

Colorado Department of Health Care Policy and Financing
and
Colorado Department of Human Services

Division for Developmental Disabilities

An Analysis of Expenditure Drivers

March 9, 2012

Table of Contents

Executive Summary.....	iii-vii
Report.....	1-15
Overview/History.....	1-3
Current Efforts.....	3-6
Implement Service Limits.....	3
Assess the Supports Intensity Scale and Targeted Case Management.....	4
Implement Enhanced SEP/CCB Training.....	4
Consolidate Waiver Programs.....	4
Assess Overall Programmatic Structure, Quality, and Controls.....	4
Reporting to the General Assembly.....	4-5
Organizational Approach: Combining DDD and HCPF.....	5-6
Analytical Methodology for Data Collection and Assessment.....	6-7
Cost Driver/Trend Summary.....	8-14
Number of Clients Served.....	8
Increasing Average Support Levels.....	9-10
Reimbursement Rates.....	10-11
Service Consumption.....	11-13
Other Cost Driver/Trend Observations.....	13-15
Appendices.....	A1-F3
Appendix A: Support Level Trends	
Appendix B: Average Expenditures Based on Date-of-Service	
Appendix C: Waiver Utilization Data	
Appendix D: Date-of-Payment versus Date-of-Service	
Appendix E: Waiver Services – Explanation of Services; Rate Information	
Appendix F: The Wait List	

Executive Summary

The following work represents the inaugural effort by the Department of Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) to provide a joint report to the General Assembly pertaining to expenditure and usage analysis of the Division for Developmental Disabilities (DDD). The work is the result of a highly collaborative effort between the two departments and has the primary goal of providing a transparent assessment to the Legislature, Executive Branch, stakeholders, and the citizens of Colorado. While the following report represents an initial effort by the departments, the departments acknowledge that it is also a less than perfect assessment. To that end, the departments are committed to the annual production of similar reports and to constantly improving reporting outputs.

The DHS Division for Developmental Disabilities manages the Department of Health Care Policy and Financing's (HCPF) Home and Community-Based Services (HCBS) Waivers (DD Waivers) serving people with developmental disabilities. Those waivers are: the HCBS waiver for individuals with Developmental Disabilities (HCBS-DD), HCBS Supported Living Services (HCBS-SLS), and HCBS Children's Extensive Services (HCBS-CES). There is also a State Plan component associated with these waivers known as Targeted Case Management (TCM), as well as administrative functions for single point of entry activities, utilization review and quality assurance.

Overall, DD Waiver Medicaid expenditures have increased by 30.69% since FY 2006-07 while the number of FTE clients served has only increased 10.15%. Expenditures are growing at greater than three times caseload growth. The total amount of services consumed in FY 2010-11 for the three waivers was approximately \$325M and, taking into account all enrollments within the waivers, just over \$43,000 per person. (The amount per person varies significantly by waiver.) HCBS-DD Waiver expenditures account for approximately 80% of the appropriations and approximately 90% of expenditure increases since FY 2006-07.

Clients in HCBS-DD and HCBS-SLS are assigned a Support Level¹ ranging from one to seven. Clients in higher Support Levels have higher intensity of need. Generally, the

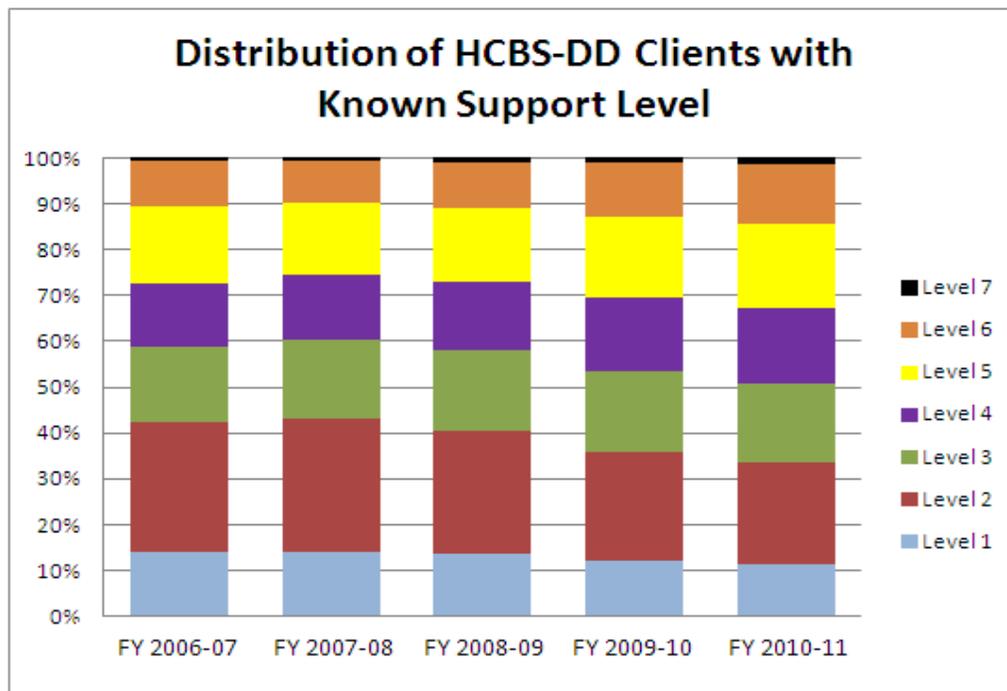
¹ "Support Level" is recognized as a formal assessed level of need for HCBS-DD and HCBS-SLS waiver clients. The departments note that "Support Level" is not technically correct terminology for years prior to FY 2009-10. For textual consistency, the term "Support Level" is used across all years analyzed in this report. Detailed explanation of Support Level history and utilization is contained on pages 8-10 of the report and in Appendix A.

higher the support level, the higher the reimbursement rate for a unit of service. Personalized services and supports are identified in individual Service Plans. Case managers at Community Centered Boards (CCB) assist clients to develop their Service Plans, refer clients to service providers, help coordinate the client’s services and monitor that service is delivered according to the Service Plan.

The data suggests four primary factors are driving costs: Number of Clients Served, Average Support Level, Reimbursement Rates, and Service Consumption.

The number of enrollments approved by the General Assembly as shown in the Long Bill has increased by more than 12% since FY 2006-07. Taken in combination with the factors discussed below, the number and distribution of individuals served becomes central to the larger issue of increasing expenditure trends.

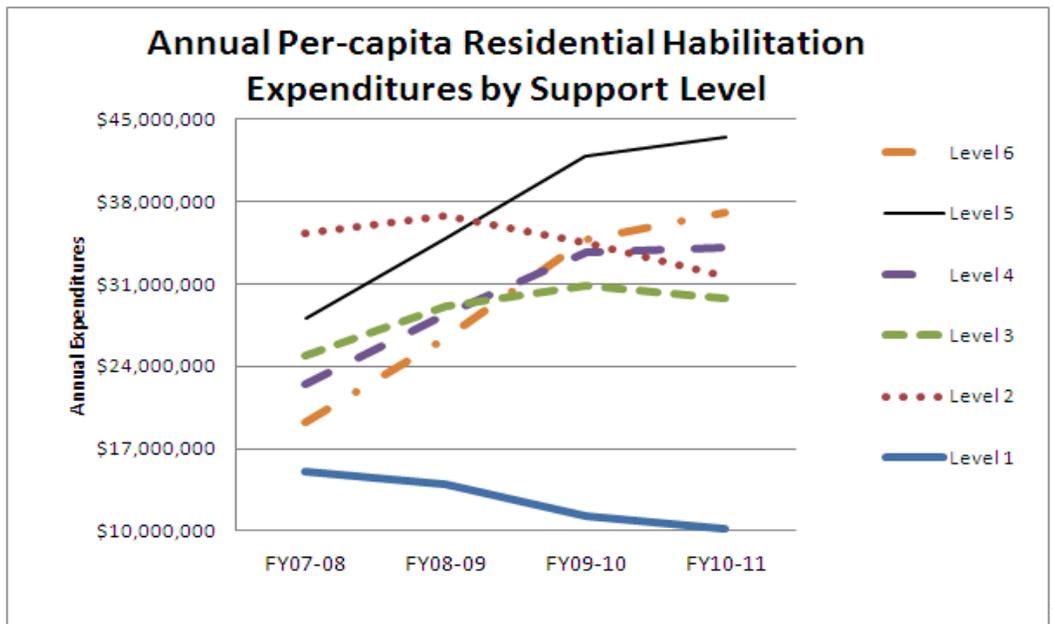
Implementation of a Support Level determination algorithm² in FY 2008-09 led to an upward shift in support level distribution among clients from an average of 3.2 in FY 2007-08³ to 3.5 in FY 2010-11. Although this may not appear significant, the data shows the upward shift in distribution has had a compounding effect on per-capita expenditures. The shift has resulted in more clients consuming greater amounts of services and at higher reimbursement rates.



² “Support Level” means a numeric value determined using an algorithm that places clients into groups with other clients who have similar overall support needs. The algorithm is a calculation that weights various factors from the Supports Intensity Scale assessment tool, along with two additional factors not contained in the tool: Community Safety Risk, and Danger to Self. The output from the algorithm determines an individual’s Support Level.

³ Prior to FY 2007-08, not all HCBS-DD clients had been assigned a support level. For this reason, FY 2007-08 is often used in this report as a baseline year for comparison.

Reimbursement rates for services have changed several times since FY 2006-07. While some rates have gone down over time, rates for other services have gone up. Rates for Residential Habilitation, specifically, have increased over the past several years. The data shows that this one service accounts for approximately 75% of total HCBS-DD expenditures and over 60% of total expenditure increases.



Residential Habilitation is the primary waiver service and most clients must utilize it every day year-round. The fundamental need for the service significantly constrains the ability to adjust the number of units of service consumed.

The tables below show the combined changes in per-capita utilization since FY 2007-08 for all services other than Residential Habilitation. Unlike Residential Habilitation, these services allow for far greater flexibility to adjust the number of units of utilization consumed. The data shows that per-capita units consumed have increased significantly since FY 2007-08. Utilization increases have resulted in higher expenditures per-capita across all Support Levels except Support Level 1.

The effective cost per unit⁵ in the top table is calculated by dividing the total expenditures for services consumed in a given Support Level by the total number of units consumed in that Support Level. The top table shows how unit costs have generally declined in lower Support Level services, but increased in higher Support Levels. Overall, the impact of rate changes has been less than 1%. The middle table illustrates change in the number

⁴ Support Level 7 enrollments account for about 2% of HCBS-DD expenditures and less than 1.5% of individual count. This subgroup is not included on the Annual Per-capita Residential Habilitation Expenditures by Support Level graph.

⁵ Effective Cost per Unit is calculated by dividing the annual total amount spent for services by the total number of units utilized.

of units consumed per person across Support Levels. The increase has been significant and also fairly consistent across Support Levels. Overall, average consumption of services has increased by over 20%. The combined impact of these two changes is shown in the bottom table, which shows non-Residential Habilitation per-capita expenditures across Support Levels. The data shows a laddered rate of growth in expenditures across Support Levels. This is illustrated in the percentage change in growth of per-capita expenditures across Support Levels.

HCBS-DD Effective Unit Cost (Expenditure) Excluding Residential Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$3.28	\$3.12	\$3.24	\$3.51	\$3.90	\$4.30	\$4.92	\$3.78	\$3.48
FY 2010-11	\$2.57	\$2.74	\$3.01	\$3.41	\$4.06	\$5.32	\$5.53	\$3.56	\$3.51
Four Year % Growth	-21.84%	-12.09%	-7.01%	-2.96%	4.10%	23.72%	12.27%	-5.81%	0.94%

Per-Capita HCBS-DD Units of Service Consumed Excluding Residential Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	3,088	4,174	4,300	4,204	4,219	3,794	3,218	3,596	3,984
FY 2010-11	3,839	4,831	5,069	5,168	5,166	4,787	4,334	2,735	4,865
Four Year % Growth	24.33%	15.74%	17.89%	22.93%	22.44%	26.17%	34.69%	-23.94%	22.12%

Per-capita HCBS-DD Expenditures Excluding Residential Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$10,140	\$13,014	\$13,939	\$14,776	\$16,453	\$16,313	\$15,848	\$13,590	\$13,858
FY 2010-11	\$9,854	\$13,241	\$15,281	\$17,626	\$20,973	\$25,466	\$23,965	\$9,736	\$17,083
Four Year % Growth	-2.82%	1.74%	9.63%	19.29%	27.47%	56.11%	51.21%	-28.36%	23.27%

To summarize the primary factors driving DD Waiver Medicaid expenditure increases:

- The number of clients being served is increasing;
- more units of service are being consumed per client;
- clients are more likely to be in a higher support level;
- and the cost per unit has gone up at an accelerating pace in correlation to higher support level.

The tables above illustrate how rate changes and service consumption increases have impacted per-capita expenditures. This, in combination with the upward support level redistribution of clients largely explains the overall increases in expenditures in the HCBS-DD waiver.

Other Cost Driver/Trend Observations

- Expenditures for Targeted Case Management have been increasing rapidly.
- Expenditures for HCBS Children’s Extensive Services are up by 50% over the past five years.
- Expenditures for HCBS Supported Living Services are down, but stabilizing.

The Departments recognize the multitude of dynamics involved in the administration of services to individuals with developmental disabilities. The Departments acknowledge the role of service providers, the concerns of family members, personal caregivers, and loved ones, and the contributions by the tax-paying citizens of Colorado. The Departments believe that these interests must be balanced with the fundamental needs of the waiver clients themselves to receive essential services and the need to provide those services within a finite budget.

DHS and HCPF are implementing the following changes that will result in reduced expenditures in FY 2011-12 and subsequent years. The changes have recently initiated implementation after receiving CMS approval of the relevant Medicaid HCBS waiver amendments.

- Implement Service Limits
- Assess the Supports Intensity Scale administration and Audit Targeted Case Management
- Implement Enhanced Single Entry Point (SEP)/CCB training
- Consolidate Waiver Programs
- Assess Overall Programmatic Structure, Quality, and Controls
- Report to the General Assembly
- Organizational Approach: Combining DDD and HCPF

The report represents an initial effort by the departments to provide detailed service-related data and analysis to the General Assembly. The departments will continue to strive to provide relevant and accurate data to the best of their ability. The departments intend to submit annual reports and also intend to begin producing reports examining expenditure drivers for individual CCBs in the fall of 2012.

Division for Developmental Disabilities

An Analysis of Expenditure Drivers

Overview/History

The Department of Human Services (DHS) Division for Developmental Disabilities (DDD) manages the Department of Health Care Policy and Financing's (HCPF) Home and Community-Based Services (HCBS) Waivers (DD Waivers) serving people with developmental disabilities. Those waivers are: the HCBS waiver for individuals with Developmental Disabilities (HCBS-DD), HCBS Supported Living Services (HCBS-SLS), and HCBS Children's Extensive Services (HCBS-CES). There is also a State Plan component associated with these waivers known as Targeted Case Management (TCM), as well as administrative functions for single point of entry activities, utilization review and quality assurance.

HCBS-DD services are for adults who require extensive supports to live safely (including access to 24-hour supervision) and who do not have other sources for meeting those needs.

