



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

- The Department is providing an informational-only estimate for the cost of eliminating the Home and Community Based Services – Adult Comprehensive Waiver (HCBS-DD) waiting list. The Department estimates it would require \$29,301,994 total funds, including \$14,648,078 General Fund and 0.9 FTE in FY 2017-18 and \$93,407,513 total funds, including \$46,703,760 General Fund and 1.0 FTE in FY 2018-19, \$160,697,025 total funds, \$80,348,515 General Fund and 1.0 FTE in FY 2019-20, and \$190,383,350 total funds, \$95,191,678 General Fund and 1.0 FTE in FY 2020-21 to eliminate the enrollment cap for the HCBS-DD Waiver and eliminate the waitlist by July 1, 2020.

#### ***Current Program***

- The HCBS-DD waiver provides services to adults with developmental disabilities who require access to support 24 hours a day to live safely in the community and who do not have the resources available to meet their needs through other means.
- The HCBS-DD waiver enables individuals with developmental disabilities who require access to support 24 hours a day to live in a non-institutional community setting and who would require a more restrictive and more expensive facility if not for the receipt of that support.

#### ***Problem or Opportunity***

- As of September 2016, there are 2,310 people on the waiting list for HCBS-DD services.
- HB 14-1051 “Developmental Disability Services Strategic Plan” required the Department to develop a comprehensive strategic plan to enroll eligible persons with intellectual and developmental disabilities into home- and community-based services programs at the time those persons choose to enroll in the programs or need the services or supports. The bill required the Department to submit annual strategic plans that include specific recommendations and annual benchmarks for achieving the enrollment goal by July 1, 2020, including recommendations relating to increasing system capacity.
- The Department requested and received funding to eliminate the waiting lists for the Home and Community Based Services - Children’s Extensive Support Waiver (HCBS-CES) and the Home and Community Based Services – Supported Living Services Waiver (HCBS-SLS). Elimination of the HCBS-DD waiting list would allow the Department to continue phasing-in enrollment of HCBS-DD waitlist to achieve the goal of providing access to all eligible individuals by July 1, 2020.

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

- The number of individuals waiting for services continues to increase each year. Without additional enrollments each year, people with intellectual and developmental disabilities are likely to access other less appropriate, more costly settings or become vulnerable to abuse, neglect or homelessness.
- The Department would not be able to begin phasing-in enrollment of thousands of individuals currently waiting for the HCBS-DD waiver in order to achieve the goal of providing access to all eligible individuals by July 1, 2020, as required by HB 14-1051.

#### ***Proposed Solution***

- The Department is providing a cost estimate for eliminating the waiting list for the HCBS-DD waiver by July 1, 2020 by enrolling clients over a three year period starting in FY 2017-18. Eliminating the waiver cap would enable people to receive needed services to live safe and self-determined lives in their own homes and communities.



# COLORADO

Department of Health Care  
Policy & Financing

FY 2017-18 Funding Request | November 1, 2016

John W. Hickenlooper  
Governor

Susan E. Birch  
Executive Director

**Department Priority:** *R-I-1 (Informational Only)*  
**Request Detail:** *Elimination of the HCBS-DD Waiting List*

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Elimination of the HCBS-DD Waiting List	\$29,301,994	\$14,648,078

**Problem or Opportunity:**

As of September 30, 2016, 2,310 people with developmental disabilities are waiting for needed services on the Home and Community Based Services – Adult Comprehensive Waiver (HCBS-DD) waiting list. Individuals waiting to receive services may experience deterioration in their medical or behavioral conditions, their caregivers may struggle to continue to provide supports, and their quality of life may suffer as a result of not being able to obtain the services they need. Providing services addresses all aspects of health, safety and quality of life for these individuals. The waiting list currently includes 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.

The HCBS-DD program provides services to adults with developmental disabilities who require access to support to live safely in the community and who do not have the resources available to meet their needs. The HCBS-DD waiver provides access to 24-hour, seven days a week supervision through Residential Habilitation, Day Habilitation Services, Supported Employment, Behavior Services, and Non-Medical Transportation, as well as other services. The Residential Habilitation benefit ensures the health and safety of individuals while assisting in the acquisition, retention or improvement of skills to support individuals to live in the community. The Day Habilitation Services includes assistance with the acquisition, retention or improvement of self-help, socialization and adaptive skills. Budgetary limitations restrict Colorado’s ability to serve all individuals who are eligible for and in need of the services and supports described above. Consequently, many individuals are placed on waiting lists which often results in receiving services and supports that are not best suited to their specific needs and preferences which puts them at risk for needing costly institutional care.

The existing waiting list provides limited opportunities for individuals in non-emergent situations to exit the waiting list and enroll in the HCBS-DD waiver. Each year, additional enrollments in the HCBS-DD waiver are needed to provide enrollments for emergency situations, individuals transitioning out of foster care, from

the youth waiver (HCBS-CES), individuals transitioning from an institution who do not qualify for or do not want Colorado Choice Transition (CCT) or CCT clients transitioning from an institutional setting. Otherwise, clients are added to the waiting list in hopes that someone leaves the waiver which may open up an enrollment for them. Without enrollments each year, people with intellectual and developmental disabilities are likely to transition to other less appropriate, more costly settings such as Intermediate Care Facilities at the state operated Regional Centers, private sector, or nursing facilities. Without waiver services, many individuals rely on family and friends to help provide needed support. If family and friends are no longer able to provide needed support or services, the individual may become vulnerable to abuse, neglect, or homelessness.

Additionally, the longer an individual has to wait for appropriate services, the more likely they are to have an emergency situation. While these situations can result in immediate waiver enrollment, the emergency may burden the individual, the individual's family or caretakers by experiencing a dire medical or living situation that may have been avoided if the individual had been receiving the appropriate level of care and services. These situations may also burden the Department because emergency enrollments inhibit the Department's ability to enroll non-emergent cases. Therefore, the waiting list keeps growing and individuals can be part of the waiting list for multiple years unless they have an emergency which results in an enrollment. In FY 2015-16 the Department received funding for 40 emergency enrollments but due to attrition was able to approve 183 emergency requests which took precedence over individuals on the waiting list. Emergency enrollments are reserved for individuals who meet certain criteria including but not limited to: homelessness, is a danger to others, or is a danger to self.

