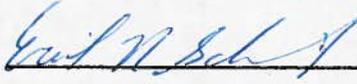


Schedule 13
Funding Request for the 2014-15 Budget Cycle

Department: Health Care Policy and Financing
 Request Title: Community Living Caseload and Per Capita Changes
 Priority Number: S-5, BA-5

Dept. Approval by: Josh Block  11/2/14
 Date

OSPB Approval by:  12/31/13
 Date

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> | Decision Item FY 2014-15 |
| <input type="checkbox"/> | Base Reduction Item FY 2014-15 |
| <input checked="" type="checkbox"/> | Supplemental FY 2013-14 |
| <input checked="" type="checkbox"/> | Budget Amendment FY 2014-15 |

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	6
Fund		Appropriation FY 2013-14	Supplemental Request FY 2013-14	Base Request FY 2014-15	Funding Change Request FY 2014-15	Continuation Amount FY 2015-16
Total of All Line Items	Total	5,492,237,952	(23,551,211)	6,211,221,696	(2,238,773)	(15,045)
	FTE	-	-	-	-	-
	GF	1,374,366,380	(11,775,604)	1,394,184,877	(1,102,428)	(7,370)
	GFE	469,842,084	-	469,842,084	-	-
	CF	595,915,947	-	726,986,245	-	-
	RF	2,936,892	-	2,000,000	-	-
	FF	3,049,176,650	(11,775,607)	3,618,208,490	(1,136,345)	(7,675)
(2) Medical Services Premiums	Total	4,736,824,877	(15,977)	5,323,832,795	(151,146)	13,600
	FTE	-	-	-	-	-
	GF	1,036,017,966	(7,988)	1,035,822,319	(74,428)	6,663
	GFE	469,842,084	-	469,842,084	-	-
	CF	593,882,063	-	683,541,353	-	-
	RF	2,936,892	-	2,000,000	-	-
	FF	2,634,145,872	(7,989)	3,132,627,039	(76,718)	6,937
(3) Behavioral Health Community Programs; Behavioral Health Capitation Payments	Total	380,837,424	29,346	456,935,528	277,618	310,696
	FTE	-	-	-	-	-
	GF	151,060,588	14,673	153,425,552	136,706	152,210
	GFE	-	-	-	-	-
	CF	2,033,883	-	12,646,177	-	-
	RF	-	-	-	-	-
	FF	227,742,954	14,673	290,863,799	140,912	158,486
(6) Department of Human Services Medicaid-Funded Programs; (G) Services for People with Disabilities - Medicaid Funding, Community Services for People with Developmental Disabilities, Program Costs	Total	374,575,651	(23,564,580)	-	-	-
	FTE	-	-	-	-	-
	GF	187,287,826	(11,782,289)	-	-	-
	GFE	-	-	-	-	-
	CF	1	-	-	-	-
	RF	-	-	-	-	-
	FF	187,287,824	(11,782,291)	-	-	-

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	6
Fund		Appropriation FY 2013-14	Supplemental Request FY 2013-14	Base Request FY 2014-15	Funding Change Request FY 2014-15	Continuation Amount FY 2015-16
NEW ITEM (7) Office of Community Living; (A) Program Costs, Adult Comprehensive Services for 4,471.2 Medicaid Full Program Equivalents (FPE)	Total	-	-	338,015,700	(8,668,733)	(6,793,245)
	FTE	-	-	-	-	-
	GF	-	-	153,608,493	(4,268,701)	(3,328,011)
	GFE	-	-	-	-	-
	CF	-	-	30,798,715	-	-
	RF	-	-	-	-	-
	FF	-	-	153,608,492	(4,400,032)	(3,465,234)
NEW ITEM (7) Office of Community Living; (A) Program Costs, Adult Supported Living Services for 692 General Fund FPE and 3,417.5 Medicaid FPE	Total	-	-	47,042,236	2,509,091	2,509,091
	FTE	-	-	-	-	-
	GF	-	-	27,481,475	1,235,539	1,229,204
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	19,560,761	1,273,552	1,279,887
NEW ITEM (7) Office of Community Living; (A) Program Costs, Children's Extensive Support Services for 692 Medicaid FPE	Total	-	-	18,785,189	5,225,437	5,302,863
	FTE	-	-	-	-	-
	GF	-	-	9,392,594	2,573,136	2,597,873
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	9,392,595	2,652,301	2,704,990
NEW ITEM (7) Office of Community Living; (A) Program Costs, Case Management for 692 General Fund and 8,547.7 Medicaid FPE	Total	-	-	26,610,248	(1,431,040)	(1,358,050)
	FTE	-	-	-	-	-
	GF	-	-	14,454,444	(704,680)	(665,309)
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	12,155,804	(726,360)	(692,741)
Letternote Text Revision Required? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> 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:		N/A				
Approval by OIT? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Required: <input checked="" type="checkbox"/>						
Schedule 13s from Affected Departments:		Department of Human Services				
Other Information:		Pursuant to HB 13-1314, the Division for Developmental Disabilities will be transitioned from the Department of Human Services to HCPF as of March 1, 2014. Therefore, the line items impacted by the request will be reflected in the Department of Health Care Policy and Financing.				



COLORADO

Department of Health Care Policy
and Financing

Priority: S-5, BA-5
Community Living Caseload and Per Capita
Changes
FY 2013-14 Supplemental Request &
FY 2014-15 Budget Amendment

Cost and FTE

- In FY 2013-14, the Department requests a reduction of \$23,551,211 total funds, including a decrease of \$11,775,604 General Fund. For FY 2014-15, the Department requests a reduction of \$2,238,773 total funds, \$1,102,428 General Fund.

Current Program

- Effective March 2014, the Department manages three Medicaid waiver programs for people with developmental disabilities.
- These programs ensure delivery of services such as residential care, day habilitation services and behavioral services, as well as case management, and are delivered through a variety of approved providers.

Problem or Opportunity

- The appropriation for the Medicaid waiver programs for individuals with developmental disabilities does not properly reflect current caseload or cost per capita.
- There are currently a large number of individuals who are eligible to receive services, but are not enrolled because of funding constraints.
- The Department could use existing funding to serve additional individuals on these programs.

Consequences of Problem

- If the appropriation is not adjusted, the Department would likely revert a significant amount of funding that could be repurposed.

Proposed Solution

- The Department requests that funding be redistributed across existing appropriations, and that the respective full-program equivalents (FPE) be adjusted to more accurately reflect the estimated funding needs and individuals served.
- This solution would allow for more individuals to be enrolled in the waivers with the existing funding, without requiring budget-positive adjustments to sustain those enrollments in future years.



COLORADO

Department of Health Care Policy and Financing

FY 2014-15 Funding Request | January 2, 2014

John W. Hickenlooper
Governor

Susan E. Birch
Executive Director

Department Priority: S-5, BA-5

Request Detail: Community Living Caseload and Per Capita Changes

Summary of Incremental Funding Change for FY 2013-14	Total Funds	General Fund
Community Living Caseload and Per Capita Changes	(\$23,551,211)	(\$11,775,604)

Problem or Opportunity:

The Department requests to adjust and rebalance existing appropriations and designated full program equivalents (FPE) within three Medicaid waiver programs for people with developmental disabilities: Home and Community Based Services for Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS) and Children's Extensive Services (HCBS-CES) and associated targeted case management (TCM). Adjustments to targeted appropriations will accurately reflect the current cost per capita, based upon current spending trends, and maximize the number of individuals that can be served in the programs within the appropriated funding without need for new funding.

Home and Community Based Services for Persons with Developmental Disabilities (HCBS-DD) are provided to meet the needs of adults with developmental disabilities who require extensive supports to live safely in the community and who do not have the resources available to meet their needs. Home and Community Based Services-Supported Living Services (HCBS-SLS) are for adults who can either live independently with limited to moderate supports or who need more extensive support provided by other persons, such as their family. Home and Community Based Services-Children's Extensive Services (HCBS-CES) provides benefits to children, ages birth up to the eighteenth (18) birthday who have a developmental disability or delay, and who need near constant line of sight supervision due to behavioral or medical needs.

As of the September 30, 2013 waiting list report, there are 1,955 people currently waiting to receive HCBS-DD waiver services. The waiting list may include those requiring emergency enrollments as well as those transitioning out of institutional settings. Additionally, the list may include current Medicaid recipients being served in an alternative waiver that does not fully meet their needs, and may also include individuals being served in nursing facilities or hospitals that are not as cost-effective as the HCBS-DD waiver. Without additional Full Program Equivalents (FPE), people with developmental disabilities will transition to other less appropriate, more costly settings or become vulnerable to abuse, neglect or homelessness. The waiting lists for HCBS services will grow and demand for services will remain unmet.

Current Appropriation

In FY 2012-13, total expenditures for the HCBS-DD, HCBS-SLS, and HCBS-CES waiver programs were \$12,872,193 less than the total appropriation.¹ There are several interrelated factors that contributed to the FY 2012-13 underexpenditure, with the key factors relating to how the appropriation was established. Historically, the appropriation has not been regularly revised using up-to-date utilization and enrollment trend information. In addition, the appropriation for new FPE was based on assumptions of service utilization rates determined by the date a service was provided rather than date of reimbursement, further inflating the appropriation. A final factor is that the FY 2012-13 appropriation was \$4.8 million more than the Department of Human Services' FY 2012-13 budget request. While the Department cannot attribute a specific dollar amount of the underexpenditure to the budget practices, these practices, combined with the \$4.8 million difference from the Department's request, are the main drivers of the FY 2012-13 underexpenditure.

Because the FY 2013-14 appropriation was set using very similar assumptions to the final FY 2012-13, a large underexpenditure is also projected for the current year. The Department calculates that, without adjustment, it would underexpend the FY 2013-14 total appropriation by \$24,514,183 (see table B.1.1 in the appendix for the derivation of this figure). The increase in the projected underexpenditure primarily relates to two general factors: first, the appropriation is based on a per capita cost projection for the HCBS-DD waiver that is over \$3,000 higher than the current projection; second, the appropriation assumed that claims would be paid faster than has actually occurred.

