

Schedule 13

Funding Request for the FY 2015-16 Budget Cycle

Department of Health Care Policy and Financing

PB Request Number R-08

Request Titles

R-08 Children With Autism Waiver Expansion

| | | | | |
|--------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|------------------------------------|
| Dept. Approval By: | Josh Block |  | — | Supplemental FY 2014-15 |
| | | | X | Change Request FY 2015-16 |
| | | | — | Base Reduction FY 2015-16 |
| OSPB Approval By: |  | | — | Budget Amendment FY 2015-16 |

| Line Item Information | Fund | FY 2014-15 | | FY 2015-16 | |
|-------------------------|--------------|------------------------|------------|------------------------|-------------------------|
| | | Appropriation | Request | Base Request | FY 2015-16 Continuation |
| | Total | \$6,298,497,758 | \$0 | \$6,343,746,027 | \$10,616,568 |
| | FTE | 360.4 | - | 360.6 | - |
| Total of All Line Items | GF | \$1,788,619,424 | \$0 | \$1,834,048,014 | \$367,564 |
| | CF | \$630,109,143 | \$0 | \$635,952,455 | \$4,840,203 |
| | RF | \$1,885,519 | \$0 | \$1,920,262 | \$0 |
| | FF | \$3,877,883,672 | \$0 | \$3,871,825,296 | \$5,408,801 |

| Line Item Information | Fund | FY 2014-15 | | FY 2015-16 | |
|-----------------------------------------------------|--------------|---------------------|------------|---------------------|-------------------------|
| | | Appropriation | Request | Base Request | FY 2015-16 Continuation |
| | Total | \$26,043,374 | \$0 | \$26,913,985 | \$115,736 |
| | CF | \$2,676,189 | \$0 | \$2,746,161 | \$0 |
| | FF | \$12,679,416 | \$0 | \$13,118,575 | \$57,868 |
| 01. Executive Director's Office - Personal Services | FTE | 360.4 | - | 360.6 | - |
| | GF | \$8,802,250 | \$0 | \$9,128,987 | \$57,868 |
| | RF | \$1,885,519 | \$0 | \$1,920,262 | \$0 |

| | | | | | |
|-------------------------------------------------------------------------------------------|--------------|------------------------|------------|------------------------|---------------------|
| | Total | \$5,724,352,770 | \$0 | \$5,768,568,225 | \$10,205,160 |
| 02. Medical Services Premiums - Medical and LT Care Services for Medicaid Eligible Indvls | CF | \$622,898,368 | \$0 | \$628,705,349 | \$4,840,203 |
| | FF | \$3,492,641,948 | \$0 | \$3,485,278,253 | \$5,200,111 |
| | GF | \$1,608,812,454 | \$0 | \$1,654,584,623 | \$164,846 |

| | | | | | |
|----------------------------------------------------------------------------------|--------------|----------------------|------------|----------------------|------------------|
| | Total | \$548,101,614 | \$0 | \$548,263,817 | \$295,672 |
| 03. Behavioral Health Community Programs - Behavioral Health Capitation Payments | CF | \$4,534,586 | \$0 | \$4,500,945 | \$0 |
| | FF | \$372,562,308 | \$0 | \$373,428,468 | \$150,822 |
| | GF | \$171,004,720 | \$0 | \$170,334,404 | \$144,850 |

| | | | | |
|----------------------------------------------------------------|-----|-----|---------------|------------------------------------------------|
| Letternote Text Revision Required? | Yes | No | X | If Yes, describe the Letternote Text Revision: |
| Cash or Federal Fund Name and CORE Fund Number: | | | | FF: Title XIX CF: Autism Cash Fund (18A0) |
| Reappropriated Funds Source, by Department and Line Item Name: | | | | N/A |
| Approval by OIT? | Yes | No | Not Required: | X |
| Schedule 13s from Affected Departments: | | N/A | | |
| Other Information: | | N/A | | |



Cost and FTE

- The Department requests \$10,616,568 total funds, \$367,564 General Fund, \$4,840,203 Cash Funds and \$5,408,801 federal funds to eliminate the Children with Autism (CWA) waiver enrollment cap, allow for a one-time increase to the expenditure cap and allow it to fluctuate, increase the age limit to eight, allow for three years stay, and continue the waiver effectiveness evaluation. Funding is ongoing and includes a temporary FTE.

Current Program

- The CWA waiver provides behavioral therapy to children, from birth to six, with an autism diagnosis. The waiver is capped at 75 clients, average enrollment age is five-and-a-half, and clients have a \$25,000 expenditure cap on waiver services which are funded by the Autism Treatment Fund.

Problem or Opportunity

- There are 320 clients waiting to enroll on the CWA waiver. The Department request to eliminate the waiver enrollment cap, allowing the cap to fluctuate.
- Research suggests treatment is most effective if received before eight, for 20 to 40 hours per week, for three years. The Department requests to increase the age limit to eight and to allow for three year stay on the waiver.
- If clients were on the waiver for a full year, they would spend more than the current expenditure cap. The Department requests a one-time increase of the expenditure cap to \$30,000, allowing the cap to fluctuate.
- To manage the number of new enrollees on the waiver the Department requests to increase funding to Community Centered Boards (CCBs) for case management and utilization review.
- The Autism Treatment Fund can only be used for services provided under the waiver; all other services are General Fund. The Department request that any remaining funds would be used to finance state plan expenditures for new and existing enrollees until the fund is depleted.

Consequences of Problem

- If this request is not funded children with ASD will continue to wait for services, or will not have the proper choice of services, when services are appropriate and effective if received properly.

