

Schedule 13
Change Request for FY 08-09 Budget Request Cycle

Request Title: Decision Item FY 08-09 Base Reduction Item FY 08-09 Supplemental FY 07-08 Budget Request Amendment FY 08-09
 Department: Governor's Initiative for Developmental Disabilities Resources
 Priority Number: Human Services Dept. Approval by: *Resendez J...* Date: 2/5/08
 SBA-4A OSPB Approval: *[Signature]* Date: 2/19/08

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 06-07	Appropriation FY 07-08	Supplemental Request FY 07-08	Total Revised Request FY 07-08	Base Request FY 08-09	Decision/Base Reduction FY 08-09	November 1 Request FY 08-09	Budget Amendment FY 08-09	Total Revised Request FY 08-09	Change from Base (Column 5) FY 09-10
Total of All Line Items	Total	0	306,326,376	0	306,326,376	309,139,044	8,265,672	317,404,716	6,635,575	324,040,291	30,527,249
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	15,659,594	0	15,659,594	15,633,437	0	15,633,437	293,500	15,926,937	587,000
	CF	0	0	0	0	0	0	0	0	0	0
	CFE	0	290,666,782	0	290,666,782	293,505,607	8,265,672	301,771,279	6,342,075	308,113,354	29,940,249
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	0	257,169,230	0	257,169,230	259,783,974	7,341,299	267,125,273	5,637,979	272,763,252	26,632,433
	MGF	0	128,551,131	0	128,551,131	129,858,504	3,670,651	133,529,155	2,818,990	136,348,145	13,316,216
	NGF	0	144,210,725	0	144,210,725	145,491,941	3,670,651	149,162,592	3,112,490	152,275,082	13,903,216
((9) Services for People with Disabilities (A) Developmental	Total	0	247,005,842	0	247,005,842	249,601,798	8,006,126	257,607,924	4,375,154	261,983,078	25,487,315
	FTE	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disability Services (1) Community Services -	GF	0	1,652,225	0	1,652,225	1,626,068	0	1,626,068	0	1,626,068	0
	CF	0	0	0	0	0	0	0	0	0	0
(b) Program Costs - Adult Comprehensive	CFE	0	245,353,617	0	245,353,617	247,975,730	8,006,126	255,981,856	4,375,154	260,357,010	25,487,315
	FF	0	0	0	0	0	0	0	0	0	0
Services for 66 General Fund and 3,806-3,916 Medicaid resources	MCF	0	214,821,368	0	214,821,368	217,230,236	7,094,730	224,324,966	3,784,079	228,109,045	22,431,495
	MGF	0	107,377,201	0	107,377,201	108,581,636	3,547,366	112,129,002	1,892,040	114,021,042	11,215,747
	NGF	0	109,029,426	0	109,029,426	110,207,704	3,547,366	113,755,070	1,892,040	115,647,110	11,215,747
((9) Services for People with Disabilities (A) Developmental	Total	0	52,858,984	0	52,858,984	53,075,696	259,546	53,335,242	1,951,474	55,286,716	4,422,040
	FTE	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disability Services (1) Community Services -	GF	0	7,857,085	0	7,857,085	7,857,085	0	7,857,085	0	7,857,085	0
	CF	0	0	0	0	0	0	0	0	0	0
(b) Program Costs - Adult Supported Living	CFE	0	45,001,899	0	45,001,899	45,218,611	259,546	45,478,157	1,951,474	47,429,631	4,422,040
	FF	0	0	0	0	0	0	0	0	0	0
Services for 692 General Fund and 2,892-3,092 Medicaid	MCF	0	42,347,862	0	42,347,862	42,553,738	246,569	42,800,307	1,853,900	44,654,207	4,200,938
	MGF	0	21,173,930	0	21,173,930	21,276,868	123,285	21,400,153	926,950	22,327,103	2,100,469
	NGF	0	29,031,015	0	29,031,015	29,133,953	123,285	29,257,238	926,950	30,184,188	2,100,469

Schedule 13
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Request Title: Decision Item FY 08-09 Base Reduction Item FY 08-09 Supplemental FY 07-08 Budget Request Amendment FY 08-09
 Governor's Initiative for Developmental Disabilities Resources
 Department: Human Services
 Priority Number: SBA-4A
 Dept. Approval by: _____ Date: _____
 OSPB Approval: _____ Date: _____

