

Schedule 13

Funding Request for the FY 2016-17 Budget Cycle

Department of Health Care Policy and Financing

Request Title

R-05 Office of Community Living Caseload Adjustment

Dept. Approval By: <u>Josh Block</u> <i>[Signature]</i> <u>11/2/15</u>	<input checked="" type="checkbox"/>	Supplemental FY 2015-16
	<input type="checkbox"/>	Change Request FY 2016-17
	<input type="checkbox"/>	Base Reduction FY 2016-17
OSPB Approval By: <u>[Signature]</u> <u>10/28/15</u>	<input type="checkbox"/>	Budget Amendment FY 2016-17

Summary Information	Fund	FY 2015-16		FY 2016-17		FY 2017-18
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$504,504,712	\$0	\$506,940,205	\$11,910,323	\$25,586,833
FTE		\$0	0.0	\$0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$238,074,321	\$0	\$239,650,321	\$6,969,260	\$14,441,858
	CF	\$31,281,639	\$0	\$31,298,006	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$235,148,752	\$0	\$235,991,878	\$4,941,063	\$11,144,975

Line Item Information	Fund	FY 2015-16		FY 2016-17		FY 2017-18
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$368,974,132	\$0	\$369,166,299	\$17,832,584	\$27,764,712
FTE		0.0	0.0	0.0	0.0	0.0
04. Office of Community Living - Adult Comprehensive Services	GF	\$166,178,462	\$0	\$166,523,728	\$9,832,767	\$15,415,255
	CF	\$31,281,639	\$0	\$31,298,006	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$171,514,031	\$0	\$171,344,565	\$7,999,817	\$12,349,457
Total		\$78,378,376	\$0	\$80,624,804	(\$2,735,044)	(\$196,134)
FTE		0.0	0.0	0.0	0.0	0.0
04. Office of Community Living - Adult Supported Living Services	GF	\$42,592,426	\$0	\$43,739,911	(\$1,356,035)	(\$97,596)
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$35,785,950	\$0	\$36,884,893	(\$1,379,009)	(\$98,538)

	Total	\$22,574,419	\$0	\$22,575,320	(\$591,901)	(\$3,997)
	FTE	0.0	0.0	0.0	0.0	0.0
04. Office of	GF	\$11,108,871	\$0	\$11,127,403	(\$228,024)	\$104,087
Community Living -	CF	\$0	\$0	\$0	\$0	\$0
Children's Extensive	RF	\$0	\$0	\$0	\$0	\$0
Support Services	FF	\$11,465,548	\$0	\$11,447,917	(\$363,877)	(\$108,084)
	Total	\$34,577,785	\$0	\$34,573,782	(\$2,595,316)	(\$1,977,748)
	FTE	0.0	0.0	0.0	0.0	0.0
04. Office of	GF	\$18,194,562	\$0	\$18,259,279	(\$1,279,448)	(\$979,888)
Community Living -	CF	\$0	\$0	\$0	\$0	\$0
Case Management	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$16,383,223	\$0	\$16,314,503	(\$1,315,868)	(\$997,860)

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			
Reappropriated Funds Source, by Department and Line Item Name:				
Approval by OIT?	Yes	No	Not Required:	X
Schedule 13s from Affected Departments:	N/A			
Other Information:				



Cost and FTE

- In FY 2015-16, the Department requests a reduction of \$14,834,944 total funds, including a decrease of \$7,288,014 General Fund. For FY 2016-17, the Department requests an increase \$11,910,323 total funds, including an increase \$6,969,260 General Fund. For FY 2017-18, the Department requests an increase of \$25,586,833 total funds, including an increase \$14,441,858 General Fund. These funds will be used to fund Home and Community Based Services (HCBS) waiver program costs.

Current Program

- Effective March 2014, the Department manages three Medicaid –HCBS waiver programs for people with developmental disabilities, Adult Comprehensive Services (DD), Supported Living Services (SLS) and Children’s Extensive Services (CES).
- These programs ensure delivery of services such as residential care, day habilitation services and behavioral services, as well as case management, and are delivered through a variety of approved providers.

Problem or Opportunity

- Appropriations do not accurately reflect the estimated number of enrollments, full program equivalents (FPE), or cost per FPE, based upon current enrollment and spending trends as well as input from program information.
- This issue poses the problem of under-expenditure in the current year without action because the Department estimates that newly authorized enrollments will not be filled as quickly as originally forecasted.
- In the request and out years, based on current policies, higher than expected estimated per-capita waiver costs pose the problem of over-expenditure without action.

Consequences of Problem

- If the appropriations are not adjusted, the Department would likely revert a significant amount of funding in the current year. Additionally, in the request and out years, over-expenditure is expected if additional funding is not appropriated through this request.
- Reverting funds in the current year and over-expenditure in the request and out years would compromise the Department’s ability to provide services the maximum number of people with intellectual and developmental disabilities.

Proposed Solution

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



COLORADO
 Department of Health Care
 Policy & Financing

FY 2016-17 Funding Request | November 2, 2015

John W. Hickenlooper
 Governor

Susan E. Birch
 Executive Director

Department Priority: R-5

Request Detail: Office of Community Living Cost and Caseload Adjustments

Summary of Incremental Funding Change for FY 2016-17	Total Funds	General Fund
Office of Community Living Cost and Caseload Adjustments	\$11,910,323	\$6,969,260

Problem or Opportunity:

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

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

In FY 2012-13, the Department of Human Services requested and received funding to eliminate the waiting list for the HCBS-CES program. In FY 2013-14, the Department of Health Care Policy and Financing requested and receiving funding to eliminate the waiting list for the HCBS-SLS program. In order to prevent new waiting lists, the General Assembly must provide new funding each year to allow for growth in both programs. In contrast, the HCBS-DD program continues to have a waiting list for services; as of the July 31,

2015 Medicaid Funding Requested Waiting List Report, there are 2,050 people currently waiting to receive HCBS-DD waiver services. The waiting lists may include those requiring emergency enrollments as well as those transitioning out of institutional settings. Additionally, the list may include current Medicaid recipients being served in an alternative waiver that does not fully meet their needs, and may also include individuals being served in nursing facilities or hospitals that are not as cost-effective as the HCBS waivers.

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

Proposed Solution:

In order to adjust the current appropriations for the programs administered by the Office of Community Living, the Department requests a reduction of \$14,834,944 in FY 2015-16, including a decrease of \$7,288,014 General Fund; an increase of \$11,910,323 in FY 2016-17, including an increase of \$6,969,260 General Fund; and, an increase of \$25,586,833 in FY 2017-18, including an increase of \$14,441,858 General Fund.

Based on the assumptions used in this request, the Department calculated maximum enrollment figures for each waiver program (and targeted case management services) and the number of full-program equivalents (FPE) for each fiscal year. If this request is approved, the Department calculates that by the end of FY 2015-16 it would serve: 5,117 people on the HCBS-DD waiver (including people in Regional Centers); 4,846 people on the HCBS-SLS waiver; and, 1,290 people on the HCBS-CES waiver. For the years covered in the request, the Department would limit HCBS-DD enrollments to the maximum enrollment figure. However, for the HCBS-SLS and HCBS-CES programs, the Department would adhere to the policy of maintaining no waiting lists; therefore, the maximum enrollment numbers are for information only, and the Department would exceed those figures if necessary and use the regular budget process to account for any change in the estimates. The number of associated FPE for each fiscal year is shown in exhibit D.3 of the appendix.¹

Anticipated Outcomes:

The Office of Community Living finances long term services and supports in the community to adults and children with developmental disabilities who would otherwise receive services in more restrictive and expensive institutional settings or who would be without services altogether. As part of the Triple Aim, the Department strives to provide the right services to the right people at the right time and place.

The Department's request includes funding to provide needed services for the highest number as well as most at-risk eligible people as possible. If the Department's request is approved, the Department would have

¹ Although not specifically identified as part of this request, these figures allow for any necessary transitions that occur from nursing facilities or regional centers as part of the Colorado Choice Transitions program.

resources to cover 10,769 people on average per month in FY 2015-16, and 11,535 people on average per month in FY 2016-17, thereby improving their physical, mental, and social well-being and quality of life.

Assumptions and Calculations:

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

Exhibit A.1: Calculation of Request

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

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

These exhibits provide a breakdown for each line item's expenditure estimate including fund splits for each program. This exhibit also allows for adjustments in the federal financial participation rate (FFP) based on the type of services delivered within each program. The Federal Medical Assistance Percentage (FMAP) is set to decrease for Colorado in October 2015 to 50.72%. The Department uses a blended rate to account for the implementation of the new match rate in the middle of the fiscal year. The Department predicts that the FMAP for FFY 2016-17 will decrease to 50.32% and further decrease in FFY 2017-18 to 50.21%. For state fiscal years this translates to an FMAP of 50.79% in FY 2015-16, 50.42% in FY 2016-17, and 50.24% in FY 2017-18. FMAP forecasts can be found in exhibit R of the Department's FY 2016-17 R-1 "Medical Services Premiums Request".

Exhibit B: Summary of Program Costs

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

Exhibit C: Calculation of Projected Expenditure

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

Only programs. Therefore, the appropriation reflected in this exhibit does not match the adjusted appropriation in Exhibit A.1.

