



### ***Cost and FTE***

- In FY 2017-18, the Department requests an increase of \$284,844 total funds, including a decrease of \$5,098,457 General Fund an increase of \$5,237,789 Intellectual and Developmental Disabilities Cash Funds, a decrease of \$162,073 Hospital Provider Fee Cash Fund, and an increase of \$165,176 Healthcare Affordability and Sustainability Fee Cash Fund. For FY 2018-19, the Department requests an increase of \$28,809,744 total funds, including an increase of \$14,259,742 General Fund, a decrease of \$206,043 Hospital Provider Fee Cash Fund, and an increase of \$351,279 Healthcare Affordability and Sustainability Fee Cash Fund. For FY 2019-20, the Department requests an increase of \$58,356,492 total funds, including an increase of \$29,011,972 General Fund, a decrease of \$206,043 Hospital Provider Fee Cash Fund, and an increase of \$372,312 Healthcare Affordability and Sustainability Fee Cash Fund. These funds would be used to fund Home and Community Based Services (HCBS) waiver program costs.

### ***Current Program***

- Effective March 2014, the Department manages three Medicaid HCBS waiver programs for people with developmental disabilities, Adult Comprehensive Services (HCBS-DD), Supported Living Services (HCBS-SLS) and Children's Extensive Services (HCBS-CES).
- These programs provide 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***

- Appropriations do not accurately reflect the estimated number of enrollments, full program equivalents (FPE), or cost per FPE, based upon current enrollment and spending trends as well as program information.
- This issue poses the problem of over-expenditure in the current year without action because the Department estimates that some services rendered in the previous fiscal year will be paid in the current year due to delayed claims as a result of interChange implementation.
- In the request year and out year, higher than expected emergency enrollments in the HCBS-DD waiver pose the risk of over-expenditure.

### ***Consequences of Problem***

- If the appropriations are not adjusted, the Department expects to over-spend its appropriation, necessitating a request to use over-expenditure authority at the end of the year. Additionally, in the request and out years, over-expenditure is expected if additional funding is not appropriated through this request.
- Over-expenditure in the current, request, and out years would compromise the Department's ability to provide services to the maximum number of people with intellectual and developmental disabilities.

### ***Proposed Solution***

- The Department requests to adjust existing expenditure and enrollment appropriations and designated full program equivalents (FPE) within three Medicaid waiver programs for people with intellectual and developmental disabilities to maintain the current policy of having no waiting lists for the HCBS-SLS and HCBS-CES waivers and to accommodate emergency enrollments, foster care transitions, institutional transitions, and youth transitions.
- The outcomes of this proposed solution would be a more accurate budget that would be measured by comparing estimated expenditure to actual expenditure once the data is available.



# COLORADO

## Department of Health Care Policy & Financing

FY 2017-18 and FY 2018-19 Funding Request | February 15, 2018

John W. Hickenlooper  
Governor

Kim Bimestefer  
Executive Director

**Department Priority:** S-5A

**Request Detail:** Office of Community Living Cost and Caseload Adjustments

Summary of Incremental Funding Change for FY 2018-19	Total Funds	General Fund
Office of Community Living Cost and Caseload Adjustments	\$284,844	(\$5,098,457)

### **Problem or Opportunity:**

Each year, the Department's appropriations for programs serving individuals with intellectual and developmental disabilities are set in advance of the fiscal year, based on prior year utilization and expenditure. As more recent data becomes available, the appropriation needs to be adjusted to account for the most recent projections of expenditure and caseload, in order to minimize any potential over or under-expenditures. The Department requests to adjust existing appropriations and designated full program equivalents (FPE) within three Medicaid waiver programs for people with developmental disabilities: Home and Community Based Services Adult Comprehensive Services (HCBS-DD), Supported Living Services (HCBS-SLS), and Children's Extensive Services (HCBS-CES); further, the Department's request accounts for associated changes to the Targeted Case Management (TCM) service. Adjustments to targeted appropriations accurately reflect the current cost per FPE, based upon current spending trends, and maximize the number of individuals that can be served in the programs.

The Home and Community Based Services, Adult Comprehensive services program (HCBS-DD) provides services to 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. The Home and Community Based Services - Supported Living Services program (HCBS-SLS) is 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. The Home and Community Based Services - Children's Extensive Services program (HCBS-CES) provides benefits to children who have a developmental disability or delay, and who need near constant line of sight supervision due to behavioral or medical needs.

In FY 2012-13, the Department of Human Services requested and received funding to eliminate the waiting list for the HCBS-CES program. In FY 2013-14, the Department of Health Care Policy and Financing requested and received funding to eliminate the waiting list for the HCBS-SLS program. In order to prevent new waiting lists, the General Assembly must provide new funding each year to allow for growth in both

programs. In contrast, the HCBS-DD program continues to have a waiting list for services; as of the December 31, 2017 Medicaid Funding Requested Waiting List Report, there are 2,926 people waiting to receive HCBS-DD waiver services. The waiting lists 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 waivers.

Each year, additional enrollments in the HCBS-DD waiver are needed to provide resources for emergency placements, individuals transitioning out of foster care, from HCBS-CES, or Colorado Choice Transition (CCT) clients transitioning from an institutional setting. Without additional enrollments each year, people with intellectual and developmental disabilities would transition to other less appropriate, costlier settings or become vulnerable to abuse, neglect or homelessness as an increasing number of people continue to wait on the list to receive the services they need.

***Proposed Solution:***

In order to adjust the current appropriations for the programs administered by the Office of Community Living in FY 2017-18, the Department requests an increase of \$284,844 total funds, including a decrease of \$5,098,457 General Fund and an increase of \$5,237,789 Intellectual and Developmental Disabilities Cash Funds. For FY 2018-19, the Department requests an increase of \$28,809,744 total funds, including an increase of \$14,259,742 General Fund. For FY 2019-20, the Department requests an increase of \$58,356,492 total funds, including an increase \$29,011,972 General Fund.

Based on the assumptions used in this request, the Department calculated maximum enrollment figures for each waiver program and TCM services and the number of full-program equivalents (FPE) for each fiscal year. If this request is approved, the Department calculates that by the end of FY 2017-18 it would serve: 5,691 people on the HCBS-DD waiver (including people in Regional Centers); 5,138 people on the HCBS-SLS waiver; and, 1,724 people on the HCBS-CES waiver. For the years covered in the request, the Department would limit HCBS-DD enrollments to the maximum enrollment figure. However, for the HCBS-SLS and HCBS-CES programs, the Department would adhere to the policy of maintaining no waiting lists; therefore, the maximum enrollment numbers are for information only, and the Department would exceed those figures if necessary and use the regular budget process to account for any change in the estimates. The number of associated FPE for each fiscal year is shown in exhibit D.3 of the appendix.

***Anticipated Outcomes:***

The Office of Community Living finances long term services and supports in the community to adults and children with developmental disabilities who would otherwise receive services in more restrictive and expensive institutional settings or who would be without services altogether. 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 Department's request includes funding to provide needed services for the highest number as well as most at-risk eligible people as possible. If the Department's request is approved, the Department would have resources to cover 11,948 people on average per month in FY 2017-18, and 13,002 people on average per month in FY 2018-19, thereby improving their physical, mental, and social well-being and quality of life.

### ***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.

#### **Exhibit A.1.1 – A.1.3: Calculation of Request**

This exhibit provides the final calculation of the incremental request, by line item. Values in the total request column are taken from calculations in exhibits A.2 through A.4, as well as exhibit C which relates to projected expenditure. The adjusted spending authority amounts reflect the estimate appropriation for each line and can be found in Tables G.1 through G.3. The incremental request is the sum of the differences between total request and spending authority for each line item.

#### **Exhibit A.1.4 – A.1.6: R-5 to S-5**

This exhibit provides the incremental change between the Department's November request (referred to as R-5) and February forecast (referred to as S-5). Values in the total request column are taken from calculations in exhibits A.2 through A.4, as well as exhibit C which relates to projected expenditure from both requests. The difference between requests is shown by line item and by total.

#### **Exhibit A.2 through A.4: Current, Request, and Out Year Fund Splits**

These exhibits provide a breakdown for each line item's expenditure estimate including fund splits for each program. This exhibit also allows for adjustments in the federal financial participation rate (FFP) based on the type of services delivered within each program. The Federal Medical Assistance Percentage (FMAP) Colorado decreased in October 2016 to 50.02%. The Department uses a blended rate to account for the implementation of the new match rate in the middle of the fiscal year. The Department predicts that the FMAP for FFY 2017-18 will decrease to 50.00% and remain the same in FFY 2017-18 at 50.00%. For state fiscal years this translates to an FMAP of 50.00% in FY 2017-18 through FY 2019-20. FMAP forecasts can be found in exhibit R of the Department's FY 2017-18 R-1 "Medical Services Premiums Request".

HB 16-1321 "Medicaid Buy-In Certain Waivers" created a buy-in option for working adults who would otherwise not qualify due to income or asset limits for the HCBS-SLS waiver. The program was implemented on December 1, 2017. The state portion of Buy-In expenditure will be paid for with Healthcare Affordability & Sustainability Fee Cash Fund dollars, while standard HCBS-SLS and TCM are paid for with General Fund dollars. Costs associated with Buy-In HCBS-SLS and TCM services are separated in these exhibits to reflect the difference in funding source.

## **Exhibit A.5: Cash Funds Report**

This iteration of the Department's forecast includes the addition of several cash fund sources. In light of this, the Department has added Exhibit A.5 to clarify the amount of and source of cash funds allocated and requested in each year.

## **Exhibit A.6: Buy-In Adjustments**

This tab separates expected expenditure on HCBS-SLS clients using the disabled buy-in eligibility criteria to access the waiver. Expected expenditure for this population is included in the total expenditure values calculated in Exhibit B and C, but is funded with Healthcare Affordability & Sustainability Fee Cash Fund (HAS) dollars instead of General Fund dollars. Exhibit A.6 services to isolate the amount expected to be spent on this population and to calculate the amount of funding required from HAS. This exhibit can also be used to track cost and caseload trends in the HCBS-SLS Buy-In program.

## **Exhibit B: Summary of Program Costs**

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

## **Exhibit C: Calculation of Projected Expenditure**

This exhibit provides the calculation of projected expenditure using revised assumptions about caseload and per FPE cost (calculated in exhibits D.3 and E, respectively). The exhibit then calculates the difference between the appropriated or base request amounts which results in the estimated over/under-expenditure for each waiver, by fiscal year. In fiscal years where systemic under-expenditure exists, this exhibit would also calculate an additional number of people that could be enrolled within existing resources, and converts the total enrollment figures into new paid enrollments, and calculate the new cost for additional enrollments for each fiscal year. This exhibit calculates costs for Medicaid matched services only and does not include State-Only programs. Therefore, the appropriation reflected in this exhibit does not match the adjusted appropriation in Exhibit A.1.

## **Exhibit D.1: Calculation of Maximum Enrollment**

To forecast the number of enrollments, the Department took the appropriated enrollments from the Long Bill and estimated a base trend. Selection of trends for each waiver are discussed below. Once the base enrollments are determined, the Department adds in additional enrollments authorized through special bills or other initiatives, as Bottom Line Adjustments, to reach the final estimated maximum enrollment. This process is repeated for the request year and the out year. Information on trend selection and Bottom Line Adjustments for each program are provided below.

As of FY 2014-15 there is no longer a waiver cap in the HCBS-SLS or HCBS-CES so the maximum enrollment forecast for these waivers has been removed from the exhibits. Because TCM enrollment is

derivative of HCBS-SLS and HCBS-CES enrollment, the maximum TCM enrollment forecast has also been removed from the exhibits.

### *Adult Comprehensive Waiver (DD)*

For FY 2017-18 the Department was appropriated funding for 5,587 enrollments through HB 16-1405 “FY 2017-18 Long Appropriations Bill” which included a request to increase the HCBS-DD enrollment cap by 243 clients as bottom line adjustments. These bottom line adjustments were composed of 150 emergency enrollments, 46 foster care transitions 16 Colorado Choice Transitions (CCT) clients expected to move from an institutional setting into the HCBS-DD waiver in FY 2016-17, and 32 youth transitions expected to move to the HCBS-DD waiver as they age out of the HCBS-CES waiver as requested in the Department’s FY 2014-15 R-8 “Developmental Disabilities New Full Program Equivalents”.

In FY 2017-18 the Department requests an additional 85 HCBS-DD enrollments, including an increase of 78 emergency enrollments, a reduction of 10 foster care transitions, an increase of 43 youth transitions from the HCBS-CES waiver and a reduction of 7 CCT transition to reach a maximum enrollment figure of 5,691 enrollments. In FY 2018-19 the Department requests an additional 347 enrollments, including 228 emergency enrollments, 36 foster care transitions, 75 youth transitions, and 8 CCT enrollments, to reach a maximum enrollment figure of 6,038.

This request represents a sizeable increase in the number of expected emergency enrollments over the Department’s previous forecast. The Department bases its updated figure on the number of emergency enrollments that enrolled in the HCBS-DD waiver in FY 2016-17. Between FY 2013-14 and FY 2016-17 the number of emergency enrollments authorized each month has been steadily increasing. The Department believes that this is the result of several compounding factors. In FY 2014-15 and FY 2015-16 the Department provided increased training to Community Centered Boards (CCBs) on the emergency enrollment criteria and process, while at the same time updating the forms necessary to initiate an emergency enrollment. The Department believes that part of the increase in emergency enrollments is a result of CCBs becoming more adept at identifying potential emergency enrollments, and more aware of the steps necessary enroll a client as an emergency enrollment.

The Department also believes that trends in the Colorado housing market have impacted the number of emergency enrollments into the HCBS-DD waiver. A common cause of an emergency enrollment is impending homelessness. Many individuals have lost housing due to rent increases, homes being sold after elderly care givers and parents pass away, and limited access to Section 8 housing. The Department has received feedback from stakeholders that there has been an increase in the age of caregivers. As caregivers age, some become less willing or able to provide the level of care needed by the client, leaving them neglected and more likely to qualify as an emergency enrollment.

Clients authorized as emergency enrollments, who may or may not be on the HCBS-DD waitlist, are allowed to enroll in the HCBS-DD waiver prior to clients on the waitlist. Without additional enrollments allocated for these clients, they will continue to take priority over clients on the HCBS-DD waitlist thereby increasing the size of the waitlist and waiting period for clients on the waitlist. If there are no allocated enrollments

available, clients meeting the emergency criteria may find themselves in settings that do not meet their needs, leave them open to abuse or neglect, or leave them vulnerable to homelessness.