In addition, HB 14-1051 "Developmental Disability Services Strategic Plan" requires the Department to develop, in consultation with intellectual and developmental disability system stakeholders, a comprehensive strategic plan to meet the enrollment goal by July 1, 2020 to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports. The Department submitted the first strategic plan in 2014 and provides annual updates to that plan with information on additional legislation and initiatives that support the legislative direction of HB 14-1051 "Developmental Disability Services Strategic Plan", implementation of the strategic plan, and information detailing the total number of persons with intellectual and development disabilities waiting for enrollment into a Medicaid or State funded program.

The most recent strategic plan was submitted on November 1, 2016 and showed that while the waiting list for the HCBS-DD waiver continued to grow, nearly 300 individuals were enrolled from the waiting list over the past year. The strategic plan describes four initiatives to improve waiver processes and provides status updates on deliverables that support the four initiatives. Additional funding would allow the Department to begin phasing-in enrollments of the thousands of individuals currently waiting for the HCBS-DD waiver in order to achieve the goal of providing access to all eligible individuals by July 1, 2020.

The Department has sufficient funding to enroll all clients currently waiting for the HCBS-SLS waiver. Significant progress has been made to enroll clients needing services immediately into the HCBS-SLS waiver and the Department expects that progress to continue. All enrollments have been authorized and the Community Centered Boards (CCBs) are currently working to get all eligible individuals enrolled. Eliminating the HCBS-SLS waiting list has provided many adults with intellectual and developmental

disabilities services, however, a number of them continue to wait on the HCBS-DD waiting list for services that would better meet their needs.

***Proposed Solution:***

The Department estimates eliminating the enrollment cap for the HCBS-DD waiver and eliminating the waiting list by July 1, 2020 would require \$29,301,994 total funds, including \$14,648,078 General Fund and 0.9 FTE in FY 2017-18 and \$93,407,513 total funds, including \$46,703,760 General Fund and 1.0 in FY 2018-19, \$160,697,025 total funds, \$80,348,515 General Fund and 1.0 FTE in FY 2019-20, and \$190,383,350 total funds, \$95,191,678 General Fund and 1.0 FTE in FY 2020-21. To eliminate the waiting list by the aforementioned deadline, the Department would need to provide approximately 1,033 new enrollments each year until the waiting list is eliminated by July 1, 2020. Funding would be ongoing and would require amendments to the HCBS-DD waiver to eliminate the enrollment cap.

Eliminating the HCBS-DD waiting list would address the Department's goal of serving the needs of individuals with intellectual or developmental disabilities in the least restrictive setting. Without additional funds, people with intellectual or developmental disabilities will wait for an enrollment to become available through attrition, which cannot keep up with demand, therefore growing the waiting list for HCBS-DD services. If individuals could come off the waitlist and could enroll in the waiver, they would start to receive the appropriate level of service for their individual needs and could avoid emergency situations which put their lives and wellbeing at risk. This support would enable Coloradans to reside in communities of their choosing and in the least restrictive settings possible and would lower individuals' risk of having to enter a more costly institutional setting.

In eliminating the waiting list there are a number of costs that would be incurred in order for individuals to be enrolled at a pace that would eliminate the waiting list by July 1, 2020. The Department currently contracts with CCBs to enroll and provide case management, Quality Assurance (QA), Utilization Review (UR) services and Supports Intensity Scale (SIS) assessments for HCBS-DD participants. These costs would need to be included for all newly enrolled clients receiving HCBS waiver services for adults with intellectual and development disabilities and are provided on a monthly, yearly, or periodic basis for members.

The Department pays QA monthly costs for each client related to performance of Quality Improvement Strategy (QIS) activities 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. 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. The Department performs a support level needs assessments for adults with intellectual and development disabilities. The assessment tool currently in use is the Supports Intensity Scale (SIS). This assessment tool may change, however, as an outcome of work underway for SB 16-192 "Assessment Tool Intellectual & Developmental Disabilities". This legislation requires the Department, with stakeholder input, to develop or select a needs assessment tool for all long-term services and supports on or before July 1, 2018. The selection process will determine whether the Department will continue to use the

SIS or a different tool if selected. The SIS assesses an 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 also measures Exceptional Medical and Behavioral Support Needs. SIS costs are calculated by assuming that all new enrollments will receive an assessment as well as 10% of existing enrollments who will request additional assessments each year. The Department pays \$13.88 per online assessment to contract with the American Association on Intellectual and Development Disabilities (AAIDD) to use the AAIDD SISOnline™ system.

In addition to funding needed for the CCBs, the Department estimates an additional 1.0 permanent FTE at the Administrator IV level would be required to oversee case management, waitlist coordination, and reporting. During the buy down of the HCBS-SLS and HCBS-CES waivers, the Department did not request additional FTE. Overall workload in the Department has increased as enrollments increased, including enrollment and waiting list management, case management training, SIS and support level training, critical incident management and reporting, complaints and investigations, quality and performance reviews, federal and evidentiary reporting, Prior Authorization Request (PAR) approvals, and technical assistance. Managing the waiting lists requires additional support in order to ensure clients are enrolled in the most efficient and effective way. As of September 30, 2016 the Department was serving approximately 5,000 individuals through the HCBS-DD waiver, with 2,310 currently on the waiting list for HCBS-DD waiver services. If waiting list elimination began, there would be an increase of over 50% in program enrollment by the year 2020. The Department estimates an additional FTE would be needed to support this increase in workload and new projects related to the overall increase in enrollments for all three waivers operated by the Division for Intellectual and Developmental Disabilities (DIDD).

This position would work as the staff authority on increasing the effectiveness and efficiency of the CCB enrollment process. Increased effectiveness and efficiency would ensure that individuals on the waiting list would be able to receive services in a timely manner after gaining authorization to enroll in the waiver. The FTE would review and update existing policies, procedures, and practices governing the enrollment process for all DIDD HCBS waivers and recommend process improvements. The position would identify areas of weakness by examining areas of statute, waiver, and/or regulation that needs to be revised to ensure timely enrollments occur in order to eliminate the waiting list by July 1, 2020. Additionally, the position would identify where the Department needs to provide training or updates to IT systems due to missing data. Another responsibility of the FTE would be to identify best practices that would inform regulation, case manager training, and business processes for case management agencies.

This position would provide technical assistance to CCBs as they process new enrollments and identify training needs and provide training statewide and CCB specific as needed. This position would act as the lead monitor for enrollment operations, identifying any enrollment issues that occur, and through desk and on-site reviews, would ensure that all individuals are provided a person centered planning process which includes free choice of qualified and willing providers. The position would review processes at case management agencies and identify through trend analysis the agencies that are taking longer than others to enroll individuals. The Department estimates this FTE would need to start July 1, 2017 for training purposes in anticipation of the implementation date of October 1, 2017. This would need to be a permanent position because additional enrollments represent ongoing workload as described above.