Proposed Solution

- The Department requests \$10,500,832 in order to eliminate the enrollment cap, allow for a one-time increase to the expenditure cap, and allow it to fluctuate, increase the age limit to eight and allow for three years on the waiver, and to fund CCBs for case management and utilization review.
- The Department requests \$53,736 for a temporary FTE for enrollment and waitlist management and \$62,000 to continue the waiver effectiveness evaluation on an annual basis.
- The request requires statutory changes.



COLORADO

Department of Health Care
Policy & Financing

FY 2015-16 Funding Request | November 1, 2014

John W. Hickenlooper
Governor

Susan E. Birch
Executive Director

Department Priority: R-8

Request Detail: Children with Autism Waiver Expansion

| Summary of Incremental Funding Change for FY 2015-16 | Total Funds | General Fund |
|---------------------------------------------------------|--------------|--------------|
| Children with Autism Waiver Expansion | \$10,616,568 | \$367,564 |

Problem or Opportunity:

The Children with Autism (CWA) waiver provides intensive behavioral intervention and treatment for children with autism spectrum disorder (ASD). Currently, the waiver has an enrollment cap of 75 clients per year with 320 children waiting to enroll. The CWA waiver is the only Medicaid children’s waiver that has a waitlist. The average wait time for enrollment is approximately two-and-a-half years and once clients do enroll, the average length of stay on the waiver is less than a year. The CWA waiver has an age limit of six, but due to the size of the waitlist, children are not able to enroll in the waiver until after they turn five, leaving less than a year for intervention and treatment. This is not enough time to provide an impact to clients and is an inefficient use of limited State resources as the treatments and interventions are ineffective if not received for a longer duration.

Section 25.5-6-804(2), C.R.S. limits expenditure to \$25,000 per client per year for behavioral intervention and treatment. The statutory expenditure cap on CWA services has never changed and because of this CWA service rates have remained fixed. CWA service rates have remained constant because a rate increase would lead to less services rendered under the cap creating a needs gap, while a decrease would allow for more utilization. Under either a rate increase or decrease total expenditure would remain constant with either clients receiving less services or providers rendering more services, respectively. Waiver services are funded by the Autism Treatment Cash Fund which receives \$1,000,000 per year from the Master Tobacco Settlement. Due to the nature of the funding, CWA waiver expansion and expenditure cap increases are limited to excess funds from previous years and the annual deposit. SB 12-159 added section 25.5-6-804(9), C.R.S. requiring the Department to evaluate the Autism Treatment Fund annually to see if the fund can support higher enrollment.¹ The Autism Treatment Fund can be used for waiver services, but no other services for CWA clients; all other services are funded through the General Fund. The Department cannot unilaterally expand enrollment in the CWA waiver due to the General Fund impact.

¹http://www.leg.state.co.us/clics/clics2012a/csl.nsf/fsbillcont/C1DDCDA66EA9EFF98725799600525A78?Open&file=159_enr.pdf

The Department initially managed the waitlist by tenure on the waitlist, or first come first serve, but now manages the waitlist by clients with imminent need. SB 12-159 also added section 25.5-6-804(10), C.R.S. which requires the Department to manage the waitlist by prioritizing clients with imminent needs ahead of clients with lesser needs.¹ In November 2013, the Department implemented the objective prioritization procedure which prioritizes the enrollment for children with the highest needs before children with lesser needs. Although children with higher needs are now prioritized for services, the waitlist has grown since the inception of the prioritization procedure.²

In July 2014, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin entitled “Clarification of Medicaid Coverage of Services to Children with Autism”, describing the various options available to states to provide coverage for children with ASD.³ In particular, CMS noted that coverage for certain services for children can be provided via multiple different Medicaid authorities including the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and that “if a service, supply or equipment that has been determined to be medically necessary for a child is not listed as covered (for adults) in a state’s Medicaid State Plan, the state will nonetheless need to arrange for and cover it for the child as long as the service or supply is included within the categories of mandatory and optional services listed in section 1905(a) of the Social Security Act.” Although the Department covers the required services under its EPSDT program, there remain a significant number of children who are on the waitlist but do not currently have access to Medicaid because they are over income without access to the waiver program.

Proposed Solution:

The Department requests \$10,616,568 total funds, \$367,564 General Fund, in FY 2015-16 and \$19,042,713 total funds, \$8,830,589 General Fund, in FY 2016-17 to eliminate the enrollment cap, increase the age limit to eight, allow for a maximum of three years of stay on the waiver if enrolled before eight, increase the expenditure cap and allow for it to fluctuate, increase funding to Community Centered Boards (CCBs) for case management and utilization review, and continue the program evaluation on a yearly basis. Funding would be ongoing and would require a temporary FTE in FY 2015-16 for enrollment and waitlist management and would require statutory changes.

Eliminating the enrollment cap, which currently is set at 75 clients, would also eliminate the waitlist for the CWA waiver. The Department estimates that about 549 unique clients would enroll within the first year of eliminating the enrollment cap, with the monthly average enrollment for the year totaling 370. In addition to eliminating the waitlist, eliminating the enrollment cap would allow for natural caseload growth in future years. The most recent autism prevalence estimates from the Autism and Developmental Disabilities Monitoring Network (ADDM), which were released by the Center for Disease Control (CDC) in March 2014, show that overall, 1 in 68 8-year-old children were identified with autism. This is roughly a 30% increase from the previous estimate done in 2008, where the prevalence of ASD across the 11 areas of the United States was 1 in 88.⁴ The ADDM covers 11 areas of the United States, including the Denver metropolitan

²<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251907375582&ssbinary=true>

³<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>

⁴<http://www.cdc.gov/features/dsautismdata/index.html>

area where 1 in 101 8-year-old children were identified with ASD.⁵ Children being diagnosed with ASD is on the rise nationally and in Colorado, leading to a greater need for behavioral intervention and treatment. Eliminating the enrollment cap would provide much needed access to behavioral intervention and treatment for children in Colorado.