Using updated data through December 2017, the Department estimates that 36 clients are likely to transition to HCBS-DD as foster care transitions in FY 2017-18, which represents a reduction of 10 clients from expected enrollment forecasted in the in the FY 2018-19 R-5. This estimate is based on lower than anticipated foster care transitions in FY 2016-17. Also, using updated data through December 2017, the Department anticipates that 75 youth will transition to the HCBS-DD waiver from the HCBS-CES waiver. This estimate is based on higher than anticipated HCBS-CES transitions in FY 2016-17 and the first half of FY 2018-19, as well as CCB reported expectations for January 2018 - June 2018 youth transitions.

Additionally, the Department is now predicting that 9 CCT clients will transition from institutions to the HCBS-DD waiver in FY 2017-18, which represents a reduction of 7 client from expected enrollment forecasted in the FY 2018-19 R-5. The Department has revised its CCT forecast downward based on lower than expected utilization of CCT services in FY 2018-19. CCT enrollments are forecasted in exhibit R of the Department's S-1 "Medical Services Premiums Request", see this exhibit for more information on the Department's revised CCT forecast.

#### **Exhibit D.2: Conversion of Enrollment to Full Program Equivalent (FPE)**

In order to properly calculate expenditure, the Department must use a consistent caseload metric that directly ties to expenditure. In this exhibit, and throughout the request, the Department uses average monthly paid enrollment to determine the number of clients for which it anticipates paying claims for in each fiscal year. This caseload metric is referred to as "full-program equivalents," or FPE. The Department notes, however, that the number of FPE is not always equal to the enrollment for each waiver. The relationship of FPE to maximum enrollment can vary based on a large number of factors including lag between enrollment and delivery of services and the lag between delivery of services and billing of claims; however, in order to accurately set the appropriation and manage the program, it is critical to explicitly identify both the number of FPE, enrollment, and the interaction between the two.

The Department's methodology to account for the above-mentioned variation includes the selection of an FPE conversion factor which is based on the ratio of average monthly enrollments (as calculated in Exhibit D.3) to FPE in historical data. Enrollments are derived from the number of unique waiver clients in a given month with an active prior authorization request (PAR) which means that these clients have been authorized by the CCBs to receive services. The Department then uses this metric to convert the average monthly enrollment forecast to projected FPE in Exhibit D.3.

The implementation of the Department's new Medicaid Management Information System (MMIS), interChange, has led to billing difficulties for providers including delayed payments and denied payments. These difficulties have created enough oddities in the data that the Department believes post-implementation data to be unreliable in several aspects. One of the aspects is the recording of prior authorizations (PAR) for HCBS waivers for individuals with IDD. The Department believes that PAR counts are artificially low post-implementation and do not accurately reflect the number of clients seeking authorizations. Because of this

the Department has elected to use the average FPE conversion factor seen in the first 8 months of FY 2016-17 without updating data to include post-implementation data, as the conversion factor is a function of PARs.

For each waiver and TCM, the selected FPE current year conversion factor is conversion factor seen in the first half of the fiscal year averaged with the conversion factor seen in the first 8 months of FY 2016-17. In the request and out years, the selected FPE conversion factor is the conversion factor seen in the first 8 months of FY 2016-17. The lack of major structural changes in waivers or TCM leads the Department to believe that prior year pre-interChange service utilization is a good prediction of utilization in the coming years.

The Department assumes that the conversion factor for HCBS-SLS and TCM Buy-In services will match those of non-Buy-In HCBS-SLS and TCM services because Buy-In clients will exist in the same provider environment, with the same barriers to access, as non-Buy-In clients. Furthermore, the Department expects Buy-In clients to exhibit fluctuations in service demand similar to those of non-Buy-In clients based on their similar medical conditions that qualify them for the service, though varying due to their unique physical, psychological, and social states. The Department will reassess this assumption after the program begins and adequate data is collected.

### **Exhibit D.3: Calculation of Average Monthly Enrollment and FPE**

This exhibit provides a summary of historical average monthly enrollment and estimates average monthly enrollment and FPE for the years covered in this request. The Department's methodology involves three steps and begins with the enrollment level at the end of the prior fiscal year. First, the final estimated average monthly enrollment under current policy is calculated by waiver specific methods, discussed below; these enrollments are then adjusted based on a linear enrollment ramp-up over the fiscal year. The Department assumes that by the end of each fiscal year, enrollment will be at the maximum appropriated or maximum assumed level and that the increase in enrollments from the beginning of the fiscal year to the end will happen evenly across 12 months. TCM enrollment is calculated as the sum of HCBS-DD, HCBS-SLS, and HCBS-CES enrollment.

If gross under-expenditure across the waivers in the request and out years exists, requested enrollments from reallocation of existing resources would be added to arrive at the final estimated average monthly enrollment; these enrollments would be in addition to those based on current policy. At this time, the Department is not requesting additional enrollments from reallocation of existing resources, but may reassess based on actual current year expenditure during the supplemental process.

Finally, the FPE adjustment factor, described in the conversion of enrollment to FPE, Exhibit D.2, is applied to the final estimated average monthly enrollment to arrive at the estimated FPE for the fiscal year. The steps described above are repeated for each waiver and fiscal year with the request and out years beginning with the FY 2016-17 actual and FY 2017-18 estimated maximum enrollment levels.

#### *Maximum Assumed Enrollment for the HCBS-DD Waiver*

For the HCBS-DD waiver, maximum enrollment comes from total appropriated enrollments. This is due to the existence of the enrollment cap in this waiver. The Department assumes that a number of members equal



to the appropriated enrollment amount will be authorized for services for each year in this request. The Department does not believe that all authorized enrollments in a fiscal year will be receiving services by the end of the fiscal year. This is due to the sometimes-lengthy process of matching the unique needs of a client and their family to a provider whom is willing to serve the client. Clients authorized towards the end of the fiscal year may not become enrolled until the following fiscal year. Therefore, to calculate average monthly enrollment in the HCBS-DD waiver, the maximum authorized enrollment is adjusted downwards based on the ratio of authorized to enrolled clients on the HCBS-DD waiver in FY 2015-16. The Department did not update the ratio for FY 2016-17 data due to reliability concerns with post-interChange implementation data. The calculation of FY 2016-17 Maximum Assumed Enrollment is shown in table 1.1.

<b>Table 1.1 – Calculation of HCBS-DD Maximum Assumed Enrollment</b>					
<b>Row</b>	<b>Item</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>Notes</b>
A	Requested Maximum HCBS-DD Enrollment	5,691	6,038	6,378	Appendix A - Exhibit D.1
B	FY 2015-16 Ratio of Enrollments Authorized HCBS-DD Enrollments to Enrolled with a Prior Authorization (PAR)	98.04%	98.04%	98.04%	Actuals
C	<b>Maximum Assumed HCBS-DD Enrollment</b>	<b>5,580</b>	<b>5,920</b>	<b>6,253</b>	<b>Row A * Row B</b>

*Maximum Assumed Enrollment for the HCBS-SLS and HCBS-CES Waivers*

Due to the removal of the enrollment cap for the HCBS-SLS waiver in FY 2014-15 and the HCBS-CES waiver in 2013-14 the Department no longer uses appropriated enrollments to forecast end of year enrollment. In light of this the Department now estimates maximum assumed enrollment.

All clients previously on the HCBS-SLS and HCBS-CES waiting list have been authorized by the Department to enroll in the waiver for which they were waiting. These clients are either enrolled and receiving services or are working with CCBs to connect with service providers and begin receiving services. Previously waitlisted clients who are not yet receiving services are referred to here as pending clients or pending enrollments and are managed internally by each CCB.

Maximum assumed enrollment for the HCBS-SLS waiver is based on linear enrollment projections from over the period spanning February, 2016 through February, 2017. The Department assumes that growth in this waiver will continue at a decreasing rate as pending clients are enrolled. Once all pending clients are enrolled.

All members previously on the HCBS-CES waitlist have been authorized and enrolled in the waiver the first half of FY 2016-17. The Department expects enrollment in this waiver to slow because of this, and has slowed its enrollment expectations for the current, request, and out years. The Department did not update enrollment trends from the FY 2018-19 R-5 forecast as trends align closely with actuals and due to reliability concerns with post-interChange implementation data.

Enrollment in HCBS-SLS and TCM Buy-In programs was calculated in the Department's fiscal note for HB 16-1321 "Medicaid Buy-In Certain Waivers", and the Department assumes that these enrollment assumptions still hold. The fiscal note assumed that the majority of clients that will use the HCBS-SLS Buy-In option are already enrolled in the HCBS-SLS waiver. To account for this, the Department subtracted the number clients expected to move from standard HCBS-SLS and TCM to Buy-In from average monthly enrollment in standard HCBS-SLS and TCM. Detailed enrollment predictions can be found in Exhibit A.6.

Buy-In in HCBS-SLS was implemented on December 1, 2017. Due to limited data, forecasted expenditure and utilization are used in this forecast. Expectations will be updated as data becomes available.

#### **Exhibit D.5: Regional Center Information**

This exhibit details the historical average enrollment and costs for clients receiving HCBS-DD services in Regional Centers. Regional Center claims are paid for from an appropriation within the Department via a transfer to the Department of Human Services (CDHS) who manages Regional Center programs. The cost of these clients is not forecasted in this request. Clients in Regional Centers do however receive TCM services as well as Quality Assurance and Utilization Reviews (QA/UR) which are managed and paid for by HCPF, so Regional Center enrollment information is included in this request to fully account for these costs. To determine utilization of these services the Department predicts that enrollment will remain constant over the request period.

#### **Exhibit E: Calculation of Per-FPE Expenditure**

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

The Department has included a base trend on every waiver and TCM in FY 2017-18 to account for trends in cost seen in the first half of FY 2017-18. These trends reflect first half of the year (period A) actuals and second half of the year (period B) expectations. Trends account for seasonal utilization changes in waivers where period B has been historically higher or lower than period A. In waivers with no seasonality period B cost per-capita is assumed to match period A cost per-capita. A base trend has not been included in the request and out years for any waiver or TCM reflecting the Departments expectation of consistent service utilization over time.

Bottom line adjustments account for the expected effect of approved policy in the Long Bill and any special bills.

A bottom line adjustment was included to reflect new CMS guidance that services eligible to be billed through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program must be billed through that program. Several services covered under the HCBS-CES waiver are also covered by EPSDT. The Department has been coordinating with providers and anticipates that EPSDT services currently billed to HCBS-CES will be billed through EPSDT starting on July 1, 2018. This forecast includes a significant reduction to HCBS-CES expenditure in the request and out years, however this reduction is offset by a corresponding increase in the FY 2018-19 S-1 Medical Services Premiums request. Total expenditure on EPSDT eligible services are not expected to be reduced and utilization is not expected to be impacted by the shift in fund sources.

A bottom line adjustment was added for the across the board rate increase, and targeted rate increase to transportation services, approved by the General Assembly and included in SB 17-254 FY 2017-18 Long Appropriations Bill. The across the board rate increase is 1.402% implemented on July 1, 2017 and the targeted rate increase to transportation services is 7.01% implemented October 1, 2017.

A bottom line adjustment was added to account for increased costs in the HCBS-SLS waiver due to the expansion of access to Consumer Directed Attendant Support Services (CDASS) as requested in the Departments FY 2015-16 R-7: "Participant Directed Programs Expansion". The Department has revised the expected implementation date from November 2017 to April 2018 pending systems modifications by the Department's interChange contractor. Using the assumption that CDASS will take a one year ramp up period to reach full utilization, the increase in costs for the HCBS-SLS waiver were annualized for FY 2017-18 with full utilization expected to be reached in April 2019.

Once CDASS is available on the HCBS-SLS waiver, the waiver will have all services offered by the 1915(i) waiver along with additional services and supports. Because of this, the Department expects all 1915(i) clients will transition to the HCBS-SLS waiver once CDASS is available. An additional bottom line impact was added to account for the expected influx of clients currently on the HCBS-1915(i) waiver to the HCBS-SLS when CDASS is approved by CMS. Due to higher than average utilization of consumer directed services amongst this population, these clients are expected to increase the aggregate cost per-client on the HCBS-SLS waiver as they transition.

In the previous FY 2018-19 R-5 request, to account for billing irregularities resulting from implementation of the interChange system, the Department added a one-time bottom line impact to cost per-FPE in FY 2017-18. This bottom line impact accounts for payments that the Department expects to pay on pending claims from FY 2016-17 that could not be paid due to systems issues. The Department anticipated that a large number of claims that would have normally been paid in FY 2016-17 would be paid for in FY 2017-18. To calculate this amount the Department assumed that the difference between the Department's FY 2016-17 expenditure projections in each waiver and the actual expenditure in each waiver will be paid in FY 2017-18 in addition to normal expenditure.

In line with this assumption, the Department has seen higher than usual cost per-FPE in the first half of FY 2017-18; however, overall caseload has not recovered as quickly as anticipated in the FY 2018-19 R-5. The Department believes that this low caseload figure is due to residual difficulties completing Prior

Authorization Requests (PAR) on the provider level caused by interChange implementation. The Department anticipates that, as providers become more familiar with the new system and submit PARs more expeditiously, caseload will increase at a faster pace over the second half of FY 2017-18. The Department also understands from communication with providers that some clients are receiving services without a PAR in the system, under the expectation that the claims will be billed once a PAR is completed in the system. This leads the Department to anticipate an increase in cost per-capita as enrollment increases over the second half of the year. The Department has added an additional bottom line adjustment to cost per-capita in all waivers in the anticipation of payment of an above average volume of unpaid claims.

### **Exhibit F: Quality Assurance, Utilization Review and Support Intensity Scale Services Forecast**

This exhibit forecasts Quality Assurance (QA), Utilization Review (UR), and Support Intensity Scale (SIS) service costs. These services are provided on a monthly, yearly or periodic basis for clients. As a result, utilization and expenditure for these services are directly tied to the number of clients enrolled in the IDD programs.

The Department pays QA costs monthly for each client related to performance of activities related to the waiver Quality Improvement Strategy (QIS) as well as the mechanisms for overall quality assurance and system improvement. Such activities include application of policies and procedures for the resolution of complaints and grievances, critical incident reporting and response, and the assessment and reporting of process and outcome performance measures. To calculate QA costs, the exhibit takes the estimated monthly enrollment from Table D.3 and multiplies that by the rate and then by 12 months for the year.