Exhibit D.1: Calculation of Maximum Enrollment

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

Adult Comprehensive Waiver (DD)

For FY 2015-16 the Department was appropriated 5,065 enrollments through SB 15-234 “2015-16 Long Appropriations Bill”. To forecast maximum enrollments in FY 2015-16, the Department selected a base trend of 0.00% because current policy requires that maximum enrollment not exceed the appropriated number of enrollments, regardless of the existence or growth rate of a waiting list for waiver services. Bottom line adjustments were composed of 40 emergency enrollments and 55 foster care transitions as requested in the Department’s FY 2014-15 R-8 “Developmental Disabilities New Full Program Equivalents”. These bottom line adjustments were added to the FY 2014-15 maximum enrollment to reach the FY 2015-16 maximum.

The Department requests to adjust the FY 2015-16 maximum enrollment figure to 5,117 due to additional bottom line adjustments. These additional 52 enrollments would accommodate the transition of 20 Colorado Choice Transitions (CCT) clients expected to move from an institutional setting into the HCBS-DD waiver in FY 2015-16 and 32 youth transitions expected to move to the HCBS-DD waiver as they age out of the HCBS-CES waiver. CCT transitions are forecasted in exhibit R of the Department’s R-1 “Medical Services Premiums Request”. The 32 youth transitions are based on a change in policy that occurred in FY 2014-15. This policy allows clients to choose whether they want to move to the HCBS-SLS or HCBS-DD waiver when they age out of the HCBS-CES waiver. In FY 2014-15, 32 out of 60 clients chose to enroll on the HCBS-DD waiver. To be consistent with the experience in FY 2014-15, the Department assumes 32 out of the estimated 61 clients will transition to the HCBS-DD waiver in FY 2015-16 and beyond.

In the request and out year the Department uses the same methodology to forecast maximum enrollment. In FY 2016-17 the Department requests an additional 141 enrollments, including 14 CCT enrollments, to reach a maximum enrollment figure of 5,258. In FY 2017-18 the Department requests an additional 148 enrollments, including 21 CCT enrollments, to reach a maximum enrollment figure of 5,406.

If additional CCT clients are not allocated, it is likely they would have to request to utilize an emergency HCBS-DD enrollment opening, or return to an institutional setting once their one year transition period out on the CCT program is exhausted. More detail about the CCT program can be found in the Department’s R-1 “Medical Services Premiums Request”. If the additional youth transitions are not allocated for these clients will likely enroll on the HCBS-SLS waiver, receiving less than the comprehensive care that they require.

Supported Living Services Waiver (SLS)

For FY 2015-16 the Department was appropriated 5,561 enrollments through SB 15-234 “2015-16 Long Appropriations Bill”. *Note that as of FY 2014-15 there is no longer a waiver cap in the HCBS-SLS or HCBS-CES waiver so the maximum enrollment forecast in these waivers is now for information only, and is no longer used in calculating year end enrollment.*

Children’s Extensive Services Waiver (CES)

For FY 2015-16 the Department was appropriated 1,300 enrollments through SB 15-234 “2015-16 Long Appropriations Bill”. *Note that as of FY 2014-15 there is no longer a waiver cap in the SLS or CES waiver so the maximum enrollment forecast in these waivers is now for information only, and is no longer used in calculating year end enrollment.*

Targeted Case Management (TCM)

For FY 2015-16 the Department was appropriated 12,049 enrollments through SB 15-234 “2015-16 Long Appropriations Bill”. TCM is provided for all clients receiving services under an HCBS waiver, including clients using the HCBS-DD waiver in regional centers. *Because TCM enrollment is tied to HCBS-SLS and HCBS-CES waiver enrollment, and because there is no longer a cap on enrollment in both of these waivers, the TCM maximum enrollment forecast is now information only and is no longer used in calculating end of year enrollment.*

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

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

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

For the HCBS-DD waiver and the HCBS-TCM waiver the selected FPE conversion factor is the average FPE conversion factor from the previous year. The lack of major structural changes in the HCBS-DD or HCBS-TCM waiver leads the Department to believe that the previous year's rate of service utilization, and therefore Conversion Factor, is a good prediction of utilization in the coming year.

Because of rapid enrollment growth currently taking place in the HCBS-SLS and HCBS-CES waiver due to elimination of the waitlist in these waivers, and because new clients are expected to utilize services at a lower rate than long-term clients, the Department believes that the previous year's conversion factor in these waivers was unnaturally low. To compensate for this, a natural conversion factor was chosen based on the relationship of FPE to maximum enrollment in the year before the waiver cap was removed in each waiver. This natural conversion factor is approached linearly at a rate based on a 12 month upward trend for both waivers to reach the selected conversion factors.

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

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

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

Finally, the FPE adjustment factor, described in the conversion of enrollment to FPE, Exhibit D.2, is applied to the final estimated average monthly enrollment to arrive at the estimated FPE for the fiscal year. The steps described above are repeated for each waiver and fiscal year with the request and out years beginning with the estimated FY 2015-16 and FY 2016-17 maximum enrollment levels, respectively.

Maximum Appropriated Enrollment for the HCBS-DD Waiver

For the HCBS-DD waiver, maximum enrollment comes from total appropriated enrollments. This is due to the existence of the enrollment cap in this waiver. The Department assumes that the appropriated enrollment amount will be reached for each year in this request.

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

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

Maximum assumed enrollment for the HCBS-SLS waiver includes projected waitlist enrollments, an enrollment base trend, and a bottom line adjustment for youth transitioning from the HCBS-CES waiver to the HCBS-SLS Waiver. In this request, compared to the previous S-5, the Department modified the 61 bottom line adjustments allocated in SB-234 to 29 for FY 2015-16 and all subsequent years. These enrollments account for youth transitions from the HCBS-CES waiver related to individuals on that waiver reaching the maximum eligible age, therefore requiring adult services as the policy was originally approved in the Department’s FY 2014-15 R-8 “Developmental Disabilities New Full Program Equivalents” budget request. The modification accounts for clients who are now expected to transition to the HCBS-DD waiver instead of the HCBS-SLS waiver as discussed in section D.1.

Waitlist enrollments were calculated using the pace of waitlist enrollment from FY 2014-15. The enrollment base trend was calculated using waitlist growth in FY 2013-14, the year prior to removal of the enrollment cap. Maximum and Average Enrollment are shown in the tables below.

HCBS-SLS Enrollment Adjustments			Source/Comment
FY 2015-16	HCBS-SLS June (end of year) Enrollment	4,078	Medicaid Management Information System Data
	HCBS-SLS Waitlist Listed to Enroll "As Soon as Possible"	570	Community Contract Management System Data
	Portion of HCBS-SLS or HCBS-DD Expected to Enroll (30%)	179	30% of 597 from the Waitlist Report
	Projected Waitlist Enrollment	739	Using 14-15 pace of waitlist enrollment
	Youth Transitions	29	Assumed in Maximum Enrollment
	Year End Enrollments	4,846	
	Average Monthly Enrollment	4,494	
FY 2016-17	Base Growth Trend	4,950	2.16% Growth over Final 14-15
	Later Waitlist Enrollments	10	Using 14-15 pace of waitlist enrollment
	Youth Transitions	29	Assumed in Maximum Enrollment
	Year End Enrollments	4,989	
	Average Monthly Enrollment	4,923	
FY 2017-18	Base Growth Trend	5,097	2.16% growth over final 15-16
	Youth Transitions	29	Assumed in Maximum Enrollment
	Year End Enrollments	5126	
	Average Monthly Enrollment	5,063	

Maximum assumed enrollment for the HCBS-CES waiver includes projected waitlist enrollments and an enrollment base trend. Waitlist enrollments were calculated using the pace of waitlist enrollment from FY 2014-15. The enrollment base trend was calculated using waitlist growth in FY 2012-13, the year prior to removal of the enrollment cap. Maximum and Average Enrollment are shown in the tables below.

HCBS-CES Enrollment Adjustments			Source/Comment
FY 2015-16	HCBS- CES June (EOY) Enrollment	1,120	Medicaid Management Information System Data
	Base Growth Trend	1,150	2.71% Growth over Final 14-15
	HCBS- CES Waitlist Listed to Enroll "As Soon as Possible"	140	Community Contract Management System Data
	Projected Waitlist Enrollment	140	Using 14-15 pace of waitlist enrollment
	Year End Enrollments	1,290	
	Average Monthly Enrollment	1,212	
FY 2016-17	Base Growth Trend	35	2.71% Growth over Final 15-16
	Year End Enrollments	1,325	
	Average Monthly Enrollment	1,309	
FY 2017-18	Base Growth Trend	36	2.71% growth over final 16-17
	Year End Enrollments	1,361	
	Average Monthly Enrollment	1,344	

Exhibit D.4.1: Regional Center Information

This Exhibit details the historical average enrollment and costs for clients receiving HCBS-DD services in Regional Centers. Regional Center claims are paid for from an appropriation within the Department of Healthcare Policy and Financing (HCPF) via an end-of-year transfer to the Department of Human Services (DHS) who manages Regional Center programs. The cost of these clients is not forecasted in this request. Clients in Regional centers do however receive TCM services as well as Quality Assurance and Utilization Reviews (QA/UR) which are managed and paid for by HCPF, so regional center enrollment information is included in this request to fully account for these costs. To determine utilization of these services the Department predicts that enrollment will remain constant at the June 2015 level of 110 clients for the current, request, and out years.

Exhibit E: Calculation of Per FPE Expenditure

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

The Department's methodology begins with per FPE expenditure calculated using final FY 2014-15 expenditure. The calculation of per FPE expenditure for the current year and request years includes three components. The first component is a base trend adjustment which accounts for factors including shifts in

the service-level mix, changes in billing patterns or utilization, and other factors. For the purposes of the current request, the Department has not identified major changes in the factors mentioned above to initiate a trend.