Increasing the age limit from six to eight would allow more Medicaid children to have access to behavioral intervention and treatment by the recommended age and coverage would be more in line with the private insurance market. According to the Lovaas Institute, a leading provider of behavioral treatment for children diagnosed with ASD, intervention should take place between ages two and eight, but no later than twelve.⁶ Coupled with the increased age limit, allowing for children to stay on the waiver for a maximum of three years, as long as they are enrolled before the age of eight, would further ensure the delivery of services for the recommended time frame. A recent policy brief by the Center for Evidence-based Policy suggests that early intensive behavioral intervention (EIBI) therapies should be received for 25 to 40 hours for up to three years.⁷ For intensive behavior therapies to benefit children most, services must be received for three years. Covering Medicaid children with ASD up to a maximum age of 11 would ensure the proper treatment duration, no matter when a child is enrolled in the waiver. Further, Autism Speaks, an autism advocacy organization that sponsors autism research, says that some preschoolers who received intensive behavioral therapy for two or more years “acquire sufficient skills to participate in regular classrooms with little or no additional support”.⁸ By allowing more kids with ASD to receive behavioral intervention and treatment earlier, kids would have more success interacting with their peers. Allowing access to a wider age range and allowing for a maximum of 3 years on the waiver would provide needed behavioral treatment and intervention to a wider number of Colorado children with ASD.

The Department is also requesting to continue the CWA waiver program evaluation, and to perform the evaluation on a yearly basis. SB 12-159 added section 25.5-6-806(2)(C), C.R.S. which instructs the Department to perform a program evaluation on or before June 1, 2015 and allows for the Department to contract with an independent program evaluator.¹ The Department has solicited a contractor to perform the one-time program evaluation which is currently on track to be complete prior to June 1, 2015. Evaluations of intensive behavioral intervention and treatment on children with ASD ages 2 through 8 have been shown to be most effective if rendered for three years. The recent policy brief by the Center for Evidence-based Policy states that “Evidence suggests that early intensive behavioral intervention (EIBI) may improve core areas of deficit (e.g., IQ scores, language skills, adaptive behavior skills) for individuals with ASDs. However, randomized controlled trials (RCTs) are few and include small numbers of participants” (Leof, Kriz, Pinson, and Mayer, 3).⁷ Although research has shown behavioral intervention and treatment to be effective for treatment of children with ASD, the results are based on small sample sizes. Allowing for the expansion of the waiver and changing the rules would not only allow for the proper treatment of a larger number of children with ASD, but would allow for more data gathering and for current research to be

⁵Baio, Jon. “Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2010”, *Surveillance Summaries* 63(SS02);1-21, March 28, 2014.

⁶<http://www.lovaas.com/approach-suitable.php>

⁷Leof, Allison PHD, Kriz, Heidi MPH, RD, Pinson, Nicola JD, Mayer, Meghan. “Applied Behavioral Analysis Treatment for Autism Spectrum Disorders: Coverage Policies and Implementation”, *Center for Evidence-based Policy; March 2015.*

⁸<http://www.autismspeaks.org/what-autism/treatment/applied-behavior-analysis-aba>

solidified with larger sample sizes. If approved, the Department would continue the program evaluation on a yearly basis.

Currently, the Department has 25 active providers serving CWA enrollees, or a ratio of about three clients per provider. To serve a larger caseload of children with ASD, for 25 to 40 hours per week, for a longer duration, the Department would need to retain current providers and attract more providers. To keep the current ratio of three clients to one provider, the Department would need to enroll at least 93 provider in FY 2015-16 and another 32 providers in FY 2016-17. To do so, the Department would need to allow for provider rate increases for CWA waiver services; however, because clients are only allowed to receive \$25,000 in services per year, an increase in rates would yield a decrease in the amount of services a client can receive under the current per client expenditure cap. The expenditure cap is defined in statute at 5.5-5-804(1)(2), C.R.S. To allow for future rate increases, the \$25,000 expenditure cap would need to be able to fluctuate with similar services in the market place. Allowing the expenditure cap to fluctuate with the market would allow rates to increase or decrease consistent with the General Assembly's decision each year on rate increases. Along with the need to increase the number of providers for CWA services, the Department would need to increase funding to the contracts for CWA enrollee case management and utilization review. The Department currently contracts with Community Centered Boards (CCBs) to enroll and provide case management and utilization review services for CWA enrollees. CCBs would need more funding to increase current capacity allocated for CWA client enrollment, case management, and utilization review. Removing the per client expenditure cap on CWA services and increasing funding to CCBs for CWA client enrollment, case management and utilization review would allow for appropriated rate increases to attract and retain providers to provide service to the increased number of children with ASD under the new enrollment cap.

Annually, the Department analyzes the balance of the Autism Treatment Fund to determine if the waiver could sustain more children than the current 75 client enrollment cap. At most, without further changes to the program, the cash fund could support a waiver expansion of 50 more clients, with the Autism Treatment Fund running out of sustainable funding by FY 2019-20, requiring General Fund to support the additional population. However, to increase the waiver cap by any amount, the Department would also need an additional General Fund appropriation for new enrollee medical and administrative services outside of the waiver, because the fund is statutorily limited to paying for only waiver services.