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 06-07	Appropriation FY 07-08	Supplemental Request FY 07-08	Total Revised Request FY 07-08	Base Request FY 08-09	Decision/Base Reduction FY 08-09	November 1 Request FY 08-09	Budget Amendment FY 08-09	Total Revised Request FY 08-09	Change from Base (Column 5) FY 09-10
((9) Services for People with Disabilities (A) Developmental	Total	0	6,461,550	0	6,461,550	6,461,550	0	6,461,550	308,947	6,770,497	617,894
Disability Services (1)	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Services -	GF	0	6,150,284	0	6,150,284	6,150,284	0	6,150,284	293,500	6,443,784	587,000
(b) Program Costs -	CF	0	0	0	0	0	0	0	0	0	0
Family Support Services	CFE	0	311,266	0	311,266	311,266	0	311,266	15,447	326,713	30,894
for 4,176 1,276 General	FF	0	0	0	0	0	0	0	0	0	0
Fund resources	MCF	0	0	0	0	0	0	0	0	0	0
	MGF	0	0	0	0	0	0	0	0	0	0
	NGF	0	6,150,284	0	6,150,284	6,150,284	0	6,150,284	293,500	6,443,784	587,000

Letternote revised text: Of this amount \$290,074,187 shall be from Medicaid funds transferred from the Department of Health Care Policy and Financing, \$27,030,092 shall be from client cash sources, and \$9,498,009 (L) shall be from local matching funds, and \$491,314 shall be transferred from the Division of Vocational Rehabilitation.

Cash Fund name/number, Federal Fund Grant name: Title XIX Medicaid

IT Request: Yes No

Request Affects Other Departments: Yes No If Yes, List Other Departments Here: Health Care Policy and Financing

CHANGE REQUEST for FY 2008-09 BUDGET REQUEST CYCLE

Department:	Human Services
Priority Number:	S-4A
Change Request Title:	Regional Center High Needs Clients

SELECT ONE (click on box):

- Decision Item FY 2008-09
- Base Reduction Item FY 2008-09
- Supplemental Request FY 2007-08
- Budget Request Amendment FY 2008-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Regional Centers will overspend their current FY 2007-08 personal services appropriation by an estimated \$1.65 million as a result of an increase in admissions of high needs individuals who require dedicated, ongoing, one-to-one (or greater) staff supervision. This amount includes reductions for cost containment efforts in all of the Regional Centers. The Department requests \$1.65 million total funds to address personal services, POTS and related operating expenses to avoid this over expenditure.

This supplemental is late because these admissions began escalating in early 2007 and the ongoing impact of their staffing needs was not realized until well into the fiscal year, after supplemental deadlines had passed. The extent of this over expenditure was identified in mid-December after November's expenditures were completed and available. Staff spent the balance of December identifying and quantifying the reasons for this fiscal problem.

Background and Appropriation History:

The Regional Centers provide direct support for adults with developmental disabilities who have very significant care and treatment needs and for whom adequate services and supports are not available through the community system. Over the past four years the

Regional Centers have been admitting individuals with the most severe clinical and behavioral needs.

Adequate staffing had already been identified as a problem for the Regional Centers and, as a result, in 2006 the Department undertook a comprehensive study of the staff of the Regional Centers to determine the appropriate level necessary to provide services to the individuals with severe medical, behavioral and psychiatric needs residing therein. The study identified the need for one staff person for every three clients during the day, one staff at night for behavioral settings with a second staff floating between four group homes, and two staff at night for medical settings. In addition to these ratios, the study included an allotment of staff for community outings. The study had no way of anticipating or identifying the influx of the current population that requires ongoing, one-on-one and/or other enhanced staffing. Staffing was increased at the beginning of FY 08 to accommodate the new high-risk admissions but it was expected that the staffing would decrease as those admissions stabilized. It soon became apparent that stabilization was a longer process and the Regional Center staffing appropriation became inadequate to meet these new needs.

The Department previously submitted decision items for FY 2007-08 and FY 2008-09 to fund this staffing study over a five-year time frame. The Department has also communicated a need to prepare an update of the Study during the summer of 2008 to address changing conditions and to revise the coverage calculation. However, the long term impact of the clients admitted over the past nine months have driven overtime and staffing needs beyond the appropriation and the Regional Centers require fiscal relief prior to the update of the Study to avoid overspending their FY 2007-08 appropriation.