The Department pays UR costs on a monthly basis for each client. UR activities include the implementation of processes to ensure that waiver services have been authorized in conformance to waiver requirements and monitoring service utilization to ensure that the amount of services is within the levels authorized in the service plan. This also includes identifying instances when individuals are not receiving services authorized in the service plan or the amount of services utilized is substantially less than the amount authorized to identify potential problems in service access. For UR the exhibit multiples monthly enrollment and the current rate and then by 12 months for the year.

The Department performs SIS assessments for IDD clients. SIS includes an assessment of the individual's support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires. The SIS measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. The Scale ranks each activity according to *frequency* (none, at least once a month), *amount* (none, less than 30 minutes), and *type* of support (monitoring, verbal gesturing). Finally, a Supports Intensity Level is determined based on the Total Support Needs Index, which is a standard score generated from scores on all the items tested by the Scale. For SIS, the exhibit calculates expenditure by assuming that all new enrollments would receive an assessment and an additional ten percent of the current population would receive assessments. This would be a result of clients requesting a new assessment and churn within the programs. Children receiving services through the HCBS-CES waiver do not receive SIS assessments.

SB 16-192 “Assessment Tool Intellectual & Developmental Disabilities” requires the Department to design and implement a new assessment tool for individuals receiving long-term services and supports, including services for persons with intellectual and developmental disabilities. This entails the re-assessment of everyone receiving these services in FY 2019-20. A row has been added to the QA/UR/SIS forecast table in this fiscal year to account for increased assessments.

### **Exhibit G.1 through G.3: Appropriation Build**

Exhibit G.1 through G.3 build the appropriation for the current, request and out years based on Long Bill and special bill appropriations and changes made to spending authority through budget requests. The appropriation build for each year then separates out the programs within each appropriation with assumed amounts attributed to each of them.

To build the request and out year the Department begins each exhibit with the prior year’s final estimated appropriation for each program and adjusts the appropriation based on incremental amounts for each approved request or bill.

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<b>Table A1.1 - Calculation of Request</b>					
<b>FY 2017-18</b>					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
<b>Adult Comprehensive Services (HCBS-DD)</b>					
Total Request	\$381,006,241	\$185,265,330	\$5,237,790	\$0	\$190,503,121
Adjusted Spending Authority	\$376,385,762	\$188,192,881	\$1	\$0	\$188,192,880
<b>Incremental Request</b>	<b>\$4,620,479</b>	<b>(\$2,927,551)</b>	<b>\$5,237,789</b>	<b>\$0</b>	<b>\$2,310,241</b>
<b>Adult Supported Living Services (HCBS-SLS)</b>					
Total Request	\$74,530,516	\$41,146,345	\$134,285	\$0	\$33,249,886
Adjusted Spending Authority	\$79,102,446	\$43,432,794	\$133,801	\$0	\$35,535,851
<b>Incremental Request</b>	<b>(\$4,571,930)</b>	<b>(\$2,286,449)</b>	<b>\$484</b>	<b>\$0</b>	<b>(\$2,285,965)</b>
<b>Children's Extensive Support Services (HCBS-CES)</b>					
Total Request	\$26,862,221	\$13,431,110	\$0	\$0	\$13,431,111
Adjusted Spending Authority	\$28,030,392	\$14,015,196	\$0	\$0	\$14,015,196
<b>Incremental Request</b>	<b>(\$1,168,171)</b>	<b>(\$584,086)</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$584,085)</b>
<b>Case Management</b>					
Total Request	\$37,196,712	\$19,625,489	\$30,891	\$0	\$17,540,332
Adjusted Spending Authority	\$35,792,246	\$18,925,860	\$28,272	\$0	\$16,838,114
<b>Incremental Request</b>	<b>\$1,404,466</b>	<b>\$699,629</b>	<b>\$2,619</b>	<b>\$0</b>	<b>\$702,218</b>
<b>Family Support Services</b>					
Total Request	\$7,058,033	\$7,058,033	\$0	\$0	\$0
Adjusted Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Preventive Dental Hygiene</b>					
Total Request	\$64,199	\$64,199	\$0	\$0	\$0
Adjusted Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Eligibility Determination and Waiting List Management</b>					
Total Request	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
Adjusted Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Office of Community Living Total</b>					
Total Request	\$529,882,869	\$269,734,526	\$5,402,966	\$0	\$254,745,377
Adjusted Spending Authority	\$529,598,025	\$274,832,983	\$162,074	\$0	\$254,602,968
<b>Incremental Request</b>	<b>\$284,844</b>	<b>(\$5,098,457)</b>	<b>\$5,240,892</b>	<b>\$0</b>	<b>\$142,409</b>

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<b>Table A1.2 - Calculation of Request</b>					
<b>FY 2018-19</b>					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
<b>Adult Comprehensive Services (HCBS-DD)</b>					
Total Request	\$410,925,959	\$205,462,978	\$1	\$0	\$205,462,980
Adjusted Spending Authority	\$376,656,016	\$188,328,008	\$1	\$0	\$188,328,007
<b>Incremental Request</b>	<b>\$34,269,943</b>	<b>\$17,134,970</b>	<b>\$0</b>	<b>\$0</b>	<b>\$17,134,973</b>
<b>Adult Supported Living Services (HCBS-SLS)</b>					
Total Request	\$82,859,989	\$45,156,145	\$289,221	\$0	\$37,414,623
Adjusted Spending Authority	\$79,268,043	\$43,479,346	\$170,052	\$0	\$35,618,645
<b>Incremental Request</b>	<b>\$3,591,946</b>	<b>\$1,676,799</b>	<b>\$119,169</b>	<b>\$0</b>	<b>\$1,795,978</b>
<b>Children's Extensive Support Services (HCBS-CES)</b>					
Total Request	\$15,055,106	\$7,527,553	\$0	\$0	\$7,527,553
Adjusted Spending Authority	\$28,030,392	\$14,015,196	\$0	\$0	\$14,015,196
<b>Incremental Request</b>	<b>(\$12,975,286)</b>	<b>(\$6,487,643)</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$6,487,643)</b>
<b>Case Management</b>					
Total Request	\$39,979,557	\$20,985,858	\$61,946	\$0	\$18,931,753
Adjusted Spending Authority	\$36,056,416	\$19,050,242	\$35,991	\$0	\$16,970,183
<b>Incremental Request</b>	<b>\$3,923,141</b>	<b>\$1,935,616</b>	<b>\$25,955</b>	<b>\$0</b>	<b>\$1,961,570</b>
<b>Family Support Services</b>					
Total Request	\$7,058,033	\$7,058,033	\$0	\$0	\$0
Adjusted Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Preventive Dental Hygiene</b>					
Total Request	\$64,199	\$64,199	\$0	\$0	\$0
Adjusted Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Eligibility Determination and Waiting List Management</b>					
Total Request	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
Adjusted Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Office of Community Living Total</b>					
Total Request	\$559,107,790	\$289,398,786	\$351,168	\$0	\$269,357,836
Adjusted Spending Authority	\$530,298,046	\$275,139,044	\$206,044	\$0	\$254,952,958
<b>Incremental Request</b>	<b>\$28,809,744</b>	<b>\$14,259,742</b>	<b>\$145,124</b>	<b>\$0</b>	<b>\$14,404,878</b>

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<b>Table A1.3 - Calculation of Request</b>					
<b>FY 2019-20</b>					
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>Adult Comprehensive Services (HCBS-DD)</b>					
Total Request	\$434,805,818	\$217,402,908	\$1	\$0	\$217,402,909
Adjusted Spending Authority	\$376,656,016	\$188,328,008	\$1	\$0	\$188,328,007
<b>Incremental Request</b>	<b>\$58,149,802</b>	<b>\$29,074,900</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,074,902</b>
<b>Adult Supported Living Services (HCBS-SLS)</b>					
Total Request	\$86,526,993	\$46,971,494	\$307,375	\$0	\$39,248,124
Adjusted Spending Authority	\$79,268,043	\$43,479,346	\$170,052	\$0	\$35,618,645
<b>Incremental Request</b>	<b>\$7,258,950</b>	<b>\$3,492,148</b>	<b>\$137,323</b>	<b>\$0</b>	<b>\$3,629,479</b>
<b>Children's Extensive Support Services (HCBS-CES)</b>					
Total Request	\$14,964,917	\$7,482,459	\$0	\$0	\$7,482,458
Adjusted Spending Authority	\$28,030,392	\$14,015,196	\$0	\$0	\$14,015,196
<b>Incremental Request</b>	<b>(\$13,065,475)</b>	<b>(\$6,532,737)</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$6,532,738)</b>
<b>Case Management</b>					
Total Request	\$45,468,167	\$23,727,171	\$64,937	\$0	\$21,676,059
Adjusted Spending Authority	\$39,454,952	\$20,749,510	\$35,991	\$0	\$18,669,451
<b>Incremental Request</b>	<b>\$6,013,215</b>	<b>\$2,977,661</b>	<b>\$28,946</b>	<b>\$0</b>	<b>\$3,006,608</b>
<b>Family Support Services</b>					
Total Request	\$7,058,033	\$7,058,033	\$0	\$0	\$0
Adjusted Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Preventive Dental Hygiene</b>					
Total Request	\$64,199	\$64,199	\$0	\$0	\$0
Adjusted Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Eligibility Determination and Waiting List Management</b>					
Total Request	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
Adjusted Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
<b>Incremental Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Office of Community Living Total</b>					
Total Request	\$592,053,074	\$305,850,284	\$372,313	\$0	\$285,830,477
Adjusted Spending Authority	\$533,696,582	\$276,838,312	\$206,044	\$0	\$256,652,226
<b>Incremental Request</b>	<b>\$58,356,492</b>	<b>\$29,011,972</b>	<b>\$166,269</b>	<b>\$0</b>	<b>\$29,178,251</b>



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<b>Table A1.4 - Difference Between FY 2018-19 R-5 and FY 2018-19 S-5 Requests</b>					
<b>FY 2017-18</b>					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
<b>Adult Comprehensive Services (HCBS-DD)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$381,006,241	\$185,265,330	\$5,237,790	\$0	\$190,503,121
FY 2018-19 R-5 Requested Spending Authority	\$391,065,217	\$190,294,818	\$5,237,790	\$0	\$195,532,609
<b>Difference Between Requests</b>	(\$10,058,976)	(\$5,029,488)	\$0	\$0	(\$5,029,488)
<b>Adult Supported Living Services (HCBS-SLS)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$74,530,516	\$41,146,345	\$134,285	\$0	\$33,249,886
FY 2018-19 R-5 Requested Spending Authority	\$80,283,909	\$44,078,957	\$78,369	\$0	\$36,126,583
<b>Difference Between Requests</b>	(\$5,753,393)	(\$2,932,612)	\$55,916	\$0	(\$2,876,697)
<b>Children's Extensive Support Services (HCBS-CES)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$26,862,221	\$13,431,110	\$0	\$0	\$13,431,111
FY 2018-19 R-5 Requested Spending Authority	\$28,754,289	\$14,377,144	\$0	\$0	\$14,377,145
<b>Difference Between Requests</b>	(\$1,892,068)	(\$946,034)	\$0	\$0	(\$946,034)
<b>Case Management</b>					
FY 2018-19 S-5 Requested Spending Authority	\$37,196,712	\$19,625,489	\$30,891	\$0	\$17,540,332
FY 2018-19 R-5 Requested Spending Authority	\$39,825,462	\$20,948,830	\$21,925	\$0	\$18,854,707
<b>Difference Between Requests</b>	(\$2,628,750)	(\$1,323,341)	\$8,966	\$0	(\$1,314,375)
<b>Family Support Services</b>					
FY 2018-19 S-5 Requested Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
FY 2018-19 R-5 Requested Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
<b>Difference Between Requests</b>	\$0	\$0	\$0	\$0	\$0
<b>Preventive Dental Hygiene</b>					
FY 2018-19 S-5 Requested Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
FY 2018-19 R-5 Requested Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
<b>Difference Between Requests</b>	\$0	\$0	\$0	\$0	\$0
<b>Eligibility Determination and Waiting List Management</b>					
FY 2018-19 S-5 Requested Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
FY 2018-19 R-5 Requested Spending Authority	\$3,164,947	\$3,143,726	\$0	\$0	\$21,221
<b>Difference Between Requests</b>	\$0	\$294	\$0	\$0	(\$294)
<b>Office of Community Living Total</b>					
FY 2018-19 S-5 Requested Spending Authority	\$529,882,869	\$269,734,526	\$5,402,966	\$0	\$254,745,377
FY 2018-19 R-5 Requested Spending Authority	\$550,216,056	\$279,965,707	\$5,338,084	\$0	\$264,912,265
<b>Difference Between Requests</b>	(\$20,333,187)	(\$10,231,181)	\$64,882	\$0	(\$10,166,888)

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<b>Table A1.5 - Difference Between FY 2018-19 R-5 and FY 2018-19 S-5 Requests</b>					
<b>FY 2018-19</b>					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
<b>Adult Comprehensive Services (HCBS-DD)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$410,925,959	\$205,462,978	\$1	\$0	\$205,462,980
FY 2018-19 R-5 Requested Spending Authority	\$408,102,965	\$204,051,481	\$1	\$0	\$204,051,483
<b>Difference Between Requests</b>	<b>\$2,822,994</b>	<b>\$1,411,497</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,411,497</b>
<b>Adult Supported Living Services (HCBS-SLS)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$82,859,989	\$45,156,145	\$289,221	\$0	\$37,414,623
FY 2018-19 R-5 Requested Spending Authority	\$85,335,596	\$46,414,237	\$268,933	\$0	\$38,652,426
<b>Difference Between Requests</b>	<b>(\$2,475,607)</b>	<b>(\$1,258,092)</b>	<b>\$20,288</b>	<b>\$0</b>	<b>(\$1,237,803)</b>
<b>Children's Extensive Support Services (HCBS-CES)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$15,055,106	\$7,527,553	\$0	\$0	\$7,527,553
FY 2018-19 R-5 Requested Spending Authority	\$28,824,620	\$14,412,310	\$0	\$0	\$14,412,310
<b>Difference Between Requests</b>	<b>(\$13,769,514)</b>	<b>(\$6,884,757)</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$6,884,757)</b>
<b>Case Management</b>					
FY 2018-19 S-5 Requested Spending Authority	\$39,979,557	\$20,985,858	\$61,946	\$0	\$18,931,753
FY 2018-19 R-5 Requested Spending Authority	\$37,330,908	\$19,672,334	\$51,145	\$0	\$17,607,429
<b>Difference Between Requests</b>	<b>\$2,648,649</b>	<b>\$1,313,524</b>	<b>\$10,801</b>	<b>\$0</b>	<b>\$1,324,324</b>
<b>Family Support Services</b>					
FY 2018-19 S-5 Requested Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
FY 2018-19 R-5 Requested Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
<b>Difference Between Requests</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Preventive Dental Hygiene</b>					
FY 2018-19 S-5 Requested Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
FY 2018-19 R-5 Requested Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
<b>Difference Between Requests</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Eligibility Determination and Waiting List Management</b>					
FY 2018-19 S-5 Requested Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
FY 2018-19 R-5 Requested Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
<b>Difference Between Requests</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Office of Community Living Total</b>					
FY 2018-19 S-5 Requested Spending Authority	\$559,107,790	\$289,398,786	\$351,168	\$0	\$269,357,836
FY 2018-19 R-5 Requested Spending Authority	\$569,881,268	\$294,816,614	\$320,079	\$0	\$274,744,575
<b>Difference Between Requests</b>	<b>(\$10,773,478)</b>	<b>(\$5,417,828)</b>	<b>\$31,089</b>	<b>\$0</b>	<b>(\$5,386,739)</b>