***Anticipated Outcomes:***

By funding enrollments for the number of individuals projected to be waiting and in need of services by July 1, 2020, individuals who currently are not able to access needed services would have access as their needs dictate.

With increased access, there is potential that fewer individuals on the waitlist would need emergency or more expensive alternative services because more individuals would be receiving the appropriate level of care and support in the community. This anticipated reduction in emergency enrollments would help mitigate the consequences to the individual and their caretakers or family. Having the ability to enroll from the waiting list in a timely manner could reduce the number of cases of individuals ending up in inappropriate or unfortunate circumstances because they are not receiving the services they need at the time that they need. Allowing more individuals on the waiting list authorization to enroll in the waiver gives clients the opportunity to choose between home and community based care or more restrictive entitlement care like an institution or a nursing home. The Department believes that clients will more often choose the home and community based care when given this choice, therefore keeping more clients out of more costly and restrictive institutions.

***Assumptions and Calculations:***

Based on FY 2015-16 and FY 2016-17 HCBS-DD waiting list data, the Department estimated waiting list numbers through the end of FY 2020-21 by calculating the number of average monthly waiting list additions. Using these estimates, the Department projected that 3,101 individuals would be waiting for HCBS-DD waiver services by June 30, 2020. In order to eliminate the waiting list by July 1, 2020, enrollment implementation is estimated to begin October 1, 2017 with approximately 846 enrollments occurring in the FY 2017-18 and just over 1,100 occurring in FY 2018-19 and FY 2019-20.

In order to eliminate the HCBS-DD waiting list, the Department would be required to amend its waiver application with the Centers for Medicare and Medicaid Services (CMS). This waiver amendment would take approximately 30 days for public comment and three months for CMS approval.

The Department estimates that approximately 846 clients would enroll within the first year of eliminating the waiver cap, assuming an October 1, 2017 implementation date. Approximately 1,100 enrollments from the waitlist would continue in FY 2018-19 and FY 2019-20 until the waiting list is eliminated by July 1, 2020. Because of the challenges faced when providing services to this many individuals, adjustments may need to be made in future budget processes in order to ensure provider capacity.

The Department assumes clients would enroll into the HCBS-DD waiver at a rate of approximately 94 enrollments each month which accounts for waiver attrition. The Department assumes there would be a lag between when an individual is authorized to join the waiver and when the individual begins receiving services because it takes time to find providers and to coordinate care after authorization and before enrollment. The Department assumes a linear monthly trend because the length of this lag is unique to the individual and there is no reliable trend showing a pattern for monthly enrollments. In order to capture the full cost of eliminating the waitlist, the Department has included projections through FY 2020-21 to incorporate an entire year's worth of service for each client. Inclusion of FY 2020-21 is necessary to capture the costs of clients who

would enroll in June 2020 and would only have one month's cost by the time the waitlist is eliminated on July 1, 2020. Additionally, this cost estimate only shows the impact of eliminating the HCBS-DD waiting list by July 1, 2020. It does not estimate the additional impact of continued enrollments once the waiting list is eliminated. Resources for these enrollments would need to occur during future budget processes to maintain elimination of the waiting list.

The Department assumes the new enrollments would be a mix of individuals receiving some type of Medicaid services and individuals not receiving any Medicaid services. May 2016 data showed approximately 81% of current HCBS-DD waitlist clients were receiving some sort of services either through other HCBS waivers or the state plan, with 19% of current waitlist individuals not receiving any type of medical service through the State. Approximately 70% of clients on the HCBS-DD waiting list are currently receiving HCBS-SLS services. Another 6% of waiting list clients are receiving services through the Home and Community Based Services – Elderly, Blind, and Disabled Waiver (HCBS-EBD) and the remaining 5% of the waiting list are receiving State Plan services only. The waiting list forecast was determined using May 2016 data because it was the most recent information and showed which services DD waiting list individuals received during the first ten months of FY 2015-16. Therefore, it was possible to see if individuals had received any type of services during the year, had switched between service types, or received services from the State's Medicaid program.

To estimate costs per enrollee the Department utilized existing rates and average costs for a number of services including QA, UR, SIS, the AAIDD contract, capacity building, and annual waiver service costs. With the passage of SB 16-192, the assessment tool selection process will determine whether the Department will continue to use the SIS or a different tool if selected. Because the implementation of a new needs assessments tool is unknown, the Department used existing SIS costs as a proxy for what might be needed after SB 16-192 is implemented. Because some individuals on the waiting list are already receiving services, the Department's estimate accounts for which services clients are currently receiving. Waiver costs are calculated using the difference between the estimated annual cost of the HCBS-DD waiver and estimated waiver costs of the current service the client was receiving in May 2016 (i.e. HCBS-SLS, HCBS-EBD, or State Plan). Therefore, the projected cost for clients not receiving any services would just be the estimated HCBS-DD waiver cost. The estimated annual cost for clients currently on HCBS-SLS is the difference between HCBS-DD annual cost and HCBS-SLS annual cost. These estimated costs were adapted from the FY 2016-17 S-5 Office of Community Living Cost and Caseload Adjustments request.

The Department estimates that eliminating the waiting list would require additional funding to go toward CCBs for capacity building for newly enrolled clients to ensure that once clients are authorized to enroll in the waiver, they would be able to receive the necessary services in a timely manner. Additionally, the CCBs require funds in order to recruit, hire and train additional staff necessary to enroll individuals and assist these individuals in accessing services. The CCBs provided information in FY 2014-15 when the HCBS-SLS waitlist was eliminated indicating the costs associated with these new staff to be \$1,098 per enrollment. The Department adjusted this rate for inflation and therefore estimates CCBs would need \$1,117 per individual on the HCBS-DD waiting list. The costs associated with additional staff includes an estimated 9% overhead for the CCBs. This per individual figure would be distributed during a client's enrollment year to the CCBs and does not include funding for the HCBS-DD service providers. The Department assumes this cost should

be applied to every enrollment, no matter which service they are currently receiving because they would be receiving a different set of services through the HCBS-DD waiver. Therefore, total cost for capacity building was estimated by multiplying \$1,117 by the total number of new enrollments from the waitlist each year.

The Department estimates one additional FTE at an Administrator IV level would be necessary because the individual would be a staff authority on evaluating current practices, policies, and procedures surrounding the enrollment process for all DIDD HCBS waivers as well as other CCB actions like Request for Proposals (RFP) (the process to select a direct service agency). Additionally, the position would need to regularly make decisions at the process level and conduct data analysis to reach conclusions that result in work process development and improvement. This examination requires the application of known and established theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. The position would act as a consultant to the CCBs to review existing practices and would also provide technical assistance to the CCBs. This authority would directly influence management decisions within an agency. In order to execute the aforementioned tasks, the position is estimated to be at the Administrator IV level.