As a result of these factors, the Department's base budget request for FY 2014-15 is also projected to be higher than the true funding need. Without adjustment, the Department projects that it would underexpend the FY 2014-15 base budget request by \$15,404,127 (see Table B.1.2 in the appendix).

Supported Living Services Expenditure and Enrollment

Although the Department is experiencing underexpenditure in the HCBS-DD, HCBS-CES, and targeted case management portions of the appropriation, the appropriation for HCBS-SLS is significantly below the required funding level to support the appropriated number of FPE. As a result, the targeted Medicaid appropriation for HCBS-SLS has consistently overspent. Overexpenditure of the HCBS-SLS targeted appropriation is offset by redirecting funding generally earmarked for other programs for people with developmental disabilities, primarily the HCBS-DD waiver. The average number of individuals served in HCBS-SLS has consistently been below the FPE allocated in the Long Bill. Full utilization of HCBS-SLS appropriated FPE would result in further overexpenditures. Both Medicaid funding and FPE need to be rebalanced between the HCBS-DD and HCBS-SLS waiver to accurately fund the number of FPE appropriated in the HCBS-SLS waiver. If funds are not reallocated specifically toward funding program needs for people in the HCBS-SLS waiver, the HCBS-SLS program would continue to experience overexpenditures and funds would continue to be diverted from other program areas.

¹ This total only includes Medicaid expenditures; it does not reflect any General Fund-only programs.

Children's Extensive Support Expenditure and Enrollment

Based on current enrollment trends, the Department also predicts that the current appropriation does not allocate enough funding to the HCBS-CES waiver program in order to fully eliminate the waiting list for the program. In the 2013 legislative session, the Governor requested, and the General Assembly authorized, funding for an increase in the number of enrollments to the HCBS-CES waiver sufficient to eliminate the waiting list. The number of enrollments authorized was determined in part based upon a forecast of what the waiting list would be at the end of FY 2013-14. The Department's appropriation for FY 2013-14 assumes that the Department would serve 925 children.

Normally, between 10 and 12 children are added to the waiting list monthly. However, since the enactment of the FY 2013-14 Long Bill, the Department has experienced a tripling of the numbers of individuals seeking services. The Department estimates that, as a result of this increase, the waiting list will be 279 individuals more than originally forecasted. The Department's request rebalances funding within the appropriation to move additional resources to the HCBS-CES waiver; by doing so, the Department would be able to maintain the policy of having no waiting list by the beginning of FY 2014-15.

Authorized Enrollments

After the FY 2012-13 underexpenditure, the Division for Developmental Disabilities (DDD) has aggressively worked to increase the total enrollment in the program. For example, after determining that new enrollments for FY 2013-14 were lagging behind the totals needed to support the current appropriation, DDD worked with Community Centered Boards (CCBs) beginning in November 2013 to authorize 350 new enrollments for HCBS-DD and HCBS-SLS. However, new authorized enrollments do not immediately translate into new expenditures. Ideally, the distribution of enrollment should translate directly into timely paid claims for services and supports. However, there are two key issues that can affect full utilization of distributed enrollments. These issues include the process of enrollment as well as provider capacity to provide services that meet an individual's specific needs once enrolled.

1. **Process of Enrollment:** There is a time lag between the date of authorization for enrollment of a person in a waiver to the date of active enrollment in services. It can take several months for a CCB to confirm Medicaid eligibility, the family to choose a provider, and the CCB to arrange for services. The capacity of county departments of Human Services to complete Medicaid eligibility determinations plays a role as well. Effective July 1, 2013, the Department of Human Services began tracking the time between the date of authorization and the date of active enrollment to monitor trends. The Department of Human Services distributed funding from the Eligibility Determination and Waiting List Management line item to provide support to the CCBs in order to build the necessary capacity to facilitate the timely processing of enrollments.
2. **Provider Capacity:** Provider agencies choose which services to provide, which communities in which they operate, and which populations to serve. Not all approved provider agencies choose to provide services to all populations or in all areas of the state. Due to these factors, individuals authorized for enrollment, particularly outside of the Denver-Metro area, may experience difficulty in identifying and selecting a provider that is able to meet the individual's specific needs.

To address capacity issues, the Department of Human Services solicited feedback from CCBs and providers regarding capacity to serve individuals. The Department received 33 responses from 12 CCBs and 21 providers. None of the responses indicated opposition to funding that would remove a large number of individuals off the waiting lists, but most emphasized the need for additional financial support to successfully fill all enrollments in FY 2014-15. Administrative infrastructure costs were identified as a possible constraint for fully serving all individuals. There are up-front administrative costs incurred by CCBs associated with the enrollment of these individuals and DDD is providing funding to help defray these costs. In addition, DDD must continue to develop capacity and provide resources to conduct the initial Supports Intensity Scale (SIS) assessments for these additional individuals.

Full Program Equivalent (FPE)

The Long Bill establishes the number of FPE intended to be served within the appropriated HCBS-DD funds. The total appropriation allotted for the provision of services for individuals in the HCBS-DD waiver is more than needed in relation to the number of FPE allocated in the Long Bill. This overappropriation of the HCBS-DD waiver puts the program at risk of underspending the Medicaid funding in the Adult Comprehensive Services targeted appropriation. Analysis of current spending trends indicates that the Department could serve more people within existing funding. A portion of these funds can be reallocated in the Long Bill toward HCBS-SLS program services to accurately reflect the services provided to people in that waiver. This can be achieved within the current overall appropriation. By adjusting and rebalancing existing appropriations and FPE, the Department would continue to support the goal of timely delivery of necessary supports for all people with developmental disabilities.

People enter and exit the waivers regularly. This is due to normal turnover as well as for reasons such as emergency placement or aging out of a youth waiver. Because of these factors, different numbers of people are served each month. Generally, however, the trend for individuals receiving services in any given month increases over time. Therefore, generally speaking, the number of individuals receiving services in the month of June (final month of the fiscal year) will be the highest.

In order to determine the appropriate funding level, the Department uses two core metrics. First, the number of FPE, which is defined for the purposes of this request to be the average monthly paid enrollment.² Second, the Department uses the per capita cost, which is the total expenditure divided by the number of FPE. These metrics, when properly calculated and multiplied together, provide an estimate of expenditure for the current and request years.

The Department notes, however, that the number of FPE is not always equal to the allowable maximum enrollment for each waiver. For example, if new enrollments were staggered throughout the year, the number

² During Figure Setting in March 2013, the term “full program equivalent” (FPE) was defined to be “the cost of services for one individual for one year”; in essence, this is the per capita cost. However, in the Long Bill, the appropriation makes reference to services for a certain number of FPE, which implies that FPE is a caseload metric; more specifically, it reflects the number of people served. To avoid ambiguity within this request, the Department is defining FPE to be the “average monthly paid enrollment”. This is the number of distinct utilizers for whom a claim was submitted in that month. Conceptually, one FPE would be twelve months of service, regardless of how many distinct individuals were served. This metric is consistent with how the Department measures caseload for Medicaid and the Children’s Basic Health Plan.

of FPE would be a fraction of the allowable maximum enrollment. The relationship of FPE to maximum enrollment can vary based on a large number of factors; however, in order to accurately set the appropriation and manage the program, it is critical to explicitly identify both the number of FPE, the maximum enrollment level, and the interaction between the two.

Proposed Solution:

In order to adjust the current appropriations for the programs administered by the Office of Community Living, the Department requests a reduction of \$23,551,211 in FY 2013-14, including \$11,775,604 General Fund; a reduction of \$2,238,773 in FY 2014-15, including \$1,102,428 General Fund; and, a reduction of \$15,045 in FY 2015-16, including \$7,370 General Fund. As part of this request, the Department requests an additional 279 enrollments for the HCBS-CES waiver to fully fund the projected waiting list. The Department requests that the remainder of the projected underexpenditure be used to reduce the HCBS-DD waiver waiting list. The projected underexpenditure would allow for an additional 134 enrollments for the HCBS-DD waiver. These enrollments do not require any additional funding, because they are funded using expected underexpenditure in the program. The Department is not requesting to increase the number of HCBS-SLS enrollments as part of this request. The Department submitted a November 1, 2013 Budget Request (R-7) to request new funding to eliminate the current HCBS-SLS waiting list.³

Based on the assumptions used in this request, the Department calculated maximum enrollment figures for each waiver program (and targeted case management services) and the number of full-program equivalents (FPE) for each fiscal year. If this request is approved, the Department calculates that it would serve (maximum enrollment): 4,695 people on the HCBS-DD waiver; 3,217 people on the HCBS-SLS waiver; and, 1,204 people on the HCBS-CES waiver. The number of associated FPE for each fiscal year is shown in exhibit B of the appendix.⁴

Anticipated Outcomes:

The Developmental Disabilities system provides long term support services in the community to children and adults with developmental disabilities who would otherwise receive services in more restrictive and expensive institutional settings. Individuals will be included in Colorado community life in fulfillment of the mission of the Office of Community Living. As part of the Triple Aim, the Department strives to provide the right services to the right people at the right time and place.

The current appropriation is structured in a way that would likely lead to an ongoing underexpenditure even taking into account reallocating underexpenditure to the HCBS-SLS waiver program. The Department believes the intent of the appropriation is, in part, to provide needed services for the highest number as well as most at-risk eligible people possible. If the Department's request is approved, an additional 134 people would receive appropriate community services and supports in the HCBS-DD waiver and an estimated 279 people in the HCBS-CES waiver, thereby improving their physical, mental, and social functioning as well as their general well-being and quality of life. Simultaneously, a portion of the current bottom-line funded

³ This is done to prevent double counting between the two requests. If the Department attempted to further increase HCBS-SLS enrollments in this request, it would also need to reduce its R-7 request.

