

Schedule 13
Funding Request for the 2013-14 Budget Cycle

Department: Health Care Policy and Financing

Request Title: Colorado Choice Transitions for HCBS-DD Waiver Clients

Priority Number: S-14, BA-14

Dept. Approval by: John Bartholomew *JB* 12/31/12 Date

OSPB Approval by: *[Signature]* 1/1/13 Date

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> | Decision Item FY 2013-14 |
| <input type="checkbox"/> | Base Reduction Item FY 2013-14 |
| <input checked="" type="checkbox"/> | Supplemental FY 2012-13 |
| <input checked="" type="checkbox"/> | Budget Amendment FY 2013-14 |

| Line Item Information | | FY 2012-13 | | FY 2013-14 | | FY 2014-15 |
|--|--------------|-----------------------------|---------------------------------------|----------------------------|--|--------------------------------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | Fund | Appropriation FY 2012-13 | Supplemental Request FY 2012-13 | Base Request FY 2013-14 | Funding Change Request FY 2013-14 | Continuation Amount FY 2014-15 |
| Total of All Line Items | Total | \$4,326,116,188 | \$0 | \$4,371,106,945 | \$0 | \$0 |
| | FTE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | GF | \$1,220,855,077 | \$0 | \$1,265,156,342 | \$0 | \$0 |
| | GFE | \$312,202,624 | \$0 | \$312,202,624 | \$0 | \$0 |
| | CF | \$651,181,858 | \$0 | \$626,082,972 | \$0 | \$0 |
| | RF | \$3,215,340 | \$0 | \$1,215,340 | \$0 | \$0 |
| | FF | \$2,138,661,289 | \$0 | \$2,166,449,667 | \$0 | \$0 |
| (2) Medical Services Premiums | Total | \$3,985,613,386 | (\$214,515) | \$4,026,532,673 | (\$2,372,278) | (\$3,886,498) |
| | FTE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | GF | \$1,050,603,677 | (\$107,257) | \$1,092,869,207 | (\$1,186,139) | (\$1,943,249) |
| | GFE | \$312,202,624 | \$0 | \$312,202,624 | \$0 | \$0 |
| | CF | \$651,181,857 | \$0 | \$626,082,971 | \$0 | \$0 |
| | RF | \$3,215,340 | \$0 | \$1,215,340 | \$0 | \$0 |
| | FF | \$1,968,409,888 | (\$107,258) | \$1,994,162,531 | (\$1,186,139) | (\$1,943,249) |
| (6) Department of Human Services | Total | \$340,502,802 | \$214,515 | \$344,574,272 | \$2,372,278 | \$3,886,498 |
| Medicaid-Funded Programs; (G) | FTE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Services for People with Disabilities - | GF | \$170,251,400 | \$107,257 | \$172,287,135 | \$1,186,139 | \$1,943,249 |
| Medicaid Funding, Community | GFE | \$0 | \$0 | \$0 | \$0 | \$0 |
| Services for People with | CF | \$1 | \$0 | \$1 | \$0 | \$0 |
| Developmental Disabilities, Program | RF | \$0 | \$0 | \$0 | \$0 | \$0 |
| Costs | FF | \$170,251,401 | \$107,258 | \$172,287,136 | \$1,186,139 | \$1,943,249 |

Letternote Text Revision Required? Yes: No: If yes, describe the Letternote Text Revision:

Cash or Federal Fund Name and COFRS Fund Number: FF: Title XIX

Reappropriated Funds Source, by Department and Line Item Name:

Approval by OIT? Yes: No: Not Required:

Schedule 13s from Affected Departments: Department of Human Services

Other Information:



DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

John W. Hickenlooper
Governor

*FY 2013-14 Supplemental and Budget Amendment
January 2, 2013*

Susan E. Birch
Executive Director

JSantoro (new) for Sue Birch 12/31/12
Signature Date

*Department Priority: S-14, BA-14
Colorado Choice Transitions for HCBS-DD Waiver Clients*

| Summary of Incremental Funding Change for FY 2013-14 | Total Funds | General Fund | FTE |
|---|-------------|--------------|-----|
| Colorado Choice Transitions for HCBS-DD Waiver Clients | \$0 | \$0 | 0.0 |

Request Summary:

The Department of Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) jointly request a budget neutral transfer of spending authority in FY 2012-13 and beyond to provide community based services for Medicaid eligible persons with developmental disabilities who are currently being served in nursing facilities paid for through the HCPF Medical Services Premiums (MSP) Long Bill group. The individuals would agree to participate in the Colorado Choice Transitions (CCT) grant program and receive ongoing services through the Home and Community Based Services for persons with Developmental Disabilities (HCBS-DD) Medicaid waiver program. This request is cost neutral because new resources for the HCBS-DD waiver program are funded through the estimated savings from moving individuals out of nursing facilities. The other resources needed would be funded through turnover in the DD system.

Problem or Opportunity:

A number of Medicaid-eligible individuals determined to have developmental disabilities are currently being served at nursing facilities because of a lack of available resources, known

as "full program equivalents" (FPE) within the HCBS-DD waiver.¹ The departments believe the state can provide better and more cost effective care for individuals with developmental disabilities by providing additional transition services through the CCT program. By providing these transition services, the state can provide for better services in the community without needing an additional investment from the General Assembly. This is consistent with the mandate from the Olmstead decision of the U.S. Supreme Court; Olmstead refers to a Supreme Court decision issued in 1999 that recognizes that unnecessary segregation of individuals with disabilities in institutions is a form of discrimination based on disability per Title II of the Americans with Disabilities Act. The CCT grant supports Colorado's efforts to enhance opportunities to provide for service delivery in the least restrictive environment by making it possible for clients to receive services through community-operated non-institutional settings.

¹ Historically, full program equivalents (FPE) have also been referred to as "full bed placements" (FBP). One FPE is equal to one year of services provided through the HCBS-DD waiver.

Brief Background:

DHS manages the HCBS-DD waiver on behalf of HCPF. This waiver is specifically designed to serve individuals with developmental disabilities who require 24 hour care yet can be effectively served in a non-institutional community setting. The legislature authorizes a specific number of FPE (individuals to be served at any given time) for the HCBS-DD waiver each year through the Long Bill. This cap on how many people can be served has resulted in many eligible individuals having to wait to receive services until an FPE is available.

Colorado Choice Transitions, also known as Money Follows the Person (MFP), is a \$22 million dollar grant the Department of Health Care Policy and Financing (HCPF) received from the Centers for Medicare and Medicaid Services (CMS) to fund the transition of persons from institutional settings to community based services. Colorado is one of 43 states and the District of Columbia to receive a MFP grant from CMS.

The MFP Rebalancing Demonstration Program was authorized by Congress in section 6071 of the Deficit Reduction Act of 2005 (DRA) and was designed to provide assistance to States to balance their long-term care systems and help Medicaid enrollees transition from institutions to the community. To provide support for rebalancing, states awarded the grants receive an enhanced federal match on services provided through the program. This additional funding is required to be deposited into a rebalancing fund which is to be used for improvements to the long term care system, including the long-term care system serving individuals with intellectual disabilities (IID). These improvements can include waiver modernization contracts, claims processing system improvements, etc. and are outlined in the Department's Operational Protocol.

For this request, participants would be individuals with developmental disabilities who are currently receiving services in a nursing facility. In order to participate in the program, there must be an

available HCBS-DD waiver FPE available for the person who wishes to transition.

CCT services available to HCBS-DD participants would include:

- Community Transition Services
- Enhanced Nursing
- Home Accessibility Adaptations
- Mentorship
- Substance Abuse Counseling, Transitional
- Assistive technology
- Home Delivered Meals
- Intensive case management

Additionally, the CCT program would include home health services normally part of the State Plan. Services through the CCT program would be available to participations for 365 days concurrently with HCBS-DD services; at the end of that period, individuals would end their services through the CCT demonstration program, but will continue to receive ongoing HCBS-DD waiver services.

Proposed Solution:

The departments estimate that 77 individuals with developmental disabilities would transition from nursing facilities over the course of three fiscal years to participate in the CCT program and concurrently transition into the HCBS-DD waiver. In order to provide services in the community, the departments propose to reserve 77 HCBS-DD waiver FPE by FY 2014-15 for individuals transitioning out of nursing facilities. Of these 77 HCBS-DD waiver FPE needed, the departments would add 55 new FPE financed by savings from reduced nursing facility expenditure in Medical Services Premiums. The remaining 22 FPE would be achieved by prioritizing existing FPE that become vacant through attrition. Through the combination of using savings from Medical Services Premiums and prioritizing existing vacant FPE, this request would be cost neutral. See Table 3.2 for further details.