R-I-1 (Informational Only) Elimination of the HCBS-DD Waiting List  
Appendix A: Calculations and Assumptions

<b>Table 1.1</b>					
<b>Calculation of Fund Splits - FY 2017-18</b>					
<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Federal Funds</b>	<b>FMAP</b>
(1) Executive Director's Office; (A) General Administration, Health, Life, and Dental	\$7,927	0.9	\$3,964	\$3,963	50.00%
(1) Executive Director's Office; (A) General Administration, Short-term Disability	\$105	0	\$53	\$52	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	\$2,753	0	\$1,377	\$1,376	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$2,753	0	\$1,377	\$1,376	50.00%
(2) Medical Services Premiums	\$602,480	0	\$301,180	\$301,300	50.01%
(4) Office of Community Living; (A); (1) Administrative Costs; Personal Services	\$61,437	0	\$30,719	\$30,718	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Operating Expenses	\$5,573	0	\$2,787	\$2,786	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Support Level Administration	\$12,922	0	\$6,460	\$6,462	50.01%
(4) Office of Community Living; (2) Program Costs; Adult Comprehensive Services	\$26,890,089	0	\$13,442,355	\$13,447,734	50.01%
(4) Office of Community Living; (2) Program Costs; Case Management	\$770,973	0	\$385,409	\$385,564	50.01%
(4) Office of Community Living; (2) Program Costs; Eligibility Determination and Waiting List Management	\$944,982	0	\$472,397	\$472,585	50.01%
<b>Total Projected FY 2017-18 Expenditure</b>	<b>\$29,301,994</b>	<b>0.9</b>	<b>\$14,648,078</b>	<b>\$14,653,916</b>	

R-I-1 (Informational Only) Elimination of the HCBS-DD Waiting List  
Appendix A: Calculations and Assumptions

<b>Table 1.2</b>					
<b>Calculation of Fund Splits - FY 2018-19</b>					
<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Federal Funds</b>	<b>FMAP</b>
(1) Executive Director's Office; (A) General Administration, Health, Life, and Dental	\$7,927	1.0	\$3,964	\$3,963	50.00%
(1) Executive Director's Office; (A) General Administration, Short-term Disability	\$114	0.0	\$57	\$57	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	\$3,003	0.0	\$1,502	\$1,501	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$3,003	0.0	\$1,502	\$1,501	50.00%
(2) Medical Services Premiums	\$16,964,349	0.0	\$8,482,175	\$8,482,174	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Personal Services	\$67,027	0.0	\$33,514	\$33,513	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Operating Expenses	\$950	0.0	\$475	\$475	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Support Level Administration	\$19,571	0.0	\$9,786	\$9,785	50.00%
(4) Office of Community Living; (2) Program Costs; Adult Comprehensive Services	\$72,979,946	0.0	\$36,489,973	\$36,489,973	50.00%
(4) Office of Community Living; (2) Program Costs; Case Management	\$2,101,647	0.0	\$1,050,824	\$1,050,823	50.00%
(4) Office of Community Living; (2) Program Costs; Eligibility Determination and Waiting List Management	\$1,259,976	0.0	\$629,988	\$629,988	50.00%
<b>Total Projected FY 2018-19 Expenditure</b>	<b>\$93,407,513</b>	<b>1.0</b>	<b>\$46,703,760</b>	<b>\$46,703,753</b>	

R-I-1 (Informational Only) Elimination of the HCBS-DD Waiting List  
Appendix A: Calculations and Assumptions

<b>Table 1.3 Calculation of Fund Splits - FY 2019-20</b>					
<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Federal Funds</b>	<b>FMAP</b>
(1) Executive Director's Office; (A) General Administration, Health, Life, and Dental	\$7,927	1.0	\$3,964	\$3,963	50.00%
(1) Executive Director's Office; (A) General Administration, Short-term Disability	\$114	0.0	\$57	\$57	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	\$3,003	0.0	\$1,502	\$1,501	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$3,003	0.0	\$1,502	\$1,501	50.00%
(2) Medical Services Premiums	\$3,480,782	0.0	\$1,740,391	\$1,740,391	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Personal Services	\$67,027	0.0	\$33,514	\$33,513	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Operating Expenses	\$950	0.0	\$475	\$475	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Support Level Administration	\$19,946	0.0	\$9,973	\$9,973	50.00%
(4) Office of Community Living; (2) Program Costs; Adult Comprehensive Services	\$152,387,628	0.0	\$76,193,814	\$76,193,814	50.00%
(4) Office of Community Living; (2) Program Costs; Case Management	\$3,467,786	0.0	\$1,733,893	\$1,733,893	50.00%
(4) Office of Community Living; (2) Program Costs; Eligibility Determination and Waiting List Management	\$1,258,859	0.0	\$629,430	\$629,429	50.00%
<b>Total Projected FY 2019-20 Expenditure</b>	<b>\$160,697,025</b>	<b>1.0</b>	<b>\$80,348,515</b>	<b>\$80,348,510</b>	

R-I-1 (Informational Only) Elimination of the HCBS-DD Waiting List  
Appendix A: Calculations and Assumptions

<b>Table 1.4 Calculation of Fund Splits - FY 2020-21</b>					
<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Federal Funds</b>	<b>FMAP</b>
(1) Executive Director's Office; (A) General Administration, Health, Life, and Dental	\$7,927	1.0	\$3,964	\$3,963	50.00%
(1) Executive Director's Office; (A) General Administration, Short-term Disability	\$114	0.0	\$57	\$57	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	\$3,003	0.0	\$1,502	\$1,501	50.00%
(1) Executive Director's Office; (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$3,003	0.0	\$1,502	\$1,501	50.00%
(2) Medical Services Premiums	\$4,167,153	0.0	\$2,083,577	\$2,083,576	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Personal Services	\$67,027	0.0	\$33,514	\$33,513	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Operating Expenses	\$950	0.0	\$475	\$475	50.00%
(4) Office of Community Living; (A); (1) Administrative Costs; Support Level Administration	\$4,303	0.0	\$2,152	\$2,151	50.00%
(4) Office of Community Living; (2) Program Costs; Adult Comprehensive Services	\$182,326,028	0.0	\$91,163,014	\$91,163,014	50.00%
(4) Office of Community Living; (2) Program Costs; Case Management	\$3,803,842	0.0	\$1,901,921	\$1,901,921	50.00%
<b>Total Projected FY 2020-21 Expenditure</b>	<b>\$190,383,350</b>	<b>1.0</b>	<b>\$95,191,678</b>	<b>\$95,191,672</b>	