⁴ Although not specifically identified as part of this request, these figures allow for any necessary transitions that occur from nursing facilities or regional centers as part of the Colorado Choice Transitions program.

appropriation would be reallocated toward the HCBS-SLS waiver program, as well as toward Targeted Case Management.

Assumptions and Calculations:

The Department's calculations are contained in the appendix. The appendix is organized into a series of exhibits, providing both calculation information and historical cost and caseload detail. The section below describes each exhibit individually. In many cases, the specific assumptions and calculations are contained in the exhibits directly; the narrative information below provides additional information and clarification where necessary.

The Department's calculations for this request only cover the Medicaid portions of these programs. The Department is not requesting any adjustment to General Fund-only programs at this time.

Exhibit A: Calculation of Fund Splits

This exhibit provides the final calculation of the incremental request, by line item. Values in the total request column are taken from calculations in exhibit B and exhibit C. The Department applies the effective federal medical assistance percentage to calculate the total request by fund source.

Exhibit B: Calculation of Projected Expenditures

This exhibit provides the calculation of final expenditures in two ways. First, this exhibit calculates total projected expenditure using revised assumptions about per capita cost and caseload (calculated in exhibits F and G, respectively). Second, this exhibit calculates an additional number of people that could be enrolled within existing resources, and converts the total enrollment figures into new paid enrollments for each fiscal year. Third, this exhibit calculates the new cost for additional enrollments by fiscal year.

Calculation of Expenditure Under Existing Authority

This section describes table group B.1 in exhibit B. These tables compare the existing appropriation and appropriated resources to projections of actual per capita cost and average monthly number of paid enrollments. These tables do not account for the reallocation of any projected underexpenditure to create new enrollments, and therefore do not reflect the Department's final request.

Calculation of Additional Enrollments Funded Through Redistribution of Existing Resources

This section describes table B.2 in exhibit B. Using existing program assumptions, underexpenditure can be reallocated to enroll additional people in the waiver programs without exceeding the expected out year base budget. The Department uses the expected underexpenditure calculated in table group B.1, and assigns a number of new enrollments to the HCBS-SLS and HCBS-CES waiver programs, based on the needs of the current programs. The Department uses the assigned enrollments to calculate the expected expenditure for those enrollments in the out year. The remainder of the underexpenditure is then allocated to the HCBS-DD waiver program and the Department calculates the maximum number of additional enrollments based on projected costs for that year.

The Department uses the out year underexpenditure and per capita cost projections to ensure that the requested additional enrollments do not create a General Fund obligation in subsequent years. If, instead, the Department tried to maximize enrollments based on the current year underexpenditure, the Department would be required to request additional General Fund in the request and out years to continue to fund those enrollments, or be forced to decrease the maximum enrollment number in those years.

Calculation of New Paid Enrollments by Fiscal Year

This section describes table B.3 in exhibit B. Based on the additional new enrollments that are able to be funded in the out year (calculated in the prior section), the Department must perform two calculations. First, the Department determines the number of people of the total who would be enrolled during the fiscal year. Second, the Department must convert enrollments into average monthly paid enrollment totals to determine the appropriate increase to the number of full-program equivalents (FPEs). These FPE must then be distributed properly to each fiscal year. In order to make this conversion, the Department uses a series of multipliers to account for the needed conversions.

- Enrollment multiplier: This multiplier represents an adjustment for when new enrollments would start. Because new enrollments require additional authorization from the General Assembly, the Department assumes that new enrollments would begin after a supplemental bill is enacted. Specific assumptions about the multiplier are contained in the table.
- FPE multiplier: Although it is straight forward to calculate the number of individuals enrolled at any point in time, the calculation to determine how many paid enrollments is complicated by the fact that each enrollment cohort has a different number of paid months in each fiscal year. Because there is a billing lag between the time enrollments occur, and the time claims are paid, the Department assumes a two month lag between actual enrollment and paid enrollment. For example, individuals enrolled in July would have 10 months of paid enrollment in a fiscal year, while individuals enrolled in August would have 9 months of paid enrollment, and so forth. As a result, even though the full complement of additional enrollments will be complete by the end of the request year, the Department will not pay the full per capita for each individual for each year.

Further, the Department adjusts for the rate at which new enrollments occur. In many cases, providers can only enroll clients at a fixed rate. Therefore, the Department assumes that new enrollments will be staggered over a set number of months.

Controlling for the billing lag and the staggered enrollment, the FPE multiplier converts the number of additional enrollments into a number of full program equivalents, which can be multiplied by the estimated per capita to estimate the amount the Department would pay in

each fiscal year.⁵ The Department's calculation of the multipliers is not shown, due to the complexity of the calculation. However, details are available upon request.

Calculation of Final Requests Expenditure

This section describes table group B.4. Using the calculations of per capita, FPE, and additional enrollments from the other sections of this exhibit, the Department calculates the incremental change to expenditure and the final projected incremental request, along with an adjusted FPE total for each fiscal year.

Table B.4.3, Row I, reflects the requested FPE for FY 2015-16 and also the requested maximum enrollment levels for each of the waiver programs, regardless of the fiscal year.

Exhibit C: Change in State Plan Service Costs for New DIDD Waiver Enrollees

This exhibit provides the calculation of the change in state plan costs, by line item. Although the total change in cost is calculated in exhibit B, this exhibit separates those costs into physical health (Medical Services Premiums) and behavioral health components.

Exhibit D: Calculation of Change in State Plan Service Costs for New DIDD Waiver Enrollees

This exhibit provides the calculation of the change in state plan service costs for each individual new enrollee. New enrollees to DIDD waivers could potentially be enrolled in an existing Medicaid waiver, be enrolled Medicaid without being enrolled in waiver, or not be enrolled in Medicaid. Based on historical information about individuals on the waiting list for services, the Department assumes a certain percentage split for the distribution of new enrollees. This information is used to create a weighted average per capita cost for individuals who become newly eligible for a DIDD waiver program.

Exhibit E: Summary of Program Costs

This exhibit provides a summary of historical expenditure, as paid for through the Department's Medicaid Management Information System (MMIS), and projected totals as calculated in exhibit B.

Exhibit F: Calculation of Per Capita Costs

This exhibit provides a summary of historical per capita expenditure, and calculates estimated per capita costs for the years covered in this request.

The Department's methodology begins with the per capita cost calculated using final FY 2012-13 expenditure. The calculation of per capita cost for the current year includes the expected effect of approved policy in the Long Bill and a trend adjustment which accounts for factors including shifts in the service-level mix, changes in billing patterns or utilization, and other factors.

⁵ The FPE multiplier directly takes into account the enrollment pattern. Therefore, it does not need to be explicitly adjusted by the enrollment multiplier.

For FY 2013-14, the General Assembly appropriated funding to implement a 4.0% rate increase to DIDD waiver programs. Although the rate increase was effective July 1, 2013, because the programs operate on a cash-accounting basis, the rate increase affects the per capita across multiple fiscal years, as some claims incurred in FY 2013-14 will not be paid until FY 2014-15.

Exhibit G: Calculation of Paid Enrollment

This exhibit provides a summary of historical paid enrollment, and calculates estimated paid enrollment for the years covered in this request.

In order to properly calculate expenditure, the Department must use a consistent caseload metric for the program. In this table, and throughout the request, the Department uses average monthly paid enrollment to determine the number of clients for which it anticipates it will pay claims for in each fiscal year. The Department calculates this metric by determining the number of clients for whom it paid claims for in each month, and calculating the average across each fiscal year. This caseload metric is referred to as “full-program equivalents,” or FPE.

The Department’s methodology begins with the FPE calculated using final FY 2012-13 claims information. The calculation of FPE for the current year includes a base trend estimate, which reflects the change from the prior year’s total to the expected current total.⁶ Then, where applicable, the Department includes an adjustment for enrollments which have been authorized and sent to Community Centered Boards (CCBs), but which have not yet been observed in paid claims data. This adjustment reflects the additional number of FPE, and therefore accounts for adjustments for the expected enrollment dates and an adjustment to reflect the timing of when claims are expected to be paid. The sum of the additional authorized enrollments reflects the total additional enrollments which were distributed to CCBs.

For FY 2013-14, the base trend reflects existing enrollments and adjusts for the estimated increase in FPE that are projected to occur as claims are submitted by providers. The Department then adjusts the FPE to account for expected enrollments which have not yet occurred or been billed, but have already been authorized under current spending authority. For the HCBS-DD waiver, this reflects 200 new enrollments beginning January 1, 2014. For the HCBS-SLS waiver, this reflects 150 new enrollments beginning January 1, 2014. For the HCBS-CES waiver, this reflects the 532 new enrollments authorized in the Long Bill. Finally, the Department adjusts the forecast for the requested new enrollments as described in exhibit B.

For FY 2014-15, for HCBS-DD and HCBS-CES, the Department selected base trends under the assumption that it would have hit maximum enrollment levels by the end of FY 2013-14. In doing so, the trend factor becomes the value needed to ensure that the final estimated FPE totals match the currently authorized maximum enrollments (table G.3, row L). This incorporates the effect of the new enrollments occurring in FY 2013-14. For HCBS-SLS, the Department selected a trend factor to account for a ramp-up related to enrollments that have already currently been authorized, and to prevent double-requesting enrollments with

⁶ The trend estimate is only a partial projection. For FY 2013-14, the Department uses current enrollment through October 2013 to create a monthly trend factor; that trend is then used to project enrollment through January 2014. Monthly enrollment is then held constant to generate the Initial Estimated FPE. In this way, the calculation does not double count FPE with the “Additional Authorized FPE Under Current Policy” row.

the Department's November 1, 2013 R-7 budget request. The Department is current working with Community Centered Boards to enroll clients in the program, and this work will continue until the Department reaches the maximum enrollment level.

For FY 2015-16, the Department assumes that it would maintain the maximum enrollment levels for the full year; therefore, there is neither a trend factor nor additional authorized enrollments.

Exhibit H – Summary of Monthly Expenditure

This exhibit provides a summary of monthly expenditure for each of the DIDD waiver programs and targeted case management. It does not include projections for months which have not yet occurred; the Department's forecasting methodology does not provide monthly projections.