The second component accounts for provider rate adjustments. For FY 2014-15 and FY 2015-16, the General Assembly appropriated funding to implement 2.50% and 1.7% provider rate increases, respectively, to DIDD waiver programs. These rate increases were effective July 1 of each respective fiscal year. Because the programs operate on a cash-accounting basis, the rate increase affects per FPE expenditure across multiple fiscal years, as some claims incurred in FY 2014-15 will not be paid until FY 2015-16, and similarly for claims incurred in FY 2015-16. The Department assumed a 0% rate increase for FY 2016-17 and FY 2017-18.

The third component accounts for the expected effect of approved policy in the Long Bill and any special bills through Bottom Line Adjustments. For 2014-15, the General Assembly appropriated funding to increase the service plan authorization limits (SPAL) for the HCBS-SLS waiver. The Department calculated the impact to per FPE expenditure by dividing the total appropriated amount of \$6,959,536 associated with the SPAL increase by the projected number of FPE. Similar to the provider rate increase above, the SPAL increase affects per FPE expenditure across multiple fiscal years and will not be fully realized until FY 2015-16. The Department assumed in the November 2014 budget request that the SPAL increase would be approximately 90% implemented in FY 2014-15. However, given per FPE expenditure to date, the Department slowed this implementation and assumed that half of the total impact would be implemented in FY 2014-15 and half in FY 2015-16. The Department assumes this is likely a result of the time it takes to adjust each client's SPAL amount. SPALs are reviewed and adjusted on the client's annual basis which results in a staggering of adjustments to reflect the SPAL increase.

An additional Bottom Line Adjustment was made to account for increased costs in the HCBS-SLS waiver due to the expansion of access to Consumer Directed Attendant Support Services (CDASS) as requested in the Departments FY 2015-16 R-7: "Participant Directed Programs Expansion". The Department has revised the expected implementation date from July, 2015 to January, 2016. Using the assumption that CDASS will take a one year ramp up period to reach full utilization, the increase in costs for the HCBS-SLS waiver were annualized for FY 2015-16 and FY 2016-17 with full utilization expected to be reached in January, 2017.

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

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

The Department pays QA costs monthly for each client related to performance of activities related to the waiver Quality Improvement Strategy (QIS) as well as the mechanisms for overall quality assurance and system improvement. Such activities include application of policies and procedures for the resolution of complaints and grievances, critical incident reporting and response, and the assessment and reporting of

process and outcome performance measures. To calculate QA costs the exhibit takes the estimated monthly enrollment from Table D.3 and multiplies that by the rate and 12 months for the year.

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

The Department performs SIS assessments for IDD clients. SIS includes an assessment of the individual's support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires. The SIS measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. The Scale ranks each activity according to *frequency* (none, at least once a month), *amount* (none, less than 30 minutes), and *type* of support (monitoring, verbal gesturing). Finally, a Supports Intensity Level is determined based on the Total Support Needs Index, which is a standard score generated from scores on all the items tested by the Scale. For SIS, the exhibit calculates expenditure by assuming that all new enrollments as calculated by subtracting estimated enrollments in Table D.3 would receive an assessment and an additional ten percent of the current population would receive assessments. This would be a result of clients requesting a new assessment and churn within the programs. Children receiving services through the HCBS-CES waiver do not receive SIS assessments.

Exhibit G.1 through G.3: Appropriation Build

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

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

R-5 Office of Community Living Cost and Caseload Adjustments

Table A.1.1 - Calculation of Request					
FY 2015-16					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services (HCBS-DD)					
Total Request	\$370,069,114	\$166,717,316	\$31,281,639	\$0	\$172,070,159
Adjusted Spending Authority	\$368,974,132	\$166,178,462	\$31,281,639	\$0	\$171,514,031
Incremental Request	\$1,094,982	\$538,854	\$0	\$0	\$556,128
Adult Supported Living Services (HCBS-SLS)					
Total Request	\$69,633,214	\$38,288,932	\$0	\$0	\$31,344,282
Adjusted Spending Authority	\$78,378,376	\$42,592,426	\$0	\$0	\$35,785,950
Incremental Request	(\$8,745,162)	(\$4,303,494)	\$0	\$0	(\$4,441,668)
Children's Extensive Support Services (HCBS-CES)					
Total Request	\$19,798,414	\$9,742,800	\$0	\$0	\$10,055,614
Adjusted Spending Authority	\$22,574,419	\$11,108,871	\$0	\$0	\$11,465,548
Incremental Request	(\$2,776,005)	(\$1,366,071)	\$0	\$0	(\$1,409,934)
Case Management					
Total Request	\$30,169,026	\$16,037,259	\$0	\$0	\$14,131,767
Adjusted Spending Authority	\$34,577,785	\$18,194,562	\$0	\$0	\$16,383,223
Incremental Request	(\$4,408,759)	(\$2,157,303)	\$0	\$0	(\$2,251,456)
Family Support Services					
Total Request	\$6,960,204	\$6,960,204	\$0	\$0	\$0
Adjusted Spending Authority	\$6,960,204	\$6,960,204	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Preventive Dental Hygiene					
Total Request	\$67,012	\$63,334	\$3,678	\$0	\$0
Adjusted Spending Authority	\$67,012	\$63,334	\$3,678	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Eligibility Determination and Waiting List Management					
Total Request	\$3,121,079	\$3,100,442	\$0	\$0	\$20,637
Adjusted Spending Authority	\$3,121,079	\$3,100,442	\$0	\$0	\$20,637
Incremental Request	\$0	\$0	\$0	\$0	\$0
Waiver Enrollment					
Total Request	\$1,586,987	\$0	\$1,586,987	\$0	\$0
Adjusted Spending Authority	\$1,586,987	\$0	\$1,586,987	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Office of Community Living Total					
Total Request	\$501,405,050	\$240,910,287	\$32,872,304	\$0	\$227,622,459
Adjusted Spending Authority	\$516,239,994	\$248,198,301	\$32,872,304	\$0	\$235,169,389
Incremental Request	(\$14,834,944)	(\$7,288,014)	\$0	\$0	(\$7,546,930)

R-5 Office of Community Living Cost and Caseload Adjustments

Table A.1.2 - Calculation of Request					
FY 2016-17					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services (HCBS-DD)					
Total Request	\$386,998,883	\$176,356,495	\$31,298,006	\$0	\$179,344,382
Adjusted Spending Authority	\$369,166,299	\$166,523,728	\$31,298,006	\$0	\$171,344,565
Incremental Request	\$17,832,584	\$9,832,767	\$0	\$0	\$7,999,817
Adult Supported Living Services (HCBS-SLS)					
Total Request	\$77,889,760	\$42,383,876	\$0	\$0	\$35,505,884
Adjusted Spending Authority	\$80,624,804	\$43,739,911	\$0	\$0	\$36,884,893
Incremental Request	(\$2,735,044)	(\$1,356,035)	\$0	\$0	(\$1,379,009)
Children's Extensive Support Services (HCBS-CES)					
Total Request	\$21,983,419	\$10,899,379	\$0	\$0	\$11,084,040
Adjusted Spending Authority	\$22,575,320	\$11,127,403	\$0	\$0	\$11,447,917
Incremental Request	(\$591,901)	(\$228,024)	\$0	\$0	(\$363,877)
Case Management					
Total Request	\$31,978,466	\$16,979,831	\$0	\$0	\$14,998,635
Adjusted Spending Authority	\$34,573,782	\$18,259,279	\$0	\$0	\$16,314,503
Incremental Request	(\$2,595,316)	(\$1,279,448)	\$0	\$0	(\$1,315,868)
Family Support Services					
Total Request	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Adjusted Spending Authority	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Preventive Dental Hygiene					
Total Request	\$66,988	\$63,311	\$3,677	\$0	\$0
Adjusted Spending Authority	\$66,988	\$63,311	\$3,677	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Eligibility Determination and Waiting List Management					
Total Request	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Adjusted Spending Authority	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Incremental Request	\$0	\$0	\$0	\$0	\$0
Office of Community Living Total					
Total Request	\$528,999,170	\$256,743,908	\$31,301,683	\$0	\$240,953,579
Adjusted Spending Authority	\$517,088,847	\$249,774,648	\$31,301,683	\$0	\$236,012,516
Incremental Request	\$11,910,323	\$6,969,260	\$0	\$0	\$4,941,063

R-5 Office of Community Living Cost and Caseload Adjustments

Table A.1.3 - Calculation of Request					
FY 2017-18					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services (HCBS-DD)					
Total Request	\$396,931,011	\$181,938,983	\$31,298,006	\$0	\$183,694,022
Adjusted Spending Authority	\$369,166,299	\$166,523,728	\$31,298,006	\$0	\$171,344,565
Incremental Request	\$27,764,712	\$15,415,255	\$0	\$0	\$12,349,457
Adult Supported Living Services (HCBS-SLS)					
Total Request	\$80,428,670	\$43,642,315	\$0	\$0	\$36,786,355
Adjusted Spending Authority	\$80,624,804	\$43,739,911	\$0	\$0	\$36,884,893
Incremental Request	(\$196,134)	(\$97,596)	\$0	\$0	(\$98,538)
Children's Extensive Support Services (HCBS-CES)					
Total Request	\$22,571,323	\$11,231,490	\$0	\$0	\$11,339,833
Adjusted Spending Authority	\$22,575,320	\$11,127,403	\$0	\$0	\$11,447,917
Incremental Request	(\$3,997)	\$104,087	\$0	\$0	(\$108,084)
Case Management					
Total Request	\$32,596,034	\$17,279,391	\$0	\$0	\$15,316,643
Adjusted Spending Authority	\$34,573,782	\$18,259,279	\$0	\$0	\$16,314,503
Incremental Request	(\$1,977,748)	(\$979,888)	\$0	\$0	(\$997,860)
Family Support Services					
Total Request	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Adjusted Spending Authority	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Preventive Dental Hygiene					
Total Request	\$67,012	\$63,334	\$3,678	\$0	\$0
Adjusted Spending Authority	\$67,012	\$63,334	\$3,678	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Eligibility Determination and Waiting List Management					
Total Request	\$3,121,079	\$3,100,442	\$0	\$0	\$20,637
Adjusted Spending Authority	\$3,121,079	\$3,100,442	\$0	\$0	\$20,637
Incremental Request	\$0	\$0	\$0	\$0	\$0
Office of Community Living Total					
Total Request	\$542,675,589	\$264,216,415	\$31,301,684	\$0	\$247,157,490
Adjusted Spending Authority	\$517,088,756	\$249,774,557	\$31,301,684	\$0	\$236,012,515
Incremental Request	\$25,586,833	\$14,441,858	\$0	\$0	\$11,144,975