HCBS-SLS services supplement already available supports for adults who either can live semi-independently with limited supports or who, if they need extensive support, are getting that support from other sources, such as their family.

HCBS-CES provides enhanced in-home supports for children considered to be most in need due to the child's disability.

TCM is provided to all adults and children enrolled in HCBS waiver services and all Medicaid-eligible infants and toddlers enrolled in Early Intervention services from the point of referral and includes planning, locating and facilitating access to services; coordinating and reviewing all aspects of needed services, supports and resources in cooperation with the person with a developmental disability, the person's family as appropriate, and involved agencies; and monitoring and evaluation of all services and supports.

Since FY 2006-07, the first year included in this analysis, expenditures have consistently increased year over year. Overall, DD Waiver Medicaid expenditures have increased by 30.69% since FY 2006-07 while the number of FTE clients served has only increased 10.15%. Expenditures are growing at greater than three times

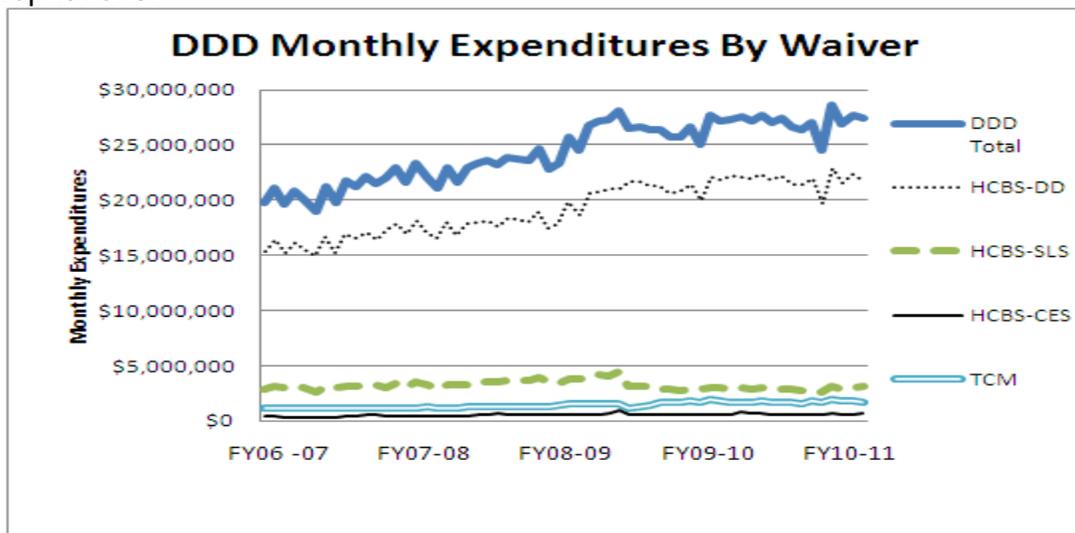
caseload growth. The total amount of services consumed in FY 2010-11 for the three waivers was just shy of \$325M and, taking into account all enrollments within the waivers, just over \$43,000 per person. (The amount per person varies significantly by waiver.) Please refer to the table below (DD Waiver Client Counts by Fiscal Year), and on the following page (Total Annual Expenditures by Waiver and Date of Service), for more detailed information. The Departments continue their ongoing assessment and evaluation as to what is driving costs.

DD Waiver FTE Counts by Fiscal Year					
	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
HCBS-CES	343.4	374.3	378.4	384.8	372.2
HCBS-SLS	2808.6	2817.8	2891.0	2953.3	3006.8
HCBS-DD	3694.7	3771.5	3903.5	4098.6	4162.8
Total	6846.7	6963.6	7172.9	7436.6	7541.7

To date, the data suggests four primary factors are driving costs: Number of Clients Served, Average Support Level, Reimbursement Rates, and Service Consumption.

The current reimbursement structure for DDD Program financial administration uses a fee-for-service model. The model is based on a rate per unit of service provided and reimburses on an escalating scale based upon the intensity of support need as reflected by the support level. Clients in HCBS-DD and HCBS-SLS are assigned a support level ranging from one to seven. Clients in higher support levels have higher intensity of need. Generally, the higher the support level, the higher the reimbursement rate for a unit of service. Personalized services and supports are identified in individual Service Plans (SP). Case managers at Community Centered Boards (CCB) assist clients to develop their Service Plans, refer clients to service providers, help coordinate the client's services and monitor that service is delivered according to the Service Plan.

HCBS-DD Waiver expenditures comprise the bulk of the three DD waiver appropriations, as well as the bulk of the expenditure increases in those appropriations.



HCBS-DD Waiver expenditures account for approximately 80% of the appropriations and approximately 90% of expenditure increases since FY 2006-07.

Total Annual Expenditures by Waiver and Date of Service									
	HCBS-DD	% of Ttl	HCBS-SLS	% of Ttl	HCBS-CES	% of Ttl	TCM	% of Ttl	Total
FY 2006-07	\$192,792,167	77.62%	\$36,738,013	14.79%	\$4,771,089	1.92%	\$14,084,822	5.67%	\$248,386,090
FY 2007-08	\$210,381,590	77.71%	\$39,672,799	14.66%	\$5,897,406	2.18%	\$14,758,658	5.45%	\$270,710,453
FY 2008-09	\$231,096,783	76.68%	\$45,932,998	15.24%	\$6,972,805	2.31%	\$17,371,547	5.76%	\$301,374,132
FY 2009-10	\$256,903,178	80.50%	\$35,759,683	11.21%	\$7,061,819	2.21%	\$19,392,008	6.08%	\$319,116,688
FY 2010-11	\$261,617,490	80.59%	\$34,850,706	10.74%	\$7,329,416	2.26%	\$20,817,107	6.41%	\$324,614,719
Five Year Increase	\$68,825,323	90.29%	-\$1,887,307	-2.48%	\$2,558,328	3.36%	\$6,732,285	8.83%	\$76,228,628
Waiver \$ Growth %	35.70%		-5.14%		53.62%		47.80%		30.69%

Current Efforts

The Departments recognize the multitude of dynamics involved in the administration of services to individuals with developmental disabilities. The Departments acknowledge the role of service providers, the concerns of family members and loved ones, personal caregivers, and the contributions by the tax-paying citizens of Colorado. The Departments believe that these interests must be balanced with the fundamental needs of the waiver clients themselves to receive essential services and the need to provide those services within a finite budget.

DHS and HCPF are implementing the following changes that will result in reduced expenditures in FY 2011-12 and subsequent years. These changes represent actions that the departments are undertaking in order to reduce projected expenditures for DD programs and bring them in line with the amount of funds appropriated through the FY 2011-12 Long Bill. Because of this, these changes do not represent savings that can be immediately captured in the state budget process. The changes have recently been implemented after receiving CMS approval of the relevant Medicaid HCBS waiver amendments.

Implement Service Limits – After an extensive stakeholder engagement process conducted throughout 2011 to explore implementing upper usage limits for the following services, DDD implemented:

- **Behavioral Health**: Limits the number of units of Behavioral Services for assessments, consultation and counseling;
- **Dental Services**: Limits Dental Services per plan year for basic services and per five-year waiver period for major services;
- **Day Habilitation Services**: Limits the number of units of Day Habilitation services per year; and
- **Targeted Case Management**: Limits the number of units available for TCM services, or reduce the rate per unit.

The departments are pursuing other changes such as implementing thresholds on some services and requiring providers to obtain prior approval for service delivery to a client over the threshold.

Assess the Supports Intensity Scale and Audit Targeted Case Management – The DHS/DDD has implemented an audit of the Support Intensity Scale (SIS) assessments and the development of Support Levels for individuals meeting Public Safety Risk criteria. The DHS/DDD is continuing this audit and will verify that each client is accurately assessed through the Supports Intensity Scale. In addition, the DHS/DDD is conducting a quality assurance audit of Targeted Case Management services to ensure the appropriate use and delivery of these services for clients.

Implement enhanced SEP/CCB training – The departments are developing enhanced training for Single Entry Point agencies (SEP) and CCBs. This training will increase the consistency and appropriateness of functional assessments of clients and subsequent individual Service Plan development.

Consolidate waiver programs – HCPF and DHS are assessing all of the Medicaid waiver programs to determine how to structure the programs in order to better serve clients, reduce administrative overhead, and improve program operations. This assessment includes an examination of managed care waivers and other health care reform models such as the Accountable Care Collaborative, as a means of providing the right services to consumers, within a comprehensive cost containment structure. This effort involves significant stakeholder and client input.

Assess overall programmatic structure, quality, and controls – The departments are analyzing the current case management structure and will be developing recommendations for a more cohesive, consistent, quality, and streamlined approach. The departments intend to strengthen quality assessment, auditing, fraud identification and remediation functions to ensure that the program and the SEP/CCB structure is operating consistently and according to CMS and state regulations. The departments are conducting ongoing financial and utilization analysis to understand the net impact of changes to the waivers and variability in client usage and allocation of services.

Reporting to the General Assembly – The plan described above contains many components of varying size and complexity, from setting limits for individual services within the waivers to a review of overall system structure and design. The departments will provide periodic updates on the efforts described above to the General Assembly, through the Joint Budget Committee. Similarly, as analysis of the causes of over-expenditures progress, the departments will provide as much detail as is available describing the exact causes of the over expenditures and plans for cost containment within the developmental disabilities service system. The departments understand the over expenditures of the past year cannot continue and require full attention and remediation. The departments are committed to bringing expenditures in line with the FY 2011-12 appropriations and establishing sufficient controls to ensure improved program integrity in the developmental disabilities system. In addition, the departments are committed to assessing the most effective organizational and programmatic structure to ensure that clients are receiving quality services in the most cost effective manner. In addition to the above-referenced

periodic update, which the departments intend to submit annually, the departments also intend to begin producing reports examining expenditure drivers for individual CCBs in the fall of 2012.

Organizational Approach: Combining DDD and HCPF – DHS and HCPF are working together to create recommendations and a plan for combining the Division for Developmental Disabilities with HCPF. This includes an examination of the Children's Residential Habilitation Program (CHRP) and other Long Term Care programs, including the state's aging programs, for relocation to HCPF. The Departments believe program operations and fiscal integrity of the waivers can be improved by combining the Division of Developmental Disabilities and potentially other Long Term Care programs with HCPF and more effectively leveraging staff expertise. Combining DDD within HCPF could result in the following benefits: reduced fragmentation and increased consistency of program operations and administration; consistent application of rate development processes and changes; coordination and standardization of waiver development and management; consistency in payment methodologies; greater consistency in stakeholder communications; and standardized policies and procedures.

Below, is an outline of the work the departments are doing to accomplish this relocation and estimated timelines for completion.

1. *Hold Community Forums*: Gather stakeholder and community input on outcomes and benefits they would like to see out of a combined department and programs (November 2011-July 2012).
2. *Analyze Organizational Structure & Staffing*: Review HCPF Long Term Care Benefits Division and DHS/DDD organizational charts and staffing. Analyze functions and skills sets to determine how to best combine the groups and deploy individuals to provide fiscal and programmatic oversight of the waivers. Create an implementation plan to align both organizations and create a cohesive organization structure (November 2011 - July 2012).
3. *Assess the Need for Legislation*: As part of the organizational and programmatic assessments described above, the departments are also evaluating the timing and implementation of such a move through legislation. Implementation of such a change will require careful consideration to ensure continuity of care for clients and providers within the system. The departments are very interested in such a move being successful and so, at this point, additional planning and stakeholder input is being undertaken (November 2011 - March 2012).
4. *Implement Re-organization*: HCPF and CDHS will begin combining DDD staff and functions within HCPF. This will of course depend upon receiving the appropriate approvals and direction from the Legislature (Target Date: July 2012).

Possible Future Measures – Given the findings contained in this report, the departments intend to consider and explore modifications to support level assessment systems, reimbursement rates, and service unit utilization limits. The departments will continue to assess these issues and will consider possible

adjustments in order to effectively manage and control expenditures while expecting appropriate provision of services for individuals served within the waivers. The departments acknowledge that issues currently unrecognized or nonexistent may arise in the future. The departments are committed to addressing issues proactively when possible and reactively when necessary.

Guiding Principles

The departments are using the principles outlined below to guide this project:

- Ensure that appropriate and necessary services are provided to clients.
- Ensure that services are provided safely, in a timely manner and with respect and dignity.
- Strengthen consumer choice in service provision.
- Incentivize best practice in service delivery.
- Incentivize less restrictive settings for service delivery.
- Ensure that taxpayer dollars are used efficiently and effectively.
- Involve all stakeholders in the design and development of this project, including individuals receiving services and their families, service providers, advocates, the Legislature, and the Governor's Office.

Analytical Methodology for Data Collection and Assessment

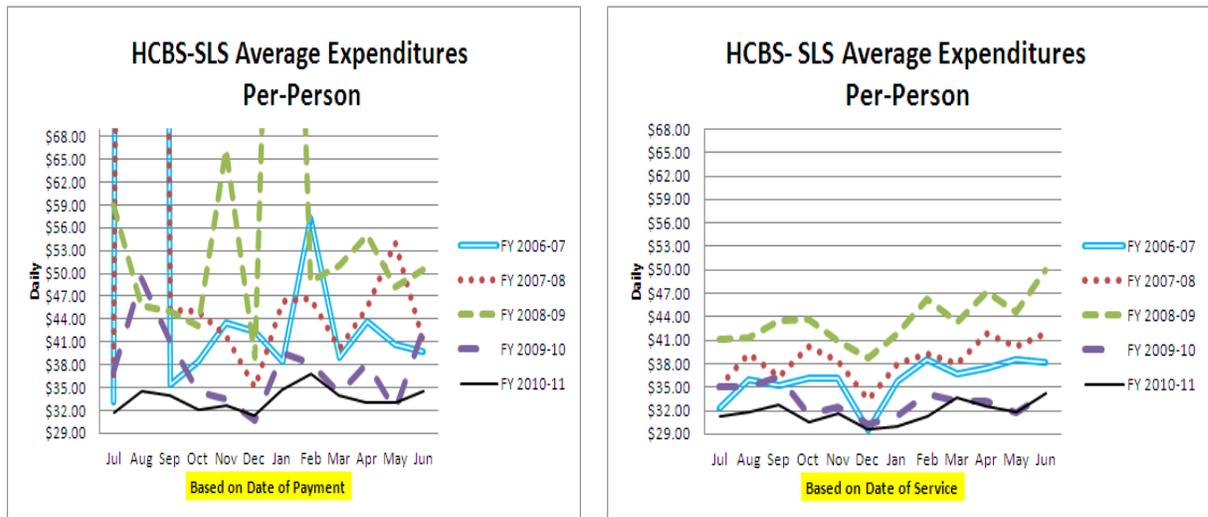
The data analyzed was collected from individual client level claims paid through the Medicaid Management Information System (MMIS) from July 1, 2006 through August 31, 2011 for services received between July 1, 2006 and June 30, 2011. Support level data was provided by the Department of Human Services.

This same data served as the source for the analysis presented in the Departments' response to the 2011 Legislative Request for Information pertaining to the potential transfer of the Division for Developmental Disabilities between Departments. The analysis contained in this report uses the full and complete data available. The data has not been edited, altered, nor materially manipulated in any way that would impact its integrity.