Exhibit I – Summary of Monthly Paid Enrollment

This exhibit provides a summary of monthly paid enrollment for each of the DIDD waiver programs and targeted case management. It does not include projections for months which have not yet occurred; the Department's forecasting methodology does not provide monthly projections. The totals for targeted case management are the sum of the totals for individual waivers, rather than a separate calculation.

Supplemental, 1331 Supplemental or Budget Amendment Criteria:

This request meets supplemental and budget amendment criteria because it contains new data resulting in substantive changes in funding needs. This request incorporates data through October 2013.

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Exhibits for the Division for Intellectual and Developmental Disabilities
Full Program Equivalent True-up Budget Request

Exhibit	Description
Exhibit A	Appropriation and Fund Split Adjustments
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Exhibit C	State Plan Expenditure Cost Shift
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Exhibit E	DDD Waiver Programs Expenditure History and Forecasts
Exhibit F	DDD Waiver Programs Per-capita Expenditure History and Forecasts
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Exhibit H	Monthly Expenditure History
Exhibit I	Monthly Caseload History

Exhibit A

**Table A.1
Calculation of Fund Splits - FY 2013-14**

Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FMAP Rate	Source
Medical Services Premiums	(\$15,977)	(\$7,988)	\$0	\$0	(\$7,989)	50.00%	Table C.1
Behavioral Health Capitation Payments	\$29,346	\$14,673	\$0	\$0	\$14,673	50.00%	Table C.1
HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	(\$21,136,488)	(\$10,568,244)	\$0	\$0	(\$10,568,244)	50.00%	Table B.4.1, Row H
HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	\$1,152,296	\$576,148	\$0	\$0	\$576,148	50.00%	Table B.4.1, Row H
HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	(\$776,643)	(\$388,321)	\$0	\$0	(\$388,322)	50.00%	Table B.4.1, Row H
HCBS - Targeted Case Management (TCM)	(\$2,803,745)	(\$1,401,872)	\$0	\$0	(\$1,401,873)	50.00%	Table B.4.1, Row H
Total Projected FY 2013-14 Over/(Under)Expenditure	(\$23,551,211)	(\$11,775,604)	\$0	\$0	(\$11,775,607)		
<i>Total Projected FY 2013-14 Over/(Under)Expenditure for HCPF Long Bill Group (6)</i>	<i>(\$23,564,580)</i>	<i>(\$11,782,289)</i>	<i>\$0</i>	<i>\$0</i>	<i>(\$11,782,291)</i>		<i>Total without physical and mental health</i>

Footnote: The four HCBS lines above are, for FY 2013-14, concentrated into one appropriation in the Department. The accompanying Schedule 13 reflects this. All appropriation amounts above are for Medicaid funded individuals only and do not include State-only funded individuals nor Cash-funded appropriations.

Exhibit A

Table A.2 Calculation of Fund Splits - FY 2014-15							
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FMAP Rate	Source
Medical Services Premiums	(\$151,146)	(\$74,428)	\$0	\$0	(\$76,718)	50.76%	Table C.2
Behavioral Health Capitation Payments	\$277,618	\$136,706	\$0	\$0	\$140,912	50.76%	Table C.2
HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	(\$8,668,733)	(\$4,268,701)	\$0	\$0	(\$4,400,032)	50.76%	Table B.4.2, Row H
HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	\$2,509,091	\$1,235,539	\$0	\$0	\$1,273,552	50.76%	Table B.4.2, Row H
HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	\$5,225,437	\$2,573,136	\$0	\$0	\$2,652,301	50.76%	Table B.4.2, Row H
HCBS - Targeted Case Management (TCM)	(\$1,431,040)	(\$704,680)	\$0	\$0	(\$726,360)	50.76%	Table B.4.2, Row H
Total Projected FY 2014-15 Over/(Under)Expenditure	(\$2,238,773)	(\$1,102,428)	\$0	\$0	(\$1,136,345)		

Footnote: All appropriation amounts above are for Medicaid funded individuals only and do not include State-only funded individuals nor Cash-funded appropriations.

The federal medical assistance percentage (FMAP) is set to increase for Colorado in October 2014 to 51.01%. This will create a blended rate for the year of 50.76%. The Department has used a calculation of 50% * 3 months and 51.01% * 9 months to arrive at the blended rate.

Exhibit A

**Table A.3
Calculation of Fund Splits - FY 2015-16**

Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FMAP Rate	Source
Medical Services Premiums	\$13,600	\$6,663	\$0	\$0	\$6,937	51.01%	Table C.3
Behavioral Health Capitation Payments	\$310,696	\$152,210	\$0	\$0	\$158,486	51.01%	Table C.3
HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	(\$6,793,245)	(\$3,328,011)	\$0	\$0	(\$3,465,234)	51.01%	Table B.4.3, Row H
HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	\$2,509,091	\$1,229,204	\$0	\$0	\$1,279,887	51.01%	Table B.4.3, Row H
HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	\$5,302,863	\$2,597,873	\$0	\$0	\$2,704,990	51.01%	Table B.4.3, Row H
HCBS - Targeted Case Management (TCM)	(\$1,358,050)	(\$665,309)	\$0	\$0	(\$692,741)	51.01%	Table B.4.3, Row H
Total Projected FY 2015-16 Over/(Under)Expenditure	(\$15,045)	(\$7,370)	\$0	\$0	(\$7,675)		

Footnote: All appropriation amounts above are for Medicaid funded individuals only and do not include State-only funded individuals nor Cash-funded appropriations. The federal medical assistance percentage (FMAP) is set to increase for Colorado in October 2014 to 51.01%. The Department assumes that this FMAP rate will remain constant in FY 2015-16.

Exhibit B

Table B.1.1 FY 2013-14 Projected Expenditures								
Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM) ⁽¹⁾	New State Plan Costs	Total	Notes
A	FY 2013-14 Appropriation	\$299,108,740	\$38,808,009	\$13,201,051	\$20,519,121		\$371,636,921	See Footnote (2)
B	Appropriated FPE	4,471.20	3,417.50	659.00	8,547.70			SB 13-230
C	Appropriated Per Capita Expenditure	\$66,896.75	\$11,355.67	\$20,031.94	\$2,400.54			Row A / Row B
D	Projected Actual FPE	4,356.75	3,098.00	584.66	8,039.41			Table G.3 Row E
E	Projected Actual Per Capita	\$63,782.17	\$12,898.74	\$19,929.64	\$2,192.62			Table F.3 Row D
F	Total Projected Expenditure	\$277,882,957	\$39,960,305	\$11,652,134	\$17,627,342		\$347,122,738	Row D * Row E
G	Estimated Over/(Underexpenditure)	(\$21,225,783)	\$1,152,296	(\$1,548,917)	(\$2,891,779)		(\$24,514,183)	Row F - Row A

(1) The Targeted Case Management Medicaid appropriation includes \$2,900,000 for Utilization Review, Quality Assurance, and Supports Intensity Scale. These are distinct from Targeted Case Management services provided to individual clients. The \$2,900,000 has therefore been taken out of the Row A Appropriation in this table.

(2) All appropriation amounts above are for Medicaid funded individuals only and do not include State-only funded individuals, cash-funded appropriations, or services provided to individuals in the Early Intervention program.

Table B.1.2 FY 2014-15 Projected Expenditures								
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM) ⁽¹⁾	New State Plan Costs	Total	Notes	
A	FY 2014-15 Base Funding Request	\$307,216,985	\$39,121,522	\$18,785,189	\$21,411,608		\$386,535,304	See Footnote (2)
B	Appropriated FPE	4,561.00	3,440.00	925.00	8,926.00			Annualization of SB 13-230
C	Appropriated Per Capita Expenditure	\$67,357.37	\$11,372.54	\$20,308.31	\$2,398.79			Row A / Row B
D	Projected Actual FPE	4,561.00	3,217.00	925.00	8,703.00			Table G.3 Row L
E	Projected Actual Per Capita	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82			Table F.3 Row H
F	Total Projected Expenditure	\$291,849,346	\$41,630,613	\$18,506,186	\$19,145,032		\$371,131,177	Row D * Row E
G	Estimated Over/(Underexpenditure)	(\$15,367,639)	\$2,509,091	(\$279,003)	(\$2,266,576)		(\$15,404,127)	Row F - Row A

(1) The Targeted Case Management Medicaid appropriation includes \$2,900,000 for Utilization Review, Quality Assurance, and Supports Intensity Scale. These are distinct from Targeted Case Management services provided to individual clients. The \$2,900,000 has therefore been taken out of the Row A Appropriation in this table.

(2) All appropriation amounts above are for Medicaid funded individuals only and do not include State-only funded individuals, cash-funded appropriations, or services provided to individuals in the Early Intervention program.

Table B.1.3 FY 2015-16 Projected Expenditures								
Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM) ⁽¹⁾	New State Plan Costs	Total	Notes
A	FY 2015-16 Base Funding Request	\$307,216,985	\$39,121,522	\$18,785,189	\$21,411,608		\$386,535,304	See Footnote (2)
B	Appropriated FPE	4,561.00	3,440.00	925.00	8,926.00			Annualization of SB 13-230
C	Appropriated Per Capita Expenditure	\$67,357.37	\$11,372.54	\$20,308.31	\$2,398.79			Row A / Row B
D	Projected Actual FPE	4,561.00	3,217.00	925.00	8,703.00			Table G.3 Row S
E	Projected Actual Per Capita	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82			Table F.3 Row L
F	Total Projected Expenditure	\$291,849,346	\$41,630,613	\$18,506,186	\$19,145,032		\$371,131,177	Row D * Row E
G	Estimated Over/(Underexpenditure)	(\$15,367,639)	\$2,509,091	(\$279,003)	(\$2,266,576)		(\$15,404,127)	Row F - Row A

(1) The Targeted Case Management Medicaid appropriation includes \$2,900,000 for Utilization Review, Quality Assurance, and Supports Intensity Scale. These are distinct from Targeted Case Management services provided to individual clients. The \$2,900,000 has therefore been taken out of the Row A Appropriation in this table.