R-5 Office of Community Living Cost and Caseload Adjustments

Table A.2 - Calculation of Fund Splits						
FY 2015-16						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
Adult Comprehensive Services (HCBS-DD)						
Medicaid Services	\$338,787,475	\$166,717,316	\$0	\$172,070,159	50.79%	Table B.1 Row I
Client Cash Sources Payments	\$31,281,639	\$0	\$31,281,639	\$0	0.00%	Table G.1 Row D
Subtotal	\$370,069,114	\$166,717,316	\$31,281,639	\$172,070,159		
Adult Supported Livings Services (HCBS-SLS)						
Medicaid Services	\$61,713,491	\$30,369,209	\$0	\$31,344,282	50.79%	Table B.1 Row I
State Only Services	\$7,919,723	\$7,919,723	\$0	\$0	0.00%	Table G.1 Row H
Subtotal	\$69,633,214	\$38,288,932	\$0	\$31,344,282		
Children's Extensive Support Services (HCBS-CES)						
Subtotal	\$19,798,414	\$9,742,800	\$0	\$10,055,614	50.79%	Table B.1 Row I
Case Management						
Medicaid Services	\$23,442,828	\$11,536,216	\$0	\$11,906,612	50.79%	Table B.1 Row I
State Only Services	\$2,275,889	\$2,275,889	\$0	\$0	0.00%	Table G.1 Row O
Quality Assurance, Utilization Review, Support Intensity Scale	\$4,450,309	\$2,225,154	\$0	\$2,225,155	50.00%	Table F.1 Row J
Subtotal	\$30,169,026	\$16,037,259	\$0	\$14,131,767		
Eligibility Determination and Waiting List Management						
Medical Eligibility Determination	\$3,093,563	\$3,093,563	\$0	\$0	0.00%	Table G.1 Row W
PASRR	\$27,516	\$6,879	\$0	\$20,637	75.00%	Table G.1 Row V
Subtotal	\$3,121,079	\$3,100,442	\$0	\$20,637		
Other Programs						
Family Support Services	\$6,960,204	\$6,960,204	\$0	\$0	0.00%	Table G.1 Row Q
Preventive Dental Hygiene	\$67,012	\$63,334	\$3,678	\$0	0.00%	Table G.1 Row S
Waiver Enrollment	\$1,586,987	\$0	\$1,586,987	\$0	0.00%	Table G.1 Row Y
Subtotal	\$8,614,203	\$7,023,538	\$1,590,665	\$0		
Grand Total	\$501,405,050	\$240,910,287	\$32,872,304	\$227,622,459		
<i>Definitions: FFP: Federal financial participation rate</i>						

R-5 Office of Community Living Cost and Caseload Adjustments

Table A.3 - Calculation of Fund Splits						
FY 2016-17						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
Adult Comprehensive Services (HCBS-DD)						
Medicaid Services	\$355,700,877	\$176,356,495	\$0	\$179,344,382	50.42%	Table B.1 Row J
Client Cash Sources Payments	\$31,298,006	\$0	\$31,298,006	\$0	0.00%	Table G.2 Row D
Subtotal	\$386,998,883	\$176,356,495	\$31,298,006	\$179,344,382		
Adult Supported Livings Services (HCBS-SLS)						
Medicaid Services	\$70,420,238	\$34,914,354	\$0	\$35,505,884	50.42%	Table B.1 Row J
State Only Services	\$7,469,522	\$7,469,522	\$0	\$0	0.00%	Table G.2 Row K
Subtotal	\$77,889,760	\$42,383,876	\$0	\$35,505,884		
Children's Extensive Support Services (HCBS-CES)						
Subtotal	\$21,983,419	\$10,899,379	\$0	\$11,084,040	50.42%	Table B.1 Row J
Case Management						
Medicaid Services	\$25,145,488	\$12,467,133	\$0	\$12,678,355	50.42%	Table B.1 Row J
State Only Services	\$2,192,419	\$2,192,419	\$0	\$0	0.00%	Table G.2 Row V
Quality Assurance, Utilization Review, Support Intensity Scale	\$4,640,559	\$2,320,279	\$0	\$2,320,280	50.00%	Table F.2 Row J
Subtotal	\$31,978,466	\$16,979,831	\$0	\$14,998,635		
Eligibility Determination and Waiting List Management						
Medical Eligibility Determination	\$3,093,677	\$3,093,677	\$0	\$0	0.00%	Table G.2 Row AF
PASRR	\$27,517	\$6,879	\$0	\$20,638	75.00%	Table G.2 Row AG
Subtotal	\$3,121,194	\$3,100,556	\$0	\$20,638		
Other Programs						
Family Support Services	\$6,960,460	\$6,960,460	\$0	\$0	0.00%	Table G.2 Row Y
Preventive Dental Hygiene	\$66,988	\$63,311	\$3,677	\$0	0.00%	Table G.2 Row AC
Subtotal	\$7,027,448	\$7,023,771	\$3,677	\$0		
Grand Total	\$528,999,170	\$256,743,908	\$31,301,683	\$240,953,579		
<i>Definitions: FFP: Federal financial participation rate</i>						

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Table A.4 - Calculation of Fund Splits						
FY 2017-18						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
Adult Comprehensive Services (HCBS-DD)						
Medicaid Services	\$365,633,005	\$181,938,983	\$0	\$183,694,022	50.24%	Table B.1 Row K
Client Cash Sources Payments	\$31,298,006	\$0	\$31,298,006	\$0	0.00%	Table G.3 Row D
Subtotal	\$396,931,011	\$181,938,983	\$31,298,006	\$183,694,022		
Adult Supported Livings Services (HCBS-SLS)						
Medicaid Services	\$73,221,249	\$36,434,894	\$0	\$36,786,355	50.24%	Table B.1 Row K
State Only Services	\$7,207,421	\$7,207,421	\$0	\$0	0.00%	Table G.3 Row H
Subtotal	\$80,428,670	\$43,642,315	\$0	\$36,786,355		
Children's Extensive Support Services (HCBS-CES)						
Subtotal	\$22,571,323	\$11,231,490	\$0	\$11,339,833	50.24%	Table B.1 Row K
Case Management						
Medicaid Services	\$25,843,066	\$12,859,510	\$0	\$12,983,556	50.24%	Table B.1 Row K
State Only Services	\$2,086,794	\$2,086,794	\$0	\$0	0.00%	Table G.3 Row O
Quality Assurance, Utilization Review, Support Intensity Scale	\$4,666,174	\$2,333,087	\$0	\$2,333,087	50.00%	Table F.3 Row J
Subtotal	\$32,596,034	\$17,279,391	\$0	\$15,316,643		
Eligibility Determination and Waiting List Management						
Medical Eligibility Determination	\$3,093,563	\$3,093,563	\$0	\$0	0.00%	Table G.3 Row X
PASRR	\$27,516	\$6,879	\$0	\$20,637	75.00%	Table G.3 Row W
Subtotal	\$3,121,079	\$3,100,442	\$0	\$20,637		
Other Programs						
Family Support Services	\$6,960,460	\$6,960,460	\$0	\$0	0.00%	Table G.3 Row Q
Preventive Dental Hygiene	\$67,012	\$63,334	\$3,678	\$0	0.00%	Table G.3 Row T
Subtotal	\$7,027,472	\$7,023,794	\$3,678	\$0		
Grand Total	\$542,675,589	\$264,216,415	\$31,301,684	\$247,157,490		
<i>Definitions: FFP: Federal financial participation rate</i>						

R-5 Office of Community Living Cost and Caseload Adjustments

Table B.1 - Division for Intellectual and Developmental Disabilities (DIDD) Total Program Expenditure and Forecast							
Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	
A	FY 2007-08	\$202,943,588	\$39,607,629	\$5,894,263	\$13,661,560	\$281,921,262	
B	FY 2008-09	\$223,362,025	\$46,391,718	\$6,913,410	\$13,848,967	\$316,544,850	
C	FY 2009-10	\$253,798,612	\$37,399,799	\$7,158,025	\$16,484,735	\$343,201,205	
D	FY 2010-11	\$273,096,876	\$37,579,497	\$7,956,073	\$19,114,672	\$361,889,133	
E	FY 2011-12	\$264,899,518	\$37,030,578	\$7,361,601	\$16,875,522	\$351,443,939	
F	FY 2012-13	\$261,817,957	\$37,273,663	\$7,015,707	\$16,117,073	\$346,391,496	
G	FY 2013-14	\$282,475,249	\$39,288,448	\$9,125,302	\$17,441,960	\$370,556,323	
H	FY 2014-15	\$314,878,204	\$44,654,327	\$14,967,843	\$20,230,023	\$416,184,420	
I	Estimated FY 2015-16	\$338,787,475	\$61,713,491	\$19,798,414	\$23,442,828	\$462,774,002	
J	Estimated FY 2016-17	\$355,700,877	\$70,420,238	\$21,983,419	\$25,145,488	\$492,281,816	
K	Estimated FY 2017-18	\$365,633,005	\$73,221,249	\$22,571,323	\$25,843,066	\$506,300,437	