Alternatives:

Without the additional transition services provided under the CCT program, these individuals would likely continue to reside in nursing facilities. No change in funding would be required.

Additionally, this request could be accomplished without prioritizing existing enrollment FPE; this would require an additional investment of resources that would result in this request being budget-positive.

Anticipated Outcomes:

HCBS-DD waiver funding will provide persons with a developmental disability who are living in a nursing facility the opportunity to receive supports and services in their own homes and communities. The CCT grant provides increased supports during the first year of transition as well as funding for waiver services and home health. Upon transition out of the CCT demonstration program, the individuals would continue to receive DD waiver services under the HCBS-DD waiver. By taking advantage of enhanced services available through the CCT grant program, the departments expect better long-term outcomes for these individuals by providing services in a community setting.

Assumptions for Calculations:

The assumptions and calculations for the amount requested are contained in the appendix. Specific assumptions about cost figures are included in the footnotes of each table, where applicable.

Based on assessments of clients currently living in nursing facilities, the departments assume that a total of 77 clients would be able to transition out of nursing facilities and onto the HCBS-DD waiver program. The departments assume that the transitions would begin in April 2013, with 17 clients transitioning. Thirty of the remaining 60 clients would transition in July 2013, with the other 30 transitioning in July 2014. See table 4 in the appendix for detailed calculations.

The departments are budgeting for an aggressive implementation timeline for client transitions, with all of the transitions in each cohort occurring at the same time. The departments note that transitions would more than likely occur incrementally rather than all at once; however, by budgeting for the transitions in this way, the departments believe that resources would be available when clients are ready to transition. If the department assume a less aggressive implementation timeline, it is possible that clients who wish to transition may be held up while additional budget changes are sought. The departments would use the regular budget process to account for any needed funding adjustment in future years.

Projected costs of serving individuals in the community exceed that of serving individuals in nursing facilities. Therefore, the departments assume that the Department of Human Services would prioritize a certain number of vacant HCBS-DD FPE for individuals who are transitioning from nursing facilities through the CCT program. This prioritization is made possible by holding open vacancies when they occur due to client turnover. The departments calculate the number of waiver FPE needed for this prioritization in table 3.2 in the appendix. This amount varies by year because clients are only eligible for CCT demonstration services and intensive case management for the first year that they have transitioned out of the nursing facility, thereby reducing the cost of providing services in future years.

Consequences if not Funded:

If this request is not funded, clients with developmental disabilities who currently reside in nursing facilities who are potentially able to transition to the community would not have access to the CCT demonstration services. Without these services, it is unlikely that these clients would be able to transition back to the community.

Impact to Other State Government Agency:

This request impacts both the Department of Health Care Policy and Financing and the Department of Human Services. The specific budgetary impacts to each program are shown in the appendix, in tables 1 and 2.

Relation to Performance Measures:

This funding request relates to the following HCPF performance measure:

- Number of persons transitioned from facility-based care to community-based care through the Colorado Choice Transitions program.

Funding this request will enable participants to receive CCT demonstration services and intensive case management designed to better enable them to successfully transition from institutional care and into community-based services.

Current Statutory Authority or Needed Statutory Change:

The Colorado Choice Transitions (CCT) program is created through a Money Follows the Person (MFP) grant award authorized by section 6071 of the Deficit Reduction Act of 2005. Section 2403 of Patient Protection and Affordable Care Act extended the program through September 30, 2016.