(2) All appropriation amounts above are for Medicaid funded individuals only and do not include State-only funded individuals, cash-funded appropriations, or services provided to individuals in the Early Intervention program.

Exhibit B

Table B.2			
Additional Enrollments Funded Through Redistribution of Existing Resources			
Row	Item	Total	Source/Formula
A	Estimated Out Year Underexpenditure	\$15,404,127	Table B.1.3, Row G * -1
B	Assigned New Enrollments to HCBS-SLS	0.00	Requested; see narrative
C	HCBS-SLS Per Capita	\$12,940.82	Table B.1.3, Row E
D	HCBS TCM Per Capita	\$2,199.82	Table B.1.3, Row E
E	State Plan Costs	\$785.22	Table D.2, Row M
F	Net Cost of Additional HCBS-SLS FPE	\$0	Row B * (Row C + D + E)
G	Assigned New Enrollments to HCBS-CES	279.00	Requested; see narrative
H	HCBS-CES Per Capita	\$20,006.69	Table B.1.3, Row E
I	HCBS TCM Per Capita	\$2,199.82	Table B.1.3, Row E
J	State Plan Costs	\$785.22	Table D.2, Row M
K	Net Cost of Additional HCBS-CES FPE	\$6,414,692	Row G * (Row H + I + J)
L	Remaining Underexpenditure for Distributio	\$8,989,435	Row A - Row F - Row K
M	HCBS-DD Per Capita	\$63,988.02	Table B.1.3, Row E
N	HCBS TCM Per Capita	\$2,199.82	Table B.1.3, Row E
O	State Plan Costs	\$785.22	Table D.2, Row M
P	Calculated New Enrollments for HCBS-DD	134.00	Row L / (Row M + N + O) Rounded down to nearest whole FPE

Exhibit B

Table B.3 Calculation of New Paid Enrollments by Fiscal Year						
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	Total	Source/Formula
A	Additional Enrollment Funded Through Redistribution of Existing Resources	134.00	0.00	279.00	413.00	Table B.2
FY 2013-14						
B	Enrollment Multiplier	0.38	0.00	1.00		See footnote
C	Actual Enrollments	50.00	0.00	279.00	329.00	Row A * Row B
D	FPE Multiplier	0.0104	0.0000	0.1389		See footnote
E	New Paid Enrollments	1.40	0.00	38.75	40.15	Row A * Row D
FY 2014-15						
F	Enrollment Multiplier	1.00	0.00	1.00		See footnote
G	Actual Enrollments	134.00	0.00	279.00	413.00	Row A * Row F
H	FPE Multiplier	0.7813	0.0000	0.9861		See footnote
I	New Paid Enrollments	104.69	0.00	275.13	379.82	Row A * Row H
FY 2015-16						
J	Enrollment Multiplier	1.00	0.00	1.00		See footnote
K	Actual Enrollments	134.00	0.00	279.00	413.00	Row A * Row J
L	FPE Multiplier	1.0000	0.0000	1.0000		See footnote
M	New Paid Enrollments	134.00	0.00	279.00	413.00	Row A * Row L

Enrollment multiplier:

For HCBS-DD, the Department assumes new enrollments would begin April 1, 2014, and take eight months to complete. The enrollment multiplier is therefore 3/8ths. For HCBS-CES, the Department assumes new enrollments would begin January 1, 2014, and take six months to complete. The multiplier for FY 2013-14, therefore, is

FPE multiplier:

See the narrative for a description of this calculation.

Exhibit B

Table B.4.1 FY 2013-14 New Resources and Expenditure Rebalancing								
Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	New State Plan Costs	Total	Notes
A	Total Projected Expenditure	\$277,882,957	\$39,960,305	\$11,652,134	\$17,627,342		\$347,122,738	Table B.1.1, Row F
B	Additional Enrollments Funded Through Redistribution of Existing Resources	134.00	0.00	279.00	413.00	413.00		Table B.2
C	New FPE (above appropriated level)	1.40	0.00	38.75	40.15	40.15		Table B.3, Row E
D	Projected Per Capita	\$63,782.17	\$12,898.74	\$19,929.64	\$2,192.62	\$332.98		Table F.1 Row G State Plan: Table D.1 Row M
E	Projected Additional Expenditure	\$89,295	\$0	\$772,274	\$88,034	\$13,369	\$962,972	Row C * Row D
F	Projected Final Expenditure with Adjusted FPE	\$277,972,252	\$39,960,305	\$12,424,408	\$17,715,376	\$13,369	\$348,085,710	Row A + Row E
G	FY 2013-14 Appropriation	\$299,108,740	\$38,808,009	\$13,201,051	\$20,519,121		\$371,636,921	Table B.1.1, Row A
H	Projected Final Over/(Underexpenditure)	(\$21,136,488)	\$1,152,296	(\$776,643)	(\$2,803,745)	\$13,369	(\$23,551,211)	Row F - Row G
I	Adjusted FPE	4,358.15	3,098.00	623.41	8,079.56			Row C + Table B.1.1 Row D

Exhibit B

Table B.4.2 FY 2014-15 New Resources and Expenditure Rebalancing								
Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	New State Plan Costs	Total	Notes
A	Total Projected Expenditure	\$291,849,346	\$41,630,613	\$18,506,186	\$19,145,032		\$371,131,177	Table E.1, Row H
B	Additional Enrollments Funded Through Redistribution of Existing Resources	134.00	0.00	279.00	413.00	413.00		Table B.2
C	New FPE (above appropriated level)	104.69	0.00	275.13	379.82	379.82		Table B.3, Row I
D	Projected Per Capita	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82	\$332.98		Table F.1 Row H State Plan: Table D.1, Row M
E	Projected Additional Expenditure	\$6,698,906	\$0	\$5,504,440	\$835,536	\$126,472	\$13,165,354	Row C * Row D
F	Projected Final Expenditure with Adjusted FPE	\$298,548,252	\$41,630,613	\$24,010,626	\$19,980,568	\$126,472	\$384,296,531	Row A + Row E
G	FY 2014-15 Base Funding Request	\$307,216,985	\$39,121,522	\$18,785,189	\$21,411,608		\$386,535,304	Table B.1.2, Row A
H	Projected Final Over/(Underexpenditure)	(\$8,668,733)	\$2,509,091	\$5,225,437	(\$1,431,040)	\$126,472	(\$2,238,773)	Row F - Row G
I	Adjusted FPE	4,665.69	3,217.00	1,200.13	9,082.82			Row C + Table B.1.2 Row D

Exhibit B

Table B.4.3 FY 2015-16 New Resources and Expenditure Rebalancing								
Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	New State Plan Costs	Total	Notes
A	Total Projected Expenditure	\$291,849,346	\$41,630,613	\$18,506,186	\$19,145,032		\$371,131,177	Table E.1, Row I
B	Additional Enrollments Funded Through Redistribution of Existing Resources	134.00	0.00	279.00	413.00	413.00		Table B.2
C	New FPE (above appropriated level)	134.00	0.00	279.00	413.00	413.00		Table B.3, Row M
D	Projected Per Capita	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82	\$785.22		Table F.1 Row I State Plan: Table D.2, Row M
E	Projected Additional Expenditure	\$8,574,394	\$0	\$5,581,866	\$908,526	\$324,296	\$15,389,082	Row C * Row D
F	Projected Final Expenditure with Adjusted FPE	\$300,423,740	\$41,630,613	\$24,088,052	\$20,053,558	\$324,296	\$386,520,259	Row A + Row E
G	FY 2015-16 Base Funding Request	\$307,216,985	\$39,121,522	\$18,785,189	\$21,411,608		\$386,535,304	Table B.1.3, Row A
H	Projected Final Over/(Underexpenditure)	(\$6,793,245)	\$2,509,091	\$5,302,863	(\$1,358,050)	\$324,296	(\$15,045)	Row F - Row G
I	Adjusted FPE	4,695.00	3,217.00	1,204.00	9,116.00			Row C + Table B.1.3, Row D

Exhibit C

Table C.1			
FY 2013-14 Change in State Plan Service Costs for New DIDD Waiver Enrollees			
FY 2013-14	Medical Services Premiums	Behavioral Health Capitation Payments	Notes
Change to State Plan Cost	(\$397.94)	\$730.92	Table D.1, Rows H and L
New FPE	40.15	40.15	Table B.4, Row E (Total Column)
Total	(\$15,977)	\$29,346	

Table C.2			
FY 2014-15 Cost-Shift of State Plan Services for New DIDD Waiver Enrollees			
FY 2014-15	Medical Services Premiums	Behavioral Health Capitation Payments	Notes
Change to State Plan Cost	(\$397.94)	\$730.92	Table D.1, Rows H and L
New FPE	379.82	379.82	Table B.4, Row I (Total Column)
Total	(\$151,146)	\$277,618	

Table C.3			
FY 2015-16 Cost-Shift of State Plan Services for New DIDD Waiver Enrollees			
FY 2015-16	Medical Services Premiums	Behavioral Health Capitation Payments	Notes
Change to State Plan Cost	\$32.93	\$752.29	Table D.2, Rows H and L
New FPE	413.00	413.00	Table B.4, Row M (Total Column)
Total	\$13,600	\$310,696	

