pass	\$1/unit ⁽²⁾	\$1.00	\$1.00
Behavioral Services			
Line Staff	15 min.	\$6.24	\$6.12
Behavioral Plan Specialist	15 min.	\$11.84	\$11.60
Senior Therapist	15 min.	\$23.63	\$23.16
Lead Therapist	15 min.	\$29.94	\$29.34
Behavioral Plan Assessment	\$1/unit ⁽²⁾	\$1.00	\$1.00
Specialized Medical Supplies - Disposable	\$1/unit ⁽²⁾	\$1.00	\$1.00
Specialized Medical Equipment	\$1/unit ⁽²⁾	\$1.00	\$1.00
Professional Services			

Massage Therapy	15 min.	\$17.55	\$17.20
Movement Therapy Bachelors	15 min.	\$14.63	\$14.34
Movement Therapy Masters	15 min.	\$21.45	\$21.02
Hippotherapy Individual	15 min.	\$19.50	\$19.11
Hippotherapy Group	15 min.	\$8.29	\$8.12

Footnotes:

1. Note, the 7/1/2010 rates have not yet been reviewed or approved by HCPF.
2. Services Paid \$1/unit are typically 'generic' service and are paid at cost and will not reflect a rate reduction.
3. Homemaker Basic service rate is tied to the same service rate in the HCPF Elderly, Blind and Disabled (EBD) waiver.

b. Service Plan Authorization Limits (SPALs)

Table 7 below provides the current SPALs dollar limits. These limits apply to the total planned costs across all on going services, except home and vehicle modifications and assistive technology services. These SPALs are being phased-in during FY 2009-10 at the point of each individual's annual plan is reviewed.

SLS SPAL	Support Level	SLS SPAL Limit
A	1	\$12,422
B	2	\$13,267
C	3 & 4	\$16,224
D	5 & 6	\$26,093
E	Outliers	\$35,000

a. Comparison of new SLS statewide, standardized rates to SLS payments in the old reimbursement model

It is difficult to provide a precise comparison of the 'rates' that were paid under the previous reimbursement model and the new SLS statewide, standardized rates for any given SLS service, since

◇ Services definitions and service bundles changed across the periods. For example, Personal Assistance was a service in FY 2009 and was composed of personal care, respite, housekeeping, mentorship and supported living consultant (SLC). In FY 2010, those services were broken out and billed separately and some services (SLC) were dropped. Additionally, respite in FY 2010 can be billed by 15 min., by day, and by group or camp.

◇ There was not a single rate prior to FY 2010, but the ability for CCBs to negotiate rates (for each provider, for each individual receiving services). So, there is no single rate with which to compare the FY 2010 rates.