Table B.2 - Percent Change in Division for Intellectual and Developmental Disabilities (DIDD) Total Program Expenditure							
Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	
A	FY 2007-08						
B	FY 2008-09	10.06%	17.13%	17.29%	1.37%	12.28%	
C	FY 2009-10	13.63%	-19.38%	3.54%	19.03%	8.42%	
D	FY 2010-11	7.60%	0.48%	11.15%	15.95%	5.45%	
E	FY 2011-12	-3.00%	-1.46%	-7.47%	-11.71%	-2.89%	
F	FY 2012-13	-1.16%	0.66%	-4.70%	-4.49%	-1.44%	
G	FY 2013-14	7.89%	5.41%	30.07%	8.22%	6.98%	
H	FY 2014-15	11.47%	13.66%	64.03%	15.98%	12.31%	
I	Estimated FY 2015-16	7.59%	38.20%	32.27%	15.88%	11.19%	
J	Estimated FY 2016-17	4.99%	14.11%	11.04%	7.26%	6.38%	
K	Estimated FY 2017-18	2.79%	3.98%	2.67%	2.77%	2.85%	

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Table C.1 - FY 2015-16 Projected Expenditure							
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	Adjusted Appropriation	\$337,692,493	\$70,458,653	\$22,574,419	\$29,401,896	\$460,127,461	See Footnote (1)
B	Projected FPE	4,881.18	4,220.71	1,086.57	8,895.19	\$19,084	Table D.3.3, Row E
C	Projected Per FPE Expenditure	\$69,406.88	\$14,621.59	\$18,221.02	\$2,635.45	\$104,885	Table E.1, Row I
D	Total Projected Expenditure	\$338,787,475	\$61,713,491	\$19,798,414	\$23,442,828	\$443,742,208	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$1,094,982	(\$8,745,162)	(\$2,776,005)	(\$5,959,068)	(\$16,385,253)	Row D - Row A

Table C.2 - FY 2016-17 Projected Expenditure							
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	FY 2016-17 Base Request	\$337,868,293	\$73,155,282	\$22,575,320	\$29,481,363	\$463,080,258	See Footnote (1)
B	Projected FPE	5,117.70	4,663.07	1,204.80	9,527.91	20513.48	Table D.3.4, Row E
C	Projected Per FPE Expenditure	\$69,504.05	\$15,101.69	\$18,246.53	\$2,639.14	\$105,491	Table E.1 Row J
D	Total Projected Expenditure	\$355,700,877	\$70,420,238	\$21,983,419	\$25,145,488	\$473,250,022	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$17,832,584	(\$2,735,044)	(\$591,901)	(\$4,335,875)	\$10,169,764	Row D - Row A

Table C.3 - FY 2017-18 Projected Expenditure							
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	FY 2017-18 Base Request	\$337,868,293	\$73,417,383	\$22,575,320	\$29,586,988	\$463,447,984	See Footnote (1)
B	Projected FPE	5,260.60	4,795.67	1,237.02	9,792.23	\$21,086	Table D.3.5, Row E
C	Projected Per FPE Expenditure	\$69,504.05	\$15,268.20	\$18,246.53	\$2,639.14	\$105,658	Table E.1 Row K
D	Total Projected Expenditure	\$365,633,005	\$73,221,249	\$22,571,323	\$25,843,066	\$487,268,643	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$27,764,712	(\$196,134)	(\$3,997)	(\$3,743,922)	\$23,820,659	Row D - Row A

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

Table D.1.1 - FY 2015-16 Division for Intellectual and Developmental Disabilities (DIDD) Maximum Enrollment Forecast						
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers ⁽¹⁾	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	HB-14-1336 "FY 2014-15 Long Bill Appropriation"	4,970	110	5,408	1,251	11,739
B	Base Trend Increase	0.00%	0.00%	0.00%	0.00%	0.00%
C	Initial Estimated FY 2015-16 Enrollment	4,970	110	5,408	1,251	11,739
	<i>Bottom Line Adjustments</i>					
D	Colorado Choice Transitions (CCT)	20	0	0	0	20
E	Emergency Enrollments	40	0	0	0	40
F	Foster Care Transitions	55	0	0	0	55
G	Youth Transitions	32	0	29	0	61
H	Total Bottom Line Adjustments	147	0	29	0	176
I	FY 2015-16 Maximum Enrollment	5,117	110	5,437	1,251	11,915

Table D.1.2 - FY 2016-17 Division for Intellectual and Developmental Disabilities (DIDD) Maximum Enrollment Forecast						
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers ⁽¹⁾	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2015-16 Maximum Enrollment	5,117	110	5,437	1,251	11,915
B	Base Trend Increase	0.00%	0.00%	0.00%	0.00%	0.00%
C	Initial Estimated FY 2016-17 Enrollment	5,117	110	5,437	1,251	11,915
	<i>Bottom Line Adjustments</i>					
D	Colorado Choice Transitions (CCT)	14	0	0	0	14
E	Emergency Enrollments	40	0	0	0	40
F	Foster Care Transitions	55	0	0	0	55
G	Youth Transitions	32	0	29	0	61
H	Total Bottom Line Adjustments	141	0	29	0	170
I	Estimated FY 2016-17 Maximum Enrollment	5,258	110	5,466	1,251	12,085

Table D.1.3 - FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Maximum Enrollment Forecast

Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers ⁽¹⁾	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	Estimated FY 2016-17 Maximum Enrollment	5,258	110	5,466	1,251	12,085
B	Base Trend Increase	0.00%	0.00%	0.00%	0.00%	0.00%
C	Initial Estimated FY 2017-18 Enrollment	5,258	110	5,466	1,251	12,085
	<i>Bottom Line Adjustments</i>					
D	Colorado Choice Transitions (CCT)	21	0	0	0	21
E	Emergency Enrollments	40	0	0	0	40
F	Foster Care Transitions	55	0	0	0	55
G	Youth Transitions	32	0	29	0	61
H	Total Bottom Line Adjustments	148	0	29	0	177
I	Estimated FY 2017-18 Maximum Enrollment	5,406	110	5,495	1,251	12,262

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Table D.2 - DIDD Average Monthly Enrollment vs. Full Program Equivalent (FPE)

Row	Fiscal Year	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	
A	FY 2007-08	Average Monthly Enrollment	4,399	120	2,871	383	7,773
B		FPE	3,654.00	120.00	2,287.00	291.00	6,165.00
C		FPE as a Percentage of Average Monthly Enrollment	83.06%	100.00%	79.66%	75.98%	79.31%
D	FY 2008-09	Average Monthly Enrollment	4,390	129	2,992	400	7,911
E		FPE	3,854.00	129.00	2,369.00	328.00	6,420.00
F		FPE as a Percentage of Average Monthly Enrollment	87.79%	100.00%	79.18%	82.00%	81.15%
G	FY 2009-10	Average Monthly Enrollment	4,401	118	3,104	404	8,027
H		FPE	4,063.00	118.00	2,625.00	325.00	6,049.00
I		FPE as a Percentage of Average Monthly Enrollment	92.32%	100.00%	84.57%	80.45%	75.36%
J	FY 2010-11	Average Monthly Enrollment	4,397	122	3,116	385	8,020
K		FPE	4,123.00	122.00	2,848.00	358.00	7,045.00
L		FPE as a Percentage of Average Monthly Enrollment	93.77%	100.00%	91.40%	92.99%	87.84%
M	FY 2011-12	Average Monthly Enrollment	4,397	122	3,140	373	8,032
N		FPE	4,113.00	122.00	2,860.00	338.00	6,578.00
O		FPE as a Percentage of Average Monthly Enrollment	93.54%	100.00%	91.08%	90.62%	81.90%
P	FY 2012-13	Average Monthly Enrollment	4,384	135	3,178	377	8,074
Q		FPE	4,156.00	135.00	3,021.00	347.00	6,760.00
R		FPE as a Percentage of Average Monthly Enrollment	94.80%	100.00%	95.06%	92.04%	83.73%
S	FY 2013-14	Average Monthly Enrollment	4,392	127	3,183	607	8,309
T		FPE	4,339.00	127.00	3,015.00	498.00	6,795.00
U		FPE as a Percentage of Average Monthly Enrollment	98.79%	100.00%	94.72%	82.04%	81.78%
V	FY 2014-15	Average Monthly Enrollment	4,685	124	3,678	971	9,458
W		FPE	4,617	124	3,381	836	7,812
X		FPE as a Percentage of Average Monthly Enrollment	98.55%	100.00%	91.92%	86.10%	82.60%
Y	FY 2015-16 Selected FPE Conversion Factor¹		98.55%	100.00%	93.92%	89.65%	82.60%
Z	FY 2016-17 and FY 2017-18 Selected FPE Conversion Factor¹		98.55%	100.00%	94.72%	92.04%	82.60%

(1) The selected FPE Conversion Factor for DD and TCM are the Conversion Factor from FY 2014-15 in these waivers. Due to the influx of clients coming on to the SLS and CES waivers after waitlist elimination the Department believes that the previous year's FPE was unnaturally low. To compensate for this, a natural Conversion Factor was calculated which is approached linearly at a rate based on a 12 month upward trend in FPE for both waivers.