More recently, the Colorado Department of Public Health and Environment (CDPHE) has required increased staffing at Regional Center group homes due to a client suicide. Those new staffing demands are reflected in the “General Description of Request” below.

Appropriation History for the Regional Centers

	Total	FTE	GF	CF	CFE	MCF	MGF	NGF
Total FY 2006-07 Long Bill	\$40,117,878	887.4	\$0	\$2,608,448	\$37,509,430	\$37,509,430	\$18,011,718	\$18,011,718
07 S#1 Physician Services SB 07-165	\$237,870	0.00	\$237,870	\$0	\$0	\$0	\$0	\$237,870
FY 2006-07 Appropriation	\$40,355,748	887.4	\$237,870	\$2,608,448	\$37,509,430	\$37,509,430	\$18,011,718	\$18,249,588
FY 2006-07 Salary Survey	\$1,343,798		\$0	\$0	\$1,343,798	\$1,343,798	\$671,900	\$671,900
SB 06-219 HCPF Reorganization	(\$29,024)		\$0	\$0	(\$29,024)	(\$29,024)	(\$14,512)	(\$14,512)
Physician Services to GF Line	(\$237,870)		(\$237,870)	\$0	\$0	\$0	\$0	(\$237,870)
08 DI#1 Staffing Increases SB 07-239	\$342,541	14.5	\$0	\$0	\$342,541	\$342,541	\$171,271	\$171,271
Medical Inflation JBC addition	\$6,218		\$0	\$0	\$6,218	\$6,218	\$3,109	\$3,109
Medicaid GF adjust JBC	\$0		\$0	\$0	\$0	\$0	(\$78,761)	(\$78,761)
Reconcile to Long Bill HCPF	\$0		\$0	\$0	\$0	\$0	\$89	\$89
JBC adjustment to client cash	\$0		\$0	\$27,558	(\$27,558)	(\$27,558)	(\$13,779)	(\$13,779)
Total FY 2007-08 Long Bill	\$41,781,411	901.9	\$0	\$2,636,006	\$39,145,405	\$39,145,405	\$18,751,035	\$18,751,035
<u>Operating Expenses</u>								
Total FY 2006-07 Long Bill	\$2,198,203		\$0	\$0	\$2,198,203	\$2,198,203	\$1,099,101	\$1,099,101
1331 A Physician Services SB 07-165	\$6,590		\$6,590	\$0	\$0	\$0	\$0	\$6,590
FY 2006-07 Appropriation	\$2,204,793		\$6,590	\$0	\$2,198,203	\$2,198,203	\$1,099,101	\$1,105,691
Physician Services to separate Line	(\$6,590)		(\$6,590)	\$0	\$0	\$0	\$0	(\$6,590)
Medical Inflation	\$15,828		\$0	\$0	\$15,828	\$15,828	\$7,914	\$7,914
08 DI#1 Staffing Increases SB 07-239	\$16,670		\$0	\$0	\$16,670	\$16,670	\$8,335	\$8,335
Total FY 2007-08 Long Bill SB 07-239	\$2,230,701		\$0	\$0	\$2,230,701	\$2,230,701	\$1,115,350	\$1,115,350

General Description of Request:

The primary reason for this personal services shortfall is the growing intensity of clients at the Regional Centers, all with dual, mental health, or other, multiple diagnoses. Currently these clients are impacting personal services in two major ways: (1) Requiring

ongoing, one-to-one or greater staff supervision per client and (2) having needs that have prompted CDPHE surveyors to require increased staffing at certain houses.

Ongoing, One-to-One Staff Supervision

In years past, there were clients requiring one-to-one supervision, however they were episode based and did not require the ongoing dedication of staff to a particular client. All three regional centers have seen a dramatic increase in the number of persons now requiring one or more dedicated staff across multiple shifts. Initially the Regional Centers were hopeful they could stabilize this population and absorb the expenses through management intervention efforts (e.g., holding non-direct care positions vacant, pulling staff from other areas, etc.). However, it is now apparent that even once an individual is stabilized, which is expected to occur within nine to twelve months, new admissions with similar requirements take their place. At this point the Regional Centers expect to have a minimum of 15 individuals requiring this level of supervision at any given time.