CCT is designed to complement the Home and Community-Based Services Medicaid waiver programs, which includes the HCBS-DD waiver program. Therefore all federal and state statutes and rules established for these waivers are applicable to the program including the amount, duration, and scope of services requirements contained in sections 1902(a)(10)(B) and 1915(c) of the Social Security Act.

| Table 1.1 Department of Health Care Policy and Financing Summary of Incremental Funding Change FY 2012-13 | | | | | | |
|--|--------------------|---------------------|----------------------------|-------------------|-----------------------------|----------------------|
| Item | Total Funds | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds |
| (2) Medical Services Premiums | (\$214,515) | (\$107,257) | \$0 | \$0 | \$0 | (\$107,258) |
| (6) Department of Human Services Medicaid-funded Programs (G) Services for People with Disabilities – Medicaid Funding – Program Costs | \$214,515 | \$107,257 | \$0 | \$0 | \$0 | \$107,258 |
| Total | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| Table 1.2 Department of Health Care Policy and Financing Summary of Incremental Funding Change FY 2013-14 | | | | | | |
|--|--------------------|---------------------|----------------------------|-------------------|-----------------------------|----------------------|
| Item | Total Funds | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds |
| (2) Medical Services Premiums | (\$2,372,278) | (\$1,186,139) | \$0 | \$0 | \$0 | (\$1,186,139) |
| (6) Department of Human Services Medicaid-funded Programs (G) Services for People with Disabilities – Medicaid Funding – Program Costs | \$2,372,278 | \$1,186,139 | \$0 | \$0 | \$0 | \$1,186,139 |
| Total | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| Table 1.3 Department of Health Care Policy and Financing Summary of Incremental Funding Change FY 2014-15 | | | | | | |
|--|--------------------|---------------------|----------------------------|-------------------|-----------------------------|----------------------|
| Item | Total Funds | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds |
| (2) Medical Services Premiums | (\$3,886,498) | (\$1,943,249) | \$0 | \$0 | \$0 | (\$1,943,249) |
| (6) Department of Human Services Medicaid-funded Programs (G) Services for People with Disabilities – Medicaid Funding – Program Costs | \$3,886,498 | \$1,943,249 | \$0 | \$0 | \$0 | \$1,943,249 |
| Total | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| Table 2.1 Department of Human Services Summary of Incremental Funding Change FY 2012-13 | | | | | | | | |
|---|--------------------|---------------------|-------------------|-----------------------------|----------------------|------------------|------------------|------------------|
| Long Bill Group and Line Item | Total Funds | General Fund | Cash Funds | Reappropriated Funds | Federal Funds | MCF | MGF | NGF |
| (9) Services for People with Disabilities, (A) Community Services for People with Developmental Disabilities, (2) Program Costs | | | | | | | | |
| Adult Comprehensive Services | \$214,515 | \$0 | \$0 | \$214,515 | \$0 | \$214,515 | \$107,257 | \$107,257 |
| Case Management | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total | \$214,515 | \$0 | \$0 | \$214,515 | \$0 | \$214,515 | \$107,257 | \$107,257 |

| Table 2.2 Department of Human Services Summary of Incremental Funding Change FY 2013-14 | | | | | | | | |
|---|--------------------|---------------------|-------------------|-----------------------------|----------------------|--------------------|--------------------|--------------------|
| Long Bill Group and Line Item | Total Funds | General Fund | Cash Funds | Reappropriated Funds | Federal Funds | MCF | MGF | NGF |
| (9) Services for People with Disabilities, (A) Community Services for People with Developmental Disabilities, (2) Program Costs | | | | | | | | |
| Adult Comprehensive Services | \$2,362,639 | \$0 | \$0 | \$2,362,639 | \$0 | \$2,362,639 | \$1,181,320 | \$1,181,320 |
| Case Management | \$9,639 | \$0 | \$0 | \$9,639 | \$0 | \$9,639 | \$4,819 | \$4,819 |
| Total | \$2,372,278 | \$0 | \$0 | \$2,372,278 | \$0 | \$2,372,278 | \$1,186,139 | \$1,186,139 |

| Table 2.3 Department of Human Services Summary of Incremental Funding Change FY 2014-15 | | | | | | | | |
|---|--------------------|---------------------|-------------------|-----------------------------|----------------------|--------------------|--------------------|--------------------|
| Long Bill Group and Line Item | Total Funds | General Fund | Cash Funds | Reappropriated Funds | Federal Funds | MCF | MGF | NGF |
| (9) Services for People with Disabilities, (A) Community Services for People with Developmental Disabilities, (2) Program Costs | | | | | | | | |
| Adult Comprehensive Services | \$3,809,386 | \$0 | \$0 | \$3,809,386 | \$0 | \$3,809,386 | \$1,904,693 | \$1,904,693 |
| Case Management | \$77,112 | \$0 | \$0 | \$77,112 | \$0 | \$77,112 | \$38,556 | \$38,556 |
| Total | \$3,886,498 | \$0 | \$0 | \$3,886,498 | \$0 | \$3,886,498 | \$1,943,249 | \$1,943,249 |