R-I-1 (Informational Only) Elimination of the HCBS-DD Waiting List  
Appendix A: Calculations and Assumptions

<b>Table 2.1 Summary by Initiative</b>						
<b>Row</b>	<b>Item</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>Notes</b>
A	FTE	\$80,548	\$82,024	\$82,024	\$82,024	FTE Estimated Costs Worksheet
B	Quality Assurance (QA)	\$41,045	\$131,367	\$232,122	\$276,484	Total Annual QA Cost by Service Type (Table 3.1.1 - Table 3.4.1 Row A)
C	Utilization Review (UR)	\$132,698	\$424,705	\$750,445	\$893,872	Total Annual UR Cost by Service Type (Table 3.1.1 - Table 3.4.1 Row B)
D	AAIDD Contract	\$12,922	\$19,571	\$19,946	\$4,303	Total Annual AAIDD Cost by Service Type (Table 4.3 Row F)
E	Supports Intensity Scale (SIS) Assessments	\$217,007	\$328,657	\$334,950	\$72,258	Total Annual SIS Cost by Service Type (Table 4.3 Row C)
F	Targeted Case Management (TCM)	\$380,223	\$1,216,918	\$2,150,269	\$2,561,229	Total Annual TCM by Service Type (Table 3.1.1 - Table 3.4.1 Row C)
G	Waiver Costs	\$26,890,089	\$72,979,947	\$152,387,628	\$182,326,028	Total Annual Waiver Cost by Service Type (Table 3.1.1 - Table 3.4.1 Row D)
H	State Plan Costs	\$602,480	\$16,964,349	\$3,480,782	\$4,167,153	Total Annual State Plan Cost by Service Type (Table 3.1.1 - Table 3.4.1 Row E)
I	Capacity Building	\$944,982	\$1,259,976	\$1,258,859	\$0	Table 5.1 Row J
<b>J</b>	<b>Total Cost</b>	<b>\$29,301,994</b>	<b>\$93,407,513</b>	<b>\$160,697,025</b>	<b>\$190,383,350</b>	<b>Sum Rows A through I</b>

Table 3.1.1 Estimated Cost by Initiative for FY 2017-18											
Row	Service	Currently Receiving No Services		Currently On State Plan Only		Currently On Home and Community Based Services – Supported Living Services (HCBS-SLS) Waiver		Currently On Home and Community Based Services – Elderly, Blind, or Disabled (HCBS-EBD) Waiver		Total	Notes
		New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments		
A	Quality Assurance (QA)	\$25,351	\$0	\$7,847	\$0	\$0	\$0	\$7,847	\$0	\$41,045	QA Annual Cost/Client (Table 8.1) Row A * Estimated Caseload (Table 3.1.2)
B	Utilization Review (UR)	\$81,960	\$0	\$25,369	\$0	\$0	\$0	\$25,369	\$0	\$132,698	UR Annual Cost/Client (Table 8.1) Row B * Estimated Caseload (Table 3.1.2)
C	Targeted Case Management (TCM)	\$234,843	\$0	\$72,690	\$0	\$0	\$0	\$72,690	\$0	\$380,223	TCM Annual Cost/Client (Table 8.1) Row C * Estimated Caseload (Table 3.1.2)
D	Waiver Costs	\$5,956,590	\$0	\$1,843,706	\$0	\$17,677,129	\$0	\$1,412,664	\$0	\$26,890,089	Annual Waiver Cost/Client (Table 8.1) Row D * Estimated Caseload (Table 3.1.2)
E	State Plan Costs	\$602,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$602,480	State Plan Annual Cost/Client (Table 8.1) Row E * Estimated Caseload (Table 3.1.2)
F	<b>Total Cost for New or Existing Enrollment</b>	<b>\$6,901,224</b>	<b>\$0</b>	<b>\$1,949,612</b>	<b>\$0</b>	<b>\$17,677,129</b>	<b>\$0</b>	<b>\$1,518,570</b>	<b>\$0</b>	<b>\$28,046,535</b>	<b>Sum Row A through Row E</b>

Table 3.1.2 2017-18 Estimated Caseload			
Current Service	Average Monthly New Enrollments	Total FPE Enrollments from Previous Fiscal Year	Source
No Services	84	0	Table 6.1 Row C for fiscal year 2017-18
State Plan	26	0	Table 6.1 Row F for fiscal year 2017-18
SLS	314	0	Table 6.1 Row I for fiscal year 2017-18
EBD	26	0	Table 6.1 Row L for fiscal year 2017-18

Table 3.2.1 Estimated Cost by Initiative for FY 2018-19											
Row	Service	Currently Receiving No Services		Currently On State Plan Only		Currently on HCBS-SLS		Currently on HCBS-EBD		Total	Notes
		New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments		
A	Quality Assurance (QA)	\$34,799	\$47,986	\$9,518	\$12,374	\$0	\$0	\$11,600	\$15,090	\$131,367	QA Annual Cost/Client (Table 8.1) Row A * Estimated Caseload (Table 3.2.2)
B	Utilization Review (UR)	\$112,504	\$155,139	\$30,770	\$40,005	\$0	\$0	\$37,501	\$48,786	\$424,705	UR Annual Cost/Client (Table 8.1) Row B * Estimated Caseload (Table 3.2.2)
C	Targeted Case Management (TCM)	\$322,360	\$444,524	\$88,167	\$114,626	\$0	\$0	\$107,453	\$139,788	\$1,216,918	TCM Annual Cost/Client (Table 8.1) Row C * Estimated Caseload (Table 3.2.2)
D	Waiver Costs	\$8,176,376	\$1,140,408	\$2,236,274	\$0	\$23,801,044	\$32,820,912	\$2,088,271	\$2,716,662	\$72,979,947	Annual Waiver Cost/Client Table 8.1 Row E * Estimated Caseload (Table 3.2.2)
E	State Plan Costs	\$827,001	\$13,062,963	\$0	\$3,074,385	\$0	\$0	\$0	\$0	\$16,964,349	State Plan Annual Cost/Client (Table 8.1) Row F * Estimated Caseload (Table 3.2.2)
F	<b>Total Cost for New or Existing Enrollment</b>	<b>\$17,649,416</b>	<b>\$26,125,994</b>	<b>\$4,601,003</b>	<b>\$6,148,772</b>	<b>\$47,602,088</b>	<b>\$65,641,824</b>	<b>\$4,333,096</b>	<b>\$5,636,987</b>	<b>\$177,739,180</b>	<b>Sum Row A through Row E</b>