Anticipated Outcomes:

If approved, this request would ensure children with ASD have proper access to behavioral interventions and treatments for the correct duration of time improving health outcomes, the client experience, and possibly lowering future per capita costs for clients with ASD. Along with demonstrating sound stewardship of financial resources, funding this request would allow for the CWA waiver program evaluation to continue on a yearly basis providing the necessary number of clients to solidify current research continuing Colorado's leadership in national health care policy.

If the funding request is denied, children with ASD would continue to wait for services. Once clients on the waitlist are enrolled in the waiver, intervention and treatment would continue to be ineffective because the clients would age out of the waiver before receiving the intervention and treatment for the proper duration, leading to the inefficient use of funds. Funding this request would allow the Department to be better stewards

of financial resources by ensuring that the funds spent on ASD treatment go towards a more comprehensive treatment plan, which is likely to generate better outcomes for children in the future.

Assumptions and Calculations:

This request contains four parts: the elimination of the enrollment cap; increasing the waiver service expenditure cap, allowing for it to fluctuate, which includes the effect of increasing the age limit, allowing for a maximum of three years stay on the waiver; increasing funding to CCBs for case management for newly enrolled clients; and, continuing the waiver effectiveness evaluation. Of the FY 2015-16 total, the Department requests General Fund to eliminate the enrollment cap and the waitlist, allow for a one-time expenditure cap increase to \$30,000, make programmatic changes and to continue the waiver effectiveness study. The Department assumes that the Autism Treatment Fund would have a balance of \$4,840,203 to start FY 2015-16 and that the fund would be reduced to zero prior to expenditure of General Fund. The state share for waiver service in FY 2015-16 is estimated to cost \$4,328,990, leaving a balance of \$511,213 in the Autism Treatment Fund. The Department request that any remaining funds would be used to finance state plan expenditures for new and existing enrollees until the fund is depleted. As defined in 25.5-6-805(1), C.R.S. the Autism Treatment Fund can only be used for waiver services, the Department would seek the appropriate legislative changes to allow the fund to cover state plan expenditures, after waiver services are accounted for. The Department assumes that the programmatic changes would be completed by the start of FY 2015-16 and new clients would be enrolled at a pace of 50 enrollees per month. This request does not require any changes to the Medicaid Management Information System (MMIS) or the Colorado Benefits Management System (CBMS) but does require legislative changes.

See Tables 1.1 through 6.4 in the appendix for the Department's calculations.

The elimination of the enrollment cap and waitlist includes increasing expenditures for acute care services, waiver services, and case management services for new enrollees. The Department assumes that there are clients that do not sign up for the waitlist for CWA because the enrollment cap is low relative to the size of the waitlist, creating the perception that there is a very low possibility of actually enrolling. Over the last three years, a total of 95 clients have reached age six while on the waitlist for CWA. Clients that have ASD but are not enrolled would create an additional group of clients that would enroll in the waiver given the elimination of the enrollment cap. The Department assumes the waiver would enroll all clients on the waitlist and an additional 161 clients during FY 2015-16, for an average of 370 clients enrolled on the waiver per month, with a total of 549 unique clients enrolled at the end of the fiscal year. Historically, the average length of stay per client on the CWA waiver has been 154 days per fiscal year, meaning that, on average, a client is only enrolled on the waiver for about five months. In FY 2013-14, the expenditure per client on CWA was \$12,385.86. Using FY 2013-14 as a baseline, if a client were to be on the waiver for a full year at a monthly average cost of \$1,938.22, they would have cost \$23,258.64 per client. Trending the full year expenditure forward the Department assumes each client would spend beyond the current cap. The Department assumes that all enrolled clients, would spend, on average, \$25,862.86 each in FY 2015-16. The increase in expenditure per enrollee is due to increasing the age limit to eight and allowing for the three years stay on the waiver as long as children are enrolled prior to their eighth birthday, therefore the Department requests a one-time expenditure cap increase to \$30,000 as trended per capita expenditure growth approaches \$30,000 in FY 2017-18. The Department estimates that new enrollees would continue to cost, on average, about the

same for state plan services as current enrollees. The Department also estimates that the cost to perform the waiver effectiveness evaluation annually would remain fixed in the future.