Table D.3.1 - Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment Forecast						
Row	Fiscal Year	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2007-08	4,399	120	2,871	383	7,773
B	FY 2008-09	4,390	129	2,992	400	7,911
C	FY 2009-10	4,401	118	3,104	404	8,027
D	FY 2010-11	4,397	122	3,116	385	8,020
E	FY 2011-12	4,397	122	3,140	373	8,032
F	FY 2012-13	4,384	135	3,178	377	8,074
G	FY 2013-14	4,392	127	3,183	607	8,309
H	FY 2014-15	4,685	124	3,678	971	9,458
I	Estimated FY 2015-16	4,953	110	4,494	1,212	10,769
J	Estimated FY 2016-17	5,193	110	4,923	1,309	11,535
K	Estimated FY 2017-18	5,338	110	5,063	1,344	11,855

Table D.3.2 - Percent Change in Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment						
Row	Fiscal Year	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2007-08					
B	FY 2008-09	-0.20%	7.50%	4.21%	4.44%	1.78%
C	FY 2009-10	0.25%	-8.53%	3.74%	1.00%	1.47%
D	FY 2010-11	-0.09%	3.39%	0.39%	-4.70%	-0.09%
E	FY 2011-12	0.00%	0.00%	0.77%	-3.12%	0.15%
F	FY 2012-13	-0.30%	10.66%	1.21%	1.07%	0.52%
G	FY 2013-14	0.18%	-5.93%	0.16%	61.01%	2.91%
H	FY 2014-15	6.67%	-2.36%	15.55%	59.97%	13.83%
I	Estimated FY 2015-16	5.72%	-11.29%	22.19%	24.82%	13.86%
J	Estimated FY 2016-17	4.85%	0.00%	9.55%	8.00%	7.11%
K	Estimated FY 2017-18	2.79%	0.00%	2.84%	2.67%	2.77%

Table D.3.3 - Calculation of FY 2015-16 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)							
Row	FY 2015-16	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Source/Calculation
A	FY 2014-15 Year-End Enrollment	4,760	110	4,078	1,120	10,068	MMIS Prior Authorization Request Data; June 2015
B	Additional Enrollments Adjusted for Linear Enrollment Ramp-up	193	0	416	92	701	See narrative
C	Final Estimated FY 2015-16 Average Monthly Enrollment	4,953	110	4,494	1,212	10,769	Row A + Row B
D	FPE Adjustment Factor	98.55%	100.00%	93.92%	89.65%	82.60%	Table D.2, Row Y
E	Estimated FY 2015-16 FPE	4,881.18	110.00	4,220.71	1,086.57	8,895.19	Row C * Row D

Table D.3.4 - Calculation of FY 2016-17 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)							
Row	FY 2016-17	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Source/Calculation
A	Estimated FY 2015-16 Year-End Enrollment; June 2016	5,117	110	4,846	1,290	11,362	Table D.1.1, Row J
B	Additional Enrollments Adjusted for Linear Enrollment Ramp-up	76	0	77	19	173	See narrative
C	Final Estimated FY 2016-17 Average Monthly Enrollment	5,193	110	4,923	1,309	11,535	Row A + Row B
D	FPE Adjustment Factor	98.55%	100.00%	94.72%	92.04%	82.60%	Table D.2, Row Z
E	Estimated FY 2016-17 FPE	5,117.70	110.00	4,663.07	1,204.80	9,527.91	Row C * Row D

Table D.3.5 - Calculation of FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)							
Row	FY 2017-18	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Source/Calculation
A	Estimated FY 2016-17 Year-End Enrollment; June 2017	5,258	110	4,989	1,325	11,682	Table D.1.2, Row I
B	Additional Enrollments Adjusted for Linear Enrollment Ramp-up	80	0	74	19	173	See narrative
C	Final Estimated FY 2017-18 Average Monthly Enrollment	5,338	110	5,063	1,344	11,855	Row A + Row B
D	FPE Adjustment Factor	98.55%	100.00%	94.72%	92.04%	82.60%	Table D.2, Row Z
E	Estimated FY 2017-18 FPE	5,260.60	110.00	4,795.67	1,237.02	9,792.23	Row C * Row D

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Table D.4.1 - HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers							
Row	Fiscal Year	Average Monthly Enrollment	Total Cost	Per Utilizer Cost	Percent Change in Enrollment	Percent Change in Total Cost	Percent Change in Per-Utilizer Cost
A	FY 2007-08	120	\$19,814,222	\$165,119			
B	FY 2008-09	129	\$26,028,730	\$201,773	7.50%	31.36%	22.20%
C	FY 2009-10	118	\$28,360,034	\$240,339	-8.53%	8.96%	19.11%
D	FY 2010-11	122	\$24,142,015	\$197,885	3.39%	-14.87%	-17.66%
E	FY 2011-12	122	\$25,276,720	\$207,186	0.00%	4.70%	4.70%
F	FY 2012-13	135	\$24,167,096	\$179,016	10.66%	-4.39%	-13.60%
G	FY 2013-14	127	\$22,225,364	\$175,003	-5.93%	-8.03%	-2.24%
H	FY 2014-15	124	\$21,454,023	\$173,016	-2.36%	-3.47%	-1.14%
I	Average	125	\$23,933,525	\$192,417			

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Table E.1 - Division for Intellectual and Developmental Disabilities (DIDD) Per Full Program Equivalent (FPE) Expenditure and Forecast					
Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2007-08	\$55,540.12	\$17,318.60	\$20,255.20	\$2,215.99
B	FY 2008-09	\$57,955.90	\$19,582.83	\$21,077.47	\$2,157.16
C	FY 2009-10	\$62,465.82	\$14,247.54	\$22,024.69	\$2,725.20
D	FY 2010-11	\$66,237.42	\$13,195.05	\$22,223.67	\$2,713.23
E	FY 2011-12	\$64,405.43	\$12,947.75	\$21,779.88	\$2,565.45
F	FY 2012-13	\$62,997.58	\$12,338.19	\$20,218.18	\$2,384.18
G	FY 2013-14	\$65,101.46	\$13,030.99	\$18,323.90	\$2,566.88
H	FY 2014-15	\$68,199.74	\$13,207.43	\$17,904.12	\$2,589.61
I	Estimated FY 2015-16	\$69,406.88	\$14,621.59	\$18,221.02	\$2,635.45
J	Estimated FY 2016-17	\$69,504.05	\$15,101.69	\$18,246.53	\$2,639.14
K	Estimated FY 2017-18	\$69,504.05	\$15,268.20	\$18,246.53	\$2,639.14

Table E.2 - Percent Change in Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure					
Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2007-08				
B	FY 2008-09	4.35%	13.07%	4.06%	-2.65%
C	FY 2009-10	7.78%	-27.24%	4.49%	26.33%
D	FY 2010-11	6.04%	-7.39%	0.90%	-0.44%
E	FY 2011-12	-2.77%	-1.87%	-2.00%	-5.45%
F	FY 2012-13	-2.19%	-4.71%	-7.17%	-7.07%
G	FY 2013-14	3.34%	5.62%	-9.37%	7.66%
H	FY 2014-15	4.76%	1.35%	-2.29%	0.89%
I	Estimated FY 2015-16	1.77%	10.71%	1.77%	1.77%
J	Estimated FY 2016-17	0.14%	3.28%	0.14%	0.14%
K	Estimated FY 2017-18	0.00%	1.10%	0.00%	0.00%

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Table E.3 - Calculation of FY 2015-16 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure					
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2014-15 Per Full Program Equivalent (FPE) Expenditure	\$68,199.74	\$13,207.43	\$17,904.12	\$2,589.61
B	Base Trend	0.00%	0.00%	0.00%	0.00%
C	Estimated Base FY 2015-16 Per FPE Expenditure	\$68,199.74	\$13,207.43	\$17,904.12	\$2,589.61
	<i>Rate Adjustments⁽¹⁾</i>				
D	FY 2015-16 1.7% Rate Increase	1.56%	1.56%	1.56%	1.56%
E	Annualization of FY 2014-15 2.5% Rate Increase	0.21%	0.21%	0.21%	0.21%
F	Estimated Base FY 2015-16 Per FPE after Rate Adjustments	\$69,406.88	\$13,441.20	\$18,221.02	\$2,635.45
	<i>Bottom Line Adjustments</i>				
G	FY 2015-16 R-7 "Participant Directed Programs Expansion" ²	\$0.00	\$97.70	\$0.00	\$0.00
H	Annualization of FY 2014-15 R-7 "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase" ³	\$0.00	\$1,082.69	\$0.00	\$0.00
I	Total Estimated FY 2015-16 Per FPE Expenditure	\$69,406.88	\$14,621.59	\$18,221.02	\$2,635.45

Table E.4 - Calculation of FY 2016-17 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure					
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2015-16 Per Full Program Equivalent (FPE) Expenditure	\$69,406.88	\$14,621.59	\$18,221.02	\$2,635.45
B	Base Trend	0.00%	0.00%	0.00%	0.00%
C	Estimated Base FY 2016-17 Per FPE Expenditure	\$69,406.88	\$14,621.59	\$18,221.02	\$2,635.45
	<i>Rate Adjustments⁽¹⁾</i>				
D	Annualization of FY 2015-16 1.7% Rate Increase	0.14%	0.14%	0.14%	0.14%
E	Estimated Base FY 2016-17 Per FPE after Rate Adjustments	\$69,504.05	\$14,642.06	\$18,246.53	\$2,639.14
	<i>Bottom Line Adjustments</i>				
F	Annualization of FY 2015-16 R-7 "Participant Directed Programs Expansion"	\$0.00	\$459.63	\$0.00	\$0.00
G	Total Estimated FY 2016-17 Per FPE Expenditure	\$69,504.05	\$15,101.69	\$18,246.53	\$2,639.14