Table 3.2.2 2018-19 Estimated Caseload			
Current Service	Average Monthly New Enrollments	Total FPE Enrollments from Previous Fiscal Year	Source
No Services	115	159	Table 6.1 Row A & Row B for fiscal year 2018-19
State Plan	32	41	Table 6.1 Row D & Row E for fiscal year 2018-19
SLS	423	583	Table 6.1 Row G Row H for fiscal year 2018-19
EBD	38	50	Table 6.1 Row J & Row K for fiscal year 2018-19

Table 3.3.1 Estimated Cost by Initiative for FY 2019-20											
Row	Service	Currently Receiving No Services		Currently On State Plan Only		Currently on HCBS-SLS		Currently on HCBS-EBD		Total	Notes
		New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments		
A	Quality Assurance (QA)	\$34,799	\$111,666	\$9,518	\$29,149	\$0	\$0	\$11,770	\$35,220	\$232,122	QA Annual Cost/Client (Table 8.1) Row A * Estimated Caseload (Table 3.3.2)
B	Utilization Review (UR)	\$112,504	\$361,016	\$30,770	\$94,237	\$0	\$0	\$38,053	\$113,865	\$750,445	UR Annual Cost/Client (Table 8.1) Row B * Estimated Caseload (Table 3.3.2)
C	Targeted Case Management (TCM)	\$322,360	\$1,034,428	\$88,167	\$270,020	\$0	\$0	\$109,034	\$326,260	\$2,150,269	TCM Annual Cost/Client (Table 8.1) Row C * Estimated Caseload (Table 3.3.2)
D	Waiver Costs	\$8,176,376	\$26,237,359	\$2,236,274	\$6,848,816	\$23,801,044	\$76,628,149	\$2,118,996	\$6,340,614	\$152,387,628	Annual Waiver Cost/Client (Table 8.1) Row D * Estimated Caseload (Table 3.3.2)
E	State Plan Costs	\$827,001	\$2,653,781	\$0	\$0	\$0	\$0	\$0	\$0	\$3,480,782	State Plan Annual Cost/Client (Table 8.1) Row E * Estimated Caseload (Table 3.3.2)
F	<b>Total Cost for New or Existing Enrollment</b>	<b>\$9,473,040</b>	<b>\$30,398,250</b>	<b>\$2,364,729</b>	<b>\$7,242,222</b>	<b>\$23,801,044</b>	<b>\$76,628,149</b>	<b>\$2,277,853</b>	<b>\$6,815,959</b>	<b>\$159,001,246</b>	<b>Sum Row A through Row E</b>

Table 3.3.2 2019-20 Estimated Caseload			
Current Service	Average Monthly New Enrollments	Total FPE Enrollments from Previous Fiscal Year	Source
No Services	115	370	Table 6.1 Row A & Row B of fiscal year 2019-20
State Plan	32	97	Table 6.1 Row D & Row E of fiscal year 2019 - 20
SLS	423	1,361	Table 6.1 Row G & Row H of fiscal year 2019 - 20
EBD	39	117	Table 6.1 Row J & Row K of fiscal year 2019 - 20



Table 3.4.1 Estimated Cost by Initiative for FY 2020-21											
Row	Service	Currently Receiving No Services		Currently On State Plan Only		Currently on HCBS-SLS		Currently on HCBS-EBD		Total	Notes
		New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments	New Enrollments	Existing Enrollments		
A	Quality Assurance (QA)	\$0	\$175,346	\$0	\$45,908	\$0	\$0	\$0	\$55,229	\$276,484	QA Annual Cost/Client (Table 8.1) Row A * Estimated Caseload (Table 3.4.2)
B	Utilization Review (UR)	\$0	\$566,893	\$0	\$148,422	\$0	\$0	\$0	\$178,557	\$893,872	UR Annual Cost/Client (Table 8.1) Row B * Estimated Caseload (Table 3.4.2)
C	Targeted Case Management (TCM)	\$0	\$1,624,331	\$0	\$425,276	\$0	\$0	\$0	\$511,622	\$2,561,229	TCM Annual Cost/Client (Table 8.1) Row C * Estimated Caseload (Table 3.4.2)
D	Waiver Costs	\$0	\$41,199,744	\$0	\$10,786,754	\$0	\$120,396,549	\$0	\$9,942,981	\$182,326,028	Annual Waiver Cost/Client (Table 8.1) Row D * Estimated Caseload (Table 3.4.2) "
E	State Plan Costs	\$0	\$4,167,153	\$0	\$0	\$0	\$0	\$0	\$0	\$4,167,153	State Plan Annual Cost/Client (Table 8.1) Row E * Estimated Caseload (Table 3.4.2)
F	<b>Total Cost for New or Existing Enrollment</b>	<b>\$0</b>	<b>\$47,733,467</b>	<b>\$0</b>	<b>\$11,406,360</b>	<b>\$0</b>	<b>\$120,396,549</b>	<b>\$0</b>	<b>\$10,688,390</b>	<b>\$190,224,766</b>	<b>Sum Row A through Row E</b>

Table 3.4.2 2020-21 Estimated Caseload			
Current Service	Average Monthly New Enrollments	Total FPE Enrollments from Previous Fiscal Year	Source
No Services	0	581	Table 6.1 Row A & Row B of fiscal year 2020-21
State Plan	0	152	Table 6.1 Row D & Row E of fiscal year 2020-21
SLS	0	2139	Table 6.1 Row G & Row H of fiscal year 2020-21
EBD	0	183	Table 6.1 Row J & Row K of fiscal year 2020-21

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Appendix A: Calculations and Assumptions

Table 4.1 Estimated Supports Intensity Scale (SIS) Caseload						
Row	Item	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	Notes/Calculations
A	Annual Enrollments from Waitlist	846	1,128	1,127	0	Number of Enrollments from waitlist per fiscal year ( Table 9.1 Row C ).
B	Percentage of Population Eligible for First Assessment	100.00%	100.00%	100.00%	100.00%	Assuming those currently on HCBS-SLS are not eligible for first assessment.
C	Estimated Number of First Assessments	846	1,128	1,127	0	Row A * B
D	Estimated Total Program Enrollment from Waitlist	846	2,820	3,101	3,101	Current fiscal year's enrollment from waitlist + Previous fiscal year's enrollment from waitlist.
E	Percentage of Population Eligible for Additional Assessment	10.00%	10.00%	10.00%	10.00%	Estimated percentage of population requesting additional assessment.
F	Estimated Number of Additional Assessments	85	282	310	310	Row D * Row E