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<b>Table A1.6 - Difference Between FY 2019-20 R-5 and FY 2019-20 S-5 Requests</b>					
<b>FY 2019-20</b>					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
<b>Adult Comprehensive Services (HCBS-DD)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$434,805,818	\$217,402,908	\$1	\$0	\$217,402,909
FY 2018-19 R-5 Requested Spending Authority	\$430,518,347	\$215,259,174	\$1	\$0	\$215,259,172
<b>Difference Between Requests</b>	\$4,287,471	\$2,143,734	\$0	\$0	\$2,143,737
<b>Adult Supported Living Services (HCBS-SLS)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$86,526,993	\$46,971,494	\$307,375	\$0	\$39,248,124
FY 2018-19 R-5 Requested Spending Authority	\$89,023,672	\$48,240,669	\$286,539	\$0	\$40,496,464
<b>Difference Between Requests</b>	(\$2,496,679)	(\$1,269,175)	\$20,836	\$0	(\$1,248,340)
<b>Children's Extensive Support Services (HCBS-CES)</b>					
FY 2018-19 S-5 Requested Spending Authority	\$14,964,917	\$7,482,459	\$0	\$0	\$7,482,458
FY 2018-19 R-5 Requested Spending Authority	\$29,615,253	\$14,807,627	\$0	\$0	\$14,807,626
<b>Difference Between Requests</b>	(\$14,650,336)	(\$7,325,168)	\$0	\$0	(\$7,325,168)
<b>Case Management</b>					
FY 2018-19 S-5 Requested Spending Authority	\$45,468,167	\$23,727,171	\$64,937	\$0	\$21,676,059
FY 2018-19 R-5 Requested Spending Authority	\$42,723,858	\$22,361,134	\$58,820	\$0	\$20,303,904
<b>Difference Between Requests</b>	\$2,744,309	\$1,366,037	\$6,117	\$0	\$1,372,155
<b>Family Support Services</b>					
FY 2018-19 S-5 Requested Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
FY 2018-19 R-5 Requested Spending Authority	\$7,058,033	\$7,058,033	\$0	\$0	\$0
<b>Difference Between Requests</b>	\$0	\$0	\$0	\$0	\$0
<b>Preventive Dental Hygiene</b>					
FY 2018-19 S-5 Requested Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
FY 2018-19 R-5 Requested Spending Authority	\$64,199	\$64,199	\$0	\$0	\$0
<b>Difference Between Requests</b>	\$0	\$0	\$0	\$0	\$0
<b>Eligibility Determination and Waiting List Management</b>					
FY 2018-19 S-5 Requested Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
FY 2018-19 R-5 Requested Spending Authority	\$3,164,947	\$3,144,020	\$0	\$0	\$20,927
<b>Difference Between Requests</b>	\$0	\$0	\$0	\$0	\$0
<b>Office of Community Living Total</b>					
FY 2018-19 S-5 Requested Spending Authority	\$592,053,074	\$305,850,284	\$372,313	\$0	\$285,830,477
FY 2018-19 R-5 Requested Spending Authority	\$602,168,309	\$310,934,856	\$345,360	\$0	\$290,888,093
<b>Difference Between Requests</b>	(\$10,115,235)	(\$5,084,572)	\$26,953	\$0	(\$5,057,616)

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<b>Table A.2 - Calculation of Fund Splits</b>						
<b>FY 2017-18</b>						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
<b>Adult Comprehensive Services (HCBS-DD)</b>						
Medicaid Services <sup>(1)</sup>	\$381,006,241	\$190,503,119	\$1	\$190,503,121	50.00%	Table B.1 Row K
Cash Fund Financing <sup>(2)</sup>	\$0	(\$5,237,789)	\$5,237,789	\$0		FY 2016-17 Reversion to Intellectual and Developmental Disabilities Cash Fund
<b>Subtotal</b>	\$381,006,241	\$185,265,330	\$5,237,790	\$190,503,121	50.00%	
<b>Adult Supported Livings Services (HCBS-SLS)</b>						
Medicaid Services	\$66,231,204	\$33,115,602	\$0	\$33,115,602	50.00%	Table A.6.5 Row C
Medicaid Services (Buy-In) <sup>(3)</sup>	\$268,569	\$0	\$134,285	\$134,284	50.00%	Table A.6.5 Row B
State Only Services	\$8,030,743	\$8,030,743	\$0	\$0	0.00%	Table G.1 Row O
<b>Subtotal</b>	\$74,530,516	\$41,146,345	\$134,285	\$33,249,886		
<b>Children's Extensive Support Services (HCBS-CES)</b>						
<b>Subtotal</b>	\$26,862,221	\$13,431,110	\$0	\$13,431,111	50.00%	Table B.1 Row K
<b>Case Management</b>						
Medicaid Services	\$29,912,033	\$14,956,016	\$0	\$14,956,017	50.00%	Table A.6.5 Row F
Medicaid Services (Buy-In) <sup>(3)</sup>	\$55,813	\$0	\$27,907	\$27,906	50.00%	Table A.6.5 Row E
State Only Services	\$2,116,047	\$2,116,047	\$0	\$0	0.00%	Table G.1 Row AB
Quality Assurance, Utilization Review, Support Intensity Scale	\$5,106,852	\$2,553,426	\$0	\$2,553,426	50.00%	Table A.6.5 Row I
Quality Assurance, Utilization Review, Support Intensity Scale (Buy-In) <sup>(3)</sup>	\$5,967	\$0	\$2,984	\$2,983	50.00%	Table A.6.5 Row H
<b>Subtotal</b>	\$37,196,712	\$19,625,489	\$30,891	\$17,540,332		
<b>Eligibility Determination and Waiting List Management</b>						
Medical Eligibility Determination	\$3,137,044	\$3,137,044	\$0	\$0	0.00%	Table G.1 Row AM
PASRR	\$27,903	\$6,976	\$0	\$20,927	75.00%	Table G.1 Row AL
<b>Subtotal</b>	\$3,164,947	\$3,144,020	\$0	\$20,927		
<b>Other Programs</b>						
Family Support Services	\$7,058,033	\$7,058,033	\$0	\$0	0.00%	Table G.1 Row AE
Preventive Dental Hygiene	\$64,199	\$64,199	\$0	\$0	0.00%	Table G.1 Row AH
<b>Subtotal</b>	\$7,122,232	\$7,122,232	\$0	\$0		
<b>Grand Total</b>	<b>\$529,882,869</b>	<b>\$269,734,526</b>	<b>\$5,402,966</b>	<b>\$254,745,377</b>		

Definitions: FFP: Federal financial participation rate

(1) Cash funds sourced from the Health Care Expansion Fund.

(2) Cash funds sourced from the Intellectual and Developmental Disabilities Cash Fund.

(3) Cash funds sourced from the Healthcare Affordability & Sustainability Fee Cash Fund. Premiums from clients in Buy-In programs are credited to the Medical Services Premiums line item, and as such are excluded from this request.

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<b>Table A.3 - Calculation of Fund Splits</b>						
<b>FY 2018-19</b>						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
<b>Adult Comprehensive Services (HCBS-DD)</b>						
<b>Subtotal<sup>(1)</sup></b>	\$410,925,959	\$205,462,978	\$1	\$205,462,980	50.00%	Table B.1 Row L
<b>Adult Supported Livings Services (HCBS-SLS)</b>						
Medicaid Services (Standard)	\$74,250,804	\$37,125,402	\$0	\$37,125,402	50.00%	Table A.6.6 Row C
Medicaid Services (Buy-In) <sup>(2)</sup>	\$578,442	\$0	\$289,221	\$289,221	50.00%	Table A.6.6 Row B
State Only Services	\$8,030,743	\$8,030,743	\$0	\$0	0.00%	Table G.2 Row I
<b>Subtotal</b>	<b>\$82,859,989</b>	<b>\$45,156,145</b>	<b>\$289,221</b>	<b>\$37,414,623</b>		
<b>Children's Extensive Support Services (HCBS-CES)</b>						
<b>Subtotal</b>	\$15,055,106	\$7,527,553	\$0	\$7,527,553	50.00%	Table B.1 Row L
<b>Case Management</b>						
Medicaid Services (Standard)	\$32,301,797	\$16,150,899	\$0	\$16,150,898	50.00%	Table A.6.6 Row F
Medicaid Services (Buy-In) <sup>(2)</sup>	\$111,739	\$0	\$55,870	\$55,869	50.00%	Table A.6.6 Row E
State Only Services	\$2,116,047	\$2,116,047	\$0	\$0	0.00%	Table G.2 Row S
Quality Assurance, Utilization Review, Support Intensity Scale (Standard)	\$5,437,823	\$2,718,912	\$0	\$2,718,911	50.00%	Table A.6.6 Row I
Quality Assurance, Utilization Review, Support Intensity Scale (Buy-In) <sup>(2)</sup>	\$12,151	\$0	\$6,076	\$6,075	50.00%	Table A.6.6 Row H
<b>Subtotal</b>	<b>\$39,979,557</b>	<b>\$20,985,858</b>	<b>\$61,946</b>	<b>\$18,931,753</b>		
<b>Eligibility Determination and Waiting List Management</b>						
Medical Eligibility Determination	\$3,137,044	\$3,137,044	\$0	\$0	0.00%	Table G.2 Row AA
PASRR	\$27,903	\$6,976	\$0	\$20,927	75.00%	Table G.2 Row Z
<b>Subtotal</b>	<b>\$3,164,947</b>	<b>\$3,144,020</b>	<b>\$0</b>	<b>\$20,927</b>		
<b>Other Programs</b>						
Family Support Services	\$7,058,033	\$7,058,033	\$0	\$0	0.00%	Table G.2 Row U
Preventive Dental Hygiene	\$64,199	\$64,199	\$0	\$0	0.00%	Table G.2 Row W
<b>Subtotal</b>	<b>\$7,122,232</b>	<b>\$7,122,232</b>	<b>\$0</b>	<b>\$0</b>		
<b>Grand Total</b>	<b>\$559,107,790</b>	<b>\$289,398,786</b>	<b>\$351,168</b>	<b>\$269,357,836</b>		

Definitions: FFP: Federal financial participation rate

(1) Cash funds from the Health Care Expansion Fund

(2) Cash funds from the Healthcare Affordability & Sustainability Fee Cash Fund. Premiums from clients in Buy-In programs are credited to the Medical Services Premiums line item, and as such are excluded from this request.

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<b>Table A.4 - Calculation of Fund Splits</b>						
<b>FY 2019-20</b>						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
<b>Adult Comprehensive Services (HCBS-DD)</b>						
<b>Subtotal<sup>(1)</sup></b>	\$434,805,818	\$217,402,908	\$1	\$217,402,909	50.00%	Table B.1 Row M
<b>Adult Supported Livings Services (HCBS-SLS)</b>						
Medicaid Services (Standard)	\$77,881,501	\$38,940,751	\$0	\$38,940,750	50.00%	Table A.6.7 Row C
Medicaid Services (Buy-In) <sup>(2)</sup>	\$614,749	\$0	\$307,375	\$307,374	50.00%	Table A.6.7 Row B
State Only Services	\$8,030,743	\$8,030,743	\$0	\$0	0.00%	Table G.3 Row F
<b>Subtotal</b>	\$86,526,993	\$46,971,494	\$307,375	\$39,248,124		
<b>Children's Extensive Support Services (HCBS-CES)</b>						
<b>Subtotal</b>	\$14,964,917	\$7,482,459	\$0	\$7,482,458	50.00%	Table B.1 Row M
<b>Case Management</b>						
Medicaid Services (Standard)	\$33,604,926	\$16,802,463	\$0	\$16,802,463	50.00%	Table A.6.7 Row F
Medicaid Services (Buy-In) <sup>(2)</sup>	\$117,031	\$0	\$58,516	\$58,515	50.00%	Table A.6.7 Row E
State Only Services	\$2,116,047	\$2,116,047	\$0	\$0	0.00%	Table G.3 Row L
Quality Assurance, Utilization Review, Support Intensity Scale (Standard)	\$9,617,322	\$4,808,661	\$0	\$4,808,661	50.00%	Table A.6.7 Row I
Quality Assurance, Utilization Review, Support Intensity Scale (Buy-In) <sup>(2)</sup>	\$12,841	\$0	\$6,421	\$6,420	50.00%	Table A.6.7 Row H
<b>Subtotal</b>	\$45,468,167	\$23,727,171	\$64,937	\$21,676,059		
<b>Eligibility Determination and Waiting List Management</b>						
Medical Eligibility Determination	\$3,137,044	\$3,137,044	\$0	\$0	0.00%	Table G.3 Row V
PASRR	\$27,903	\$6,976	\$0	\$20,927	75.00%	Table G.3 Row U
<b>Subtotal</b>	\$3,164,947	\$3,144,020	\$0	\$20,927		
<b>Other Programs</b>						
Family Support Services	\$7,058,033	\$7,058,033	\$0	\$0	0.00%	Table G.3 Row P
Preventive Dental Hygiene	\$64,199	\$64,199	\$0	\$0	0.00%	Table G.3 Row R
<b>Subtotal</b>	\$7,122,232	\$7,122,232	\$0	\$0		
<b>Grand Total</b>	<b>\$592,053,074</b>	<b>\$305,850,284</b>	<b>\$372,313</b>	<b>\$285,830,477</b>		

Definitions: FFP: Federal financial participation rate

(1) Cash funds sourced from the Health Care Expansion Fund

(2) Cash funds sourced from the Hospital Provider Fee Cash Fund. Premiums from clients in Buy-In programs are credited to the Medical Services Premiums line item, and as such are excluded from this request.