The Regional Centers currently have 15 recent admissions requiring dedicated, one-to-one or greater supervision. All 15 clients have dual, mental health diagnosis. The cost for these 15 clients is outlined in the following table:

<i>Admission or start date</i>	<i>End Date</i>	<i>Dual-diagnosis</i>	<i>Staff/Person 1st shift</i>	<i>Extra hours</i>	<i>Staff/Person 2nd shift</i>	<i>Extra hours</i>	<i>Staff/Person 3rd shift</i>	<i>Extra hours</i>	<i>Total hours/day</i>	<i># of days in FY08</i>	<i>Extra hours for FY08</i>
2/2007	Long-term	PTSD; Conduct disorder	1	8	1	8	0	0	16	366	5,856
3/2007	Long-term	Autism	1	8	1	8	1	8	24	366	8,784
4/2007	Long-term	Bi-polar disorder	1	8	1	8	1	8	24	366	8,784
4/2007	Long-term	BP D/O*, depression	1	8	1	8	1	8	24	366	8,784
4/2007	Long-term	Psychosis	1	8	1	8	1	8	24	366	8,784
5/2007	Long-term	Autism	2	16	2	16	1	8	40	366	14,640

STATE OF COLORADO FY 2008-09 BUDGET REQUEST CYCLE: Department of Human Services

Admission or start date	End Date	Dual-diagnosis	Staff/Person 1st shift	Extra hours	Staff/Person 2nd shift	Extra hours	Staff/Person 3rd shift	Extra hours	Total hours/day	# of days in FY08	Extra hours for FY08	
5/2007	Long-term	PTSD	1	8	1	8	0	0	16	366	5,856	
5/2007	Long-term	BP D/O*, depression	1	8	0.5	4	1	8	20	366	7,320	
5/2007	Long-term	BP D/O*, depression	1	8	1	8	1	8	24	366	8,784	
6/2007	Long-term	Dementia	1	8	1	8	1	8	24	366	8,784	
7/2007	Long-term	Bi-polar disorder, complex medical	1	8	1	8	1	8	24	366	8,784	
8/2007	Long-term	Autism	1	8	1	8	1	8	24	335	8,040	
10/2007	11/30/2007	BP D/O*	1	8	1	8	1	8	24	60	1,440	
1/2008	Long-term	Intermittent Explosive Behavior	2	16	2	16	2	16	48	174	8,352	
4/2008	Long-Term	Autism	2	16	2	16	2	16	48	64	2,560	
15			Total Hours								115,552	
*Borderline Personality Disorder			Total FTE at all Regional Centers								55.6	
			Average Hourly Rate								15.23	
			Total Salary								\$1,759,857	
			Shift Differential 10.00%								\$175,986	
			PERA, Medicare, STD 11.73%								\$227,074	
			Total Cost at all Regional Centers								\$2,162,917	
			Total Cost with Coverage Applied								1.85	\$4,001,396
			Total FTE with Coverage Applied								1.85	102.8

The last admission listed above represents a youth turning 18 during the latter part of April and entering the adult system of care at that time. Please reference the “Increased Spending Authority (WRRC and GJRC)” supplemental submitted in concert with this

supplemental that addresses placement arrangements for this youth prior to turning 18 years old.

As outlined above, these 15 individuals have a significant impact on the Regional Center budget. For this fiscal year, before adjusting for required coverage for sick, vacation, and other leaves, the impact is an additional 55.6 FTE at a cost of \$2.2 million. If the coverage factor of 1.85 is applied, that cost increases to \$4.0 million and 102.8 FTE. The coverage factor accounts for time staff are away from their jobs and is based on actual time taken during FY 2005-06. This supplemental request does not match the cost calculations in the "One-on-One Staff Supervision" table above because the full cost/FTE calculations (\$ 2,162,917 to include salary, shift differential, PERA, etal and 55.6 FTEs) are not being requested. For purposes of this supplemental, we have reduced the full cost and associated FTE's to be reflective of cost-saving measures already put in place during FY 08. This supplemental is a request for only a portion of the full cost to get us through this fiscal year. The shift differential of 10% and PERA, Medicare, STD of 11.73% are based on OSPB's common policy percentages.