| Table 3.1 | | | | | |
|---|---|--------------------|----------------------|----------------------|-----------------------------------|
| Summary of Costs and Savings Between Departments | | | | | |
| Row | Department of Health Care Policy and Financing - Long Bill Group (2) | FY 2012-13 | FY 2013-14 | FY 2014-15 | Source and Formula |
| A | (2) Medical Services Premiums | (\$214,515) | (\$2,372,278) | (\$3,886,498) | Table 4, Row E (total of cohorts) |
| | | | | | |
| | Department of Human Services - Long Bill Group (9)(A)(2) | | | | |
| B | Case Management | \$0 | \$9,639 | \$77,112 | Table 4, Row O (total of cohorts) |
| C | Total Adult Comprehensive Services Requested for CCT Program (new and existing resources) | \$312,239 | \$3,408,388 | \$5,163,724 | Table 4, Row L (total of cohorts) |
| D | Offset from Adult Comprehensive Services Resources | (\$97,724) | (\$1,045,749) | (\$1,354,338) | [Row A + (Row B + Row C)] * -1 |
| E | Total New Funding Requested for Adult Comprehensive Services | \$214,515 | \$2,362,639 | \$3,809,386 | Row C + Row D |
| | | | | | |
| F | Net Impact Across Departments | \$0 | \$0 | \$0 | Row A + Row B + Row E |

The Department of Human Services affected Long Bill group is (9) Services for People with Disabilities, (A) Community Services for People with Developmental Disabilities, (2) Program Costs

| Table 3.2 | | | | | |
|--|--|-------------------|-------------------|-------------------|------------------------------|
| Summary of Waiver Resources Needed by Fiscal Year | | | | | |
| Row | Department of Health Care Policy and Financing - Long Bill Group (2) | FY 2012-13 | FY 2013-14 | FY 2014-15 | Source and Formula |
| A | Total HCBS-DD Resources Needed | 17 | 47 | 77 | Assumed, see narrative |
| B | Total Existing Resources Needed to be Reserved to Maintain Budget Neutrality | 2 | 17 | 22 | Table 4.S (total of cohorts) |
| C | Total New Resources Financed Through Medical Services Premiums Savings | 15 | 30 | 55 | Row A - Row B |

Table 4
Calculation of Program Costs and Needed Resources to be Reserved to Maintain Budget Neutrality