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<b>Table A.5 - Office of Community Living Cash Funds Report</b>									
Cash Fund	FY 2017-18			FY 2018-19			FY 2019-20		
	Base Spending Authority	Estimate	Change	Base Spending Authority	Estimate	Change	Base Spending Authority	Estimate	Change
<i>Cash Funds</i>									
Health Care Expansion Fund	\$1	\$1	\$0	\$1	\$1	\$0	\$1	\$1	\$0
Intellectual and Developmental Disabilities Cash Fund	\$0	\$5,237,789	\$5,237,789	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Provider Fee Cash Fund	\$162,073	\$0	(\$162,073)	\$206,043	\$0	(\$206,043)	\$206,043	\$0	(\$206,043)
Healthcare Affordability & Sustainability Fee Cash Fund	\$0	\$165,176	\$165,176	\$0	\$351,167	\$351,167	\$0	\$372,312	\$372,312
<b>Total Cash Funds</b>	<b>\$162,074</b>	<b>\$5,402,966</b>	<b>\$5,240,892</b>	<b>\$206,044</b>	<b>\$351,168</b>	<b>\$145,124</b>	<b>\$206,044</b>	<b>\$372,313</b>	<b>\$166,269</b>

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<b>Table A.6.1 - Historic Expenditure on Buy-In HCBS-SLS Programs</b>						
<b>Row</b>	<b>Fiscal Year</b>	<b>HCBS-SLS</b>	<b>TCM</b>	<b>QA/UR</b>	<b>SIS</b>	<b>Total</b>
A	FY 2007-08	\$0	\$0	\$0	\$0	\$0
B	FY 2008-09	\$0	\$0	\$0	\$0	\$0
C	FY 2009-10	\$0	\$0	\$0	\$0	\$0
D	FY 2010-11	\$0	\$0	\$0	\$0	\$0
E	FY 2011-12	\$0	\$0	\$0	\$0	\$0
F	FY 2012-13	\$0	\$0	\$0	\$0	\$0
G	FY 2013-14	\$0	\$0	\$0	\$0	\$0
H	FY 2014-15	\$0	\$0	\$0	\$0	\$0
I	FY 2015-16	\$0	\$0	\$0	\$0	\$0
J	FY 2016-17	\$0	\$0	\$0	\$0	\$0
K	Estimated FY 2017-18	\$268,569	\$55,813	\$1,949	\$4,018	\$330,349
L	Estimated FY 2018-19	\$578,442	\$111,739	\$4,115	\$8,036	\$702,332
M	Estimated FY 2019-20	\$614,749	\$117,031	\$4,332	\$8,509	\$744,621



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Table A.6.2 - FY 2017-18 HB 16-1321 Buy-In Expansion Cost and Caseload Estimate						
Row	Item	HCBS-SLS	TCM	QA/UR	SIS <sup>(1)</sup>	Notes
A	Anticipated Buy-In New Clients	16	16	16	16	Department Estimate for HB 16-1321
B	Anticipated Buy-In Existing Client	2	2	2	1	Department Estimate for HB 16-1321
C	Anticipated Buy-In Caseload	18	18	18	17	Row A + Row B
D	Anticipated Buy-In Cost/Client	\$14,920.50	\$3,100.74	\$108.30	\$236.35	Table E.1 Row K, Table F.1 for QA/UR/SIS
E	Anticipated Buy-in Cost	\$268,569	\$55,813	\$1,949	\$4,018	Row C * Row D

Table A.6.3 - FY 2018-19 HB 16-1321 Buy-In Expansion Cost and Caseload Estimate						
Row	Item	HCBS-SLS	TCM	QA/UR	SIS <sup>(1)</sup>	Notes
A	Anticipated Buy-In New Clients	33	33	33	33	Department Estimate for HB 16-1321
B	Anticipated Buy-In Existing Client	5	5	5	1	Department Estimate for HB 16-1321
C	Anticipated Buy-In Caseload	38	38	38	34	Row A + Row B
D	Anticipated Buy-In Cost/Client	\$15,222.16	\$2,940.51	\$108.30	\$236.35	Table E.2 Row L, Table F.2 for QA/UR/SIS
E	Anticipated Buy-in Cost	\$578,442	\$111,739	\$4,115	\$8,036	Row C * Row D

Table A.6.4 - FY 2019-20 HB 16-1321 Buy-In Expansion Cost and Caseload Estimate						
Row	Item	HCBS-SLS	TCM	QA/UR	SIS <sup>(1)</sup>	Notes
A	Anticipated Buy-In New Clients	35	35	35	35	Department Estimate for HB 16-1321
B	Anticipated Buy-In Existing Client	5	5	5	1	Department Estimate for HB 16-1321
C	Anticipated Buy-In Caseload	40	40	40	36	Row A + Row B
D	Anticipated Buy-In Cost/Client	\$15,368.73	\$2,925.77	\$108.30	\$236.35	Table E.3 Row M, Table F.3 for QA/UR/SIS
E	Anticipated Buy-in Cost	\$614,749	\$117,031	\$4,332	\$8,509	Row C * Row D

(1) The Department assumes that all new clients on the HCBS-Waiver will receive a SIS assessment, and 10% of existing clients will receive a SIS assessment.

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<b>Table A.6.5 - FY 2017-18 Buy-In Breakout</b>					
<b>Row</b>	<b>Item</b>	<b>Total Request</b>	<b>TCM</b>	<b>QA/UR/SIS</b>	<b>Source</b>
A	HCBS-SLS Total Request	\$66,499,773	\$29,967,846	\$5,112,819	Table B.1 Row K, Table F.1 Row J
B	HCBS-SLS Buy-In	\$268,569	\$55,813	\$5,967	Table A.6.2 Row E
C	HCBS-SLS Standard	\$66,231,204	\$29,912,033	\$5,106,852	Row A - Row B

<b>Table A.6.6 - FY 2018-19 Buy-In Breakout</b>					
<b>Row</b>	<b>Item</b>	<b>Total Request</b>	<b>TCM</b>	<b>QA/UR/SIS</b>	<b>Source</b>
A	HCBS-SLS Total Request	\$74,829,246	\$32,413,536	\$5,449,974	Table B.1 Row L, Table F.2 Row J
B	HCBS-SLS Buy-In	\$578,442	\$111,739	\$12,151	Table A.6.3 Row E
C	HCBS-SLS Standard	\$74,250,804	\$32,301,797	\$5,437,823	Row A - Row B

<b>Table A.6.7 - FY 2019-20 Buy-In Breakout</b>					
<b>Row</b>	<b>Item</b>	<b>Total Request</b>	<b>TCM</b>	<b>QA/UR/SIS</b>	<b>Source</b>
A	HCBS-SLS Total Request	\$78,496,250	\$33,721,957	\$9,630,163	Table B.1 Row M, Table F.3 Row J
B	HCBS-SLS Buy-In	\$614,749	\$117,031	\$12,841	Table A.6.4 Row E
C	HCBS-SLS Standard	\$77,881,501	\$33,604,926	\$9,617,322	Row A - Row B

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<b>Table B.1 - Division for Intellectual and Developmental Disabilities (DIDD) Total Program Expenditure and Forecast</b>						
<b>Row</b>	<b>Fiscal Year</b>	<b>HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)</b>	<b>HCBS - Supported Living Services Waiver (HCBS-SLS)</b>	<b>HCBS - Children's Extensive Support Waiver (HCBS-CES)</b>	<b>HCBS - Targeted Case Management (TCM)</b>	<b>Total</b>
A	FY 2007-08	\$202,943,588	\$39,607,629	\$5,894,263	\$13,661,560	\$262,107,040
B	FY 2008-09	\$223,362,025	\$46,391,718	\$6,913,410	\$13,848,967	\$290,516,120
C	FY 2009-10	\$253,798,612	\$37,399,799	\$7,158,025	\$16,484,735	\$314,841,171
D	FY 2010-11	\$273,096,876	\$37,579,497	\$7,956,073	\$19,114,672	\$337,747,118
E	FY 2011-12	\$264,899,518	\$37,030,578	\$7,361,601	\$16,875,522	\$326,167,219
F	FY 2012-13	\$261,817,957	\$37,273,663	\$7,015,707	\$16,117,073	\$322,224,400
G	FY 2013-14	\$282,475,249	\$39,288,448	\$9,125,302	\$17,441,960	\$348,330,959
H	FY 2014-15	\$314,878,204	\$44,654,327	\$14,967,843	\$20,230,023	\$394,730,397
I	FY 2015-16	\$330,217,987	\$53,275,897	\$21,074,423	\$22,103,255	\$426,671,562
J	FY 2016-17	\$347,057,913	\$58,395,990	\$25,113,943	\$22,242,358	\$452,810,204
K	Estimated FY 2017-18	\$381,006,241	\$66,499,773	\$26,862,221	\$29,967,846	\$504,336,081
L	Estimated FY 2018-19	\$410,925,959	\$74,829,246	\$15,055,106	\$32,413,536	\$533,223,847
M	Estimated FY 2019-20	\$434,805,818	\$78,496,250	\$14,964,917	\$33,721,957	\$561,988,942

<b>Table B.1.2- Percent Change in Division for Intellectual and Developmental Disabilities (DIDD) Total Program Expenditure</b>						
<b>Row</b>	<b>Fiscal Year</b>	<b>HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)</b>	<b>HCBS - Supported Living Services Waiver (HCBS-SLS)</b>	<b>HCBS - Children's Extensive Support Waiver (HCBS-CES)</b>	<b>HCBS - Targeted Case Management (TCM)</b>	<b>Total</b>
A	FY 2007-08					
B	FY 2008-09	10.06%	17.13%	17.29%	1.37%	10.84%
C	FY 2009-10	13.63%	-19.38%	3.54%	19.03%	8.37%
D	FY 2010-11	7.60%	0.48%	11.15%	15.95%	7.28%
E	FY 2011-12	-3.00%	-1.46%	-7.47%	-11.71%	-3.43%
F	FY 2012-13	-1.16%	0.66%	-4.70%	-4.49%	-1.21%
G	FY 2013-14	7.89%	5.41%	30.07%	8.22%	8.10%
H	FY 2014-15	11.47%	13.66%	64.03%	15.98%	13.32%
I	FY 2015-16	4.87%	19.31%	40.80%	9.26%	8.09%
J	FY 2016-17	5.10%	9.61%	19.17%	0.63%	6.13%
K	Estimated FY 2017-18	9.78%	13.88%	6.96%	34.73%	11.38%
L	Estimated FY 2018-19	7.85%	12.53%	-43.95%	8.16%	5.73%
M	Estimated FY 2019-20	5.81%	4.90%	-0.60%	4.04%	5.39%

<b>Table B.2.1 - Division for Intellectual and Developmental Disabilities (DIDD) Monthly Expenditure</b>							
<b>FY 2017-18</b>	<b>HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)</b>	<b>HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)</b>	<b>HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)</b>	<b>HCBS - Targeted Case Management (TCM)</b>	<b>TOTAL</b>	<b>Monthly Growth</b>	<b>Monthly Growth Rate</b>
July 2017	\$31,340,860	\$6,366,383	\$2,472,876	\$2,434,093	\$42,614,211		
August 2017	\$27,433,258	\$4,362,152	\$2,139,403	\$1,385,626	\$35,320,439	(\$7,293,772)	-17.12%
September 2017	\$31,291,021	\$5,046,101	\$2,058,248	\$2,265,046	\$40,660,417	\$5,339,978	15.12%
October 2017	\$32,762,466	\$6,120,032	\$2,514,900	\$3,301,842	\$44,699,241	\$4,038,824	9.93%
November 2017	\$30,915,358	\$5,243,394	\$2,097,663	\$2,051,488	\$40,307,903	(\$4,391,338)	-9.82%
December 2017	\$28,598,490	\$4,851,400	\$2,377,005	\$2,116,494	\$37,943,389	(\$2,364,514)	-5.87%
<b>Year-to-Date Total</b>	<b>\$182,341,452</b>	<b>\$31,989,462</b>	<b>\$13,660,095</b>	<b>\$13,554,590</b>	<b>\$241,545,599</b>	<b>(\$4,670,823)</b>	<b>-7.75%</b>
<b>Year-to-Date Monthly Average</b>	<b>\$30,390,242</b>	<b>\$5,331,577</b>	<b>\$2,276,682</b>	<b>\$2,259,098</b>	<b>\$40,257,599</b>	<b>(\$934,165)</b>	<b>-1.55%</b>

Table C.1 - FY 2017-18 Projected Expenditure							
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)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	Adjusted Appropriation	\$376,385,762	\$71,071,703	\$28,030,392	\$28,448,282	\$503,936,139	Table G.1, See Footnote (1)
B	Projected FPE	5,184.25	4,456.94	1,500.64	9,664.74	N/A	Table D.3.3, Row I
C	Projected Per FPE Expenditure	\$73,493.03	\$14,920.50	\$17,900.51	\$3,100.74	N/A	Table E.1, Row K
D	Total Projected Expenditure	\$381,006,241	\$66,499,773	\$26,862,221	\$29,967,846	\$504,336,081	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$4,620,479	(\$4,571,930)	(\$1,168,171)	\$1,519,564	\$399,942	Row D - Row A

Table C.2 - FY 2018-19 Projected Expenditure							
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)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	FY 2018-19 Base Request	\$376,656,016	\$71,237,300	\$28,030,392	\$28,712,452	\$504,636,160	Table G.2, See Footnote (1)
B	Projected FPE	5,720.13	4,915.81	1,563.28	11,023.10	N/A	Table D.3.4, Row I
C	Projected Per FPE Expenditure	\$71,838.57	\$15,222.16	\$9,630.46	\$2,940.51	N/A	Table E.1 Row K
D	Total Projected Expenditure	\$410,925,959	\$74,829,246	\$15,055,106	\$32,413,536	\$533,223,847	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$34,269,943	\$3,591,946	(\$12,975,286)	\$3,701,084	\$28,587,687	Row D - Row A

Table C.3 - FY 2019-20 Projected Expenditure							
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)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	FY 2019-20 Base Request	\$376,656,016	\$71,237,300	\$28,030,392	\$28,712,452	\$504,636,160	Table G.3, See Footnote (1)
B	Projected FPE	6,052.54	5,107.53	1,606.15	11,525.84	N/A	Table D.3.5, Row I
C	Projected Per FPE Expenditure	\$71,838.57	\$15,368.73	\$9,317.26	\$2,925.77	N/A	Table E.1 Row I
D	Total Projected Expenditure	\$434,805,818	\$78,496,250	\$14,964,917	\$33,721,957	\$561,988,942	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$58,149,802	\$7,258,950	(\$13,065,475)	\$5,009,505	\$57,352,782	Row D - Row A

(1) All appropriation amounts above are for Medicaid funded individuals only and do not include state-only funded individuals, clients served at regional centers, payments made through client cash sources, or administrative costs.