CDPHE Survey Requirements for Increased Staffing at Certain Houses

Both the Grand Junction Regional Center (GJRC) and Wheat Ridge Regional Center (WRRC) have had to supplement staffing on certain homes in response to CDPHE findings. GJRC was required to add 2.8 staff at four homes and 1.4 at one home to remain in compliance with health and safety regulations. The WRRC has had eight houses identified in CDPHE surveys as having inadequate staff. At Kipling Village, WRRC was required to add 2.8 FTE at nights as part of a plan of correction (POC) related to a client suicide. In three medical homes, WRRC was required to add one staff person per house on shifts one and two to meet the extensive needs of these individuals and in a fourth home one additional staff person was required on all three shifts. The cost of these staff is outlined below.

Budgetary Impact of Homes Requiring Additional Staff at the Regional Centers						
GJRC	29 1/4	F 1/4	Florida	30 Road	B Road	Total FY 2007-08
Number of FTE	2.8	2.8	2.8	1.4	2.8	12.6
GJRC Average Hourly Rate						\$16.12
Total Salary						\$422,473
WRRC	Iris	68th	Xenon	49th	KV	Total FY 2007-08
Number of FTE	3.0	2.0	2.0	2.0	2.8	11.8
WRRC Average Hourly Rate						\$15.08
Total Salary						\$370,124
Total FTE at all Regional Centers						24.4
Total Salary at all Regional Centers						\$792,596
Shift Differential					10.00%	\$79,260
PERA, Medicare, STD					11.73%	\$102,269
Total Cost at all Regional Centers						\$974,125
Total Cost with Coverage Applied					1.85	\$1,802,131
Total FTE with Coverage Applied					1.85	45.1

While the above calculations will exceed the amount requested in this supplemental, these calculations and descriptions are an important demonstration of the extent of the costs the Regional Centers have been attempting to absorb this fiscal year. The following table summarizes these total costs. To avoid any discussions over the accuracy of the coverage factor, the cost without coverage is used, however the actual impact is much greater.

Item – FY 2007-08 Impact	Cost	FTE
15 clients requiring 1:1 or 2:1 staffing	\$2,162,917	55.6
POC Enhanced Staffing Requirements	\$974,125	24.4
Total	\$3,137,042	80.0

This supplemental request is for \$ 1.65 million of the total cost amount of \$ 3,137,042 for personal services, POTS and related operating expenses.

As mentioned previously, the Regional Centers have taken numerous management steps to control these costs. These include:

Step	Savings
Investigating the option of financing Regional Center administrative positions under the administration match rate of 75% federal, 25 percent General.	Under review; not expected to be significant
Implementing a hiring freeze on all non-direct care positions.	\$274,993
At GJRC, continuing recruiting efforts to fill vacancies with regular employees instead of staffing shifts with overtime. GJRC is facing continued and fierce employment competition from the gas industry and has struggled to fill vacant positions.	\$28,784
At WRRRC, continuing recruiting efforts to fill vacancies with regular employees instead of staffing shifts with overtime. WRRRC was operating with numerous direct care vacancies prior to this campaign.	\$231,571
The WRRRC has required residential coordinators to give up their one dedicated day of office time to return to direct care.	\$45,237
The WRRRC has identified therapy positions that will be temporarily reassigned to provide direct care two days per week.	\$63,682
The WRRRC has identified professional staff with direct care experience that will be temporarily reassigned to provide direct care one day per week.	\$40,525
The Regional Centers have shifted administrative FTE, where possible, to direct care.	Savings are under review
Total	\$684,792

The steps outlined above do not include other savings accrued through the year from less structured measures, such as pulling staff from other residential settings to cover more severe clients, limiting any optional expenditures, and short-term vacancy savings. The savings from these measures have been captured in the Regional Centers detailed personal services projections, which currently forecast a shortfall of \$2.0 million. The above steps offset the projected over expenditure for a net personal services. POTS and related operating expenses request of \$1.65 million and 39.4 FTE for FY 2007-08. The aforementioned update to the Staffing Study will quantify the ongoing staffing needs and the Department expects to submit change requests in the normal budget cycle to adjust future staffing levels.

Future Staffing Needs for FY 2008-09

In an effort to develop a comprehensive plan to proactively manage the funding and FTE appropriations for the Regional Centers in FY 2008-09, it is proposed that a work group be assembled comprised of all Regional Center Directors; the Director of the Division for Developmental Disabilities; the Director of Adult, Disability, and Rehabilitation Services; representatives from the Office of State Planning and Budget, the Joint Budget Committee Staff, the DHS Office of Behavioral Health and Housing, and the Department of Health Care Policy and Financing; and a representative of the community and/or a family member of a person residing at the Regional Center.