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| Table 1.1 Request Components by Line Item FY 2015-16 | | | | | | | | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------|------------|------------------|---------------------|--------------------|----------------------|--------------------|---------------------------------------------------------------|
| Row | Item | Total Funds | FTE | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds | Source |
| A | Total Request | \$10,616,568 | 0.0 | \$367,564 | \$0 | \$4,840,203 | \$0 | \$5,408,801 | Row B + Row E + Row J |
| B | (1) Executive Director's Office; (A) General Administration, Personal Services | \$115,736 | 0.0 | \$57,868 | \$0 | \$0 | \$0 | \$57,868 | Row C + Row D |
| C | Temporary FTE for Enrollment and Waitlist Management | \$53,736 | 0.0 | \$26,868 | \$0 | \$0 | \$0 | \$26,868 | Table 7.1 |
| D | Waiver Effectiveness Study | \$62,000 | 0.0 | \$31,000 | \$0 | \$0 | \$0 | \$31,000 | Narrative |
| E | (2) Medical Services Premiums | \$10,205,160 | 0.0 | \$164,846 | \$0 | \$4,840,203 | \$0 | \$5,200,111 | Row F + Row G |
| F | Case Management and Utilization Review | \$548,634 | 0.0 | \$274,317 | \$0 | \$0 | \$0 | \$274,317 | Table 5.1 Row C |
| G | Waiver Expansion and Policy Change | \$9,656,526 | 0.0 | (\$109,471) | \$0 | \$4,840,203 | \$0 | \$4,925,794 | Row H + Row I |
| H | Waiver Services | \$8,836,477 | 0.0 | \$0 | \$0 | \$4,328,990 | \$0 | \$4,507,487 | Table 4.1 Row C - Total Funds Table 2.1 Row N - Cash Funds |
| I | State Plan Services | \$820,049 | 0.0 | (\$109,471) | \$0 | \$511,213 | \$0 | \$418,307 | Row J + Row K Table 2.1 Row O Total Cash Funds |
| J | State Plan Services | \$820,049 | 0.0 | \$0 | \$0 | \$401,742 | \$0 | \$418,307 | Table 4.1 Row D |
| K | Refinance Existing Clients State Plan Services | \$0 | 0.0 | (\$109,471) | \$0 | \$109,471 | \$0 | \$0 | Row I - Row J |
| K | (3) Behavioral Health Community Programs | \$295,672 | 0.0 | \$144,850 | \$0 | \$0 | \$0 | \$150,822 | |
| L | Enrollees Newly Eligible for Medicaid | \$295,672 | 0.0 | \$144,850 | \$0 | \$0 | \$0 | \$150,822 | Table 3.1 Row C |

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| Table 1.2 Request Components by Line Item FY 2016-17 | | | | | | | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------|------------|---------------------|----------------------------|-------------------|-----------------------------|----------------------|---------------------------------------------------------------|
| Row | Item | Total Funds | FTE | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds | Source |
| A | Total Request | \$19,042,713 | 0.0 | \$8,830,589 | \$0 | \$508,566 | \$0 | \$9,703,558 | Row B + Row D + Row I |
| B | (1) Executive Director's Office; (A) General Administration, Personal Services | \$62,000 | 0.0 | \$31,000 | \$0 | \$0 | \$0 | \$31,000 | |
| C | Waiver Effectiveness Study | \$62,000 | 0.0 | \$31,000 | \$0 | \$0 | \$0 | \$31,000 | Narrative |
| D | (2) Medical Services Premiums | \$18,234,642 | 0.0 | \$8,434,089 | \$0 | \$508,566 | \$0 | \$9,291,987 | Row E + Row F |
| E | Case Management and Utilization Review | \$941,035 | 0.0 | \$470,517 | \$0 | \$0 | \$0 | \$470,518 | Table 5.1 Row C |
| F | Waiver Expansion and Policy Change | \$17,293,607 | 0.0 | \$7,963,572 | \$0 | \$508,566 | \$0 | \$8,821,469 | Row G + Row H |
| G | Waiver Services | \$15,240,715 | 0.0 | \$6,957,860 | \$0 | \$508,566 | \$0 | \$7,774,289 | Table 4.1 Row C - Total Funds Table 2.1 Row O - Cash Funds |
| H | State Plan Services | \$2,052,892 | 0.0 | \$1,005,712 | \$0 | \$0 | \$0 | \$1,047,180 | Table 4.1 Row D |
| I | (3) Behavioral Health Community Programs | \$746,071 | 0.0 | \$365,500 | \$0 | \$0 | \$0 | \$380,571 | |
| J | Enrollees Newly Eligible for Medicaid | \$746,071 | 0.0 | \$365,500 | \$0 | \$0 | \$0 | \$380,571 | Table 3.1 Row C |

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| Table 1.3 Request Components by Line Item FY 2017-18 | | | | | | | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------|------------|---------------------|----------------------------|--------------------|-----------------------------|----------------------|---------------------------------------------------------------|
| Row | Item | Total Funds | FTE | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds | Source |
| A | Total Request | \$22,726,738 | 0.0 | \$10,145,262 | \$0 | \$1,000,000 | \$0 | \$11,581,476 | Row B + Row D + Row I |
| B | (1) Executive Director's Office; (A) General Administration, Personal Services | \$62,000 | 0.0 | \$31,000 | \$0 | \$0 | \$0 | \$31,000 | |
| C | Waiver Effectiveness Study | \$62,000 | 0.0 | \$31,000 | \$0 | \$0 | \$0 | \$31,000 | Narrative |
| D | (2) Medical Services Premiums | \$21,740,317 | 0.0 | \$9,661,388 | \$0 | \$1,000,000 | \$0 | \$11,078,929 | Row E + Row F |
| E | Case Management and Utilization Review | \$1,070,019 | 0.0 | \$535,009 | \$0 | \$0 | \$0 | \$535,010 | Table 5.1 Row C |
| F | Waiver Expansion and Policy Change | \$20,670,298 | 0.0 | \$9,126,379 | \$0 | \$1,000,000 | \$0 | \$10,543,919 | Row G + Row H |
| G | Waiver Services | \$18,146,752 | 0.0 | \$7,890,094 | \$0 | \$1,000,000 | \$0 | \$9,256,658 | Table 4.1 Row C - Total Funds Table 2.1 Row B - Cash Funds |
| H | State Plan Services | \$2,523,546 | 0.0 | \$1,236,285 | \$0 | \$0 | \$0 | \$1,287,261 | Table 4.1 Row D |
| I | (3) Behavioral Health Community Programs | \$924,421 | 0.0 | \$452,874 | \$0 | \$0 | \$0 | \$471,547 | |
| J | Enrollees Newly Eligible for Medicaid | \$924,421 | 0.0 | \$452,874 | \$0 | \$0 | \$0 | \$471,547 | Table 3.1 Row C |