Table 4.2 Supports Intensity Scale Cost per Enrollment			
Row	Item	Cost	Source
A	SIS Assessment Cost	\$233.09	FY 2016-17 S-5 Table F.3
B	AAIDD Contract Cost	\$13.88	FY 2016-17 AAIDD Contract

Table 4.3 Estimated Supports Intensity Scale Costs						
Row	Item	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	Notes/Calculations
A	SIS Cost of First Assessment	\$197,194	\$262,926	\$262,692	\$0	Table 4.1 Row C * Table 4.2 Row A
B	SIS Cost of Additional Assessments	\$19,813	\$65,731	\$72,258	\$72,258	Table 4.1 Row F * Table 4.2 Row A
<b>C</b>	<b>Total SIS Assessment Costs</b>	<b>\$217,007</b>	<b>\$328,657</b>	<b>\$334,950</b>	<b>\$72,258</b>	<b>Row A + Row B</b>
D	AAIDD Contract Costs of First Assessments	\$11,742	\$15,657	\$15,643	\$0	Table 4.1 Row C * Table 4.2 Row B
E	AAIDD Contract Costs of Additional Assessments	\$1,180	\$3,914	\$4,303	\$4,303	Table 4.1 Row F * Table 4.2 Row B
<b>F</b>	<b>Total AAIDD Contract Cost</b>	<b>\$12,922</b>	<b>\$19,571</b>	<b>\$19,946</b>	<b>\$4,303</b>	<b>Row D + Row E</b>

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<b>Table 5.1 Capacity Building Costs</b>						
<b>Row</b>	<b>Item</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>Source/Calculation</b>
A	Capacity Building Cost per Client	\$1,117.00	\$1,117.00	\$1,117.00	\$1,117.00	2014-15 Capacity Building Estimate - Adjusted for inflation. See narrative for further detail.
<b>Currently Receiving No Services</b>						
B	New Enrollments	161	214	214	0	Table 7.1 Total Annual Waitlist Additions per fiscal year.
C	Capacity Building Cost	\$179,837	\$239,395	\$239,183	\$0	Row A * Row B
<b>Currently Receiving State Plan Services Only</b>						
D	New Enrollments	42	56	56	0	Table 7.1 Total Annual Waitlist Additions per fiscal year.
E	Capacity Building Cost	\$46,914	\$62,999	\$62,943	\$0	Row A * Row D
<b>Currently Receiving HCBS-SLS Services</b>						
F	New Enrollments	592	790	789	0	Table 7.1 Total Annual Waitlist Additions per fiscal year.
G	Capacity Building Cost	\$661,264	\$881,983	\$881,201	\$0	Row A * Row F
<b>Currently Receiving HCBS-EBD Services</b>						
H	New Enrollments	51	68	68	0	Table 7.1 Total Annual Waitlist Additions per fiscal year.
I	Capacity Building Cost	\$56,967	\$75,599	\$75,532	\$0	Row A * Row H
<b>J</b>	<b>Total Capacity Building Expenditure</b>	<b>\$944,982</b>	<b>\$1,259,976</b>	<b>\$1,258,859</b>	<b>\$0</b>	<b>Row C + Row E + Row G + Row I</b>

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<b>Table 6.1</b>						
<b>Annual FPE Enrollment Schedule by Current Service Type and Year</b>						
<b>Row</b>	<b>Enrollment by Current Service</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>Source/Calculations</b>
<b>Currently Receiving No Services</b>						
A	New FPE Enrollments Currently Receiving No Services	84	115	115	0	Estimated Average FPE from Table 7.1
B	Existing Cumulative FPE Enrollments Currently not Receiving Services	0	159	370	581	Total Annual FPE From Each Service Category Table 7.1
C	Total FPE Enrollments Currently not Receiving Services	84	274	485	581	Row A + Row B
<b>Currently Receiving State Plan Services Only</b>						
D	New FPE Enrollments Currently on State Plan	26	32	32	0	Estimated Average FPE from Table 7.1
E	Existing Cumulative FPE Enrollments Currently on State Plan	0	41	97	152	Total Annual FPE From Each Service Category from Table 7.1
F	Total FPE Enrollments Currently on State Plan	26	73	128	152	Row D + Row E
<b>Currently on HCBS-SLS Waiver</b>						
G	New FPE Enrollments From HCBS-SLS	314	423	423	0	Estimated Average FPE from Table 7.1
H	Existing Cumulative FPE Enrollments From HCBS-SLS	0	583	1,361	2,139	Total Annual FPE From Each Service Category from Table 7.1
I	Total FPE Enrollments From HCBS-SLS	314	1,006	1,784	2,139	Row G + Row H
<b>Currently on HCBS-EBD Waiver</b>						
J	New FPE Enrollments from HCBS-EBD	26	38	39	0	Estimated Average FPE from Table 7.1
K	Existing Cumulative FPE Enrollments from HCBS-EBD	0	50	117	183	Total Annual FPE From Each Service Category from Table 7.1
L	Total FPE Enrollments from HCBS-EBD	26	88	156	183	Row J + Row K