Office of Community Living Cost and Caseload Adjustments

<b>Table D.1.1 -FY 2017-18 HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) Maximum Enrollment Forecast</b>		
<b>Row</b>	<b>Item</b>	<b>HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)</b>
A	Prior Year Maximum Enrollment	5,343
B	Base Trend Increase	0.00%
C	Initial Estimated FY 2017-18 Enrollment	5,343
	<i>Bottom Line Adjustments</i>	
D	Colorado Choice Transitions (CCT)	9
E	Emergency Enrollments	228
F	Foster Care Transitions	36
G	Youth Transitions	75
H	Total Bottom Line Adjustments	348
<b>I</b>	<b>Estimated FY 2017-18 Maximum Enrollment</b>	<b>5,691</b>
J	Churn and Enrollment Lag Adjustment <sup>(1)</sup>	98.04%
<b>K</b>	<b>Estimated Year End-Enrollment</b>	<b>5,580</b>

(1) Accounts for clients entering and leaving waiver, and the time necessary to enroll an individual with an HCBS-DD PAR once authorized by the Department.

<b>Table D.1.2 -FY 2018-19 HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) Maximum Enrollment Forecast</b>		
<b>Row</b>	<b>Item</b>	<b>HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)</b>
A	Estimated FY 2017-18 Maximum Enrollment	5,691
B	Base Trend Increase	0.00%
C	Initial Estimated FY 2018-19 Enrollment	5,691
	<i>Bottom Line Adjustments</i>	
D	Colorado Choice Transitions (CCT)	8
E	Emergency Enrollments	228
F	Foster Care Transitions	36
G	Youth Transitions	75
H	Total Bottom Line Adjustments	347
<b>I</b>	<b>Estimated FY 2018-19 Maximum Enrollment</b>	<b>6,038</b>
J	Churn and Enrollment Lag Adjustment	98.04%
<b>K</b>	<b>Estimated Year End-Enrollment</b>	<b>5,920</b>

<b>Table D.1.3 - FY 2019-20 HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) Maximum Enrollment Forecast</b>		
<b>Row</b>	<b>Item</b>	<b>HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)</b>
A	Estimated FY 2018-19 Maximum Enrollment	6,038
B	Base Trend Increase	0.00%
C	Initial Estimated FY 2019-20 Enrollment	6,038
	<i>Bottom Line Adjustments</i>	
D	Colorado Choice Transitions (CCT)	1
E	Emergency Enrollments	228
F	Foster Care Transitions	36
G	Youth Transitions	75
H	Total Bottom Line Adjustments	340
<b>I</b>	<b>Estimated FY 2019-20 Maximum Enrollment</b>	<b>6,378</b>
J	Churn and Enrollment Lag Adjustment	98.04%
<b>K</b>	<b>Estimated Year End-Enrollment</b>	<b>6,253</b>

Table D.2 - DIDD Average Monthly Enrollment vs. Full Program Equivalent (FPE)						
Row	Fiscal Year		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	Average Monthly Enrollment	4,399	2,871	383	7,773
B		FPE	3,654	2,287	291	6,165
C		FPE as a Percentage of Average Monthly Enrollment	83.06%	79.66%	75.98%	79.31%
D	FY 2008-09	Average Monthly Enrollment	4,390	2,992	400	7,911
E		FPE	3,854	2,369	328	6,420
F		FPE as a Percentage of Average Monthly Enrollment	87.79%	79.18%	82.00%	81.15%
G	FY 2009-10	Average Monthly Enrollment	4,401	3,104	404	8,027
H		FPE	4,063	2,625	325	6,049
I		FPE as a Percentage of Average Monthly Enrollment	92.32%	84.57%	80.45%	75.36%
J	FY 2010-11	Average Monthly Enrollment	4,397	3,116	385	8,020
K		FPE	4,123	2,848	358	7,045
L		FPE as a Percentage of Average Monthly Enrollment	93.77%	91.40%	92.99%	87.84%
M	FY 2011-12	Average Monthly Enrollment	4,397	3,140	373	8,032
N		FPE	4,113	2,860	338	6,578
O		FPE as a Percentage of Average Monthly Enrollment	93.54%	91.08%	90.62%	81.90%
P	FY 2012-13	Average Monthly Enrollment	4,384	3,178	377	8,074
Q		FPE	4,156	3,021	347	6,760
R		FPE as a Percentage of Average Monthly Enrollment	94.80%	95.06%	92.04%	83.73%
S	FY 2013-14	Average Monthly Enrollment	4,392	3,183	607	8,309
T		FPE	4,339	3,015	498	6,795
U		FPE as a Percentage of Average Monthly Enrollment	98.79%	94.72%	82.04%	81.78%
V	FY 2014-15	Average Monthly Enrollment	4,685	3,678	971	9,458
W		FPE	4,617	3,381	836	7,812
X		FPE as a Percentage of Average Monthly Enrollment	98.55%	91.92%	86.10%	82.60%
Y	FY 2015-16	Average Monthly Enrollment	4,903	4,311	1,373	10,704
Z		FPE	4,832	3,896	1,200	8,994
AA		FPE as a Percentage of Average Monthly Enrollment	98.55%	90.37%	87.40%	84.02%
AB	FY 2016-17	Average Monthly Enrollment	5,077	4,637	1,602	11,428
AC		FPE	4,917	4,095	1,378	8,940
AD		FPE as a Percentage of Average Monthly Enrollment	96.85%	88.31%	86.02%	78.23%
AE	FY 2017-18 (Six Month)	Average Monthly Enrollment	5,159	4,706	1,649	11,624
AF		FPE	4,997	4,309	1,476	8,955
AG		FPE as a Percentage of Average Monthly Enrollment	96.85%	91.57%	89.54%	77.04%
AH	FY 2017-18 Selected FPE Conversion Factor		97.89%	91.65%	89.43%	80.89%
AI	FY 2018-19 and FY 2019-20 Selected FPE Conversion Factor		98.93%	91.73%	89.33%	84.78%



Row	Fiscal Year	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	4,399	2,871	383	7,773
B	FY 2008-09	4,390	2,992	400	7,911
C	FY 2009-10	4,401	3,104	404	8,027
D	FY 2010-11	4,397	3,116	385	8,020
E	FY 2011-12	4,397	3,140	373	8,032
F	FY 2012-13	4,384	3,178	377	8,074
G	FY 2013-14	4,392	3,183	607	8,309
H	FY 2014-15	4,685	3,678	971	9,458
I	FY 2015-16	4,903	4,311	1,373	10,703
J	FY 2016-17	5,077	4,637	1,602	11,428
K	Estimated FY 2017-18	5,296	4,863	1,678	11,948
L	Estimated FY 2018-19	5,782	5,359	1,750	13,002
M	Estimated FY 2018-20	6,118	5,568	1,798	13,595

Row	Fiscal Year	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	-0.20%	4.21%	4.44%	1.78%
C	FY 2009-10	0.25%	3.74%	1.00%	1.47%
D	FY 2010-11	-0.09%	0.39%	-4.70%	-0.09%
E	FY 2011-12	0.00%	0.77%	-3.12%	0.15%
F	FY 2012-13	-0.30%	1.21%	1.07%	0.52%
G	FY 2013-14	0.18%	0.16%	61.01%	2.91%
H	FY 2014-15	6.67%	15.55%	59.97%	13.83%
I	FY 2015-16	4.65%	17.21%	41.40%	13.17%
J	FY 2016-17	3.55%	7.56%	16.68%	6.77%
K	Estimated FY 2017-18	4.31%	4.87%	4.74%	4.55%
L	Estimated FY 2018-19	9.18%	10.20%	4.29%	8.82%
M	Estimated FY 2019-20	5.81%	3.90%	2.74%	4.56%

Table D.3.3 - Calculation of FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)						
Row	FY 2017-18	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)	Source/Calculation
A	Prior Year Average Monthly Enrollment	5,077	4,637	1,602	11,428	Actuals
B	Base Trend Increase	4.31%	4.46%	4.74%	4.38%	Trend based on previous enrollment growth (HCBS-DD growth due to additional appropriated enrollments)
C	Preliminary Average Monthly Enrollment	5,296	4,844	1,678	11,929	Row A * (1 + Row B)
	<b>Bottom Line Adjustments</b>					See narrative
D	Adjustments from HB-16-1321: Medicaid Buy-In Certain Medicaid Waivers	0	16	0	16	Table A.6.1 Row A
E	FY 2015-16 R-7 Participant Directed Programs Expansion	0	3	0	3	1915(i) clients anticipated to transition to HCBS-SLS waiver
F	Total Bottom Line Adjustments	0	19	0	19	Row D + Row E
G	<b>Average Monthly Enrollment</b>	<b>5,296</b>	<b>4,863</b>	<b>1,678</b>	<b>11,948</b>	<b>Row C + Row F</b>
H	FPE Adjustment Factor	97.89%	91.65%	89.43%	80.89%	Table D.2, Row AH
I	<b>Estimated FPE</b>	<b>5,184.25</b>	<b>4,456.94</b>	<b>1,500.64</b>	<b>9,664.74</b>	<b>Row G * Row H</b>

Table D.3.4 - Calculation of FY 2018-19 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)						
Row	FY 2018-19	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)	Source/Calculation
A	Prior Year Average Monthly Enrollment	5,296	4,863	1,678	11,948	Actuals
B	Base Trend Increase	9.18%	9.60%	4.29%	8.58%	Trend based on previous enrollment growth (HCBS-DD growth due to additional appropriated enrollments)
C	Preliminary Average Monthly Enrollment	5,782	5,330	1,750	12,973	Row A * (1 + Row B)
	<b>Bottom Line Adjustments</b>					See narrative
D	Adjustments from HB-16-1321: Medicaid Buy-In Certain Medicaid Waivers	0	17	0	17	Table A.6.2 Row A - Table A.6.1 Row A
E	Annualization of FY 2015-16 R-7 Participant Directed Programs Expansion	0	12	0	12	1915(i) clients anticipated to transition to HCBS-SLS waiver
F	Total Bottom Line Adjustments	0	29	0	29	Row D + Row E
G	<b>Average Monthly Enrollment</b>	<b>5,782</b>	<b>5,359</b>	<b>1,750</b>	<b>13,002</b>	<b>Row C + Row F</b>
H	FPE Adjustment Factor	98.93%	91.73%	89.33%	84.78%	Table D.2, Row AI
I	<b>Estimated FPE</b>	<b>5,720.13</b>	<b>4,915.81</b>	<b>1,563.28</b>	<b>11,023.10</b>	<b>Row G * Row H</b>

Table D.3.5 - Calculation of FY 2019-20 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)						
Row	FY 2019-20	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)	Source/Calculation
A	Prior Year Average Monthly Enrollment	5,782	5,359	1,750	13,002	Actuals
B	Base Trend Increase	5.81%	3.75%	2.74%	4.50%	Trend based on previous enrollment growth (HCBS-DD growth due to additional appropriated enrollments)
C	Preliminary Average Monthly Enrollment	6,118	5,560	1,798	13,587	Row A * (1 + Row B)
	<b>Bottom Line Adjustments</b>					See narrative
D	Adjustments from HB-16-1321: Medicaid Buy-In Certain Medicaid Waivers	0	2	0	2	Table A.6.3 Row A - Table A.6.2 Row A
E	Annualization of FY 2015-16 R-7 Participant Directed Programs Expansion	0	6	0	6	1915(i) clients anticipated to transition to HCBS-SLS waiver
F	Total Bottom Line Adjustments	0	8	0	8	Row D + Row E
G	<b>Average Monthly Enrollment</b>	<b>6,118</b>	<b>5,568</b>	<b>1,798</b>	<b>13,595</b>	<b>Row C + Row F</b>
H	FPE Adjustment Factor	98.93%	91.73%	89.33%	84.78%	Table D.2, Row AI
I	<b>Estimated FPE</b>	<b>6,052.54</b>	<b>5,107.53</b>	<b>1,606.15</b>	<b>11,525.84</b>	<b>Row G * Row H</b>

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<b>Table D.4.1 - Office of Community Living Monthly Enrollment</b>				
<b>FY 2017-18</b>	<b>HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)</b>	<b>HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)</b>	<b>HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)</b>	<b>HCBS - Targeted Case Management (TCM)</b>
July 2017	5,110	4,639	1,616	11,476
August 2017	5,136	4,667	1,621	11,535
September 2017	5,116	4,674	1,633	11,534
October 2017	5,178	4,750	1,652	11,691
November 2017	5,188	4,739	1,687	11,725
December 2017	5,226	4,764	1,682	11,783
<b>Year-to-Date Average</b>	<b>5,159</b>	<b>4,706</b>	<b>1,649</b>	<b>11,624</b>

<b>Table D.4.2 - Office of Community Living Monthly FPE</b>				
<b>FY 2017-18</b>	<b>HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)</b>	<b>HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)</b>	<b>HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)</b>	<b>HCBS - Targeted Case Management (TCM)</b>
July 2017	4,992	4,416	1,452	9,576
August 2017	4,883	4,108	1,394	6,325
September 2017	4,973	4,137	1,445	9,157
October 2017	5,110	4,508	1,545	9,933
November 2017	5,029	4,382	1,486	9,007
December 2017	4,993	4,301	1,534	9,731
<b>Year-to-Date Average</b>	<b>4,997</b>	<b>4,309</b>	<b>1,476</b>	<b>8,955</b>