Exhibit D

Table D.1 FY 2014-15 Impact to Medical Services Premiums and Behavioral Health Community Programs Due to New DIDD Waiver Enrollees						
		Current Medicaid Recipients		Non-Medicaid Recipients	Total	Formula/Assumptions
		Waiver	No Waiver			
A	Percentage of Clients	4.00%	58.00%	38.00%	100.00%	
Impact to Medical Services Premiums						
B	Current State Plan Costs Per Person	\$14,128.33	\$13,447.46	\$0.00	\$8,364.66	Current costs taken from actual MMIS Claims Data history for new Medicaid recipients between FY 2010-11 through FY 2012-13
C	Estimated State Plan Cost Per Person After Enrollment in DIDD Waiver Program	\$8,446.72	\$8,446.72	\$8,446.72	\$8,446.72	Based on CMS 372 report less Targeted Case Management and Mental Health
D	Difference	(\$5,681.61)	(\$5,000.74)	\$8,446.72	\$82.06	Row C - Row B
E	Current Medical Services Premiums Waiver Costs Per Person	\$11,999.88	\$0.00	\$0.00	\$480.00	Current costs taken from actual MMIS Claims Data history for new Medicaid recipients between FY 2010-11 through FY 2012-13
F	Estimated Medical Services Premiums Waiver Cost Per Person After Enrollment in DIDD Waiver Program	\$0.00	\$0.00	\$0.00	\$0.00	Clients can only be enrolled in a single waiver program.
G	Difference	(\$11,999.88)	\$0.00	\$0.00	(\$480.00)	Row F - Row E
H	Total Difference to Medical Services Premiums Per Person	(\$17,681.49)	(\$5,000.74)	\$8,446.72	(\$397.94)	Row D + Row G
Impact to Behavioral Health Community Programs						
J	Current Behavioral Health Costs Per Person	\$1,923.48	\$1,923.48	\$0.00	\$1,192.56	Based on the Department's FY 2013-14 S-2 Request
K	Estimated Behavioral Health Costs Per Person After Enrollment in DIDD Waiver Program	\$1,923.48	\$1,923.48	\$1,923.48	\$1,923.48	Based on the Department's FY 2013-14 S-2 Request
L	Total Difference to Behavioral Health Community Programs Per Person	\$0.00	\$0.00	\$1,923.48	\$730.92	Row K - Row J
M	Grand Total Difference Per Person to Existing Programs	(\$17,681.49)	(\$5,000.74)	\$10,370.20	\$332.98	Row H + Row L

Note: Unless otherwise specified, values shown in the "Total" column are the sumproduct of the values in the row and the percentages in Row A.

Exhibit D

Table D.2 FY 2015-16 Impact to Medical Services Premiums and Behavioral Health Community Programs Due to New DIDD Waiver Resources						
		Current Medicaid Recipients		Non-Medicaid	Total	Formula/Assumptions
		Waiver	No Waiver	Recipients		
A	Percentage of Clients	4.00%	58.00%	38.00%	100.00%	
Impact to Medical Services Premiums						
B	Current State Plan Costs Per Person	\$14,128.33	\$13,447.46	\$0.00	\$8,364.66	Current costs taken from actual MMIS Claims Data history for new Medicaid recipients between FY 2010-11 through FY 2012-13
C	Estimated State Plan Cost Per Person After Enrollment in DIDD Waiver Program	\$8,877.59	\$8,877.59	\$8,877.59	\$8,877.59	Based on CMS 372 report less Targeted Case Management and Mental Health
D	Difference	(\$5,250.74)	(\$4,569.87)	\$8,877.59	\$512.93	Row C - Row B
E	Current Medical Services Premiums Waiver Costs Per Person	\$11,999.88	\$0.00	\$0.00	\$480.00	Current costs taken from actual MMIS Claims Data history for new Medicaid recipients between FY 2010-11 through FY 2012-13
F	Estimated Medical Services Premiums Waiver Cost Per Person After Enrollment in DIDD Waiver Program	\$0.00	\$0.00	\$0.00	\$0.00	Clients can only be enrolled in a single waiver program.
G	Difference	(\$11,999.88)	\$0.00	\$0.00	(\$480.00)	Row F - Row E
H	Total Difference to Medical Services Premiums Per Person	(\$17,250.62)	(\$4,569.87)	\$8,877.59	\$32.93	Row D + Row G
Impact to Behavioral Health Community Programs						
J	Current Behavioral Health Costs Per Person	\$1,979.70	\$1,979.70	\$0.00	\$1,227.41	Based on the Department's FY 2013-14 S-2 Request
K	Estimated Behavioral Health Costs Per Person After Enrollment in DIDD Waiver Program	\$1,979.70	\$1,979.70	\$1,979.70	\$1,979.70	Based on the Department's FY 2013-14 S-2 Request
L	Total Difference to Behavioral Health Community Programs Per Person	\$0.00	\$0.00	\$1,979.70	\$752.29	Row K - Row J
M	Grand Total Difference Per Person to Existing Programs	(\$17,250.62)	(\$4,569.87)	\$10,857.29	\$785.22	Row H + Row L

Note: Unless otherwise specified, values shown in the "Total" column are the sumproduct of the values in the row and the percentages in Row A.

Exhibit E

Table E.1 - Total Developmental Disabilities Medicaid Waivers Expenditures and Forecast

Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
FY 2007-08	\$208,102,462	\$39,029,490	\$5,756,235	\$14,338,722	\$267,226,909
FY 2008-09	\$224,745,841	\$45,210,324	\$6,750,695	\$16,833,173	\$293,540,033
FY 2009-10	\$252,576,457	\$36,132,497	\$6,956,802	\$18,522,404	\$314,188,159
FY 2010-11	\$271,701,338	\$36,416,459	\$7,811,219	\$21,675,435	\$337,604,451
FY 2011-12	\$264,137,545	\$35,839,658	\$7,219,044	\$19,649,535	\$326,845,782
FY 2012-13	\$261,824,376	\$37,269,826	\$7,016,020	\$18,967,392	\$325,077,613
Estimated FY 2013-14	\$277,972,252	\$39,960,305	\$12,424,408	\$17,715,376	\$348,072,341
Estimated FY 2014-15	\$298,548,252	\$41,630,613	\$24,010,626	\$19,980,568	\$384,170,059
Estimated FY 2015-16	\$300,423,740	\$41,630,613	\$24,088,052	\$20,053,558	\$386,195,963

Table E.2 - Percent Change in Year-over-year Expenditures

Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
FY 2007-08					
FY 2008-09	8.00%	15.84%	17.28%	17.40%	9.85%
FY 2009-10	12.38%	-20.08%	3.05%	10.04%	7.03%
FY 2010-11	7.57%	0.79%	12.28%	17.02%	7.45%
FY 2011-12	-2.78%	-1.58%	-7.58%	-9.35%	-3.19%
FY 2012-13	-0.88%	3.99%	-2.81%	-3.47%	-0.54%
Estimated FY 2013-14	6.17%	7.22%	77.09%	-6.60%	6.49%
Estimated FY 2014-15	7.40%	4.18%	93.25%	12.79%	10.37%
Estimated FY 2015-16	0.63%	0.00%	0.32%	0.37%	0.53%

Exhibit F

Table F.1 - Developmental Disabilities Medicaid Waivers Expenditures and Forecast

Per Capita Expenditures						
Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	
A	FY 2007-08	\$56,198.34	\$16,830.31	\$19,780.88	\$2,297.87	
B	FY 2008-09	\$59,050.40	\$18,712.88	\$20,581.39	\$2,436.41	
C	FY 2009-10	\$63,065.28	\$13,696.93	\$21,339.88	\$2,541.14	
D	FY 2010-11	\$65,644.20	\$12,764.27	\$21,758.27	\$2,516.60	
E	FY 2011-12	\$63,940.34	\$12,526.97	\$21,232.48	\$2,321.54	
F	FY 2012-13	\$62,727.45	\$12,332.83	\$20,045.77	\$2,115.72	
G	Estimated FY 2013-14	\$63,782.17	\$12,898.74	\$19,929.64	\$2,192.62	
H	Estimated FY 2014-15	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82	
I	Estimated FY 2015-16	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82	

Table F.2 - Percent Change in Year-over-year Per Capita Cost

Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	
A	FY 2007-08					
B	FY 2008-09	5.07%	11.19%	4.05%	6.03%	
C	FY 2009-10	6.80%	-26.80%	3.69%	4.30%	
D	FY 2010-11	4.09%	-6.81%	1.96%	-0.97%	
E	FY 2011-12	-2.60%	-1.86%	-2.42%	-7.75%	
F	FY 2012-13	-1.90%	-1.55%	-5.59%	-8.87%	
G	Estimated FY 2013-14	1.68%	4.59%	-0.58%	3.63%	
H	Estimated FY 2014-15	0.32%	0.33%	0.39%	0.33%	
I	Estimated FY 2015-16	0.00%	0.00%	0.00%	0.00%	

Exhibit F

Table F.3 - Calculation of Per Capita Forecasts

Row	Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2012-13 Per Capita	\$62,727.45	\$12,332.83	\$20,045.77	\$2,115.72
B	FY 2013-14 4.0% Rate Increase	3.67%	3.67%	3.67%	3.67%
C	Base Trend	-1.91%	0.90%	-4.10%	-0.03%
D	Estimated FY 2013-14 Per Capita	\$63,782.62	\$12,899.46	\$19,929.41	\$2,192.65
E	FY 2013-14 Per Capita	\$63,782.17	\$12,898.74	\$19,929.64	\$2,192.62
F	Annualization of FY 2013-14 4.0% Rate Increase	0.33%	0.33%	0.33%	0.33%
G	Base Trend	-0.01%	0.00%	0.06%	0.00%
H	Estimated FY 2014-15 Per Capita	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82
I	FY 2014-15 Per Capita	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82
J	Annualization of FY 2013-14 4.0% Rate Increase	0.00%	0.00%	0.00%	0.00%
K	Base Trend	0.00%	0.00%	0.00%	0.00%
L	Estimated FY 2015-16 Per Capita	\$63,988.02	\$12,940.82	\$20,006.69	\$2,199.82

A 4.00% Provider Rate increase was added beginning in July 2013. Because of lag between the dates certain services are provided and the dates claims are paid, the 4% increase was recognized gradually (i.e. some claims paid early in FY 2013-14 were for services provided in FY 2012-13). This, likewise, will have a slight carryover effect into FY 2014-15.