Table E.5 - Calculation of FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure					
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)
A	FY 2016-17 Per Full Program Equivalent (FPE) Expenditure	\$69,504.05	\$15,101.69	\$18,246.53	\$2,639.14
B	Base Trend	0.00%	0.00%	0.00%	0.00%
C	Estimated Base FY 2017-18 Per FPE Expenditure	\$69,504.05	\$15,101.69	\$18,246.53	\$2,639.14
	<i>Bottom Line Adjustments</i>				
D	Annualization of FY 2015-16 R-7 "Participant Directed Programs Expansion"	\$0.00	\$166.51	\$0.00	\$0.00
E	Total Estimated FY 2017-18 Per FPE Expenditure	\$69,504.05	\$15,268.20	\$18,246.53	\$2,639.14

1. A 2.50% Provider Rate increase was added during FY 2014-15 and 1.7% for FY 2015-16. Because of lag between the dates services are provided and the dates claims are paid, the increases are realized gradually (i.e. some claims paid early in each fiscal year were for services provided in the prior year). This will have a slight carryover effect into the request year.
2. The Department will begin offering Consumer Directed Attendant Support Services (CDASS) to clients on the SLS waiver in October 2015. The Department Assumes that participation in the program will ramp-up at a uniform rate over FY 2015-16 and reach full enrollment in October FY 2016-17 at 12.65% of the SLS waiver population, with each SLS-CDASS client costing an additional \$5722.06 above non-CDASS SLS clients.
3. A 25.00% service plan authorization limit (SPAL) increase was added for FY 2014-15. The amount appropriated for the SPAL increase was \$2,165.38 per FPE on average. Because client prior authorization requests (PARs) are updated on an annual basis or at the clients' request, the Department assumes that the full impact of the SPAL increase will not be realized until FY 2015-16. As a result, the costs associated are divided between FY 2014-15 and FY 2015-16.

Table F.1 - Division for Intellectual and Developmental Disabilities (DIDD) FY 2015-16 Quality Assurance, Utilization Review and Support Intensity Scale Service Forecast								
Row	Service	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	Total	Source/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	4,953	110	4,494	1,212	10,769	Table D.3 Row I
B		Rate	\$25.51	\$25.51	\$25.51	\$25.51		Given
C		Estimated Total Expenditure	\$1,516,212	\$33,673	\$1,375,703	\$371,017	\$3,296,605	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	4,953	110	4,494	1,212	10,769	Table D.3 Row I
E		Rate	\$81.31	\$81.31	\$81.31	\$81.31		Given
F		Estimated Total Expenditure	\$402,728	\$8,944	\$365,407	\$98,548	\$875,627	Row D * Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	295	0	898	265	1,458	Table D.3 Row I - Row H + 10%
H		Rate	\$233.09	\$233.09	\$233.09	\$0.00		Given
I		Estimated Total Expenditure	\$68,762	\$0	\$209,315	\$0	\$278,077	Row G * Row H
J	Estimated Total Expenditure		\$1,987,702	\$42,617	\$1,950,425	\$469,565	\$4,450,309	Row C + Row F + Row I

Table F.2 - Division for Intellectual and Developmental Disabilities (DIDD) FY 2016-17 Quality Assurance, Utilization Review and Support Intensity Scale Service Forecast								
Row	Service	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	Total	Source/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	5,193	110	4,923	1,309	11,535	Table D.3 Row J
B		Rate	\$25.51	\$25.51	\$25.51	\$25.51		Given
C		Estimated Total Expenditure	\$1,589,681	\$33,673	\$1,507,029	\$400,711	\$3,531,094	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	5,193	110	4,923	1,309	11,535	Table D.3 Row J
E		Rate	\$81.31	\$81.31	\$81.31	\$81.31		Given
F		Estimated Total Expenditure	\$422,243	\$8,944	\$400,289	\$106,435	\$937,911	Row D * Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	264	0	472	107	843	Table D.3 Row J - Row I + 10%
H		Rate	\$233.09	\$233.09	\$233.09	\$0.00		Given
I		Estimated Total Expenditure	\$61,536	\$0	\$110,018	\$0	\$171,554	Row G * Row H
J	Estimated Total Expenditure		\$2,073,460	\$42,617	\$2,017,336	\$507,146	\$4,640,559	Row C + Row F + Row I

Table F.3 - Division for Intellectual and Developmental Disabilities (DIDD) FY 2017-18 Quality Assurance, Utilization Review and Support Intensity Scale Service Forecast								
Row	Service	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	Total	Source/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	5,338	110	5,063	1,344	11,855	Table D.3 Row K
B		Rate	\$25.51	\$25.51	\$25.51	\$25.51		Given
C		Estimated Total Expenditure	\$1,634,069	\$33,673	\$1,549,886	\$411,425	\$3,629,053	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	5,338	110	5,063	1,344	11,855	Table D.3 Row K
E		Rate	\$81.31	\$81.31	\$81.31	\$81.31		Given
F		Estimated Total Expenditure	\$434,033	\$8,944	\$411,673	\$109,281	\$963,931	Row D* Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	160	0	154	39	353	Table D.3 Row J - Row I + 10%
H		Rate	\$233.09	\$233.09	\$233.09	\$0.00		Given
I		Estimated Total Expenditure	\$37,294	\$0	\$35,896	\$0	\$73,190	Row G * Row H
J		Estimated Total Expenditure	\$2,105,396	\$42,617	\$1,997,455	\$520,706	\$4,666,174	Row C + Row F + Row I

R-5 Office of Community Living Cost and Caseload Adjustments

Table G.1 FY 2015-16 Office of Community Living Appropriation Build								
Row	Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services								
A	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$368,974,132	0.0	\$166,178,462	\$0	\$31,281,639	\$0	\$171,514,031
B	Total FY 2015-16 Spending Authority	\$368,974,132	0.0	\$166,178,462	\$0	\$31,281,639	\$0	\$171,514,031
C	HCBS-DD Services	\$337,692,493	0.0	\$166,178,462	\$0	\$0	\$0	\$171,514,031
D	HCBS-DD Information Only Client Payments	\$31,281,639	0.0	\$0	\$0	\$31,281,639	\$0	\$0
Adult Supported Living Services								
E	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$78,378,376	0.0	\$42,592,426	\$0	\$0	\$0	\$35,785,950
F	Total FY 2015-16 Spending Authority	\$78,378,376	0.0	\$42,592,426	\$0	\$0	\$0	\$35,785,950
G	SLS Services	\$70,458,653	0.0	\$34,672,703	\$0	\$0	\$0	\$35,785,950
H	SLS State-Only	\$7,919,723	0.0	\$7,919,723	\$0	\$0	\$0	\$0
Children's Extensive Support Services								
I	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$22,574,419	0.0	\$11,108,871	\$0	\$0	\$0	\$11,465,548
J	Total FY 2015-16 Spending Authority	\$22,574,419	0.0	\$11,108,871	\$0	\$0	\$0	\$11,465,548
Case Management								
K	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$34,577,785	0.0	\$18,194,562	\$0	\$0	\$0	\$16,383,223
L	Total FY 2015-16 Spending Authority	\$34,577,785	0.0	\$18,194,562	\$0	\$0	\$0	\$16,383,223
M	Targeted Case Management	\$29,401,896	0.0	\$14,468,673	\$0	\$0	\$0	\$14,933,223
N	QU, AR and SIS	\$2,900,000	0.0	\$1,450,000	\$0	\$0	\$0	\$1,450,000
O	Case Management - State Only	\$2,275,889	0.0	\$2,275,889	\$0	\$0	\$0	\$0
Family Support Services								
P	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$6,960,204	0.0	\$6,960,204	\$0	\$0	\$0	\$0
Q	Total FY 2015-16 Spending Authority	\$6,960,204	0.0	\$6,960,204	\$0	\$0	\$0	\$0
Preventive Dental Hygiene								
R	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$67,012	0.0	\$63,334	\$0	\$3,678	\$0	\$0
S	Total FY 2015-16 Spending Authority	\$67,012	0.0	\$63,334	\$0	\$3,678	\$0	\$0
Eligibility Determination and Waitlist Management								
T	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$3,121,079	0.0	\$3,100,442	\$0	\$0	\$0	\$20,637
U	Total FY 2015-16 Spending Authority	\$3,121,079	0.0	\$3,100,442	\$0	\$0	\$0	\$20,637
V	PASRR	\$27,516		\$6,879	\$0	\$0	\$0	\$20,637
W	Med Eligibility Determination	\$3,093,563	0.0	\$3,093,563	\$0	\$0	\$0	\$0
Waiver Enrollment								
X	FY 2015-16 Long Bill Appropriation (SB 15-234)	\$1,586,987	0.0	\$0	\$0	\$1,586,987	\$0	\$0
Y	Total FY 2015-16 Spending Authority	\$1,586,987	\$0	\$0	\$0	\$1,586,987	\$0	\$0