<b>Table D.4.3 - Office of Community Living Monthly FPE as a Percentage of Enrollment</b>				
<b>FY 2017-18</b>	<b>HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)</b>	<b>HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)</b>	<b>HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)</b>	<b>HCBS - Targeted Case Management (TCM)</b>
July 2017	97.69%	95.19%	89.85%	83.44%
August 2017	95.07%	88.02%	86.00%	54.83%
September 2017	97.20%	88.51%	88.49%	79.39%
October 2017	98.69%	94.91%	93.52%	84.96%
November 2017	96.94%	92.47%	88.09%	76.82%
December 2017	95.54%	90.28%	91.20%	82.59%
<b>Year-to-Date Average</b>	<b>96.86%</b>	<b>91.56%</b>	<b>89.53%</b>	<b>77.01%</b>

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<b>Table D.5 - HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers</b>							
<b>Row</b>	<b>Fiscal Year</b>	<b>Average Monthly Enrollment</b>	<b>Total Cost</b>	<b>Per Utilizer Cost</b>	<b>Percent Change in Enrollment</b>	<b>Percent Change in Total Cost</b>	<b>Percent Change in Per-Utilizer Cost</b>
A	FY 2007-08	120	\$19,814,222	\$165,119			
B	FY 2008-09	129	\$26,028,730	\$201,773	7.50%	31.36%	22.20%
C	FY 2009-10	118	\$28,360,034	\$240,339	-8.53%	8.96%	19.11%
D	FY 2010-11	122	\$24,142,015	\$197,885	3.39%	-14.87%	-17.66%
E	FY 2011-12	122	\$25,276,720	\$207,186	0.00%	4.70%	4.70%
F	FY 2012-13	135	\$24,167,096	\$179,016	10.66%	-4.39%	-13.60%
G	FY 2013-14	127	\$22,225,364	\$175,003	-5.93%	-8.03%	-2.24%
H	FY 2014-15	124	\$21,454,023	\$173,016	-2.36%	-3.47%	-1.14%
I	FY 2015-16	116	\$19,900,398	\$171,186	-6.25%	-7.24%	-1.06%
J	FY 2016-17 <sup>(1)</sup>	112	\$19,175,157	\$171,207	-3.66%	-3.64%	0.01%

(1) Through February 2017. Regional Center payments were manually processed after the implementation of interChange and caseload data is currently not available for these months.

Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2007-08	\$55,540.12	\$17,318.60	\$20,255.20	\$2,215.99
B	FY 2008-09	\$57,955.90	\$19,582.83	\$21,077.47	\$2,157.16
C	FY 2009-10	\$62,465.82	\$14,247.54	\$22,024.69	\$2,725.20
D	FY 2010-11	\$66,237.42	\$13,195.05	\$22,223.67	\$2,713.23
E	FY 2011-12	\$64,405.43	\$12,947.75	\$21,779.88	\$2,565.45
F	FY 2012-13	\$62,997.58	\$12,338.19	\$20,218.18	\$2,384.18
G	FY 2013-14	\$65,101.46	\$13,030.99	\$18,323.90	\$2,566.88
H	FY 2014-15	\$68,199.74	\$13,207.43	\$17,904.12	\$2,589.61
I	FY 2015-16	\$68,339.82	\$13,674.51	\$17,562.02	\$2,457.56
J	FY 2016-17	\$70,583.26	\$14,260.32	\$18,224.92	\$2,487.96
K	Estimated FY 2017-18	\$73,493.03	\$14,920.50	\$17,900.51	\$3,100.74
L	Estimated FY 2018-19	\$71,838.57	\$15,222.16	\$9,630.46	\$2,940.51
M	Estimated FY 2019-20	\$71,838.57	\$15,368.73	\$9,317.26	\$2,925.77

Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2007-08				
B	FY 2008-09	4.35%	13.07%	4.06%	-2.65%
C	FY 2009-10	7.78%	-27.24%	4.49%	26.33%
D	FY 2010-11	6.04%	-7.39%	0.90%	-0.44%
E	FY 2011-12	-2.77%	-1.87%	-2.00%	-5.45%
F	FY 2012-13	-2.19%	-4.71%	-7.17%	-7.07%
G	FY 2013-14	3.34%	5.62%	-9.37%	7.66%
H	FY 2014-15	4.76%	1.35%	-2.29%	0.89%
I	FY 2015-16	0.21%	3.54%	-1.91%	-5.10%
J	FY 2016-17	3.28%	4.28%	3.77%	1.24%
K	Estimated FY 2017-18	4.12%	4.63%	-1.78%	24.63%
L	Estimated FY 2018-19	-2.25%	2.02%	-46.20%	-5.17%
M	Estimated FY 2019-20	0.00%	0.96%	-3.25%	-0.50%

Table E.3 - Calculation of FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure						
Row	FY 2017-18	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)	Source/Calculation
A	Previous Year Expenditure Per-Capita Actuals	\$70,583.26	\$14,260.32	\$18,224.92	\$2,487.96	Table E.1 Row J
B	Base Trend	0.22%	-3.70%	-8.93%	14.95%	
C	Estimated Base Per FPE Expenditure	\$70,738.54	\$13,732.69	\$16,597.43	\$2,859.91	Row A * (1 + Row B)
D	Rate Adjustments	1.42%	1.68%	1.29%		FY 2017-18 Rate Increase
E	Estimated Base Per FPE Expenditure after Rate Adjustments	\$71,743.03	\$13,963.40	\$16,811.54	\$2,896.80	Row A * (1 + Row B)
	Bottom Line Adjustments					
F	FY 2015-16 R-7 Participant Directed Programs Expansion	\$0.00	\$71.67	\$0.00	\$0.00	Adjusted for delayed start date.
G	InterChange Payment Lag Adjustment	\$1,086.33	\$433.97	\$493.54	\$69.35	Providers have unpaid claims held over from FY 2016-17 due to technical issues with interChange implementation. These providers are expected to bill in FY 2017-18.
H	Annualization of FY 2018-19 R-10 Regional Center Task Force Recommendation Implementation	\$0.00	\$0.00	\$0.00	\$0.00	Addition of Intensive Case Management for clients transitioning out of institutional settings.
I	Removal of EPSDT Eligible Services from HCBS-CES Waiver	\$0.00	\$0.00	\$0.00	\$0.00	Removal of EPSDT eligible services beginning May 1, 2018
J	PAR Lag Adjustment	\$663.67	\$451.46	\$595.43	\$134.59	PAR Lags are causing unbilled claims, claims are paid as PAR lag decreases
K	Estimated FY 2017-18 Per FPE Expenditure	\$73,493.03	\$14,920.50	\$17,900.51	\$3,100.74	Sum of Row E Through J

Table E.4 - Calculation of FY 2018-19 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure						
Row	FY 2018-19	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)	Source/Calculation
A	Estimated FY 2017-18 Per FPE Expenditure	\$73,493.03	\$14,920.50	\$17,900.51	\$3,100.74	Table E.3 Row K
B	Base Trend	0.00%	0.00%	0.00%	0.00%	
C	Estimated Base Per FPE Expenditure	\$73,493.03	\$14,920.50	\$17,900.51	\$3,100.74	Row A * (1 + Row B)
D	Rate Adjustments	0.13%	0.15%	0.12%		Annualization of FY 2017-18 Rate Increase
E	Estimated Base Per FPE Expenditure after Rate Adjustments	\$73,588.57	\$14,942.88	\$17,921.99	\$3,104.46	Row C * (1 + Row D)
	Bottom Line Adjustments					
F	Annualization of FY 2015-16 R-7 Participant Directed Programs Expansion	\$0.00	\$1,164.71	\$0.00	\$0.00	Adjusted for delayed start date.
G	Annualization of InterChange Payment Lag Adjustment	(\$1,086.33)	(\$433.97)	(\$493.54)	(\$69.35)	Providers have unpaid claims held over from FY 2016-17 due to technical issues with interChange implementation. These clients are expected to bill in FY 2017-18.
H	Annualization of FY 2018-19 R-10 Regional Center Task Force Recommendation Implementation	\$0.00	\$0.00	\$0.00	\$19.11	Addition of Intensive Case Management for clients transitioning out of institutional settings.
I	Annualization of Removal of EPSDT Eligible Services from HCBS-CES Waiver	\$0.00	\$0.00	(\$7,202.56)	\$20.88	Removal of EPSDT eligible services beginning May 1, 2018
J	PAR Lag Adjustment	(\$663.67)	(\$451.46)	(\$595.43)	(\$134.59)	PAR Lags are causing unbilled claims, claims are paid as PAR lag decreases
K	Estimated FY 2018-19 Per FPE Expenditure	\$71,838.57	\$15,222.16	\$9,630.46	\$2,940.51	Sum of Row E Through J

Table E.5 - Calculation of FY 2019-20 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure						
Row	FY 2019-20	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)	Source/Calculation
A	Estimated FY 2018-19 Per FPE Expenditure	\$71,838.57	\$15,222.16	\$9,630.46	\$2,940.51	Table E.4 Row K
B	Base Trend	0.00%	0.00%	0.00%	0.00%	
C	Estimated Base Per FPE Expenditure	\$71,838.57	\$15,222.16	\$9,630.46	\$2,940.51	Row A * (1 + Row B)
D	Rate Adjustments	0.00%	0.00%	0.00%	0.00%	
E	Estimated Base Per FPE Expenditure after Rate Adjustments	\$71,838.57	\$15,222.16	\$9,630.46	\$2,940.51	Row C * (1 + Row D)
	Bottom Line Adjustments					
F	Annualization of FY 2015-16 R-7 Participant Directed Programs Expansion	\$0.00	\$146.57	\$0.00	\$0.00	Additional cost of high CDASS utilization 1915(i) transitions
G	Annualization of FY 2018-19 R-10 Regional Center Task Force Recommendation Implementation	\$0.00	\$0.00	\$0.00	\$6.14	Addition of Intensive Case Management for clients transitioning out of institutional settings.
H	Annualization of Removal of EPSDT Eligible Services from HCBS-CES Waiver	\$0.00	\$0.00	(\$313.20)	(\$20.88)	Removal of EPSDT eligible services beginning May 1, 2018
I	Estimated FY 2019-20 Per FPE Expenditure	\$71,838.57	\$15,368.73	\$9,317.26	\$2,925.77	Sum of Row E Through H



Row	Service	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/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	5,296	4,863	1,678	11,837	Table D.3.1 Row K
B		Rate	\$25.86	\$25.86	\$25.86		FY 2017-18 Rate
C		Estimated Total Expenditure	\$1,643,455	\$1,509,086	\$520,717	\$3,673,258	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	5,296	4,863	1,678	11,837	Table D.3.1 Row K
E		Rate	\$82.44	\$82.44	\$82.44		FY 2017-18 Rate
F		Estimated Total Expenditure	\$436,602	\$400,906	\$138,334	\$975,842	Row D* Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	846	1,116	0	1,962	Estimated June 2018 Enrollment - Estimated June 2017 Enrollment + 10% of Estimated June 2017 Enrollment
H		Rate	\$236.35	\$236.35	\$236.35		FY 2017-18 Rate
I		Estimated Total Expenditure	\$199,952	\$263,767	\$0	\$463,719	Row G * Row H
J	<b>Estimated Total Expenditure</b>		<b>\$2,280,009</b>	<b>\$2,173,759</b>	<b>\$659,051</b>	<b>\$5,112,819</b>	<b>Row C + Row F + Row I</b>

Row	Service	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/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	5,782	5,359	1,750	12,891	Table D.3.1 Row L
B		Rate	\$25.86	\$25.86	\$25.86		FY 2017-18 Rate
C		Estimated Total Expenditure	\$1,794,270	\$1,663,005	\$543,060	\$4,000,335	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	5,782	5,359	1,750	12,891	Table D.3.1 Row L
E		Rate	\$82.44	\$82.44	\$82.44		FY 2017-18 Rate
F		Estimated Total Expenditure	\$476,668	\$441,796	\$144,270	\$1,062,734	Row D* Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	878	759	0	1,637	Estimated June 2019 Enrollment - Estimated June 2018 Enrollment + 10% of Estimated June 2018 Enrollment
H		Rate	\$236.35	\$236.35	\$236.35		FY 2017-18 Rate
I		Estimated Total Expenditure	\$207,515	\$179,390	\$0	\$386,905	Row G * Row H
J	<b>Estimated Total Expenditure</b>		<b>\$2,478,453</b>	<b>\$2,284,191</b>	<b>\$687,330</b>	<b>\$5,449,974</b>	<b>Row C + Row F + Row I</b>

Table F.3 - Division for Intellectual and Developmental Disabilities (DIDD) FY 2019-20 Quality Assurance, Utilization Review and Support Intensity Scale Service Forecast								
Row	Service	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)	Family Support Services and State Only Supported Living Services	Total	Source/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	6,118	5,568	1,798	0	13,484	Table D.3.1 Row M
B		Rate	\$25.86	\$25.86	\$25.86	\$0.00		FY 2017-18 Rate
C		Estimated Total Expenditure	\$1,898,538	\$1,727,862	\$557,955	\$0	\$4,184,355	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	6,118	5,568	1,798	0	13,484	Table D.3.1 Row M
E		Rate	\$82.44	\$82.44	\$82.44	\$0.00		FY 2017-18 Rate
F		Estimated Total Expenditure	\$504,368	\$459,026	\$148,227	\$0	\$1,111,621	Row D* Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	81	482	30	0	593	Estimated new clients up to August 1, 2017 Implementation of SB 16- 192.
H		Estimated SB 16-192 Enrollment	6,118	5,568	1,798	4,261	17,745	Additional Enrollments From implementation of SB 16-192. See Narrative for further detail.
I		Total Enrollment	6,199	6,050	1,828	4,261	18,338	Row G + Row H
J		Rate	\$236.35	\$236.35	\$236.35	\$236.35	\$236.35	FY 2017-18 Rate
K		Estimated Total Expenditure	\$1,465,134	\$1,429,918	\$432,048	\$1,007,087	\$4,334,187	Row G * Row H
L		<b>Estimated Total Expenditure</b>	<b>\$3,868,040</b>	<b>\$3,616,806</b>	<b>\$1,138,230</b>	<b>\$1,007,087</b>	<b>\$9,630,163</b>	<b>Row C + Row F + Row K</b>