The purpose of the work group would be, at a minimum, to:

- re-evaluate what type of individuals the Regional Centers might be most appropriate in serving,
- trend the increase in severity of those currently being served,
- update and re-examine the staffing study in light of this evolving population,
- consider the adequacy of facilities available for use with this new population,
- consider whether there should be separate systems for the dually diagnosed,
- identify the role of other agencies in caring for individuals with dual diagnoses/more severe behaviors and

- recommend a course of action that assists in mitigating and/or redefining the approach to be taken in serving these individuals whose care drives increases in costs as well as an over-utilization of other, limited resources.

The Regional Centers have analyzed the current situation and the resources necessary to accommodate the population in their care. The continuing expectation is that the Centers will have approximately fifteen very acute, highly difficult individuals in placement at any given point in time. They have already implemented many corrective actions that are continuing, to the extent possible, to reduce costs and overall FTEs. However, without restructuring the delivery system and/or increasing Regional Centers' funding and FTE authority, the Centers are left with two options:

Option 1: Continue serving the population already admitted to the Centers by overspending dollar and FTE appropriations, or

Option 2: Discontinue admissions to the Centers and reduce bed capacity until both dollar and FTE appropriations reflect Long Bill allocations.

Consequences if Not Funded:

If this request is not funded the Regional Centers will overspend their FY 2007-08 appropriation. Client needs cannot be neglected without severe detriment to health and safety and deficiencies from CDPHE.

Calculations for Request:

At this point, the Department is requesting ongoing funding of the balance identified above. Based on current experience and communication with the community, the Regional Centers fully expect to have at least 15 individuals requiring one-to-one or greater staff supervision on an ongoing basis. The Regional Centers' goal is to move an individual off enhanced staffing requirements within nine to twelve months, however new admissions with similar requirements have occurred and are expected to continue. The Department will include this in the 2008 update of the staffing study to fully quantify the needed staffing ratios for the clients of the Regional Centers.

Summary of Request FY 2007-08	Total Funds	General Fund	Cash Funds Exempt	Medicaid Cash Funds	Medicaid General Fund	Net General Fund	FTE
Total Request	\$1,652,784	\$0	\$1,652,784	\$1,652,784	\$826,392	\$826,392	39.4
Personal Services	\$1,296,443	\$0	\$1,296,443	\$1,296,443	\$648,222	\$648,222	39.4
Operating Expenses	\$40,850	\$0	\$40,850	\$40,850	\$20,425	\$20,425	0.0
EDO Pots	\$315,491	\$0	\$315,491	\$315,491	\$157,745	\$157,745	0.0

Assumptions for Calculations:

The following tables detail the request amounts per the OSPB FTE Calculation Spreadsheet:

FTE and Operating Costs		
Fiscal Year(s) of Request		FY 2007-08
<i>PERSONAL SERVICES</i>	Title:	Health Care Technician I
Number of PERSONS / class title		43.0
Number of months <u>working in</u> FY 07-08, FY 08-09 and FY 09-10		12.0
Number months <u>paid in</u> FY 07-08, FY 08-09 and FY 09-10 due to pay date shift		11.0
Calculated FTE per classification		39.4
Annual base salary		\$29,472
Salary		\$1,161,688
PERA	10.15%	\$117,911
Medicare	1.45%	\$16,844
Prior Year SAED	N/A	\$0
Subtotal Personal Services at Division Level		\$1,296,443
Subtotal AED at EDO Long Bill Group Level	Varies	\$15,102

FTE and Operating Costs		
Fiscal Year(s) of Request		FY 2007-08
Subtotal SAED at EDO Long Bill Group Level	Varies	\$5,808
Department Specific Average Cost for HLD / Employee per month for 11 months		\$374
Subtotal for Health, Life, Dental (if over 20 FTE)		\$176,902
Shift Differential	10.00%	\$116,169
Subtotal for Short Term Disability (if over 20 FTE)	0.13%	\$1,510
<i>OPERATING EXPENSES</i>		
Supplies @ \$500/\$500	\$500	\$21,500
Computer @ \$900/\$0	\$900	\$0
Office Suite Software @ \$330/\$0	\$330	\$0
Office Equipment @ \$2,225 /\$0	\$2,225	\$0
Telephone Base @ \$450/\$450	\$450	\$19,350
Subtotal Operating Expenses		\$40,850
<i>GRAND TOTAL ALL COSTS</i>		\$1,652,784

Personal Services: The number of FTE and costs are based on the balance above that the Regional Centers are unable to cover through management steps. The salary comes from the FY 07-08 Actual Pay Scales for the Health Care Technician I classification and is requested at the minimum for the respective fiscal years. FTE are requested instead of temporary positions because this is fully expected to be an ongoing need requiring state staff. The individuals providing services to these clients are already hired and working.