When analyzing claims data, two methods may be used. "Date-of-Payment" organizes data by the date a claim is paid by HCPF. This methodology is useful for analyzing expenditures paid out in a specific period of time, (e.g. fiscal year) and ties to annual expenditures reported through the Colorado Financial Reporting System (COFRS). "Date-of-Service" organizes data by the date services were provided, regardless of when those services were paid. This methodology is useful for analyzing consumption patterns. Date-of-Service analyses will not tie to annual expenditures reported through COFRS.

The departments used the Date-of-Payment methodology in the LRFI submitted in November of 2011. The Date-of-Payment methodology was used at that time as the departments wanted to connect to historical fiscal year expenditures as reported through COFRS, as well as to run parallel with Long Bill appropriations. This report uses the Date-of-Service methodology and therefore will not reconcile to expenditures reported in the LRFI or to COFRS annual expenditures.

Date-of-Service better captures client service utilization trends. These trends then inform overall program expenditures. For this reason, the analysis in this report looks at data based upon the date services were received by clients as opposed to the date those services were paid. A visual comparison between Date-of-Payment and Date-of-Service methodologies for each waiver can be found in Appendix D, pages 2-5. A sample using SLS is provided below to illustrate the differences between the two methodologies.



The axes of the charts are set to scale with each other. Although some points of data in the Date-of-Payment graph on the left appear to be missing, this is only because they fall outside the range on the vertical axis.

This report contains the following appendices: Each Appendix is preceded by a descriptive narrative.

- Appendix A – Graphs illustrating support level trends in the HCBS-DD waiver and HCBS-SLS
- Appendix B – Graphs illustrating trends in per-capita expenditures in each of the waivers and TCM
- Appendix C – Tables containing compiled data for the various waivers, as well as selected specific services
- Appendix D – Graphs comparing Date-of-Payment and Date-of-Service tracking methodologies
- Appendix E – Service Descriptions and Rates Tables for services in each of the DD waivers
- Appendix F – Wait List Data and brief overview of miscellaneous points

Cost Driver/Trend Summary

While there is a great deal of complexity in the data, the Departments believe the data suggests four primary factors are driving costs: Number of Clients Served, Average Support Level, Reimbursement Rates, and Service Consumption.

Number of Clients Served - The number of enrollments (clients served) approved by the General Assembly has increased by more than 12% since FY 2006-07. Requests for additional enrollments are necessary to continue services for individuals who, due to age, are transitioning from another Home and Community Based waiver, or the Child Welfare system and to address specific needs of individuals on the waiting list, such as emergencies or high risk situations.

New enrollments are necessary for a variety of reasons. Once children in the HCBS-CES reach age 18 or foster care or HCBS-CHRP waiver reach age 21, they can no longer be served within that waiver. Frequently, these children who are aging out continue to need services through an adult developmental disability waiver. This can necessitate a transition into either the HCBS-SLS or HCBS-DD waiver and typically new enrollments are requested to ensure this transition.

Individuals on the waiting list for HCBS-DD, who meet the definition of an emergency, are exceptions to the waiting list order of selection. Individuals may meet this definition when they become homeless or lose a caregiver. These individuals may be receiving HCBS-SLS or may be individuals on the wait list who are not being served under any DD waiver who may experience an emergency necessitating urgent enrollment in a waiver.

At the discretion of the General Assembly, increased funding may be and has been made available to increase the number of waiver slots that are not emergency-based. These newly created slots are filled by individuals on the waiting list based on the amount of time those individuals have been on the list or to meet a target group such as those who have aging caregivers.

In the HCBS-DD waiver, on average, 100-120 enrollments become available after vacancies occur when clients discontinue participation in the program. Additionally, the General Assembly has approved an additional 30 enrollments to enroll individuals who are in an emergency situation and roughly 60 individuals per year who transition from foster care or HCBS-CHRP. In the HCBS-SLS waiver, approximately 250 enrollments become available after vacancies occur when clients discontinue participation in the program. Additionally, the General Assembly approves 30-40 enrollments for children in HCBS-CES who will transition to HCBS-SLS due to their age. Recent DHS budget requests indicate that a primary driver of the need for emergency placements is the aging and/or ailing of caregivers. (Source: Department of Human Services Annual Budget Requests - FY 2009-10: DI-3, FY 2011-12: DI-6, FY 2012-13: R-1.)

Additional information on the wait list can be found on page 15 and in Appendix F.

Taken in combination with the following factors, the number and distribution of individuals served becomes central to the larger issue of increasing expenditure trends.

Increasing Average Support Levels – While the SIS tool came into use in 2006, this represented only the first phase of implementation of this client assessment

model. In the middle part of the last decade, CMS directed that a comprehensive new rate methodology be implemented. The transition took several years. This included implementing a needs assessment tool, setting rates for services, and determining expected service utilization based on need. The first phase included the establishment of tier levels that were based on the amount of funds being spent at that time on each client. Following the identification of tiers, the Departments implemented beta testing a new tool (SIS) with a representative sample of waiver clients to establish need level categories, then evaluating service utilization by those individuals, and then applying a rate structure for those services. The rate structure was temporary until a permanent rate structure went into effect in 2009.

Finally, beginning in FY 2008-09, an algorithm⁶ was incorporated for determining Support Level. The algorithm weighted three sections from the SIS tool, and added two additional factors: Danger to Self, and Community Safety Risk. These two factors significantly impacted Support Level assignments. An affirmative response to Community Safety Risk automatically places an individual into a minimum Support Level 5 or 6 regardless of all other factors. Going back to October of 2007, 249 individuals in HCBS-DD (6.7% of the waiver population) were determined to pose a community safety risk. The number rose to over 400 individuals in 2009 and 2010 (greater than 10% of the waiver population). The number has since dropped and the December 2011 data indicates 320 individuals (7.6% of the waiver population) as posing a community safety risk.

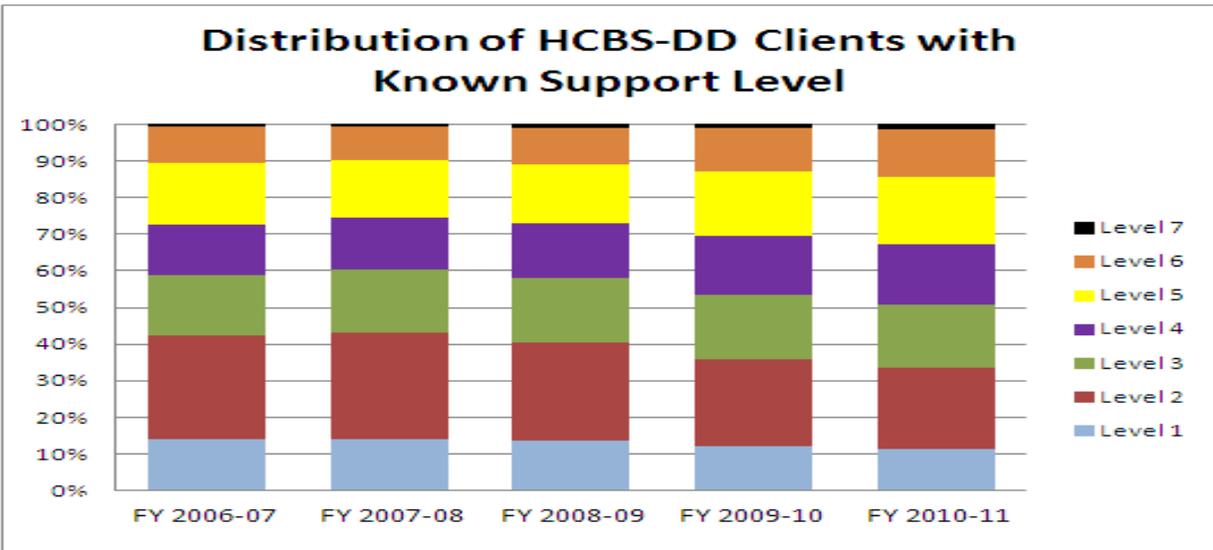
An affirmative response to Danger to Self automatically moves an individual up by one to two Support Levels regardless of all other factors. Once phase two was implemented, first priority was given to assessing DD Adult Comp waiver clients. This process was largely complete by June of 2009, at which time HCBS-SLS client assessments using the algorithm were then prioritized. The one algorithmic exception is that HCBS-SLS clients do not include Community Safety Risk/non-convicted or Danger to Self factors.

Implementation of the Support Level determination algorithm in FY 2008-09 displayed a different Support Level distribution than the tier level distribution among clients from an average of 3.2 in FY 2007-08⁷ to 3.5 in FY 2010-11. Although this may not appear significant, the data shows the upward shift in distribution has had a compounding effect on per-capita expenditures. The shift has resulted in more clients consuming greater amounts of services and at higher reimbursement rates. Prior to implementation of the algorithm, approximately 40% of clients were estimated to be at tier 4, 5, or 6 while about 60% were estimated to be at tier 1, 2, or 3. This estimate was based on historical service delivery utilization data. By FY 2010-11, after the implementation of the Support Level determination process, the actual data showed the distribution had shifted to approximately a 50-50 even split. Appendix A discusses this topic in detail and contains

⁶ The algorithm is a calculation that weights various factors from the Supports Intensity Scale assessment tool, along with two additional factors not contained in the tool: Community Safety Risk and Danger to Self. The output from the algorithm determines an individual's Support Level. The HCBS-SLS algorithm does not include the two additional factors.

⁷ Prior to FY 2007-08, HCBS-DD clients had been assigned a tier level during the development of the Support Level methodology. For this reason, FY 2007-08 is often used in this report as a baseline year for comparison.

graphs that illustrate the impact the algorithm has had on the distribution of clients by support level. The comparative bar graphs below illustrate the shift in Support Level (or tier) distribution in the period from FY 2006-07 through FY 2010-11. The data shows a shift away from Support Level 2 followed by consistent and proportionally significant growth in Support Levels 4, 5, and 6. Data for HCBS-DD Client counts used for creating the chart below can be found in Appendix C on page C.3.



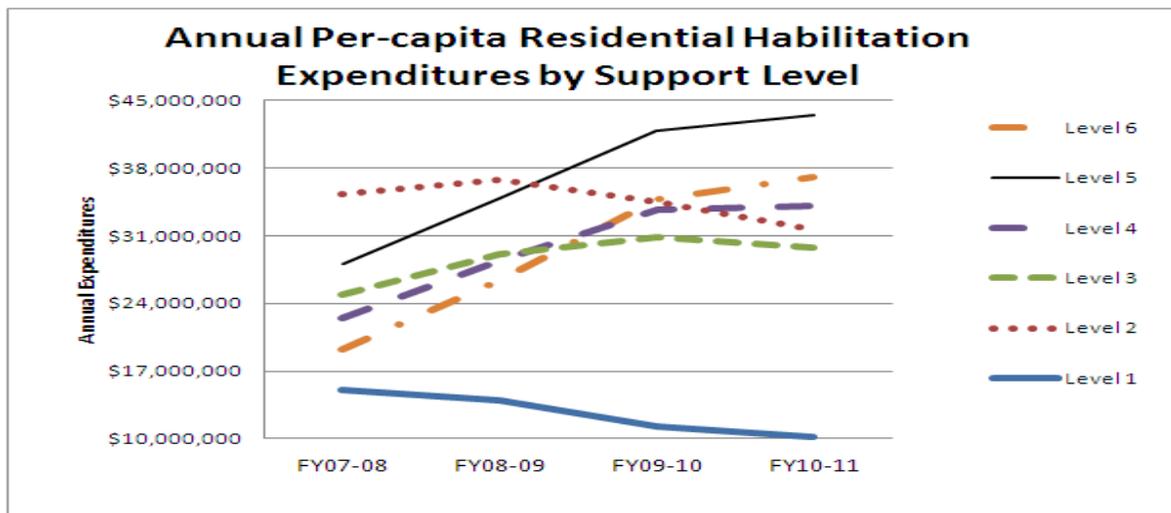
Reimbursement Rates – The departments acknowledge reimbursement rates as a core component related to expenditures. The departments continue to assess reimbursement rates and will consider adjustments as an available option to effectively manage and control expenditures.

Residential Habilitation is the primary waiver service and most clients must utilize it every day year-round. Residential Habilitation is provided in Group Home, Host Home, and Personal Care Alternative (PCA) settings and is designed to ensure the health, safety and welfare of the participant, and to assist in the acquisition, retention and/or improvement in skills necessary to support the participant to live and participate successfully in their community.

Residential Habilitation is the general name given to three specific types of living settings (Group Home, PCA, and Host Home) where 24 hour professional care is provided to DD Adult Comp waiver clients. Reimbursement rates for services have changed several times since FY 2006-07. While some rates have gone down over time, rates for other services have gone up. Rates for Residential Habilitation, specifically, have increased over the past several years.

The daily need for the service significantly constrains the ability to adjust the number of units of service consumed. The data shows that this one service accounts for approximately 75% of total HCBS-DD expenditures and over 60% of total expenditure increases; growing from \$158 million expended in FY 2007-08 to over \$190 million in FY 2010-11 and over 9% per person. This is important, as HCBS-DD Waiver expenditures account for approximately 80% of the appropriations and approximately 90% of

expenditure increases since FY 2006-07. Residential Habilitation is reimbursed on a per-diem basis and almost all HCBS-DD waiver clients are permanent residents who receive this service almost every day of the year. Residential Habilitation expenditures are increasing due to upward trends in mean support levels, driving an increase in rate reimbursement for a given unit of service. Average per-diem Residential Habilitation unit costs have increased since FY 2007-08. Since FY 2007-08, per-diem unit costs for Support Levels 1 and 2 have dropped, but costs for all other levels have gone up. Simultaneously, an increase in average client Support Level has also gone up resulting in a lower proportion of the population in Support Levels where unit costs have decreased and a higher proportion in the levels where costs have increased. Appendix C page C.5 contains data showing trends in per-capita Residential Habilitation expenditures by fiscal year and Support Level. Page C.10 shows total annual expenditures by Support Level.



8

Service Consumption - The tables on the next page show the combined changes in per-capita utilization since FY 2007-08 for all services other than Residential Habilitation. Unlike Residential Habilitation, these services allow for far greater flexibility to adjust the number of units of utilization consumed. The data shows that per-capita units consumed have increased significantly since FY 2007-08. Utilization increases have resulted in higher expenditures per-capita across all Support Levels except support level 1.

The effective cost per unit in the Effective Unit Cost (top) table is calculated by dividing the total expenditures for services consumed in a given support level by the total number of units consumed in that support level. The Effective Unit Cost table shows how unit costs have generally declined in lower Support Level services, but increased in higher Support Levels. Overall, the impact of rate changes has been less than 1%. The Per-Capita Units Consumed table (middle) illustrates change in the number of units consumed per person across Support Levels. The increase has been significant and

⁸ Support Level 7 enrollments account for about 2% of HCBS-DD expenditures and less than 1.5% of individual count. This subgroup is not included on the Annual Per-capita Residential Habilitation Expenditures by Support Level graph.

also fairly consistent across Support Levels. Overall, average consumption of services has increased by over 20%. The combined impact of these two changes is shown in the Per-Capita Expenditures (bottom) table, which shows non-Residential Habilitation per-capita expenditures across Support Levels. The data shows a laddered rate of growth in expenditures across Support Levels. This is illustrated in the percentage change in growth of per-capita expenditures across Support Levels.