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| Table 2.1 Children with Autism (CWA) Waiver - Autism Treatment Fund Detail | | | | | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------|------------------|------------------|--------------|-----------------------------------------------------------------------------|
| Row | Item | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | Cash Fund Balance at the Beginning of Year | \$3,688,400 | \$4,260,382 | \$511,213 | \$508,566 | FY 2014-15 Actuals; Otherwise Previous Year of Row O |
| B | Disbursement from Tobacco Master Settlement | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | Statutory Yearly Deposit and Estimated Interest |
| C | Current Year Cash Fund Amount | \$4,688,400 | \$5,260,382 | \$1,511,213 | \$1,508,566 | Row A + Row B |
| D | CWA Expected Enrollees Under Current Policy Expenditure | \$674,470 | \$732,781 | \$795,444 | \$862,762 | Table 2.2 Row C |
| E | State Funding Need Prior to November 2014 Revised Forecast | \$332,109 | \$358,989 | \$389,688 | \$422,667 | Row D * (1-Fiscal Year FMAP); 50.76% FY 2014-15, all other year 51.01% |
| F | Revised FY 2015-16 R-1: "Medical Services Premiums" Request Forecast | \$869,249 | \$857,684 | \$1,003,131 | \$0 | November 2014 FY 2015-16 R-1: "Medical Services Premiums" |
| G | Reconciliation Adjustment to Revised FY 2015-16 R-1: "Medical Services Premiums" Request Forecast | \$194,779 | \$124,903 | \$207,687 | \$0 | Row F - Row D; FY 2017-18: \$0 |
| H | Reconciliation Adjustment -State Funding Need | \$95,909 | \$61,190 | \$101,746 | \$0 | Row H * (1 - Fiscal Year FMAP); 50.76% FY 2014-15, all other year 51.01% |
| I | Total State Funding Need for Existing Policy | \$428,018 | \$420,179 | \$491,434 | \$0 | Row E + Row H; FY 2017-18: \$0 |
| J | Increase in Expenditure, New Enrollees, Current Policy | \$0 | \$3,254,409 | \$5,886,288 | \$7,057,869 | Table 4.2 Row C |
| K | Increase in Expenditure, All Enrollees, New Policy | \$0 | \$5,582,068 | \$9,354,427 | \$11,088,883 | Table 4.3 Row F |
| L | CWA Total Expenditure, All Enrollees, New Policy | \$869,249 | \$9,694,161 | \$16,243,846 | \$19,009,514 | Row D + Row G + Row J + Row K |
| M | Total State Funding Need | \$428,018 | \$4,749,169 | \$7,957,860 | \$9,312,761 | Row L * Fiscal Year FMAP; 50.76% FY 2014-15, all other year 51.01% |
| N | State Funding Need For New Policy | \$0 | \$4,328,990 | \$7,466,426 | \$9,312,761 | Row I - M |
| O | Cash Fund Balance After Expenditure | \$4,260,382 | \$511,213 | \$508,566 | \$0 | FY 2014-15 : \$0 All other years Row I * (-1) |

(1) CWA expenditure adjustments include adjustments made for interest and will not tie out the November 2014 R-1 "Medical Services Premiums" as a result

| Table 2.2 Children with Autism (CWA) Waiver Expansion | | | | | | |
|----------------------------------------------------------|------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|-----------------------------------------------------|
| Row | Item | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | Expected Enrollees Under Current Policy Average Monthly Caseload | 66 | 68 | 70 | 72 | FY 2014-15 ¹ , otherwise Table 6.1 Row A |
| B | Current Policy Per Utilizer Expenditure - Waiver Services | \$10,219.24 | \$10,776.19 | \$11,363.49 | \$11,982.80 | Table 4.4 Row C |
| C | Expected Enrollees Under Current Policy Total Expenditure - Waiver Services | \$674,470 | \$732,781 | \$795,444 | \$862,762 | Row A * Row B |

(1) S-1, BA-1 February 2014 Exhibit G CWA FY 2014-15 Estimated Average Monthly Caseload

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| Table 3.1 | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------|-------------------|-------------------|------------------------------------------------------------------------------------------------------------------|
| Children with Autism (CWA) Waiver Expansion Estimated Total Incremental Behavioral Health Organization Expenditure | | | | | |
| Row | Item | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes/Calculation |
| A | Estimated New CWA Medicaid Enrollees ⁽¹⁾ | 151 | 367 | 438 | Table 6.1 Row E |
| B | Estimated Expenditure Per BHO Enrollee | \$1,958.09 | \$2,032.89 | \$2,110.55 | Growth Trend 3.82% ² Base Per Capita Trend form S-2, BA-2 February 2014 Exhibit DD-Per Cap Summary |
| C | Estimated Total BHO Expenditure For New CWA Medicaid Enrollees | \$295,672 | \$746,071 | \$924,421 | Row A * Row B |

(1) These are clients that are new enrollees to the CWA Waiver and Medicaid

(2) Growth Trend from S-2A, BA-2 February 2014, Exhibit DD-Per Cap Summary Average Percent Growth FY 2013-14 through FY 2015-16