R-5 Office of Community Living Cost and Caseload Adjustments

Table G.2 FY 2016-17 Office of Community Living Appropriation Build								
Row	Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services								
A	FY 2015-16 Final Spending Authority	\$368,974,132	0.0	\$166,178,462	\$0	\$31,281,639	\$0	\$171,514,031
B	Annualization of FY 2015-16 BA17: "Decreased FMAP"	\$0	0.0	\$258,755	\$0	\$0	\$0	(\$258,755)
C	Annualization of FY 2015-16 R#12 "Community Provider Rate Increase and Targeted Rate Increase"	\$192,167	0.0	\$86,511	\$0	\$16,367	\$0	\$89,289
B	Total FY 2016-17 Spending Authority	\$369,166,299	0.0	\$166,523,728	\$0	\$31,298,006	\$0	\$171,344,565
HCBS-DD Services								
C		\$337,868,293	0.0	\$166,523,728	\$0	\$0	\$0	\$171,344,565
D	HCBS-DD Information Only Client Payments	\$31,298,006	0.0	\$0	\$0	\$31,298,006	\$0	\$0
Adult Supported Living Services								
E	FY 2015-16 Final Spending Authority	\$78,378,376	0.0	\$42,592,426	\$0	\$0	\$0	\$35,785,950
F	Annualization of FY 2015-16 BA17: "Decreased FMAP"	\$0	0.0	\$35,066	\$0	\$0	\$0	(\$35,066)
G	Annualization of FY 2015-16 R#7 Participant Directed Programs Expansion	\$2,168,204	0.0	\$1,070,163	\$0	\$0	\$0	\$1,098,041
H	Annualization of FY 2015-16 R#12 "Community Provider Rate Increase and Targeted Rate Increase"	\$78,224	0.0	\$42,256	\$0	\$0	\$0	\$35,968
I	Total FY 2016-17 Spending Authority	\$80,624,804	0.0	\$43,739,911	\$0	\$0	\$0	\$36,884,893
SLS Services								
J		\$73,155,282	0.0	\$36,270,389	\$0	\$0	\$0	\$36,884,893
SLS State-Only								
K		\$7,469,522	0.0	\$7,469,522	\$0	\$0	\$0	\$0
Children's Extensive Support Services								
L	FY 2015-16 Final Spending Authority	\$22,574,419	0.0	\$11,108,871	\$0	\$0	\$0	\$11,465,548
M	Annualization of FY 2015-16 BA17: "Decreased FMAP"	\$0	0.0	\$18,088	\$0	\$0	\$0	(\$18,088)
N	Annualization of FY 2015-16 R#12 "Community Provider Rate Increase and Targeted Rate Increase"	\$901	0.0	\$444	\$0	\$0	\$0	\$457
O	Total FY 2016-17 Spending Authority	\$22,575,320	0.0	\$11,127,403	\$0	\$0	\$0	\$11,447,917
Case Management								
P	FY 2015-16 Final Spending Authority	\$34,577,785	0.0	\$18,194,562	\$0	\$0	\$0	\$16,383,223
Q	Annualization of FY 2015-16 BA17: "Decreased FMAP"	\$0	0.0	\$66,687	\$0	\$0	\$0	(\$66,687)
R	Annualization of FY 2015-16 R#12 "Community Provider Rate Increase and Targeted Rate Increase"	(\$4,003)	0.0	(\$1,970)	\$0	\$0	\$0	(\$2,033)
S	Total FY 2016-17 Spending Authority	\$34,573,782	0.0	\$18,259,279	\$0	\$0	\$0	\$16,314,503
Targeted Case Management								
T		\$29,481,363	0.0	\$14,616,860	\$0	\$0	\$0	\$14,864,503
QU, AR and SIS								
U		\$2,900,000	0.0	\$1,450,000	\$0	\$0	\$0	\$1,450,000
Case Management - State Only								
V		\$2,192,419	0.0	\$2,192,419	\$0	\$0	\$0	\$0

R-5 Office of Community Living Cost and Caseload Adjustments

	Family Support Services								
W	FY 2015-16 Final Spending Authority	\$6,960,204	0.0	\$6,960,204	\$0	\$0	\$0	\$0	\$0
X	Annualization of FY 2015-16 R#12 "Community Provider Rate Increase and Targeted Rate Increase"	\$256	0.0	\$256	\$0	\$0	\$0	\$0	\$0
Y	Total FY 2016-17 Spending Authority	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0	\$0
	Preventive Dental Hygiene								
Z									
AA	FY 2015-16 Final Spending Authority	\$67,012	0.0	\$63,334	\$0	\$3,678	\$0	\$0	\$0
AB	Annualization of FY 2015-16 R#12 "Community Provider Rate Increase and Targeted Rate Increase"	(\$24)	0.0	(\$23)	\$0	(\$1)	\$0	\$0	\$0
AC	Total FY 2016-17 Spending Authority	\$66,988	0.0	\$63,311	\$0	\$3,677	\$0	\$0	\$0
	Eligibility Determination and Waitlist Management								
AD	FY 2015-16 Final Spending Authority	\$3,121,079	0.0	\$3,100,442	\$0	\$0	\$0	\$0	\$20,637
AE	Annualization of FY 2015-16 R#12 "Community Provider Rate Increase and Targeted Rate Increase"	\$115	0.0	\$114	\$0	\$0	\$0	\$0	\$1
AF	Total FY 2016-17 Spending Authority	\$3,121,194	0.0	\$3,100,556	\$0	\$0	\$0	\$0	\$20,638
AG	PASRR	\$27,517		\$6,879	\$0	\$0	\$0	\$0	\$20,638
AH	Med Eligibility Determination	\$3,093,677	0.0	\$3,093,677	\$0	\$0	\$0	\$0	\$0
	Waiver Enrollment								
AI	FY 2015-16 Final Spending Authority	\$1,586,987	0.0	\$0	\$0	\$1,586,987	\$0	\$0	\$0
AJ	Annualization of FY 2014-15 Long Bill Add On	(\$1,586,987)	0.0	\$0	\$0	(\$1,586,987)	\$0	\$0	\$0
AK	Total FY 2016-17 Spending Authority	\$0	0.0	\$0	\$0	\$0	\$0	\$0	\$0

R-5 Office of Community Living Cost and Caseload Adjustments

Table G.3 FY 2017-18 Office of Community Living Appropriation Build								
Row	Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services								
A	FY 2016-17 Final Spending Authority	\$369,166,299	0.0	\$166,523,728	\$0	\$31,298,006	\$0	\$171,344,565
B	Total FY 2017-18 Spending Authority	\$369,166,299	0.0	\$166,523,728	\$0	\$31,298,006	\$0	\$171,344,565
C	HCBS-DD Services	\$337,868,293	0.0	\$166,523,728	\$0	\$0	\$0	\$171,344,565
D	HCBS-DD Information Only Client Payments	\$31,298,006	0.0	\$0	\$0	\$31,298,006	\$0	\$0
Adult Supported Living Services								
E	FY 2016-17 Final Spending Authority	\$80,624,804	0.0	\$43,739,911	\$0	\$0	\$0	\$36,884,893
F	Total FY 2017-18 Spending Authority	\$80,624,804	0.0	\$43,739,911	\$0	\$0	\$0	\$36,884,893
G	SLS Services	\$73,417,383	0.0	\$36,532,490	\$0	\$0	\$0	\$36,884,893
H	SLS State-Only	\$7,207,421	0.0	\$7,207,421	\$0	\$0	\$0	\$0
Children's Extensive Support Services								
I	FY 2016-17 Final Spending Authority	\$22,575,320	0.0	\$11,127,403	\$0	\$0	\$0	\$11,447,917
J	Total FY 2017-18 Spending Authority	\$22,575,320	0.0	\$11,127,403	\$0	\$0	\$0	\$11,447,917
Case Management								
K	FY 2016-17 Final Spending Authority	\$34,573,782	0.0	\$18,259,279	\$0	\$0	\$0	\$16,314,503
L	Total FY 2017-18 Spending Authority	\$34,573,782	0.0	\$18,259,279	\$0	\$0	\$0	\$16,314,503
M	Targeted Case Management	\$29,586,988	0.0	\$14,722,485	\$0	\$0	\$0	\$14,864,503
N	QU, AR and SIS	\$2,900,000	0.0	\$1,450,000	\$0	\$0	\$0	\$1,450,000
O	Case Management - State Only	\$2,086,794	0.0	\$2,086,794	\$0	\$0	\$0	\$0
Family Support Services								
P	FY 2016-17 Final Spending Authority	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0
Q	Total FY 2017-18 Spending Authority	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0
Preventive Dental Hygiene								
S	FY 2016-17 Final Spending Authority	\$67,012	0.0	\$63,334	\$0	\$3,678	\$0	\$0
T	Total FY 2017-18 Spending Authority	\$67,012	0.0	\$63,334	\$0	\$3,678	\$0	\$0
Eligibility Determination and Waitlist Management								
U	FY 2016-17 Final Spending Authority	\$3,121,079	0.0	\$3,100,442	\$0	\$0	\$0	\$20,637
V	Total FY 2017-18 Spending Authority	\$3,121,079	0.0	\$3,100,442	\$0	\$0	\$0	\$20,637
W	PASRR	\$27,516		\$6,879	\$0	\$0	\$0	\$20,637
X	Med Eligibility Determination	\$3,093,563	0.0	\$3,093,563	\$0	\$0	\$0	\$0
Waiver Enrollment								
Y	FY 2016-17 Final Spending Authority	\$0	0.0	\$0	\$0	\$0	\$0	\$0
Z	Total FY 2017-18 Spending Authority	\$0	0.0	\$0	\$0	\$0	\$0	\$0