HCBS-DD Effective Unit Cost (Expenditure) Excluding Residential Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$3.28	\$3.12	\$3.24	\$3.51	\$3.90	\$4.30	\$4.92	\$3.78	\$3.48
FY 2010-11	\$2.57	\$2.74	\$3.01	\$3.41	\$4.06	\$5.32	\$5.53	\$3.56	\$3.51
Four Year % Growth	-21.84%	-12.09%	-7.01%	-2.96%	4.10%	23.72%	12.27%	-5.81%	0.94%

Per-Capita HCBS-DD Units of Service Consumed Excluding Residential Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	3,088	4,174	4,300	4,204	4,219	3,794	3,218	3,596	3,984
FY 2010-11	3,839	4,831	5,069	5,168	5,166	4,787	4,334	2,735	4,865
Four Year % Growth	24.33%	15.74%	17.89%	22.93%	22.44%	26.17%	34.69%	-23.94%	22.12%

Per-capita HCBS-DD Expenditures Excluding Residential Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$10,140	\$13,014	\$13,939	\$14,776	\$16,453	\$16,313	\$15,848	\$13,590	\$13,858
FY 2010-11	\$9,854	\$13,241	\$15,281	\$17,626	\$20,973	\$25,466	\$23,965	\$9,736	\$17,083
Four Year % Growth	-2.82%	1.74%	9.63%	19.29%	27.47%	56.11%	51.21%	-28.36%	23.27%

The tables above illustrate how rate changes and service consumption increases have impacted per-capita expenditures. This, in combination with the upward Support Level redistribution of clients largely explains the overall increases in expenditures in the HCBS-DD waiver.

In cases where the service utilization allows for flexibility, increases in unit costs over time and/or increases in units consumed affect expenditures. The Effective Cost/Unit tables on the next page show how unit costs have changed over the past few years for the three largest services other than Residential Habilitation. The data for Supported Employment and Day Habilitation⁹ shows that unit costs have decreased for lower Support Levels and increased for higher Support Levels. As the Support Level distribution among clients adjusts to higher Support Levels, more people are receiving services at higher unit costs and in a dynamic where those units' costs are also increasing over time. Appendix C pages C.6-11 contain data on Supported Employment, Day habilitation, and Non-emergency Transportation¹⁰.

⁹ Day Habilitation includes assistance with self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice.

¹⁰ Non-emergency Transportation refers to the purchase or provision of transportation for individuals receiving day program under comprehensive services which enables them to gain access to programs and other community services and resources required by their Individualized Plan/Plan of Care.

Effective Cost (Expenditure)/Unit (e.g. 15 minutes)									
Supported Employment									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$4.78	\$4.30	\$4.40	\$4.29	\$4.55	\$4.12	\$4.50	\$4.40	\$4.46
FY 2010-11	\$3.93	\$3.75	\$4.17	\$4.87	\$5.95	\$6.75	\$4.55	N/A	\$4.42
Four Year % Growth	-17.71%	-12.85%	-5.08%	13.49%	30.93%	63.81%	1.14%	N/A	-0.89%
Day Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$2.86	\$2.80	\$3.02	\$3.28	\$3.63	\$4.11	\$4.35	\$3.56	\$3.21
FY 2010-11	\$2.36	\$2.59	\$2.94	\$3.42	\$4.13	\$5.67	\$6.20	\$3.88	\$3.57
Four Year % Growth	-17.51%	-7.25%	-2.66%	4.40%	13.76%	37.93%	42.36%	9.14%	11.01%
Non-emergency Transportation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$9.53	\$10.43	\$10.28	\$10.06	\$10.38	\$10.03	\$11.87	\$9.97	\$10.20
FY 2010-11	\$7.08	\$7.64	\$7.52	\$7.40	\$7.60	\$7.49	\$8.19	\$5.34	\$7.51
Four Year % Growth	-25.67%	-26.73%	-26.90%	-26.42%	-26.86%	-25.35%	-30.98%	-46.44%	-26.36%

Non-emergency Transportation unit costs, unlike the costs for Supported Employment and Day Habilitation, have decreased significantly in recent years across all Support Levels. However, real expenditures for Non-emergency Transportation Services have gone up over that same time. The data below shows that the reason for this is because units consumed have gone up at a rate that negates expected savings from unit cost reductions. The data suggests that unit cost changes must be targeted strategically since the impact of such reductions could be negated by increases in utilization. Appendix C pages C.6, and 9-11 contain data on Supported Employment, Day Habilitation, and Non-emergency Transportation.

Per-Capita Non-emergency Transportation Units of Service									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	127	158	158	160	155	143	132	134	1,167
FY 2010-11	186	261	272	277	285	264	145	41	1,731
Four Year % Growth	46.42%	65.34%	71.90%	72.47%	84.28%	84.98%	10.07%	-69.22%	48.37%
Non-emergency Transportation Total Expenditures									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$604,125	\$1,670,638	\$1,000,300	\$797,478	\$891,446	\$460,005	\$40,899	\$330,866	\$5,795,758
FY 2010-11	\$611,021	\$1,853,635	\$1,477,722	\$1,395,965	\$1,673,560	\$1,054,254	\$69,162	\$459	\$8,135,778
Four Year % Growth	1.14%	10.95%	47.73%	75.05%	87.74%	129.18%	69.10%	-99.86%	40.37%

To summarize the primary factors driving DD Waiver Medicaid expenditure increases: The number of clients being served is increasing; more units of service are being consumed per client; clients are more likely to be in a higher Support Level; and the cost per unit has gone up at an accelerating pace in correlation to higher Support Level.

Other Cost Driver/Trend Observations

Children's Extensive Services (HCBS-CES) – Expenditures for HCBS-CES are up by 50% over the past five years, although CES expenditures account for only slightly more than 2% of overall DDD Medicaid expenditures. Data for HCBS-CES in Appendix

C on page C.14 shows the significant increase in expenditures over the past several years.

Supported Living Services (HCBS-SLS) – Expenditures for HCBS-SLS are down, but stabilizing. Since implementation of the algorithm, expenditures have decreased. However, those in FY 2010-11 were generally the same as FY 2009-10. Data for HCBS-SLS in Appendix C on pages C.12-13 shows the expenditures over the past several years.

Targeted Case Management (TCM) – TCM Expenditures have risen dramatically over the past several years. There appear to be three primary contributing factors. Case management is not only for waiver clients, but also includes children in DHS' Early Intervention (EI) program who are Medicaid eligible. Early Intervention State General Funded and Federal Part C funded service and includes some children who are Medicaid eligible. Historically, approximately 50% of EI clients fit into this category and this has impacted TCM client counts. As a result of SB 07-004, the number of children receiving EI services increased significantly. Medicaid Caseload during the recent recession has increased significantly. The data indicates that the unduplicated count of children being served has increased by 979 since FY 2008-09 and that 948 of those children have been Medicaid eligible. As of FY 2010-11, over 5,600 EI children are Medicaid eligible. This has impacted EI related TCM expenditures.

Early Intervention Enrolled and Medicaid Eligible			
Year	Total Enrolled Unduplicated Count	Medicaid Eligible Unduplicated Count	Percent
2008-09	10,011	4,703	47%
2009-10	10,739	5,292	49%
2010-11	10,990	5,651	51%
Three Year Change	979	948	97%

Targeted Case Management Expenditures by Support Level											
Total Annual Expenditures											
Support Level	1	2	3	4	5	6	7	Unk	Total	\$ Increase vs. Prior Year	% Increase vs. Prior Year
FY 2008-09	\$3,564,353	\$3,748,516	\$1,942,689	\$1,587,227	\$1,725,623	\$1,238,247	\$520,718	\$3,044,173	\$17,371,547	\$2,612,889	17.70%
FY 2009-10	\$3,659,418	\$3,846,550	\$2,274,585	\$2,079,613	\$2,311,804	\$1,704,373	\$441,850	\$3,073,815	\$19,392,008	\$2,020,462	11.63%
FY 2010-11	\$3,713,065	\$3,894,915	\$2,407,937	\$2,277,549	\$2,642,187	\$2,012,035	\$398,331	\$3,471,088	\$20,817,107	\$1,425,098	7.35%
Three Year Growth %	4.17%	3.91%	23.95%	43.49%	53.11%	62.49%	-23.50%	14.02%	19.83%		
Clients Served (FTE)											
Support Level	1	2	3	4	5	6	7	Unk	Total	Increase vs. Prior Year	% Increase vs. Prior Year
FY 2008-09	1672.1	1759.4	911.1	743.5	809.2	579.8	242.8	1443.8	8161.7	913	12.59%
FY 2009-10	1664.8	1781.4	983.1	835.2	953.6	681.8	209.8	2023.0	9132.7	971	11.90%
FY 2010-11	1600.8	1723.3	982.4	881.1	1033.7	745.4	167.7	2204.6	9338.9	206	2.26%
Three Year Growth %	-4.26%	-2.06%	7.83%	18.50%	27.74%	28.56%	-30.95%	52.69%	14.42%		

Rates for TCM have also risen significantly in recent years. Effective July 1, 2009 the TCM rate was \$12.60 per unit. In November 2009, a retroactive rate change was implemented. This was based on an adjustment to the productivity factor and resulted in an increased rate. Additionally, DDD applied a 2.5% rate reduction to all rates for HCBS and TCM at that same time. The final TCM rate was \$14.93 per unit effective October 1, 2009. This represents a rate increase of more than 18%.

Additionally, units of service billed has increased year over year and there may be a correlation between this increase and client support level. Data for TCM in Appendix C on pages C.15-16 shows the significant increase in the number of FTE for whom TCM has been administered over the past several years.

Service Rates – The development of the Support Level assessment methodology brought a necessary standardization of service rates. Implementation of the new rate structure took several years and included restructuring certain services and resetting rates for virtually all services. Service Rates have also changed due to budget constraints and the need to reduce costs. The Division for Developmental Disabilities acknowledges reimbursement rates as a core component related to expenditures. The Division continues to assess reimbursement rates and will consider adjustments as an available option to effectively manage and control expenditures. A table of service rates for the various DD waiver programs can be found in Appendix E on pages E3 through E11.

Relationship Between HCBS-SLS and HCBS-DD – Of its nature, the HCBS-SLS waiver is structured for higher functioning clients, presumably with less intensive needs than individuals in the HCBS-DD waiver. Occasionally, a change will occur with an HCBS-SLS client that results in a need for emergency placement into the HCBS-DD waiver program. This has a dual effect. It drives a need for more slots in the HCBS-DD waiver, and in doing so, it redistributes average per-person per-diem expenditures because of the significantly higher per-person per-diem expenditure in the HCBS-DD waiver.

The Wait-List – The three waivers (HCBS-CES, HCBS-SLS, and HCBS-DD) are structured to serve an approved number of clients (enrollments). This number is approved each year by the General Assembly and is noted in the Long Bill. In addition to those who receive services through the waivers, DHS maintains a list of individuals who are deemed eligible, yet are not able to be served within a waiver because of a lack of available vacant slots. The wait list is not static and the number of individuals on it changes regularly. However, the number of individuals on the wait list generally increases over time. The three primary drivers for this are 1) population growth, 2) the increasing number of individuals who are Medicaid eligible, and 3) aging baby-boomer caregivers who are becoming unable to care for the developmentally disabled individual driving a need for alternative care solutions. A table containing Wait List data as of June 30, 2011 can be found in Appendix F on pages F2 and F3.

Appendix A Support Level Trends An Overview

The data and graphs on the following pages show the client counts for each service support level in the HCBS-DD waiver since incorporation of the Supports Intensity Scale (SIS) tool.

SIS and Support Levels:

In the middle part of the last decade, CMS directed that a comprehensive new rate methodology be implemented. The transition took several years. This included implementing a needs assessment tool, setting rates for services, and determining expected service utilization based on need.

While the SIS tool first came into use in 2006, this represented only the first phase of implementation of this client assessment model. Full implementation of Support Level methodology was a two phase process.

The first phase included beta testing a new tool (SIS) with a representative sample of waiver clients to establish need level categories, evaluating service utilization by those individuals, and applying a rate structure for those services. The need levels were first called “tiers” and became the progenitors of the “Support Levels.” This also helped determine intensity of service need in terms of units of utilization, as well as the associated costs for providing that particular service to a person with a particular level of need. The rate structure was temporary until a permanent rate structure went into effect in 2009.

Phase two was implemented effective January of 2009 and used a Support Level determination algorithm (the algorithm)¹ to determine Support Level. The algorithm applies weights to certain factors measured by the SIS tool and then adds two external factors – 1) Community Safety Risk, and 2) Danger to Self. Each of these two factors has the capacity to significantly increase the support level assignment. As clients originally assigned a tier using the SIS tool between 2006 through 2008 underwent reassessment incorporating the algorithm with the two external factors, the number of clients with lower Support Levels began to decline as they were reassessed at higher Support Levels. Additionally, new clients entering the waiver are being assessed at higher levels because of the implementation of the algorithm.

In addition, overall client counts have gone up as additional enrollments have been granted by the General Assembly. The combination of these new enrollments with the incorporation of the algorithm means that new clients entering the system are typically assigned a higher initial support level. Additionally, as vacancies occur, they are filled

¹ The algorithm is a calculation that weights various factors from the Supports Intensity Scale tool, along with two additional factors not contained in the tool: Community Safety Risk, and Danger to Self. The output from the algorithm sets an individual’s Support Level. The HCBS-SLS algorithm does not include the two additional factors.

first based on emergency need. It is reasonable to assume that clients entering the waiver based upon emergency need likewise have a higher level of need translating into a higher Support Level. The combination of these various components has altered the Support Level distribution of clients upward. This, in turn, has had a significant impact on expenditures.

The graph on page A.3 illustrates the steady decline in the number of HCBS-DD waiver clients in Support Levels 1 and 2 contrasted against the simultaneous steady increase in the number of clients in Support Levels 4, 5, and 6. The graph on page A.4 shows the distribution of clients in specific Support Levels (or tiers) by fiscal year. The graph illustrates a shift in the distribution of clients between fiscal years 2006-07 through 2007-08 before the algorithm came into use versus the distribution afterward in fiscal years 2008-09 through 2010-11. The data shows two distinct changes – 1) Support Level 1 and 2 clients comprised a smaller portion of the distribution, and 2) Support Levels 4, 5, and 6 began comprising more of the distribution. The third bar graph chart shows the breakdown of clients by Support Level and actual client count. There are three noteworthy observations. The data shows a very high number of clients in FY 2006-07 not assigned to a Support Level. The data also shows an increase in overall client counts from one fiscal year to the next. The data also shows a shift beginning in FY 2008-09 when the algorithm came into use where the number of clients in Support Levels 1, 2, and 3 began declining while the number of clients in Support Levels 4, 5, or 6 began increasing.