Exhibit G

Table G.1 - Developmental Disabilities Medicaid Waivers Claims Caseload and Forecast

Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
FY 2007-08	3,702.50	2,319.17	290.92	6,312.58
FY 2008-09	3,806.08	2,415.92	328.08	6,550.08
FY 2009-10	4,004.67	2,637.75	325.50	6,967.92
FY 2010-11	4,138.75	2,853.42	359.33	7,351.50
FY 2011-12	4,130.58	2,861.42	340.25	7,332.25
FY 2012-13	4,173.92	3,022.42	349.58	7,545.92
Estimated FY 2013-14	4,358.15	3,098.00	623.41	8,079.56
Estimated FY 2014-15	4,665.69	3,217.00	1,200.13	9,082.82
Estimated FY 2015-16	4,695.00	3,217.00	1,204.00	9,116.00

Table G.2 - Percent Change in Claims Caseload

Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
FY 2007-08				
FY 2008-09	2.80%	4.17%	12.78%	3.76%
FY 2009-10	5.22%	9.18%	-0.79%	6.38%
FY 2010-11	3.35%	8.18%	10.39%	5.50%
FY 2011-12	-0.20%	0.28%	-5.31%	-0.26%
FY 2012-13	1.05%	5.63%	2.74%	2.91%
Estimated FY 2013-14	4.41%	2.50%	78.33%	7.07%
Estimated FY 2014-15	7.06%	3.84%	92.51%	12.42%
Estimated FY 2015-16	0.63%	0.00%	0.32%	0.37%

Exhibit G

Table G.3 - Calculation of FPE

Row	FY 2013-14	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Notes and Formulas
A	FY 2012-13 FPE	4,173.92	3,022.42	349.58	7,545.92	Table G.1, Row F
B	Base Trend Increase	2.98%	1.47%	21.61%	3.24%	See narrative
C	Initial Estimated FY 2013-14 FPE	4,298.42	3,066.75	425.14	7,790.31	Row A * Row B
D	Additional Authorized FPE Under Current Policy	58.33	31.25	159.52	249.10	See narrative
E	Final Estimated FY 2013-14 FPE Under Current Policy	4,356.75	3,098.00	584.66	8,039.41	Row C + Row D
F	Requested FPE from Reallocation of Existing Resources	1.40	0.00	38.75	40.15	Table B.3, Row E
G	Final Estimated FY 2013-14 FPE with Request	4,358.15	3,098.00	623.41	8,079.56	Row E + Row F
Row	FY 2014-15	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Notes and Formulas
H	Initial Estimated FY 2013-14 FPE	4,356.75	3,098.00	584.66	8,039.41	Row E
I	Base Trend Increase	1.44%	0.01%	3.64%	1.05%	See narrative
J	Initial Estimated FY 2014-15 FPE	4,419.33	3,098.25	605.96	8,123.54	Row H * Row I
K	Additional Authorized Enrollments	141.67	118.75	319.04	579.46	See narrative
L	Final Estimated FY 2014-15 FPE Under Current Policy	4,561.00	3,217.00	925.00	8,703.00	Row J + Row K
M	Requested FPE from Reallocation of Existing Resources	104.69	0.00	275.13	379.82	Table B.3, Row I
N	Final Estimated FY 2014-15 FPE with Request	4,665.69	3,217.00	1,200.13	9,082.82	Row L + Row M
Row	FY 2015-16	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Notes and Formulas
O	Initial Estimated FY 2014-15 FPE	4,561.00	3,217.00	925.00	8,703.00	Row L
P	Base Trend Increase	0.00%	0.00%	0.00%	0.00%	See narrative
Q	Initial Estimated FY 2015-16 FPE	4,561.00	3,217.00	925.00	8,703.00	Row O * Row P
R	Additional Authorized Enrollments	0.00	0.00	0.00	0.00	See narrative
S	Final Estimated FY 2015-16 FPE Under Current Policy	4,561.00	3,217.00	925.00	8,703.00	Row Q + Row R
T	Requested FPE from Reallocation of Existing Resources	134.00	0.00	279.00	413.00	Table B.3, Row M
U	Final Estimated FY 2015-16 FPE with Request	4,695.00	3,217.00	1,204.00	9,116.00	Row S + Row T

Exhibit H

Table H.1 - Medicaid Expenditures FY 2007-08					
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total
July 2007	\$16,763,521	\$3,566,218	\$725,302	\$1,193,686	\$22,248,726
August 2007	\$10,830,228	\$296,684	\$47,212	\$722,406	\$11,896,530
September 2007	\$18,249,424	\$4,057,746	\$635,533	\$965,489	\$23,908,192
October 2007	\$18,927,684	\$3,413,412	\$481,516	\$1,547,932	\$24,370,544
November 2007	\$17,390,423	\$3,279,628	\$404,130	\$1,230,129	\$22,304,309
December 2007	\$16,379,719	\$3,825,527	\$428,944	\$1,214,847	\$21,849,037
January 2008	\$16,286,897	\$2,680,546	\$330,986	\$1,107,568	\$20,405,996
February 2008	\$17,692,956	\$2,981,840	\$467,354	\$1,267,709	\$22,409,859
March 2008	\$18,900,946	\$3,801,578	\$522,827	\$1,215,066	\$24,440,418
April 2008	\$20,428,981	\$3,938,805	\$495,186	\$1,308,229	\$26,171,200
May 2008	\$17,618,430	\$2,617,184	\$654,219	\$1,243,775	\$22,133,608
June 2008	\$18,633,254	\$4,570,322	\$563,026	\$1,321,888	\$25,088,489
Year-to-Date Average	\$208,102,462	\$39,029,490	\$5,756,235	\$14,338,722	\$267,226,909
Table H.2 - Medicaid Expenditures FY 2008-09					
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
July 2008	\$16,409,032	\$2,508,401	\$657,743	\$1,301,008	\$20,876,183
August 2008	\$16,024,290	\$3,918,685	\$519,703	\$943,404	\$21,406,081
September 2008	\$19,688,435	\$3,990,359	\$558,343	\$1,468,594	\$25,705,730
October 2008	\$18,695,931	\$4,389,070	\$508,289	\$1,324,024	\$24,917,314
November 2008	\$18,004,361	\$2,352,667	\$399,487	\$1,434,100	\$22,190,616
December 2008	\$19,268,796	\$5,162,735	\$746,098	\$1,512,545	\$26,690,175
January 2009	\$15,003,821	\$749,896	\$138,882	\$1,165,714	\$17,058,313
February 2009	\$18,663,217	\$4,530,797	\$642,312	\$1,206,029	\$25,042,354
March 2009	\$19,985,272	\$4,408,070	\$637,427	\$1,641,378	\$26,672,148
April 2009	\$17,501,555	\$3,721,866	\$590,048	\$1,628,258	\$23,441,727
May 2009	\$20,749,067	\$4,005,851	\$640,655	\$1,536,768	\$26,932,341
June 2009	\$24,752,064	\$5,471,928	\$711,706	\$1,671,352	\$32,607,051
Year-to-Date Average	\$224,745,841	\$45,210,324	\$6,750,695	\$16,833,173	\$293,540,033

Exhibit H

Table H.3 - Medicaid Expenditures FY 2009-10					
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
July 2009	\$19,588,721	\$4,307,257	\$859,286	\$1,614,183	\$26,369,446
August 2009	\$20,543,903	\$2,317,790	\$405,318	\$248,893	\$23,515,903
September 2009	\$21,846,732	\$3,251,965	\$443,706	\$2,114,039	\$27,656,442
October 2009	\$20,912,301	\$2,956,981	\$455,885	\$1,363,358	\$25,688,526
November 2009	\$21,213,347	\$3,244,955	\$579,976	\$807,019	\$25,845,297
December 2009	\$21,584,619	\$3,300,653	\$759,658	\$2,135,278	\$27,780,209
January 2010	\$18,557,760	\$2,127,267	\$462,754	\$1,580,877	\$22,728,659
February 2010	\$21,214,768	\$3,533,712	\$747,091	\$1,761,262	\$27,256,834
March 2010	\$24,366,239	\$3,116,201	\$683,780	\$1,992,142	\$30,158,362
April 2010	\$21,087,043	\$2,675,553	\$421,389	\$2,054,866	\$26,238,851
May 2010	\$21,087,022	\$3,034,541	\$753,849	\$1,847,049	\$26,722,461
June 2010	\$20,574,001	\$2,265,623	\$384,110	\$1,003,437	\$24,227,170
Year-to-Date Average	\$252,576,457	\$36,132,497	\$6,956,802	\$18,522,404	\$314,188,159
Table H.4 - Medicaid Expenditures FY 2010-11					
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
July 2010	\$27,064,210	\$3,910,011	\$896,654	\$2,398,798	\$34,269,672
August 2010	\$22,573,577	\$2,788,059	\$634,094	\$1,739,840	\$27,735,570
September 2010	\$21,382,225	\$3,192,276	\$815,298	\$1,763,992	\$27,153,791
October 2010	\$23,958,207	\$3,178,731	\$635,169	\$1,477,822	\$29,249,928
November 2010	\$23,384,435	\$3,076,003	\$635,451	\$2,008,851	\$29,104,740
December 2010	\$22,968,488	\$2,780,951	\$592,771	\$1,728,785	\$28,070,994
January 2011	\$20,317,116	\$2,564,023	\$507,710	\$1,260,357	\$24,649,206
February 2011	\$21,295,733	\$2,265,517	\$517,176	\$1,756,572	\$25,834,999
March 2011	\$21,384,774	\$3,626,454	\$708,427	\$1,988,375	\$27,708,031
April 2011	\$22,157,168	\$3,104,326	\$545,680	\$1,630,210	\$27,437,383
May 2011	\$22,723,089	\$2,954,261	\$728,889	\$2,173,578	\$28,579,817
June 2011	\$22,492,317	\$2,975,848	\$593,899	\$1,748,256	\$27,810,321
Year-to-Date Average	\$271,701,338	\$36,416,459	\$7,811,219	\$21,675,435	\$337,604,451