R-8 Children With Autism Waiver Expansion

Appendix A: Calculations and Assumptions

| Table 4.1 Summary of Children with Autism (CWA) Waiver Expansion Incremental Expenditures on Waiver and State Plan Services by Fiscal Year | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------|---------------------|---------------------|----------------------|
| Row | Item | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | Increase in Enrollment - New Enrollees, Current Policy - Waiver Services | \$3,254,409 | \$5,886,288 | \$7,057,869 | Table 4.2 Row C |
| B | Incremental Increase in Expenditure - All Enrollees, New Policy | \$5,582,068 | \$9,354,427 | \$11,088,883 | Table 4.3 Row F |
| C | Total Waiver Incremental Expenditure for New Enrollees and New Policy | \$8,836,477 | \$15,240,715 | \$18,146,752 | Row A + Row B |
| D | Increase in Enrollment - New Enrollees, Current Policy - State Plan Services | \$820,049 | \$2,052,892 | \$2,523,546 | Table 4.2 Row F |
| E | Total Incremental Expenditure | \$9,656,526 | \$17,293,607 | \$20,670,298 | Row C + Row D |

| Table 4.2 Children with Autism (CWA) Waiver Expansion Expenditures - New Enrollees, Waiver Expansion, Current Policy | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------|--------------------|--------------------|----------------------|
| Row | Item | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | New Enrollee Average Monthly Caseload | 302 | 518 | 589 | Table 6.1 Row C |
| B | Current Policy Per Capita Expenditure - Waiver Services | \$10,776.19 | \$11,363.49 | \$11,982.80 | Table 4.4 Row C |
| C | New Enrollee Total Expenditure - Waiver Services | \$3,254,409 | \$5,886,288 | \$7,057,869 | Row A * Row B |
| D | New Enrollee Average Monthly Caseload | 151 | 367 | 438 | Table 6.1 Row E |
| E | Per Capita Expenditure - State Plan Services | \$5,430.79 | \$5,593.71 | \$5,761.52 | Table 4.4 Row H |
| F | New Enrollee Total Expenditure - State Plan Services | \$820,049 | \$2,052,892 | \$2,523,546 | Row D * Row E |
| G | New Enrollee Total Services Expenditure | \$4,074,458 | \$7,939,180 | \$9,581,415 | Row C + Row F |
| Row A is the number of new enrollees on the CWA waiver Row D is the number of new enrollees on the CWA waiver that are also new to Medicaid | | | | | |

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| Table 4.3 | | | | | |
|-------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------|--------------------|---------------------|----------------------|
| Children with Autism (CWA) Waiver Expansion | | | | | |
| Incremental Expenditures - All Enrollees, New Policy | | | | | |
| Row | Item | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | New Enrollee Average Monthly Caseload | 302 | 518 | 589 | Table 6.1 Row C |
| B | New Policy Per Capita Expenditure - Waiver Services | \$15,086.67 | \$15,908.89 | \$16,775.92 | Table 4.4 Row E |
| C | New Enrollee Total Expenditure - Waiver Services | \$4,556,174 | \$8,240,805 | \$9,881,017 | Row A * Row B |
| | | | | | |
| D | Expected Enrollees Under Current Rules Average Monthly Caseload | 68 | 70 | 72 | Table 6.1 Row A |
| E | Expected Enrollees Under Current Policy Total Expenditure - Waiver Services | \$1,025,894 | \$1,113,622 | \$1,207,866 | Row D * Row B |
| | | | | | |
| F | All Enrollees, New Policy - Total Services Expenditure | \$5,582,068 | \$9,354,427 | \$11,088,883 | Row C + Row E |

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| <p align="center">Table 4.4 CWA Waiver and State Plan Services Cost Per Utilizer and Per Capita Expenditure</p> | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|--------------------|---------------------------------------------------------------------------------------------------------|
| Row | Item | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | Waiver Service Prior Year Base Per Utilizer Expenditure | \$9,691.08 | \$10,219.24 | \$10,776.19 | \$11,363.49 | FY 2013-14 Historical Data; Otherwise Row C of Previous Year |
| B | Growth Trend | 5.45% | 5.45% | 5.45% | 5.45% | Source: S-1/BA-1 February 2014 -Exhibit G CBLTC Base - CWA Average Cost Per Capita Historical Growth |
| C | Waiver Service Per Utilizers Expenditure, Current Policy | \$10,219.24 | \$10,776.19 | \$11,363.49 | \$11,982.80 | Row A * (1 + Row B) 5 Months Length of Stay |
| D | Waiver Service Per Capita, New Policy | \$24,526.18 | \$25,862.86 | \$27,272.38 | \$28,758.72 | Row C * (12/5) Full Year Length of Stay |
| E | Waiver Service Cost Per Capita Incremental Difference Between New Policy and Current Policy | \$14,306.94 | \$15,086.67 | \$15,908.89 | \$16,775.92 | Row D - Row C |
| F | State Plan Service Prior Year Base Per Capita | \$5,119.04 | \$5,272.61 | \$5,430.79 | \$5,593.71 | FY 2013-14 Historical Data; Otherwise Row C of Previous Year |
| G | Growth Trend | 3.00% | 3.00% | 3.00% | 3.00% | Source: S-1/BA-1 February 2014 -Exhibit F - Disabled Individuals to 59 Per Capita FY 2015-16 Trend |
| H | State Plan Service Per Capita | \$5,272.61 | \$5,430.79 | \$5,593.71 | \$5,761.52 | Row F * (1 + Row G) |