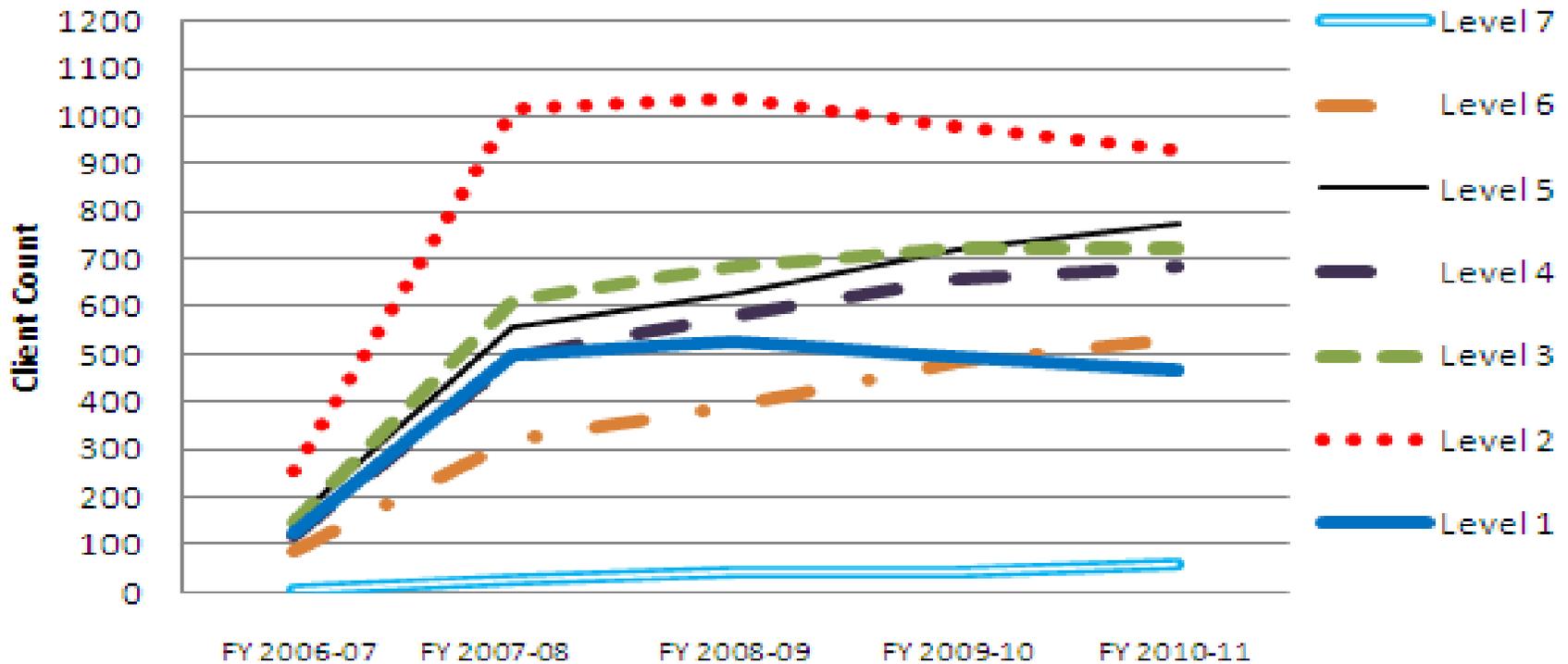
Overall, the data shows a simultaneous upward shift in the real number of clients to higher Support Levels while also shifting the proportional distribution upward as well.

The data used to create these graphs can be found in Appendix C on page C.3.

Similar graphs are presented on pages A.6-8 for the Supported Living Services (HCBS-SLS) clients. In contrast to what the data related to HCBS-DD shows, HCBS-SLS shows a very steady and consistent distribution across years and Support Levels. One item of note is that client counts are trending upward.

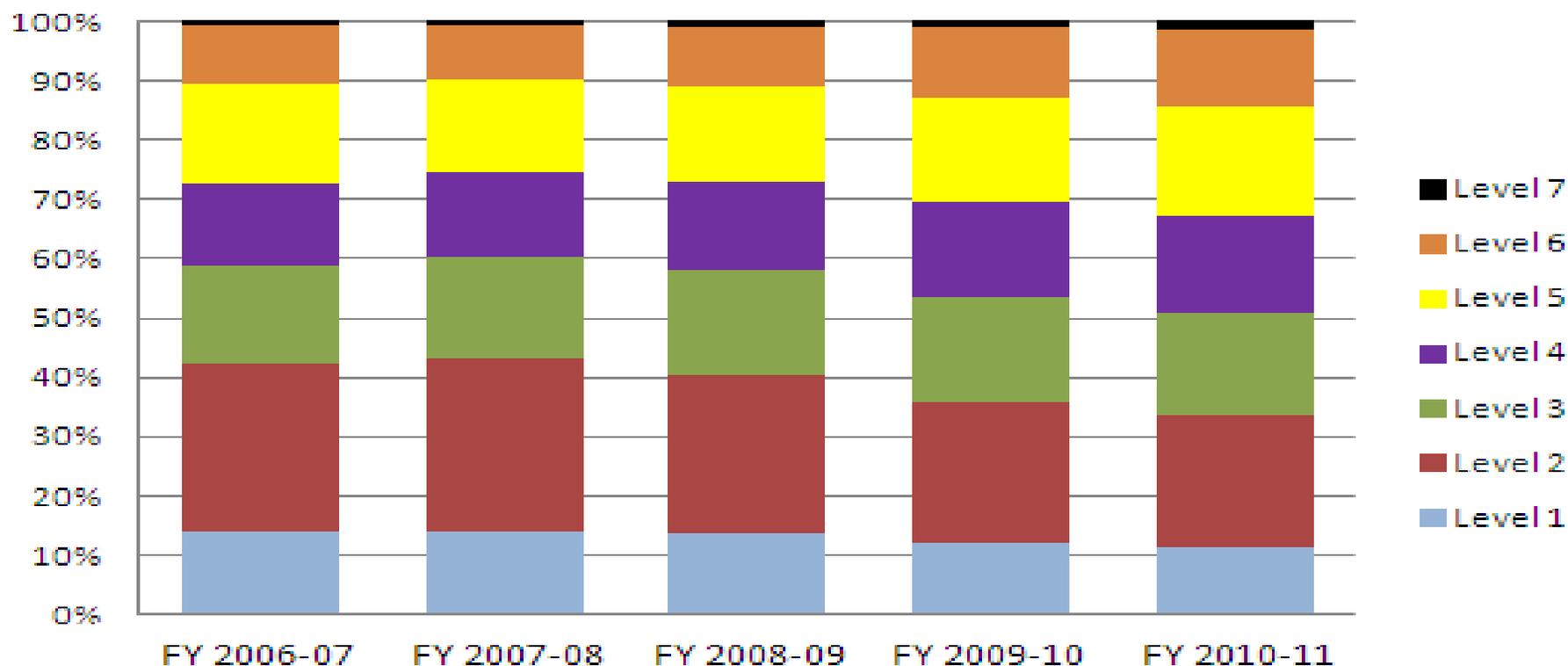
The data used to create these graphs can be found in Appendix C on page C.13.

HCBS-DD Average Client Counts by Support Level



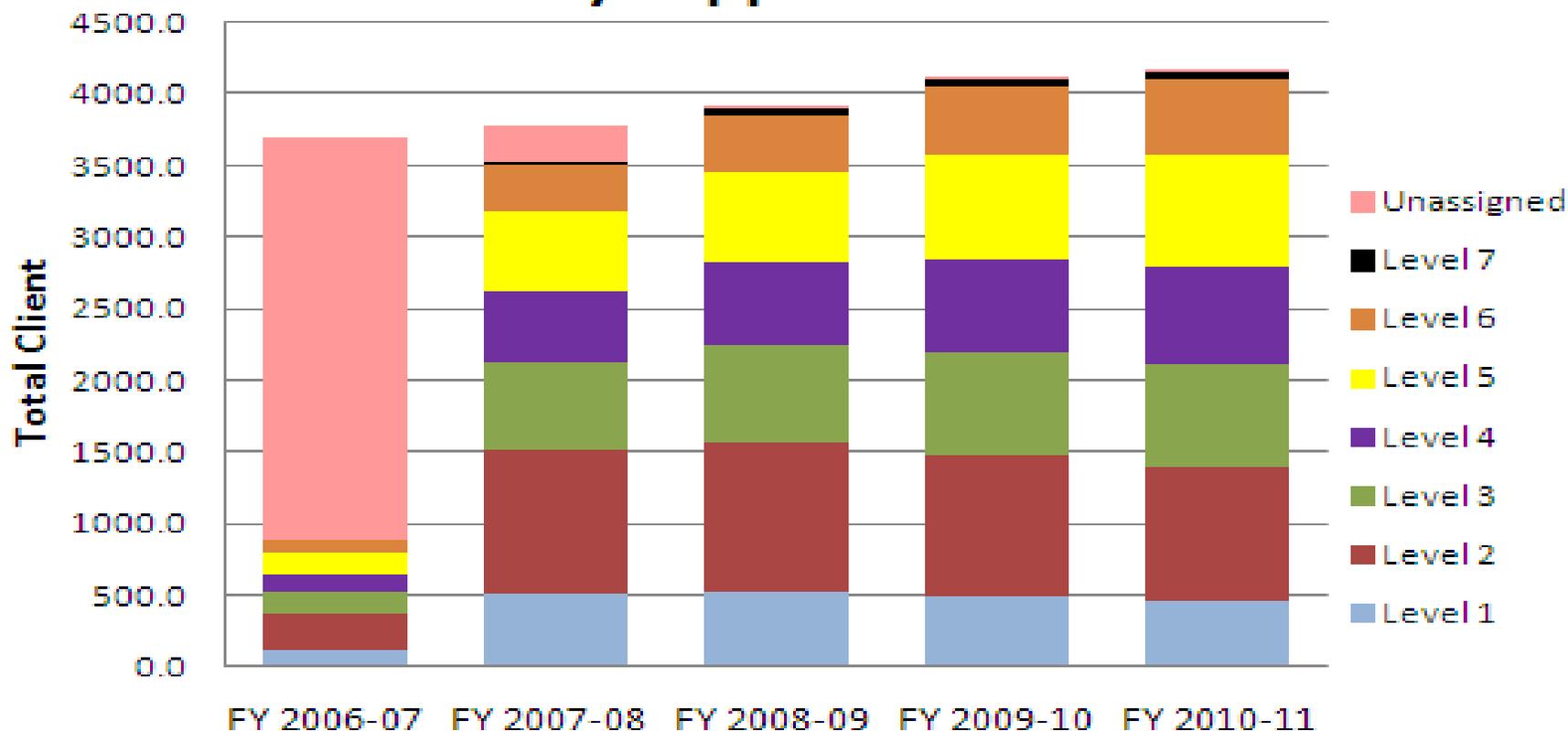
The graph above uses Supports Intensity Scale tool (SIS) data as well as Support Levels as determined by the algorithm that became effective in late calendar year 2008. Clients assessed before the implementation of the algorithm were assigned tiers as measured by the SIS assessment, which first came into use in 2006. By late 2007, most HCBS-DD clients had been assessed using this tool. The Support Level Determination algorithm was instituted beginning in late 2008. Clients previously assigned a tier using only the SIS were, over time, reassessed using the algorithm and assigned to a Support Level. The SIS and the algorithm measure on a 7-tier system. The data used to produce this chart can be found in Appendix C on page C.3.

Distribution of HCBS-DD Clients with Known Support Level



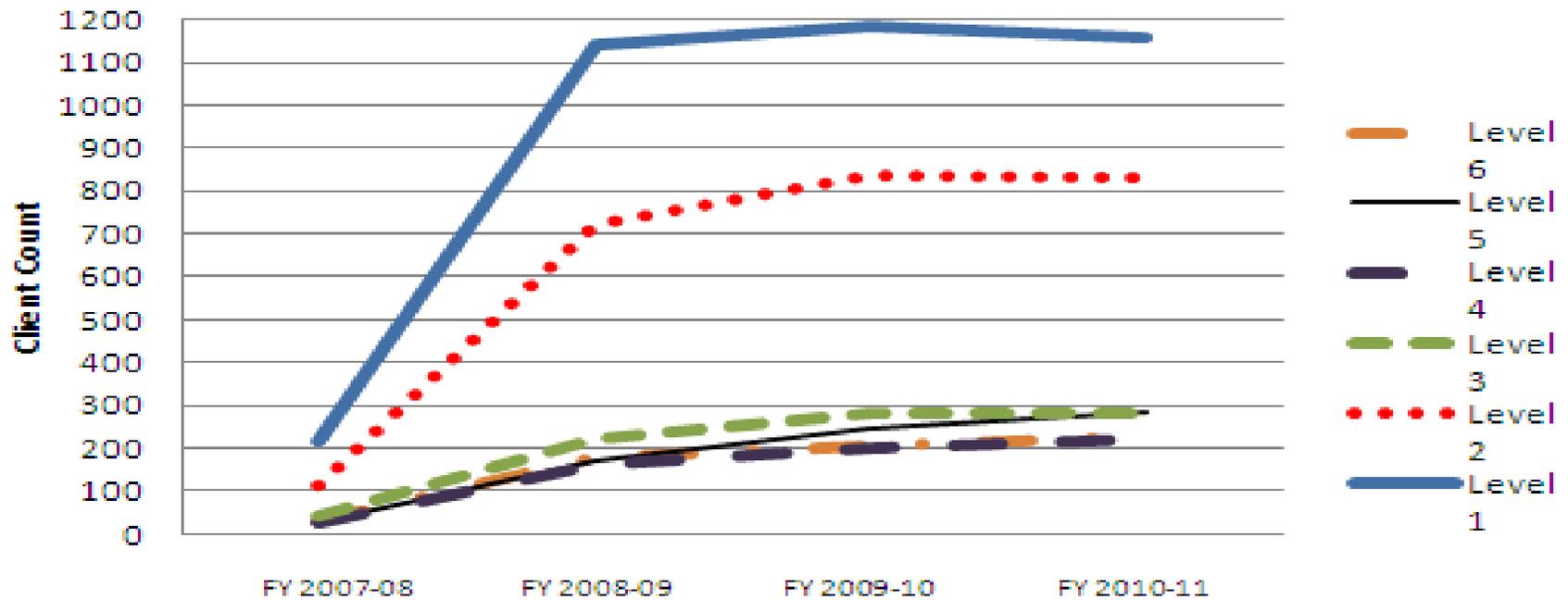
The bar graphs above show the percentile distribution of clients, by Support Level and fiscal year. There were a high number of clients in FY 2006-07 with no assessment score and these clients are not included in the FY 2006-07 graph. By December of 2008, all clients had been assessed. The Support Level Determination Algorithm came into use in FY 2008-09. These two factors appear to have contributed to gradual redistribution on the proportion of clients in the various Support Levels. The data used to produce this chart can be found in Appendix C on page C.3.