**Table G.1 FY 2017-18 Office of Community Living Appropriation Build**

Row	Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
<b>Adult Comprehensive Services</b>								
A	FY 2016-17 Final Spending Authority	\$353,441,824	0.0	\$176,014,027	\$0	\$1	\$0	\$177,427,796
B	Annualization of FY 2017-18 S-5 "IDD Cost and Caseload Adjustment" - FY 2017-18 Impact	\$17,191,935	0.0	\$9,302,852	\$0	\$0	\$0	\$7,889,083
C	1.40% Across the Board Rate Increase	\$5,195,599	0.0	\$2,597,800	\$0	\$0	\$0	\$2,597,799
D	Floor Long Bill Amendment - 7.01% Increase to Transportation Services	\$556,404	0.0	\$278,202	\$0	\$0	\$0	\$278,202
E	Total FY 2017-18 Spending Authority	\$376,385,762	0.0	\$188,192,881	\$0	\$1	\$0	\$188,192,880
<b>Adult Supported Living Services</b>								
F	FY 2016-17 Final Spending Authority	\$74,072,488	0.0	\$38,522,702	\$0	\$4,701,000	\$0	\$30,848,786
G	HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$53,589	0.0	(\$207,615)	\$0	\$234,405	\$0	\$26,799
H	Annualization of FY 2015-16 R#7 "Participant Directed Programs Expansion"	\$1,261,619	0.0	\$630,683	\$0	\$0	\$0	\$630,936
I	Annualization of FY 2017-18 S-5 "IDD Cost and Caseload Adjustment" - FY 2017-18 Impact	\$7,025,554	0.0	\$3,738,824	\$0	(\$103,012)	\$0	\$3,389,742
J	Annualization of JBC Action - Grant to SLS Providers	(\$4,701,000)	0.0	\$0	\$0	(\$4,701,000)	\$0	\$0
K	1.40% Across the Board Rate Increase	\$1,089,382	0.0	\$598,359	\$0	\$1,842	\$0	\$489,181
L	Floor Long Bill Amendment - 7.01% Increase to Transportation Services	\$300,814	0.0	\$149,841	\$0	\$566	\$0	\$150,407
M	Total FY 2017-18 Spending Authority	\$79,102,446	0.0	\$43,432,794	\$0	\$133,801	\$0	\$35,535,851
N	<b>SLS Services</b>	\$71,071,703	0.0	\$35,402,051	\$0	\$133,801	\$0	\$35,535,851
O	<b>SLS State-Only</b>	\$8,030,743	0.0	\$8,030,743	\$0	\$0	\$0	\$0
<b>Children's Extensive Support Services</b>								
P	FY 2016-17 Final Spending Authority	\$25,868,756	0.0	\$12,882,640	\$0	\$0	\$0	\$12,986,116
Q	Annualization of FY 2017-18 S-5 "IDD Cost and Caseload Adjustment" - FY 2017-18 Impact	\$1,774,134	0.0	\$938,805	\$0	\$0	\$0	\$835,329
R	1.40% Across the Board Rate Increase	\$387,502	0.0	\$193,751	\$0	\$0	\$0	\$193,751
S	Total FY 2017-18 Spending Authority	\$28,030,392	0.0	\$14,015,196	\$0	\$0	\$0	\$14,015,196
<b>Case Management</b>								
T	FY 2016-17 Final Spending Authority	\$33,207,351	0.0	\$17,647,593	\$0	\$0	\$0	\$15,559,758
U	HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$11,497	0.0	(\$44,544)	\$0	\$50,292	\$0	\$5,749
V	Annualization of FY 2017-18 S-5 "IDD Cost and Caseload Adjustment" - FY 2017-18 Impact	\$1,925,745	0.0	\$984,763	\$0	(\$22,410)	\$0	\$963,392
W	R-10 Regional Center Task Force Recommendation Implementation	\$152,849	0.0	\$76,410	\$0	\$0	\$0	\$76,439
X	1.40% Across the Board Rate Increase	\$494,804	0.0	\$261,638	\$0	\$390	\$0	\$232,776
Y	Total FY 2017-18 Spending Authority	\$35,792,246	0.0	\$18,925,860	\$0	\$28,272	\$0	\$16,838,114
Z	<b>Targeted Case Management</b>	\$28,448,282	0.0	\$14,201,800	\$0	\$22,326	\$0	\$14,224,156
AA	<b>QA, UR and SIS</b>	\$5,227,917	0.0	\$2,608,013	\$0	\$5,946	\$0	\$2,613,958
AB	<b>Case Management - State Only</b>	\$2,116,047	0.0	\$2,116,047	\$0	\$0	\$0	\$0
<b>Family Support Services</b>								
AC	FY 2016-17 Final Spending Authority	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0
AD	1.40% Across the Board Rate Increase	\$97,573	0.0	\$97,573	\$0	\$0	\$0	\$0
AE	Total FY 2017-18 Spending Authority	\$7,058,033	0.0	\$7,058,033	\$0	\$0	\$0	\$0
<b>Preventive Dental Hygiene</b>								
AF	FY 2016-17 Final Spending Authority	\$63,311	0.0	\$63,311	\$0	\$0	\$0	\$0
AG	1.40% Across the Board Rate Increase	\$888	0.0	\$888	\$0	\$0	\$0	\$0
AH	Total FY 2017-18 Spending Authority	\$64,199	0.0	\$64,199	\$0	\$0	\$0	\$0
<b>Eligibility Determination and Waitlist Management</b>								
AI	FY 2016-17 Final Spending Authority	\$3,121,194	0.0	\$3,100,556	\$0	\$0	\$0	\$20,638
AJ	1.40% Across the Board Rate Increase	\$43,753	0.0	\$43,464	\$0	\$0	\$0	\$289
AK	Total FY 2017-18 Spending Authority	\$3,164,947	0.0	\$3,144,020	\$0	\$0	\$0	\$20,927
AL	<b>PASRR</b>	\$27,903	0.0	\$6,976	\$0	\$0	\$0	\$20,927
AM	<b>Medicaid Eligibility Determination</b>	\$3,137,044	0.0	\$3,137,044	\$0	\$0	\$0	\$0
AN	Total FY 2017-18 Spending Authority	\$529,598,025	0.0	\$274,832,983	\$0	\$162,074	\$0	\$254,602,968

FY 2018-19 S-5A  
Office of Community Living Cost and Caseload Adjustments

<b>Table G.2 FY 2018-19 Office of Community Living Appropriation Build</b>								
<b>Row</b>	<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
	<b>Adult Comprehensive Services</b>							
A	FY 2017-18 Final Spending Authority	\$376,385,762	0.0	\$188,192,881	\$0	\$1	\$0	\$188,192,880
B	Annualization of Floor Long Bill Amendment - 7.01% Increase to Transportation Services	\$270,254	0.0	\$135,127	\$0	\$0	\$0	\$135,127
C	Total FY 2018-19 Spending Authority	\$376,656,016	0.0	\$188,328,008	\$0	\$1	\$0	\$188,328,007
	<b>Adult Supported Living Services</b>							
D	FY 2017-18 Final Spending Authority	\$79,102,446	0.0	\$43,432,794	\$0	\$133,801	\$0	\$35,535,851
E	Annualization of HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$19,487	0.0	(\$26,227)	\$0	\$35,976	\$0	\$9,738
F	Annualization of Floor Long Bill Amendment - 7.01% Increase to Transportation Services	\$146,110	0.0	\$72,779	\$0	\$275	\$0	\$73,056
G	Total FY 2018-19 Spending Authority	\$79,268,043	0.0	\$43,479,346	\$0	\$170,052	\$0	\$35,618,645
H	<b>SLS Services</b>	\$71,237,300	0.0	\$35,448,603	\$0	\$170,052	\$0	\$35,618,645
I	<b>SLS State-Only</b>	\$8,030,743	0.0	\$8,030,743	\$0	\$0	\$0	\$0
	<b>Children's Extensive Support Services</b>							
J	FY 2017-18 Final Spending Authority	\$28,030,392	0.0	\$14,015,196	\$0	\$0	\$0	\$14,015,196
K	Total FY 2018-19 Spending Authority	\$28,030,392	0.0	\$14,015,196	\$0	\$0	\$0	\$14,015,196
	<b>Case Management</b>							
L	FY 2017-18 Final Spending Authority	\$35,792,246	0.0	\$18,925,860	\$0	\$28,272	\$0	\$16,838,114
M	Annualization of HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$4,181	0.0	(\$5,627)	\$0	\$7,719	\$0	\$2,089
N	SB 16-192 Single Assessment	\$142,950	0.0	\$71,475	\$0	\$0	\$0	\$71,475
O	FY 2017-18 R-10 RCTF Recommendation Implementation	\$117,039	0.0	\$58,534	\$0	\$0	\$0	\$58,505
P	Total FY 2018-19 Spending Authority	\$36,056,416	0.0	\$19,050,242	\$0	\$35,991	\$0	\$16,970,183
Q	<b>Targeted Case Management</b>	\$28,712,452	0.0	\$14,326,182	\$0	\$30,045	\$0	\$14,356,225
R	<b>QA, UR and SIS</b>	\$5,227,917	0.0	\$2,608,013	\$0	\$5,946	\$0	\$2,613,958
S	<b>Case Management - State Only</b>	\$2,116,047	0.0	\$2,116,047	\$0	\$0	\$0	\$0
	<b>Family Support Services</b>							
T	FY 2017-18 Final Spending Authority	\$7,058,033	0.0	\$7,058,033	\$0	\$0	\$0	\$0
U	Total FY 2018-19 Spending Authority	\$7,058,033	0.0	\$7,058,033	\$0	\$0	\$0	\$0
	<b>Preventive Dental Hygiene</b>							
V	FY 2017-18 Final Spending Authority	\$64,199	0.0	\$64,199	\$0	\$0	\$0	\$0
W	Total FY 2018-19 Spending Authority	\$64,199	0.0	\$64,199	\$0	\$0	\$0	\$0
	<b>Eligibility Determination and Waitlist Management</b>							
X	FY 2017-18 Final Spending Authority	\$3,164,947	0.0	\$3,144,020	\$0	\$0	\$0	\$20,927
Y	Total FY 2018-19 Spending Authority	\$3,164,947	0.0	\$3,144,020	\$0	\$0	\$0	\$20,927
Z	<b>PASRR</b>	\$27,903	0.0	\$6,976	\$0	\$0	\$0	\$20,927
AA	<b>Medicaid Eligibility Determination</b>	\$3,137,044	0.0	\$3,137,044	\$0	\$0	\$0	\$0
AB	Grand Total FY 2018-19 Spending Authority	\$530,298,046	0.0	\$275,139,044	\$0	\$206,044	\$0	\$254,952,958

FY 2018-19 S-5A  
Office of Community Living Cost and Caseload Adjustments

<b>Table G.3 FY 2019-20 Office of Community Living Appropriation Build</b>								
<b>Row</b>	<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
	<b>Adult Comprehensive Services</b>							
A	FY 2018-19 Final Spending Authority	\$376,656,016	0.0	\$188,328,008	\$0	\$1	\$0	\$188,328,007
B	Total FY 2019-20 Spending Authority	\$376,656,016	0.0	\$188,328,008	\$0	\$1	\$0	\$188,328,007
	<b>Adult Supported Living Services</b>							
C	FY 2018-19 Final Spending Authority	\$79,268,043	0.0	\$43,479,346	\$0	\$170,052	\$0	\$35,618,645
D	Total FY 2019-20 Spending Authority	\$79,268,043	0.0	\$43,479,346	\$0	\$170,052	\$0	\$35,618,645
E	<b>SLS Services</b>	\$71,237,300	0.0	\$35,448,603	\$0	\$170,052	\$0	\$35,618,645
F	<b>SLS State-Only</b>	\$8,030,743	0.0	\$8,030,743	\$0	\$0	\$0	\$0
	<b>Children's Extensive Support Services</b>							
G	FY 2018-19 Final Spending Authority	\$28,030,392	0.0	\$14,015,196	\$0	\$0	\$0	\$14,015,196
H	Total FY 2019-20 Spending Authority	\$28,030,392	0.0	\$14,015,196	\$0	\$0	\$0	\$14,015,196
	<b>Case Management</b>							
I	FY 2018-19 Final Spending Authority	\$36,056,416	0.0	\$19,050,242	\$0	\$35,991	\$0	\$16,970,183
J	SB 16-192 Single Assessment	\$3,398,536	0.0	\$1,699,268	\$0	\$0	\$0	\$1,699,268
K	Total FY 2018-19 Spending Authority	\$39,454,952	0.0	\$20,749,510	\$0	\$35,991	\$0	\$18,669,451
L	<b>Targeted Case Management</b>	\$28,712,452	0.0	\$14,326,182	\$0	\$30,045	\$0	\$14,356,225
M	<b>QA, UR and SIS</b>	\$8,626,453	0.0	\$4,307,281	\$0	\$5,946	\$0	\$4,313,226
N	<b>Case Management - State Only</b>	\$2,116,047	0.0	\$2,116,047	\$0	\$0	\$0	\$0
	<b>Family Support Services</b>							
O	FY 2018-19 Final Spending Authority	\$7,058,033	0.0	\$7,058,033	\$0	\$0	\$0	\$0
P	Total FY 2019-20 Spending Authority	\$7,058,033	0.0	\$7,058,033	\$0	\$0	\$0	\$0
	<b>Preventive Dental Hygiene</b>							
Q	FY 2018-19 Final Spending Authority	\$64,199	0.0	\$64,199	\$0	\$0	\$0	\$0
R	Total FY 2019-20 Spending Authority	\$64,199	0.0	\$64,199	\$0	\$0	\$0	\$0
	<b>Eligibility Determination and Waitlist Management</b>							
S	FY 2018-19 Final Spending Authority	\$3,164,947	0.0	\$3,144,020	\$0	\$0	\$0	\$20,927
T	Total FY 2019-20 Spending Authority	\$3,164,947	0.0	\$3,144,020	\$0	\$0	\$0	\$20,927
U	<b>PASRR</b>	\$27,903	0.0	\$6,976	\$0	\$0	\$0	\$20,927
V	<b>Medicaid Eligibility Determination</b>	\$3,137,044	0.0	\$3,137,044	\$0	\$0	\$0	\$0
W	Grand Total FY 2019-20 Spending Authority	\$533,696,582	0.0	\$276,838,312	\$0	\$206,044	\$0	\$256,652,226