| Row | | FY 2012-13 | | | FY 2013-14 | | | FY 2014-15 | | | Formula |
|-----|---|--------------------|------------|------------|--------------------|----------------------|------------|--------------------|----------------------|----------------------|--|
| | | Cohort A | Cohort B | Cohort C | Cohort A | Cohort B | Cohort C | Cohort A | Cohort B | Cohort C | |
| A | Number of Transitioning Individuals | 17 | 30 | 30 | 17 | 30 | 30 | 17 | 30 | 30 | Assumed, see narrative |
| B | Per Capita Annual Reduction in Nursing Facility Costs | (\$51,990) | (\$51,990) | (\$51,990) | (\$51,990) | (\$51,990) | (\$51,990) | (\$51,990) | (\$51,990) | (\$51,990) | Footnote (1) |
| C | State Plan Home Health Services | \$1,516 | \$1,516 | \$1,516 | \$1,516 | \$1,516 | \$1,516 | \$1,516 | \$1,516 | \$1,516 | Footnote (2) |
| D | Months Effective | 3 | 0 | 0 | 12 | 12 | 0 | 12 | 12 | 12 | Assumed based on program implementation dates, see narrative |
| E | Reduction to Medical Services Premiums | (\$214,515) | \$0 | \$0 | (\$858,058) | (\$1,514,220) | \$0 | (\$858,058) | (\$1,514,220) | (\$1,514,220) | Row A * (Row B + Row C) * Row D / 12 |
| F | Per Capita Costs of HCBS-DD Waiver Enrollment | \$62,972 | \$62,972 | \$62,972 | \$62,972 | \$62,972 | \$62,972 | \$62,972 | \$62,972 | \$62,972 | Footnote (4) |
| G | Months Effective | 3 | 0 | 0 | 12 | 12 | 0 | 12 | 12 | 12 | Assumed based on program implementation dates, see narrative |
| H | Cost to HCBS-DD Waiver Program for Base Services | \$267,631 | \$0 | \$0 | \$1,070,524 | \$1,889,160 | \$0 | \$1,070,524 | \$1,889,160 | \$1,889,160 | Row A * Row F * Row G / 12 |
| I | Colorado Choice Transition Demonstration Services and Intensive Case Management | \$10,496 | \$10,496 | \$10,496 | \$10,496 | \$10,496 | \$10,496 | \$10,496 | \$10,496 | \$10,496 | Footnote (3) |
| J | Months Effective | 3 | 0 | 0 | 9 | 12 | 0 | 0 | 0 | 12 | Assumed based on program implementation dates, see narrative |
| K | Cost to HCBS-DD Waiver Program for Colorado Choice Transition Services | \$44,608 | \$0 | \$0 | \$133,824 | \$314,880 | \$0 | \$0 | \$0 | \$314,880 | Row A * Row I * Row J / 12 |
| L | Total Cost to HCBS-DD Waiver Program for Base Services and Colorado Choice Transitions | \$312,239 | \$0 | \$0 | \$1,204,348 | \$2,204,040 | \$0 | \$1,070,524 | \$1,889,160 | \$2,204,040 | Row H + Row K |
| M | Per Capita Costs of Targeted Case Management | \$2,268 | \$2,268 | \$2,268 | \$2,268 | \$2,268 | \$2,268 | \$2,268 | \$2,268 | \$2,268 | Footnote (3) |
| N | Months Effective | 0 | 0 | 0 | 3 | 0 | 0 | 12 | 12 | 0 | Assumed based on program implementation dates, see narrative |
| O | Cost to HCBS-DD Waiver Program for Targeted Case Management | \$0 | \$0 | \$0 | \$9,639 | \$0 | \$0 | \$38,556 | \$38,556 | \$0 | Row A * Row M * Row O / 12 |
| P | Total DHS Cost to Provide Services | \$312,239 | \$0 | \$0 | \$1,213,987 | \$2,204,040 | \$0 | \$1,109,080 | \$1,927,716 | \$2,204,040 | Row L + Row O |
| Q | Funding Shortfall | \$97,724 | \$0 | \$0 | \$355,929 | \$689,820 | \$0 | \$251,022 | \$413,496 | \$689,820 | Row P + Row E |
| R | Current Cost Per HCBS-DD Resource | \$65,240 | \$65,240 | \$65,240 | \$65,240 | \$65,240 | \$65,240 | \$65,240 | \$65,240 | \$65,240 | Row F + Row M |
| S | Existing Resources Needed to be Reserved to Maintain Budget Neutrality | 2 | 0 | 0 | 6 | 11 | 0 | 4 | 7 | 11 | Row Q / Row R Calculation is rounded to the next integer. |

Note: "Cohort A" refers to clients transitioning beginning April 1, 2013. "Cohort B" refers to clients transitioning beginning July 1, 2013. "Cohort C" refers to clients transitioning beginning July 1, 2014.

- (1) Based on the actual claims data for clients identified by DHS as appropriate candidates for the CCT Program, average claims for FY 2010-11 was \$51,990. FY 2010-11 is used in order to maintain consistency with HCBS-DD data, for which FY 2010-11 data is the latest available.
- (2) Individuals are assumed to need additional state plan home health services as a result of moving into the community. The Department estimates that the average cost per person per year will be \$1,516.
- (3) Estimated costs for CCT-specific services per person per year include: \$6,484 for demonstration services and \$4,012 for intensive case management.
- (4) The departments assume the typical CCT Program participant transferring from Class I Nursing Facilities will enter the HCBS-DD waiver with needs of the average enrollee. The latest data available (FY 2010-11) indicates that the average cost for clients was \$62,972. Case Management costs are estimated to be \$2,268 (based upon cost-containment measures implemented in FY 2011-12).