Count of All HCBS-DD Clients by Support Level



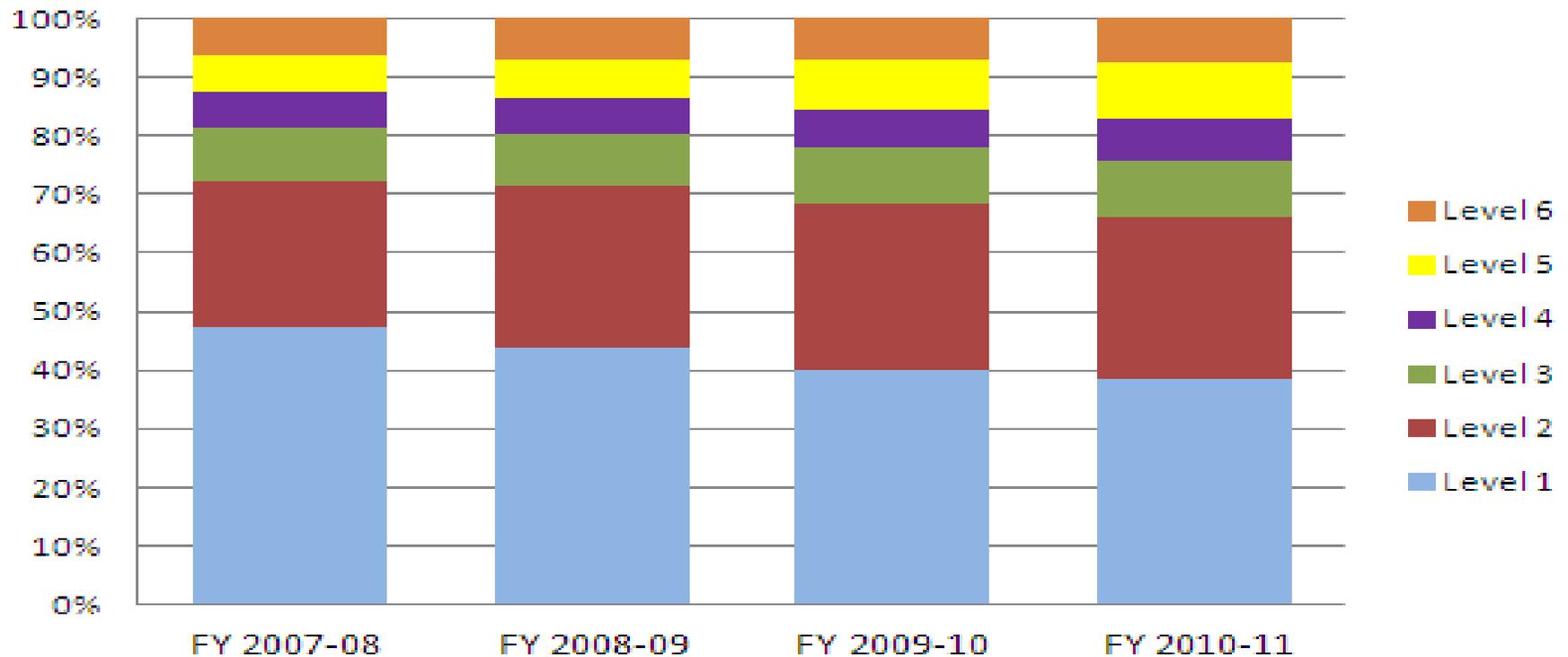
The bar graphs above show the average annual client count distribution by Support Level and fiscal year. There were a high number of clients in FY 2006-07 with no assessment score and these clients are shown as Unassigned. By December of 2008, all clients had been assessed. The Support Level Determination Algorithm came into use in FY 2008-09. These two factors appear to have contributed to the redistribution on the proportion of clients in the various Support Levels. The data used to produce this chart can be found in Appendix C on page C.3.

HCBS-SLS Average Client Counts by Support Level



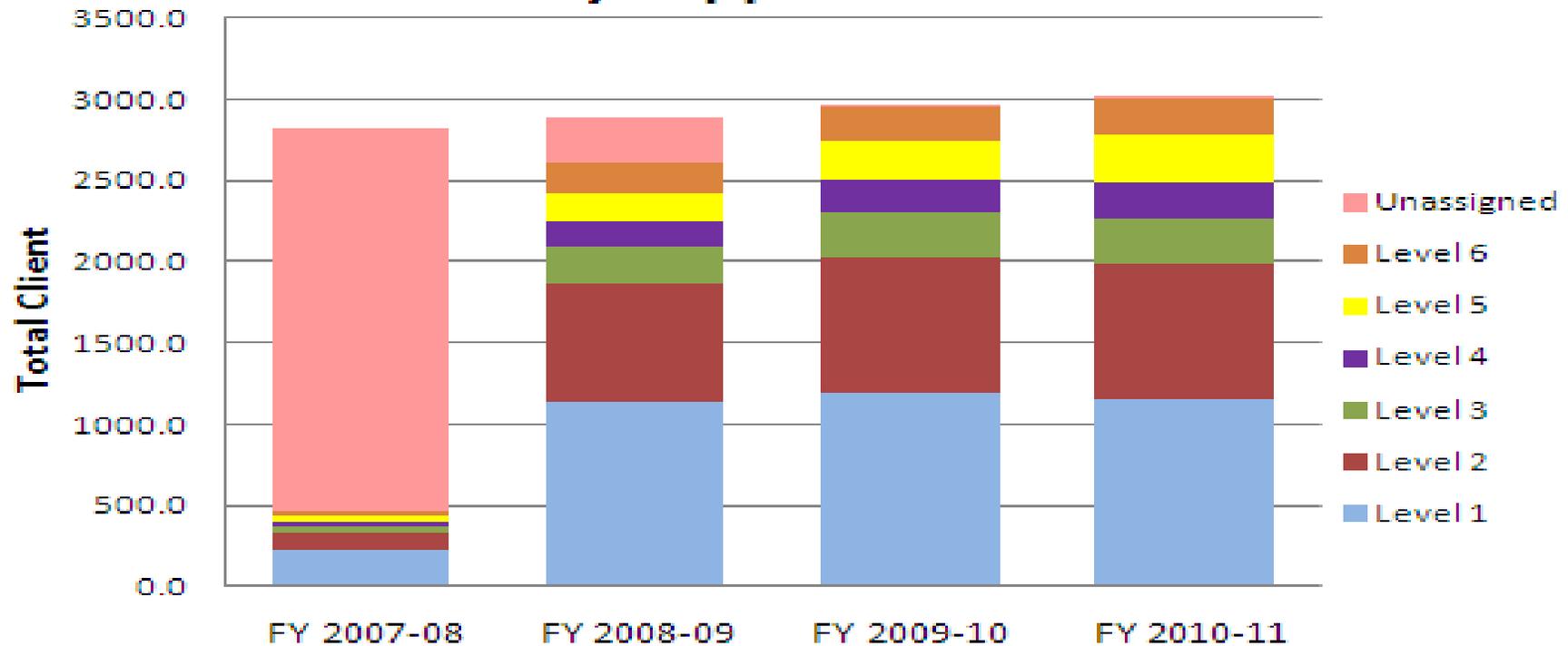
The graph above uses Supports Intensity Scale tool (SIS) data as well as Support Levels as determined by the algorithm that became effective in late calendar year 2008. Clients assessed before the implementation of the algorithm were assigned tiers as measured by the SIS assessment, which first came into use in 2006. Very few HCBS-SLS clients were evaluated using the SIS tool prior to FY 2007-08. The Support Level Determination algorithm was instituted beginning in late calendar year 2008 and most HCBS-SLS clients had been assessed using the algorithm by the end of FY 2008-09. The SIS and the algorithm measure on a 7-tier system. SLS clients are almost never assigned to Support Level 7 and this chart tracks only Support Levels 1 through 6 clients. The data used to produce this chart can be found in Appendix C on page C.13.

Distribution of HCBS-SLS Clients with Known Support Level



The bar graphs above show the percentile distribution of clients by Support Level and fiscal year. Very few HCBS-SLS clients had been evaluated using the Supports Intensity Scale (SIS) tool by the end of FY 2007-08 and only clients with SIS scores are included in the FY 2007-08 bar. The Support Level Determination Algorithm came into use in late calendar year 2008. By June of 2009, virtually all clients had been assessed. The data used to produce this chart can be found in Appendix C on page C.13.

Count of All HCBS-SLS Clients by Support Level



The bar graphs above show the distribution of clients by Support Level and fiscal year. There were a high number of clients in FY 2007-08 with no assessment score and these clients are shown as unassigned. By June of 2009 virtually all clients had been assessed. The Support Level Determination Algorithm came into use in 2009 for HCBS-SLS clients. The data used to produce this chart can be found in Appendix C on page C.13.

Appendix B

Average Expenditures Based on Date-of-Service

An Overview

The data and graphs on the following pages show per-capita expenditures for various waivers. The graphs on pages B.4 through B.6 are illustrated by waiver (with a separate graph for Targeted Case Management on B.7). The data from which per-capita expenditures is calculated is shown on page B.8. The data was collected from individual client level claims paid through the Medicaid Management Information System (MMIS) from July 1, 2006 through August 31, 2011 for services received between July 1, 2006 and June 30, 2011. Support level data was provided by the Department of Human Services. The graphs on pages B.2 and B.3 show annual total expenditures for each waiver side by side. The graph on page B.2 shows total annual expenditures and the graph on B.3 shows total annual expenditures per-capita.

HCBS-DD

The data shows a consistent pattern of daily average expenditures throughout the year (e.g. December expenditures routinely lower than other months). The data also shows a consistent upward trend in average daily expenditures year over year. Expenditures have stabilized, however, since the end of FY 2008-09. See graph on page B.4.

Supported Living Services (HCBS-SLS)

The data shows per-capita expenditures rising steadily from FY 2006-07 through FY 2008-09. In FY 2009-10, per-capita expenditures dropped significantly. The level of expenditures then stayed relatively stable at this decreased level through FY 2010-11. Several concerns reside below the surface of the data. Support Level methodology using the algorithm was implemented for HCBS-SLS clients in July of 2009. While the data indicates a decrease in per-capita expenditures since peaking in FY 2008-09 (possibly as a result of the implementation of the Support Level methodology), expenditures appear to have now bottomed. See graph on page B.5.

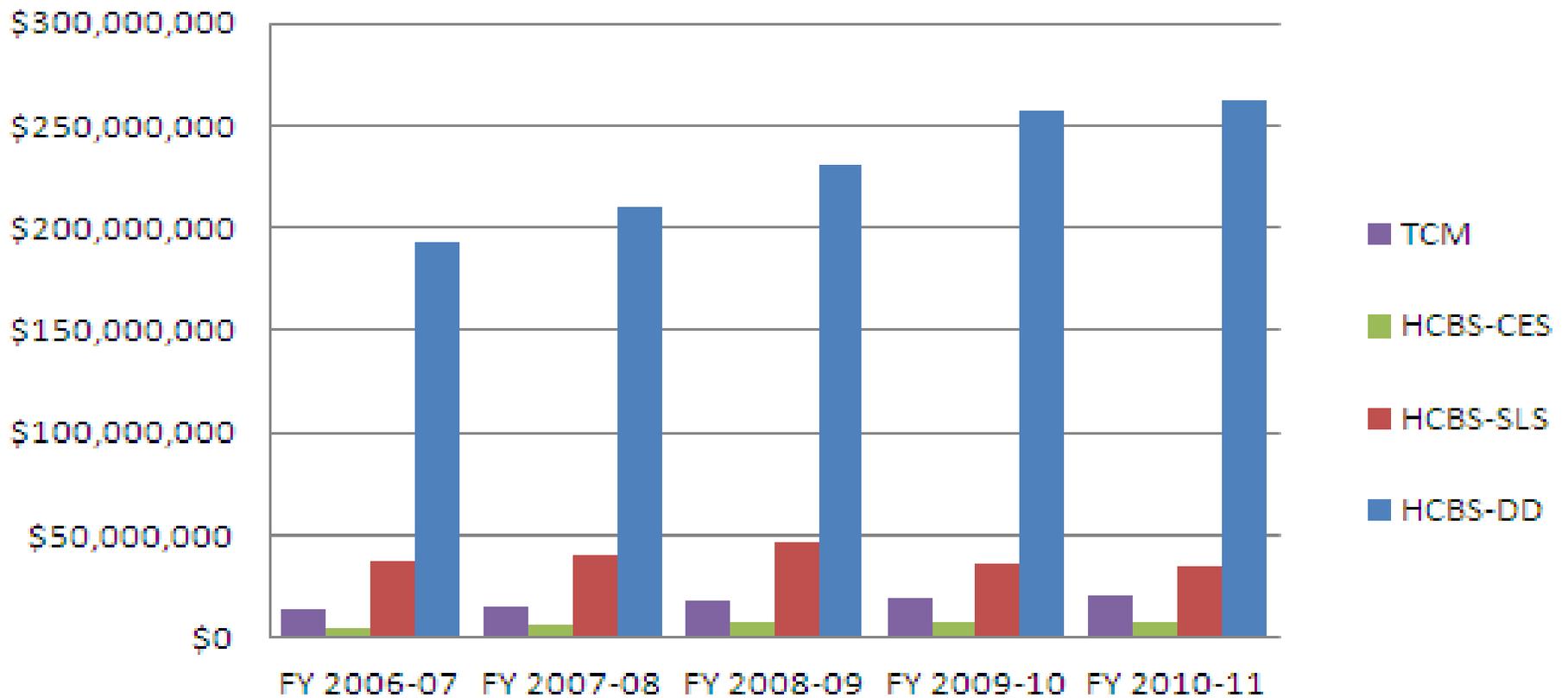
Children's Extensive Services (HCBS-CES)

The CES expenditure data shows consistent increases in per-capita per-diem expenditures over time. Overall CES expenditures have increased by over 50% over the past five years. While this is noteworthy, it is also important to note that HCBS-CES still accounts for only about 2% of total DD-related expenditures between the three waivers plus Targeted Case Management. See graph on page B.6.