R-8 Children With Autism Waiver Expansion
Appendix A: Calculations and Assumptions

| Table 5.1 | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------|-------------------|--------------------|--------------------------|
| Summary of Children with Autism Waiver (CWA) Incremental Impact to Community Centered Boards (CCBs) for Case Management and Utilization Review Expenditures for New Enrollees by Fiscal Year | | | | | |
| Row | Item | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes/Calculation |
| A | CWA New Enrollee Average Monthly Caseload | 302 | 518 | 589 | Table 6.1 Row C |
| B | CWA Expenditure Per Enrollee Expenditure for Case Management and Utilization Review | \$1,816.67 | \$1,816.67 | \$1,816.67 | Table 5.2 Row C |
| C | Estimated CWA Maximum Contract Amount for Case Management and Utilization Review | \$548,634 | \$941,035 | \$1,070,019 | Row A * Row B |

| Table 5.2 | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------|
| CWA Waiver Estimated Impact to Community Centered Boards (CCBs) for Case Management and Utilization Review Expenditures Under Current Policy by Fiscal Year | | | | | |
| Row | Item | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes/Calculation |
| A | CWA Average Unduplicated Clients Under Current Policy | 90 | 90 | 90 | Average of Calendar Year 2012 and 2013 |
| B | CWA Maximum Contract Amount for Case Management and Utilization Review | \$163,500 | \$163,500 | \$163,500 | FY 2014-15 Contract Amount |
| C | CWA Per Enrollee Expenditure for Case Management and Utilization Review | \$1,816.67 | \$1,816.67 | \$1,816.67 | Row B / Row A |

| Table 6.1 | | | | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------------------------------------------------------------------------------|
| Children with Autism (CWA) Waiver Expansion Estimated Average Monthly Caseload by Fiscal Year | | | | | |
| Row | Item | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes/Calculation |
| A | Estimated Average Monthly Enrollment Under Current Policy | 68 | 70 | 72 | Source: S-1,BA-1 February 2014 Exhibit G - CWA Enrollment; FY 2015-16 Growth Trend: 3.03% |
| B | Estimated Average Monthly Enrollment After CWA Expansion | 370 | 588 | 661 | Table 6.2 Row N |
| C | Incremental Estimated Average Monthly Enrollment | 302 | 518 | 589 | Row B - Row A |
| D | Categorically Eligible Clients on the Waitlist ² | 151 | 151 | 151 | Historical Data |
| E | Incremental Estimated Average Monthly Enrollment - New Medicaid Enrollees | 151 | 367 | 438 | Row C - Row D |

(1) Number of Clients on the CWA Waitlist that are Eligible For Medicaid

| Table 6.2 CWA Expansion Enrollment Ramp Up - Average Number of Enrollees Per Month | | | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------|-------------------|-------------------|-------------------|
| Row | Fiscal Year | FY 2015-16 | FY 2016-17 | FY 2017-18 |
| A | Starting Point | 68 | 549 | 618 |
| B | July | 118 | 555 | 624 |
| C | August | 168 | 561 | 631 |
| D | September | 218 | 567 | 638 |
| E | October | 268 | 573 | 645 |
| F | November | 318 | 579 | 652 |
| G | December | 368 | 585 | 659 |
| H | January | 418 | 591 | 666 |
| I | February | 458 | 597 | 672 |
| J | March | 498 | 603 | 678 |
| K | April | 518 | 608 | 683 |
| L | May | 538 | 613 | 689 |
| M | June | 549 | 618 | 695 |
| N | Yearly Average Total | 370 | 588 | 661 |

| Table 6.3 Estimated Clients that will Enroll in the CWA Waiver If Enrollment Cap Is Removed | | | | | | |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------|--------------------------------------------------------------|
| Row | Item | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | Prior Year Base Caseload and Waitlist ¹ | 433 | 487 | 549 | 618 | FY 2013-14 Historical Data; Otherwise Row E of Previous Year |
| B | Prior Year Estimated Children Ages 2-8 on Medicaid with a Diagnosis of ASD | 2,459 | 2,768 | 3,116 | 3,508 | FY 2013-14 Historical Data; Otherwise Row D of Previous Year |
| C | Percent of Children Ready to Enroll out of Estimated Population with a Diagnosis of ASD | 17.61% | 17.61% | 17.61% | 17.61% | Row A / Row B Identified in FY 2013-14 and Held Static |
| D | Current Year Estimate of Total Children ages 2-8 with ASD | 2,768 | 3,116 | 3,508 | 3,949 | Table 6.4 Row E |
| E | Estimated Children on Medicaid that Would Enroll on the CWA waiver | 487 | 549 | 618 | 695 | Row C * Row D |

(1) Waitlist is at 320 as of the start of FY 2014-15, all 320 will be enrolled in FY 2015-16

| Table 6.4 Estimated Children on Medicaid Ages 2-8 with a Diagnosis of Autism Spectrum Disorder (ASD) by Fiscal Year | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------|------------------------------------------------------------------------|
| Row | Item | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 | Notes |
| A | Previous Year Eligible Children on Medicaid Ages 2-8 | 248,391 | 279,614 | 314,761 | 354,326 | FY 2013-14 Historical Data; Otherwise Row C of Previous Year |
| B | Growth Trend | 12.57% | 12.57% | 12.57% | 12.57% | Eligible Children Growth Trend Average Growth FY 2008-09 to FY 2012-13 |
| C | Current Year Eligible Children on Medicaid Ages 2-8 | 279,614 | 314,761 | 354,326 | 398,865 | Row A * (1 + Row B) |
| D | Denver-Metro Percent of Children with a Diagnosis of ASD by Age 8 | 0.99% | 0.99% | 0.99% | 0.99% | Narrative |
| E | Estimate of Medicaid Population with a diagnosis of ASD Ages 2-8 | 2,768 | 3,116 | 3,508 | 3,949 | Row C * Row D |