Exhibit H

Table H.5 - Medicaid Expenditures FY 2011-12					
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
July 2011	\$21,226,068	\$2,658,556	\$666,960	\$1,880,694	\$26,432,278
August 2011	\$22,793,565	\$3,467,581	\$786,694	\$1,674,639	\$28,722,479
September 2011	\$21,551,315	\$2,585,981	\$593,444	\$1,186,568	\$25,917,307
October 2011	\$22,504,554	\$3,215,514	\$442,063	\$1,965,745	\$28,127,875
November 2011	\$23,335,607	\$3,357,606	\$671,249	\$2,161,561	\$29,526,022
December 2011	\$21,729,190	\$2,925,740	\$592,502	\$1,246,538	\$26,493,971
January 2012	\$18,236,160	\$2,351,113	\$736,535	\$1,821,186	\$23,144,994
February 2012	\$23,974,234	\$2,959,172	\$565,541	\$1,456,241	\$28,955,188
March 2012	\$22,495,459	\$3,169,169	\$536,168	\$1,585,907	\$27,786,703
April 2012	\$22,700,433	\$3,196,769	\$460,018	\$1,383,866	\$27,741,086
May 2012	\$22,501,621	\$2,785,589	\$675,309	\$1,683,493	\$27,646,012
June 2012	\$21,089,339	\$3,166,869	\$492,560	\$1,603,097	\$26,351,865
Year-to-Date Average	\$264,137,545	\$35,839,658	\$7,219,044	\$19,649,535	\$326,845,782
Table H.6 - Medicaid Expenditures FY 2012-13					
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
July 2012	\$23,178,705	\$3,482,879	\$899,136	\$1,917,789	\$29,478,509
August 2012	\$21,403,422	\$2,748,266	\$608,449	\$1,388,109	\$26,148,247
September 2012	\$21,542,072	\$2,964,709	\$474,857	\$1,320,211	\$26,301,849
October 2012	\$22,143,091	\$3,316,026	\$622,094	\$1,818,288	\$27,899,497
November 2012	\$21,815,639	\$2,962,318	\$530,523	\$1,275,224	\$26,583,704
December 2012	\$21,350,618	\$3,339,158	\$646,462	\$1,637,068	\$26,973,306
January 2013	\$21,533,144	\$2,837,498	\$532,311	\$1,681,016	\$26,583,969
February 2013	\$21,902,790	\$3,045,643	\$527,711	\$1,516,882	\$26,993,026
March 2013	\$20,552,988	\$2,924,645	\$470,881	\$1,439,673	\$25,388,186
April 2013	\$22,365,724	\$3,502,184	\$624,842	\$1,938,093	\$28,430,843
May 2013	\$21,606,715	\$2,896,247	\$528,959	\$1,307,075	\$26,338,995
June 2013	\$22,429,469	\$3,250,253	\$549,795	\$1,727,964	\$27,957,481
Year-to-Date Average	\$261,824,376	\$37,269,826	\$7,016,020	\$18,967,392	\$325,077,613

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Table H.7 - Medicaid Expenditures FY 2013-14					
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	TOTAL
July 2013	\$22,259,036	\$3,384,083	\$766,046	\$1,826,994	\$28,236,159
August 2013	\$21,697,578	\$3,020,563	\$685,472	\$1,579,597	\$26,983,210
September 2013	\$25,827,546	\$3,590,924	\$637,836	\$1,652,626	\$31,708,932
October 2013	\$21,872,754	\$3,555,814	\$666,169	\$1,830,497	\$27,925,235
November 2013					
December 2013					
January 2014					
February 2014					
March 2014					
April 2014					
May 2014					
June 2014					
Year-to-Date Average					

Exhibit I

Table I.1 - Medicaid Clients for Whom Claims were Paid FY 2007-08				
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
July 2007	4,002.00	2,688.00	334.00	7,024.00
August 2007	2,801.00	208.00	37.00	3,046.00
September 2007	3,898.00	2,257.00	335.00	6,490.00
October 2007	3,885.00	2,512.00	333.00	6,730.00
November 2007	3,690.00	2,578.00	304.00	6,572.00
December 2007	3,711.00	2,665.00	323.00	6,699.00
January 2008	3,631.00	2,316.00	269.00	6,216.00
February 2008	3,705.00	2,369.00	329.00	6,403.00
March 2008	3,701.00	2,671.00	310.00	6,682.00
April 2008	3,814.00	2,592.00	316.00	6,722.00
May 2008	3,747.00	2,108.00	312.00	6,167.00
June 2008	3,845.00	2,866.00	289.00	7,000.00
Year-to-Date Average	3,702.50	2,319.17	290.92	6,312.58
Table I.2 - Medicaid Clients for Whom Claims were Paid FY 2008-09				
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
July 2008	3,608.00	1,969.00	317.00	5,894.00
August 2008	3,621.00	2,542.00	327.00	6,490.00
September 2008	3,728.00	2,734.00	348.00	6,810.00
October 2008	3,729.00	2,894.00	354.00	6,977.00
November 2008	3,761.00	1,755.00	288.00	5,804.00
December 2008	3,872.00	2,864.00	389.00	7,125.00
January 2009	3,697.00	764.00	113.00	4,574.00
February 2009	3,816.00	2,731.00	337.00	6,884.00
March 2009	3,928.00	2,501.00	344.00	6,773.00
April 2009	3,916.00	2,532.00	370.00	6,818.00
May 2009	3,958.00	2,746.00	377.00	7,081.00
June 2009	4,039.00	2,959.00	373.00	7,371.00
Year-to-Date Average	3,806.08	2,415.92	328.08	6,550.08

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Table I.3 - Medicaid Clients for Whom Claims were Paid FY 2009-10				
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
July 2009	3,905.00	2,760.00	349.00	7,014.00
August 2009	3,934.00	2,083.00	233.00	6,250.00
September 2009	3,954.00	2,582.00	257.00	6,793.00
October 2009	3,959.00	2,663.00	275.00	6,897.00
November 2009	3,961.00	2,850.00	371.00	7,182.00
December 2009	4,018.00	2,900.00	378.00	7,296.00
January 2010	3,949.00	2,347.00	345.00	6,641.00
February 2010	4,074.00	2,638.00	370.00	7,082.00
March 2010	4,114.00	2,876.00	390.00	7,380.00
April 2010	4,060.00	2,605.00	283.00	6,948.00
May 2010	4,076.00	2,952.00	379.00	7,407.00
June 2010	4,052.00	2,397.00	276.00	6,725.00
Year-to-Date Average	4,004.67	2,637.75	325.50	6,967.92
Table I.4 - Medicaid Clients for Whom Claims were Paid FY 2010-11				
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
July 2010	4,170.00	2,960.00	384.00	7,514.00
August 2010	4,129.00	2,752.00	326.00	7,207.00
September 2010	4,065.00	2,880.00	341.00	7,286.00
October 2010	4,134.00	2,881.00	366.00	7,381.00
November 2010	4,149.00	2,921.00	373.00	7,443.00
December 2010	4,175.00	2,855.00	368.00	7,398.00
January 2011	4,135.00	2,610.00	342.00	7,087.00
February 2011	4,106.00	2,541.00	342.00	6,989.00
March 2011	4,164.00	2,982.00	378.00	7,524.00
April 2011	4,122.00	2,968.00	370.00	7,460.00
May 2011	4,145.00	2,901.00	369.00	7,415.00
June 2011	4,171.00	2,990.00	353.00	7,514.00
Year-to-Date Average	4,138.75	2,853.42	359.33	7,351.50

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Table I.5 - Medicaid Clients for Whom Claims were Paid FY 2011-12				
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
July 2011	4,135.00	2,646.00	312.00	7,093.00
August 2011	4,152.00	2,938.00	358.00	7,448.00
September 2011	4,130.00	2,578.00	357.00	7,065.00
October 2011	4,187.00	2,990.00	326.00	7,503.00
November 2011	4,169.00	3,002.00	366.00	7,537.00
December 2011	4,142.00	3,002.00	375.00	7,519.00
January 2012	3,893.00	2,637.00	337.00	6,867.00
February 2012	4,175.00	2,980.00	362.00	7,517.00
March 2012	4,158.00	2,834.00	346.00	7,338.00
April 2012	4,155.00	2,976.00	299.00	7,430.00
May 2012	4,150.00	2,745.00	337.00	7,232.00
June 2012	4,121.00	3,009.00	308.00	7,438.00
Year-to-Date Average	4,130.58	2,861.42	340.25	7,332.25

Table I.6 - Medicaid Clients for Whom Claims were Paid FY 2012-13				
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
July 2012	4,148.00	3,071.00	359.00	7,578.00
August 2012	4,147.00	2,891.00	314.00	7,352.00
September 2012	4,162.00	2,932.00	314.00	7,408.00
October 2012	4,166.00	3,055.00	347.00	7,568.00
November 2012	4,156.00	3,043.00	325.00	7,524.00
December 2012	4,167.00	3,075.00	358.00	7,600.00
January 2013	4,179.00	3,068.00	355.00	7,602.00
February 2013	4,181.00	3,064.00	363.00	7,608.00
March 2013	4,177.00	2,923.00	342.00	7,442.00
April 2013	4,207.00	3,102.00	370.00	7,679.00
May 2013	4,210.00	2,978.00	371.00	7,559.00
June 2013	4,187.00	3,067.00	377.00	7,631.00
Year-to-Date Average	4,173.92	3,022.42	349.58	7,545.92

Exhibit I

Table I.7 - Medicaid Clients for Whom Claims were Paid FY 2013-14				
Office of Community Living	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
July 2013	4,242.00	3,101.00	386.00	7,729.00
August 2013	4,214.00	3,033.00	368.00	7,615.00
September 2013	4,252.00	3,019.00	385.00	7,656.00
October 2013	4,265.00	3,072.00	419.00	7,756.00
November 2013				
December 2013				
January 2014				
February 2014				
March 2014				
April 2014				
May 2014				
June 2014				
Year-to-Date Average				