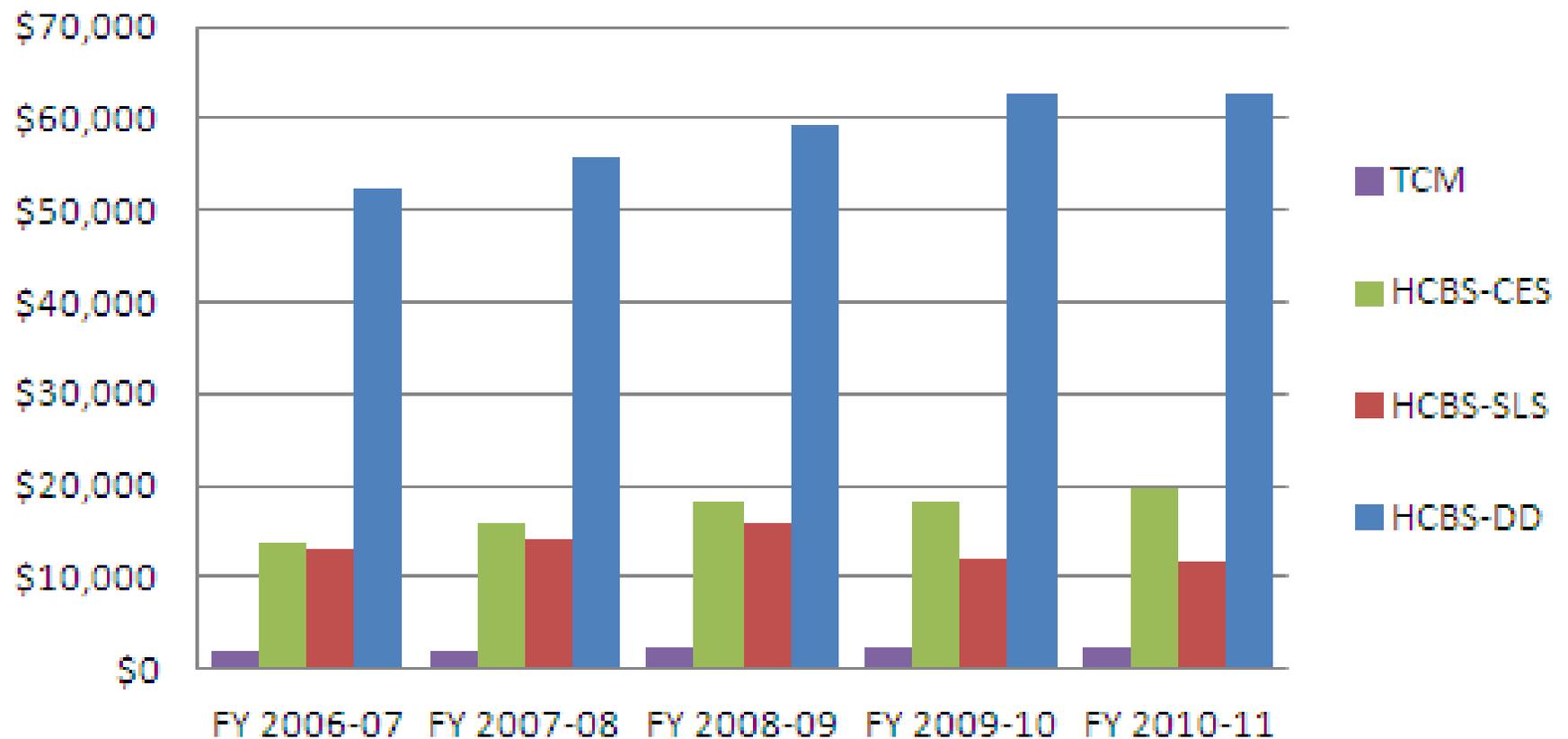
Targeted Case Management (TCM)

TCM expenditures are generally associated with the administrative functions related to client management. TCM is overseen by the various Community Centered Boards (CCB). TCM used to be paid based upon a flat per-capita contracted rate. With the implementation of fee-for-service, the rate was transitioned in a two phase process to a fifteen minute rate. The initial phase provided a one-time per-capita rate bump that took place in January 2009. Beginning in July 2009, the second phase moving to the fifteen minute rate was implemented. TCM Expenditures have consistently increased each year and, since moving to the 15 minute increment, the pace of expenditure increases has risen even faster. See graph on page B.7.

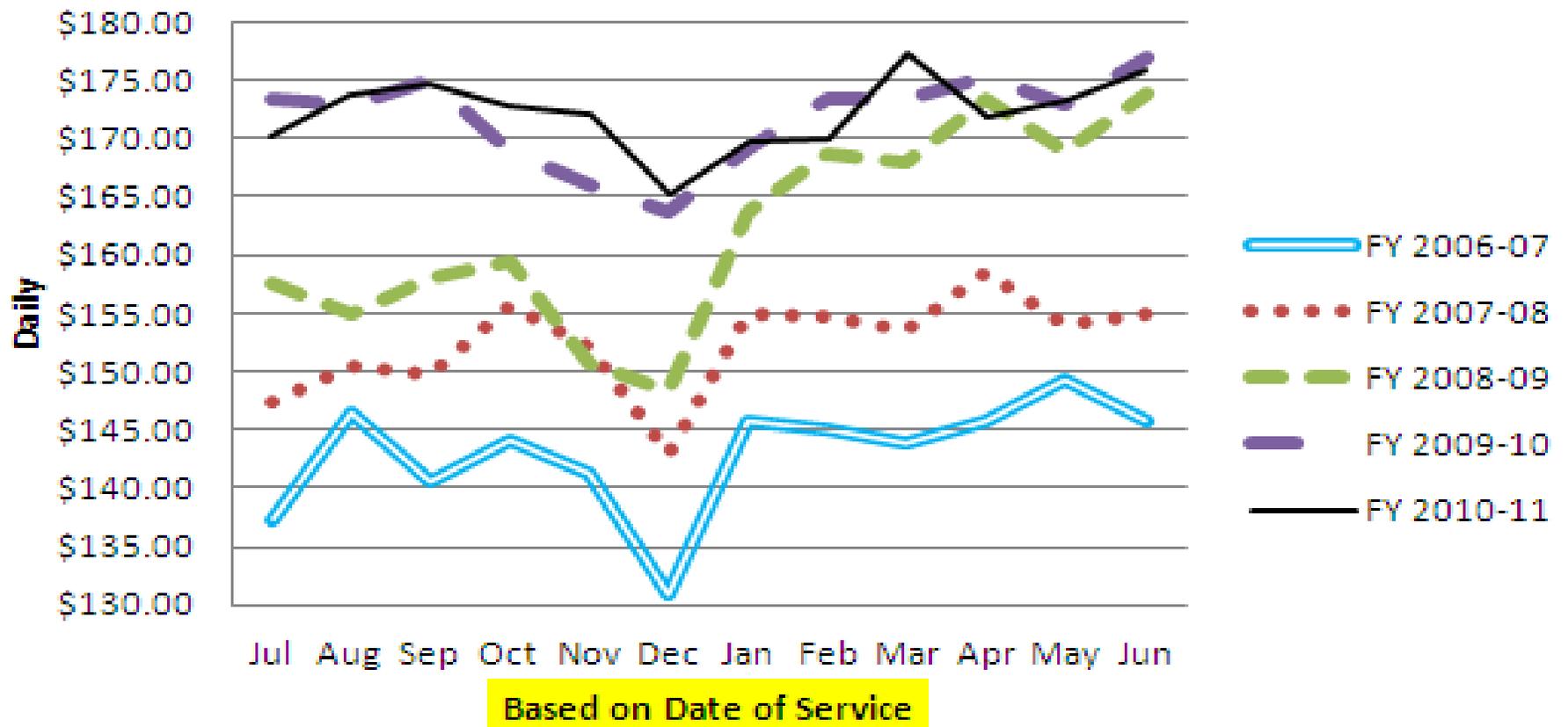
Total Annual Expenditures by Waiver



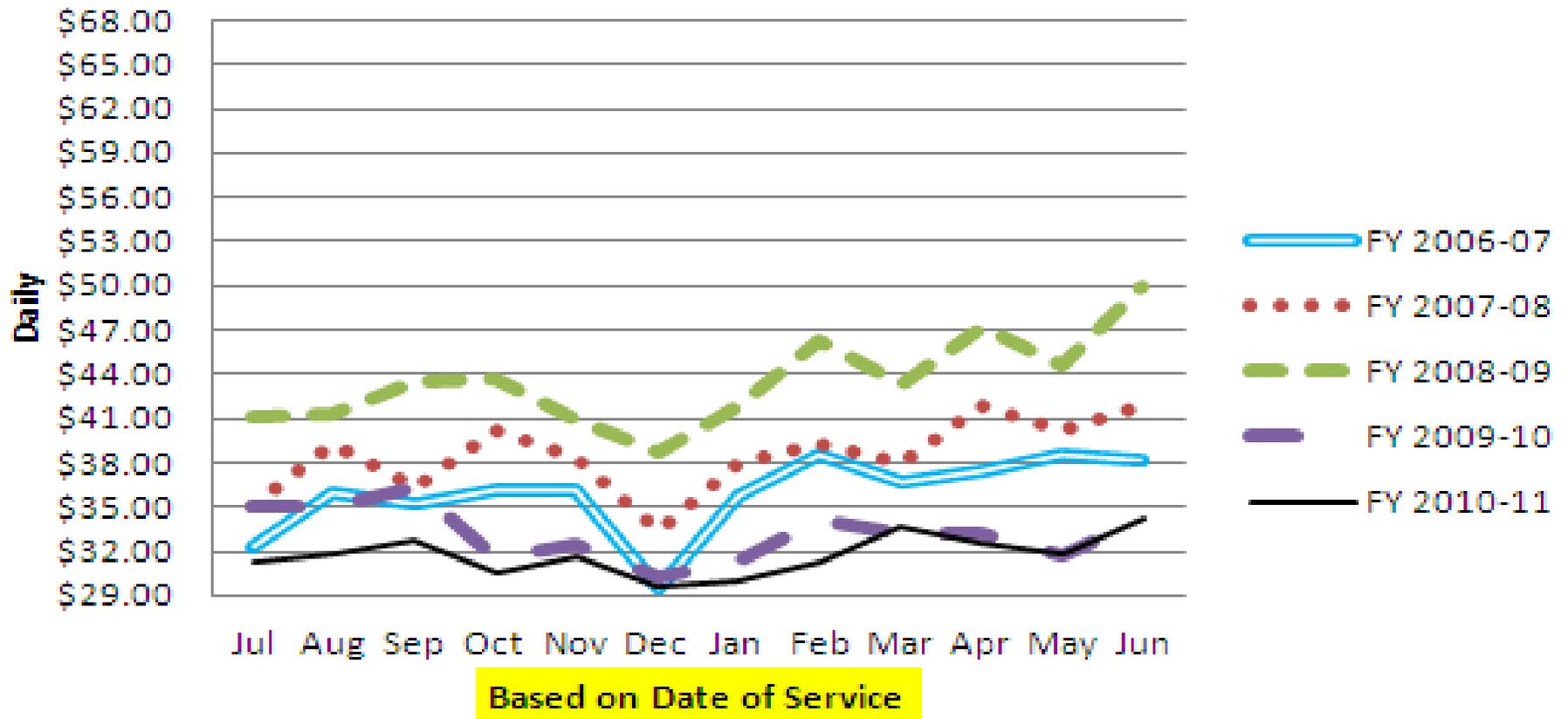
Total Annual Expenditures Per-person by Waiver



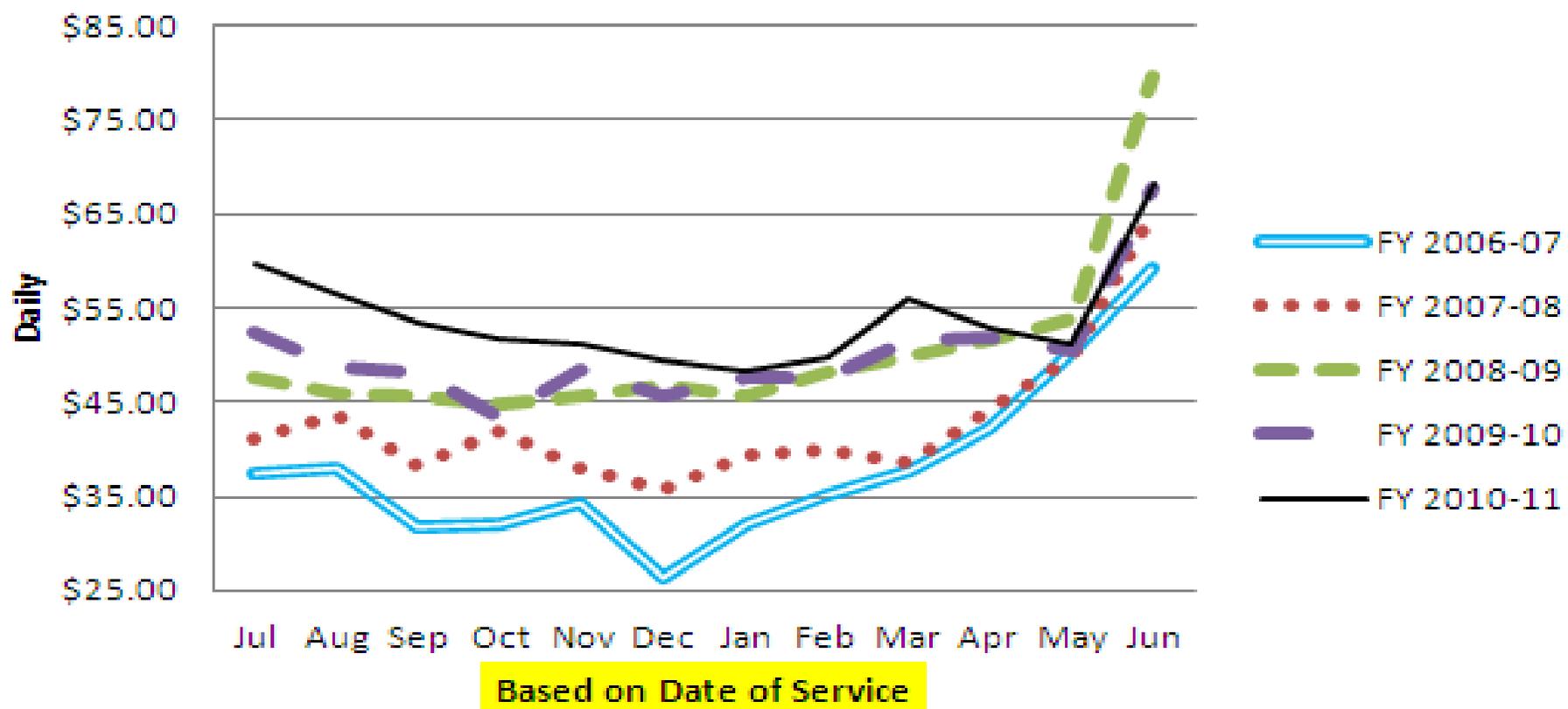
HCBS-DD Average Expenditures Per-Person



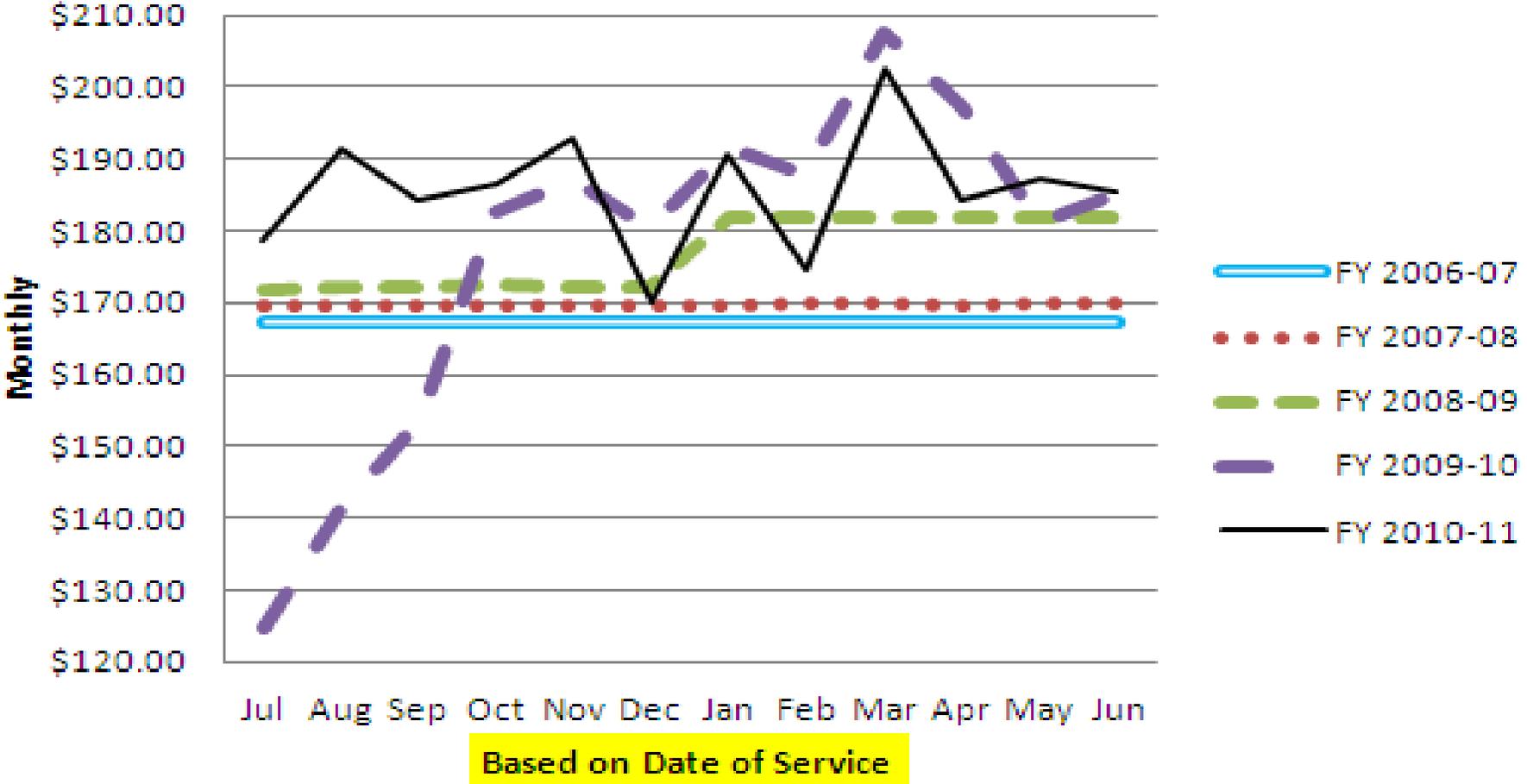
HCBS-SLS Average Expenditures Per-Person