Operating Expenses: Requested at OSPB common policy rates.

Impact on Other Government Agencies: As the single state agency for Medicaid, the Department of Health Care Policy and Financing will be effected by this increase in Medicaid expenditures.

Cost Benefit Analysis:

The primary benefit to the State of this supplemental is the delivery of necessary treatment and support to some of the most vulnerable individuals in the state. It is a challenge to quantify the benefits of adequate staff to promptly change clients' undergarments, turn them as required, intervene in behavioral escalations, and prevent suicides. The appropriate handling of these situations reduces the likelihood of future CDPHE deficiencies and potential loss of federal financial participation in the Medicaid program. Consequently, this cost benefit analysis is based on potential loss of such federal funding.

Cost Benefit Analysis		
Costs	FY 2007-08	Calculation
Net General Fund Costs	\$826,392	Schedule 13 Net General Fund
Benefits	FY 2007-08	Calculation
Avoid Loss of Medicaid Federal Financial Participation	\$5,257,254	RC FY 2007-08 Medicaid General Fund appropriation, assuming failure to meet conditions of participation would result in loss of the benefit of the 50% federal match that is part of the Medicaid rate. FY 2007-08 amount represents three months.
Net Benefit (Cost)	\$4,430,862	Benefits less costs
Benefit/Cost Ratio	6.36	Total benefits divided by total costs

Implementation Schedule:

High Need Clients Implementation Schedule	Month/Year Completed
Regional Centers pursue role of serving most intense clients, moving less intense individuals to the community and accepting persons in exchange in need of increased supervision	Ongoing
Regional Centers fill all direct care positions, retain extra staff from licensure classes, and utilize overtime to meet the treatment needs of the individuals	July – December, 2007
Quantify impact of high needs clients to identify reason for projected over expenditure	December 12, 2007 – January 18, 2008

High Need Clients Implementation Schedule	Month/Year Completed
Prepare documents explaining situation	December 29, 2007- January 18, 2008
Present findings of updated staffing study for Regional Centers	November, 2008

Statutory and Federal Authority:

27-10.5-301, C.R.S. (2007) Regional centers for persons with developmental disabilities. There are hereby established state regional centers in Wheat Ridge, Pueblo, and Grand Junction. The essential object of such regional centers shall be to provide state operated services and supports to persons with developmental disabilities.

27-10.5-302, C.R.S. (2007) Directors. The executive director shall appoint, pursuant to section 13 of article XII of the state constitution, a director for each regional center. Persons appointed must be skilled and trained administrators with experience related to the needs of persons with developmental disabilities. The director of each regional center shall appoint such other employees in accordance with section 13 of article XII of the state constitution as are necessary to carry out the functions of the regional center.

27-10.5-304, C.R.S. (2007) Admissions. There may be admitted to any regional center persons with developmental disabilities who have been ordered placed in a regional center pursuant to section 27-10.5-110, if the applicant or legal guardian is a bona fide resident of Colorado.

Performance Measures:

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
			Actual	Actual	Current	Request
Division for Developmental Disabilities / Regional Centers	Increase community safety and the safety of the treatment environment. Decrease the number of incidents where a Regional Center resident is unaccounted for, after an immediate search of the facility, residence, program site and grounds.	Benchmark	22	37	36	35
		Actual	40*	36**		
* In FY 2005-06, 40 incidents were attributed to 30 individuals. ** In FY 2006-07, 36 incidents were attributed to 28 individuals.						
Division for	Provide a safe and secure residential	Benchmark	N/A	N/A	10.56%	10.27%

Developmental Disabilities / Regional Centers	environment for Regional Center residents. Decrease the rate of critical incidents, as a percentage of the average daily census, at the Regional Centers.	Actual	N/A	10.96%		
The benchmarks assume a 3% reduction in the total number of critical incidents and no change to the average daily census						