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Table 7.1 Waitlist Additions by Current Service Type							
Row	Item	Currently Receiving No Services	Currently Only Receiving State Plan Services	Currently On HCBS-SLS Waiver	Currently On HCBS-EBD Waiver	Total Waitlist Reductions	Source/Calculation
A	Proportion of HCBS-DD waitlist receiving services	19.00%	5.00%	70.00%	6.00%	100.00%	Assumption based on May 2016 HCBS-DD Waitlist Data.
B	FPE Adjustment Factor	98.55%	98.55%	98.55%	98.55%	98.55%	Estimated FY 2017-18 FPE Adjustment Factor from FY 2016-17 S-5.
<b>FY 2017-18</b>							
C	Waitlist Reduction (Total Across All Service Categories)	846	846	846	846	846	Table 9.1 Row E
D	Total Annual Waitlist Additions from Each Service Category	161	42	592	51	846	Row A * Row C
E	<b>Total Annual FPE from Each Service Category</b>	<b>159</b>	<b>41</b>	<b>583</b>	<b>50</b>	<b>834</b>	<b>Row B * Row D</b>
F	Average Monthly Enrollment	85	26	319	26	456	Assumes a linear ramp up
G	<b>Estimated Average FPE</b>	<b>84</b>	<b>26</b>	<b>314</b>	<b>26</b>	<b>449</b>	<b>Row B * Row F</b>
<b>FY 2018-19</b>							
H	Waitlist Reduction (Total Across All Service Categories)	1,128	1,128	1,128	1,128	1,128	Table 9.1 Row E
I	Total Annual Waitlist Additions from Each Service Category	214	56	790	68	1,128	Row A * Row H
J	<b>Total Annual FPE from Each Service Category</b>	<b>211</b>	<b>56</b>	<b>778</b>	<b>67</b>	<b>1,112</b>	<b>Row B * Row I</b>
K	Average Monthly Enrollment	117	32	429	39	617	Assumes a linear ramp up
L	<b>Estimated Average FPE</b>	<b>115</b>	<b>32</b>	<b>423</b>	<b>38</b>	<b>608</b>	<b>Row B * Row K</b>
<b>FY 2019-20</b>							
M	Waitlist Reduction (Total Across All Service Categories)	1,127	1,127	1,127	1,127	1,127	Table 9.1 Row E
N	Total Annual Waitlist Additions from Each Service Category	214	56	789	68	1,127	Row A * Row M
O	<b>Total Annual FPE from Each Service Category</b>	<b>211</b>	<b>56</b>	<b>777</b>	<b>67</b>	<b>1,111</b>	<b>Row B * Row N</b>
P	Average Monthly Enrollment	117	32	429	39	617	Assumes a linear ramp up
Q	<b>Estimated Average FPE</b>	<b>115</b>	<b>32</b>	<b>423</b>	<b>38</b>	<b>608</b>	<b>Row B * Row P</b>

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<b>Table 8.1</b>						
<b>Estimated Costs Per Enrollment</b>						
<b>Row</b>	<b>Service</b>	<b>Currently Receiving No Services</b>	<b>Currently Only Receiving State Plan Services</b>	<b>Currently On HCBS-SLS Waiver</b>	<b>Currently On HCBS-EBD Waiver</b>	<b>Source/Calculation</b>
A	Quality Assurance (QA)	\$301.80	\$301.80	\$0	\$301.80	FY 2016-17 S-5 Table F.3
B	Utilization Review (UR)	\$975.72	\$975.72	\$0	\$975.72	FY 2016-17 S-5 Table F.3
C	Targeted Case Management (TCM)	\$2,795.75	\$2,795.75	\$0	\$2,795.75	FY 2016-17 S-5 Table C.3
D	Waiver Costs	\$70,911.78	\$70,911.78	\$56,296.59	\$54,333.23	Difference between DD waiver annual cost/client and SLS/EBD waiver/State Plan annual cost/client (Sources: FY 2016-17 S-1 and S-5).
E	State Plan Costs	\$7,172.38	\$0	\$0	\$0	FY 2016-17 S-1
<b>F</b>	<b>Total Per Enrollee Costs</b>	<b>\$82,157</b>	<b>\$74,985</b>	<b>\$56,297</b>	<b>\$58,407</b>	<b>Sum of Row A through Row E</b>

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<b>Table 9.1</b>						
<b>Waitlist Addition Schedule</b>						
<b>Row</b>	<b>Item</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>Notes</b>
A	Waitlist at Beginning of Fiscal Year	2,453	2,669	2,885	3,101	Assumes an annual trend of 18 waitlist additions per month. See narrative for further detail.
B	Estimated Annual Additions to Waitlist	216	216	216	216	Based on trend of 18 waitlist additions per month
C	Number of Months of Implementation	9	12	12	12	Assumes October 1, 2017 implementation date
D	Number of Monthly Enrollments Needed to Reduce Waitlist by FY 2020-21	94	94	94	0	Row A FY 2020-21 / Sum of Row C for FY 2017-18 through FY 2019-20
<b>E</b>	<b>Annual Waitlist Reduction</b>	<b>846</b>	<b>1,128</b>	<b>1,127</b>	<b>0</b>	<b>Row D* Row C</b>

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<b>Table 9.2</b>						
<b>Waitlist Schedule</b>						
<b>Row</b>	<b>Item</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>Source/Calculations</b>
A	Waitlist at Start of Fiscal Year	2,453	1,823	911	0	FY 2017-18: Table 9.1 Row A FY 2018-19-FY 2021-21: Row D of previous fiscal year
B	Estimated Annual Additions to Waitlist	216	216	216	0	Based on trend of 18 waitlist additions per month
C	Annual Waitlist Reduction	846	1,128	1,127	0	Table 9.1 Row E
D	Waitlist at End of Fiscal Year	1,823	911	0	0	Row A + Row B - Row C



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<b>FTE Calculation Assumptions:</b>					
<b>Operating Expenses</b> -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.					
<b>Standard Capital Purchases</b> -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).					
<b>General Fund FTE</b> -- New full-time General Fund positions are reflected in Year 1 as 0.9166 FTE to account for the pay-date shift. This applies to personal services costs only; operating costs are not subject to the pay-date shift.					
<b>Expenditure Detail</b>	FY 2017-18		FY 2018-19		
<b>Personal Services:</b>					
Classification Title	Monthly	FTE		FTE	
Position Title (Admin IV)	\$5,005	0.9	\$55,051	1.0	\$60,060
PERA			\$5,588		\$6,096
AED			\$2,753		\$3,003
SAED			\$2,753		\$3,003
Medicare			\$798		\$871
STD			\$105		\$114
Health-Life-Dental			\$7,927		\$7,927
<b>Subtotal Position 1, ## FTE</b>		<b>0.9</b>	<b>\$74,975</b>	<b>1.0</b>	<b>\$81,074</b>
<b>Subtotal Personal Services</b>		<b>0.9</b>	<b>\$74,975</b>	<b>1.0</b>	<b>\$81,074</b>
<b>Operating Expenses:</b>					
		FTE		FTE	
Regular FTE Operating	\$500	0.9	\$458	1.0	\$500
Telephone Expenses	\$450	0.9	\$412	1.0	\$450
PC, One-Time	\$1,230	1.0	\$1,230		
Office Furniture, One-Time	\$3,473	1.0	\$3,473		
Other					
Other					
Other					
Other					
<b>Subtotal Operating Expenses</b>			<b>\$5,573</b>		<b>\$950</b>
<b>TOTAL REQUEST</b>		<b>0.9</b>	<b>\$80,548</b>	<b>1.0</b>	<b>\$82,024</b>
<i>General Fund:</i>			\$40,266		\$41,004
<i>Cash funds:</i>					
<i>Reappropriated Funds:</i>					
<i>Federal Funds:</i>			\$40,282		\$41,020