HCBS-CES Average Expenditures Per-Person



TCM Average Expenditures Per-Person



	Monthly Expenditures by Date of Service					Monthly Client Count by Date of Service				
	FY 2006-2007	FY 2007-2008	FY 2008-2009	FY 2009-2010	FY 2010-2011	FY 2006-2007	FY 2007-2008	FY 2008-2009	FY 2009-2010	FY 2010-2011
DD Adult Comp Waiver										
July	\$15,387,989.01	\$17,351,951.05	\$18,442,453.55	\$21,654,741.47	\$21,995,709.37	3,618	3,796	3,776	4,027	4,169
August	\$16,398,153.27	\$17,867,956.55	\$18,282,069.18	\$21,671,360.56	\$22,373,712.74	3,614	3,828	3,803	4,046	4,157
September	\$15,241,103.48	\$16,907,437.85	\$18,041,696.18	\$21,311,703.72	\$21,779,547.95	3,616	3,765	3,805	4,059	4,159
October	\$16,204,958.71	\$18,175,211.86	\$18,881,529.71	\$21,321,579.22	\$22,213,424.06	3,629	3,765	3,819	4,072	4,150
November	\$15,507,558.84	\$17,071,336.87	\$17,436,574.79	\$20,571,722.38	\$21,489,936.15	3,660	3,739	3,856	4,128	4,161
December	\$15,017,811.39	\$16,541,833.87	\$17,918,178.10	\$20,733,236.13	\$21,489,186.35	3,701	3,736	3,893	4,085	4,196
January	\$16,671,582.13	\$17,982,205.48	\$19,892,393.85	\$21,457,885.09	\$21,895,760.19	3,688	3,742	3,919	4,095	4,159
February	\$15,278,557.99	\$16,831,083.41	\$18,705,188.34	\$19,984,563.63	\$19,766,806.05	3,761	3,751	3,963	4,116	4,154
March	\$16,992,037.03	\$17,923,340.59	\$20,698,950.29	\$22,129,351.43	\$22,835,998.36	3,809	3,766	3,975	4,115	4,158
April	\$16,486,242.91	\$17,972,015.39	\$20,791,208.98	\$21,824,399.83	\$21,599,933.95	3,770	3,780	3,997	4,149	4,189
May	\$17,129,763.53	\$18,145,493.60	\$20,985,576.52	\$22,161,690.57	\$22,333,731.25	3,702	3,803	4,007	4,133	4,158
June	\$16,476,408.46	\$17,611,723.03	\$21,020,963.19	\$22,080,944.16	\$21,843,743.35	3,769	3,787	4,029	4,158	4,143
SLS Waiver										
Monthly SLS Client Count by Date of Service										
July	\$2,854,780.84	\$3,062,490.21	\$3,600,725.72	\$3,177,732.47	\$2,905,281.87	2,851	2,826	2,823	2,921	2,990
August	\$3,171,641.10	\$3,442,728.03	\$3,610,711.09	\$3,189,551.66	\$2,952,247.19	2,842	2,824	2,821	2,940	2,993
September	\$2,963,466.52	\$3,060,522.26	\$3,693,341.19	\$3,182,446.56	\$2,935,364.62	2,799	2,814	2,826	2,923	2,990
October	\$3,171,170.04	\$3,498,652.28	\$3,870,732.69	\$2,849,491.31	\$2,856,797.15	2,834	2,814	2,857	2,920	3,013
November	\$3,059,361.27	\$3,234,632.54	\$3,486,870.66	\$2,858,419.71	\$2,854,729.02	2,821	2,814	2,841	2,933	3,016
December	\$2,582,165.90	\$2,892,869.51	\$3,452,911.23	\$2,764,605.70	\$2,774,809.12	2,814	2,796	2,883	2,945	3,017
January	\$3,109,446.11	\$3,327,291.48	\$3,746,927.77	\$2,869,992.23	\$2,806,831.08	2,805	2,819	2,887	2,960	3,011
February	\$3,010,821.89	\$3,206,690.43	\$3,750,100.43	\$2,829,417.98	\$2,620,223.88	2,794	2,816	2,900	2,954	3,001
March	\$3,177,501.98	\$3,321,813.10	\$3,959,329.95	\$3,058,911.92	\$3,145,363.82	2,788	2,821	2,946	2,977	3,008
April	\$3,104,773.95	\$3,549,887.18	\$4,174,604.87	\$2,990,272.65	\$2,935,646.04	2,764	2,822	2,945	2,998	3,014
May	\$3,318,617.37	\$3,531,924.38	\$4,109,516.77	\$2,930,797.70	\$2,970,046.94	2,784	2,829	2,973	2,984	3,019
June	\$3,214,266.11	\$3,543,297.65	\$4,477,225.16	\$3,058,042.68	\$3,093,364.98	2,807	2,819	2,990	2,984	3,009
CES Waiver										
Monthly CES Client Count by Date of Service										
July	\$395,509.97	\$443,213.74	\$529,412.67	\$606,588.02	\$703,420.58	340	348	358	374	381
August	\$391,831.45	\$482,232.34	\$531,693.78	\$566,519.36	\$655,158.36	334	357	374	376	374
September	\$319,083.88	\$427,588.35	\$515,363.99	\$550,816.71	\$589,897.95	336	372	377	381	368
October	\$342,073.24	\$487,298.88	\$525,661.79	\$516,274.75	\$597,375.22	344	375	378	383	373
November	\$354,115.48	\$433,439.24	\$518,969.31	\$562,523.86	\$571,806.37	343	380	379	386	372
December	\$279,452.43	\$415,135.01	\$550,938.56	\$553,950.11	\$571,344.54	343	376	381	391	373
January	\$340,800.90	\$453,908.56	\$524,778.08	\$566,945.91	\$564,034.61	344	372	371	385	376
February	\$336,191.60	\$432,337.25	\$509,989.86	\$523,905.00	\$523,567.65	343	374	379	392	377
March	\$405,591.43	\$453,931.61	\$598,060.85	\$627,485.02	\$647,784.94	348	379	386	392	374
April	\$444,085.76	\$503,055.06	\$590,050.00	\$602,338.60	\$584,936.07	351	380	382	387	370
May	\$543,544.11	\$605,817.04	\$640,307.41	\$606,375.30	\$581,210.51	347	391	383	387	367
June	\$618,808.63	\$759,449.25	\$937,578.69	\$778,096.35	\$738,879.67	348	388	393	383	361
TCM Services										
Monthly TCM Client Count by Date of Service										
July	\$1,176,955.50	\$1,206,580.80	\$1,303,483.05	\$1,112,009.76	\$1,633,702.84	7,029	7,113	7,580	8,901	9,141
August	\$1,175,617.10	\$1,211,353.20	\$1,310,204.70	\$1,256,813.20	\$1,781,899.37	7,033	7,142	7,604	8,902	9,306
September	\$1,173,776.80	\$1,216,786.80	\$1,323,303.30	\$1,392,400.40	\$1,708,403.62	7,019	7,174	7,679	9,064	9,272
October	\$1,150,689.40	\$1,210,843.80	\$1,333,989.00	\$1,662,773.28	\$1,735,483.75	6,879	7,144	7,739	9,102	9,309
November	\$1,155,206.50	\$1,224,088.20	\$1,334,333.70	\$1,706,882.60	\$1,743,588.70	6,907	7,217	7,742	9,117	9,040
December	\$1,168,590.50	\$1,219,673.40	\$1,380,523.50	\$1,639,590.50	\$1,591,875.67	6,987	7,192	8,011	9,085	9,364
January	\$1,170,932.70	\$1,214,578.90	\$1,496,440.53	\$1,757,986.40	\$1,790,795.10	6,996	7,159	8,225	9,183	9,394
February	\$1,176,788.20	\$1,221,711.00	\$1,522,888.68	\$1,723,393.89	\$1,624,207.10	7,034	7,195	8,366	9,182	9,297
March	\$1,181,639.90	\$1,232,408.40	\$1,562,594.86	\$1,934,389.32	\$1,950,438.83	7,064	7,258	8,584	9,325	9,626
April	\$1,182,811.00	\$1,257,538.80	\$1,588,249.16	\$1,820,188.50	\$1,755,086.95	7,072	7,413	8,736	9,234	9,531
May	\$1,184,486.00	\$1,272,990.60	\$1,605,342.38	\$1,671,269.88	\$1,752,834.93	7,080	7,499	8,823	9,236	9,359
June	\$1,187,328.10	\$1,270,104.00	\$1,610,193.91	\$1,714,310.68	\$1,748,789.73	7,096	7,482	8,852	9,261	9,428

Data Compiled from Individual MMIS Claims Data

Appendix C Waiver Utilization Data Overview

The following data was collected from individual client level claims paid through the Medicaid Management Information System (MMIS) from July 1, 2006 through August 31, 2011 for services received between July 1, 2006 and June 30, 2011. Support level data was provided by the Department of Human Services.

The tables include data for each waiver and are generally organized by fiscal year and Support Level. Generally, the data is all-inclusive for a given waiver. HCBS-DD, however, also includes data on four specific services because the data suggests these to be significant contributors to overall expenditures in that waiver. The data uses expenditure data and client counts to produce the following:

- Total expenditures
- Total units of service consumed
- Per-capita expenditures
- Per-capita units of service consumed
- Percentage change over time

HCBS-DD Waiver related tables: Pages C.2-11

HCBS-SLS Waiver related tables: Pages C.12-13

HCBS-CES Waiver related tables: Page C.14

TCM Waiver related tables: Pages C.15-16

Note: Calculating Number of Clients Served: The number of clients served needs to be as accurate as possible in order to get a clear picture of service consumption per client. Since some clients begin or terminate services under waivers at various times through the year, while others receive services for all 12 months, using an unduplicated count does not accurately represent consumption per client. Therefore, Clients Served is calculated in this report as a full time equivalent (FTE). For purposes here, each client receiving a service in a given month is considered 1/12 FTE. The total is then summed and divided by 12. This gives a highly accurate FTE assessment.

The Developmentally Disabled Comprehensive waiver (HCBS-DD) is primarily designed to serve adults with developmental disabilities who may be capable of living in the community, yet within a 24 hour care model.

The Support Level is a scale ranging from one to seven, representing an escalating level of disability need. The Support Level is based upon an algorithm calculated based upon an evaluation (Supports Intensity Scale, or SIS) along with other unique factors such as extreme danger to self and community safety.

The SIS is an evaluative tool used by Case Managers in one-to-one settings to assess the needs of an individual waiver client. This tool is comprised of approximately 40 questions covering a wide range of issues related to developmental disability needs determination. The Support Level is a numerical representation of the services and support a given client requires, as well as the rate structure associated with the reimbursement for those services. Support level 1 represents the lowest support needs and support level 7 represents the highest.

The SIS was first implemented as the designated scoring tool in 2006. As a result, many clients did not have scores at the outset, as the assessment tool required person-to-person interaction.

HCBS-DD Waiver Utilization by Support Level

Total Annual Expenditures

Support Level	1	2	3	4	5	6	7	Unk	Total	\$ Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	\$4,626,773	\$11,366,268	\$7,354,424	\$6,810,197	\$9,476,695	\$6,321,495	\$530,743	\$146,305,572	\$192,792,167	NA	NA
FY 2007-08	\$20,066,263	\$48,568,312	\$33,437,567	\$29,731,803	\$37,234,874	\$24,451,231	\$2,700,614	\$14,190,926	\$210,381,590	\$17,589,423	9.12%
FY 2008-09	\$19,031,351	\$50,475,856	\$38,942,164	\$37,787,216	\$46,595,396	\$34,322,132	\$3,038,556	\$904,111	\$231,096,783	\$20,715,193	9.85%
FY 2009-10	\$15,894,732	\$47,370,741	\$41,495,863	\$44,963,534	\$56,489,546	\$46,468,883	\$3,976,625	\$243,254	\$256,903,178	\$25,806,396	11.17%
FY 2010-11	\$14,731,736	\$43,910,686	\$40,853,187	\$46,135,920	\$59,707,703	\$50,582,725	\$5,576,306	\$119,228	\$261,617,490	\$4,714,312	1.84%
Four Year Growth %	-26.58%	-9.59%	22.18%	55.17%	60.35%	106.87%	106.48%	-99.16%	24.35%		

Annualized Expenditures per Person

Support Level	1	2	3	4	5	6	7	Unk	Total	\$ Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	\$37,565	\$45,074	\$50,002	\$56,831	\$63,073	\$71,497	\$93,660	\$52,100	\$52,180	NA	NA
FY 2007-08	\$40,133	\$47,910	\$54,422	\$60,166	\$67,191	\$76,073	\$103,208	\$57,356	\$55,780	\$3,600	6.90%
FY 2008-09	\$36,067	\$48,616	\$56,733	\$65,272	\$74,216	\$88,137	\$74,111	\$64,579	\$59,202	\$3,422	6.13%
FY 2009-10	\$32,268	\$48,346	\$57,653	\$68,603	\$78,530	\$96,475	\$87,881	\$51,211	\$62,679	\$3,477	5.87%
FY 2010-11	\$31,704	\$47,296	\$56,557	\$67,681	\$77,350	\$94,828	\$95,731	\$57,229	\$62,847	\$167	0.27%
Four Year Growth %	-21.00%	-1.28%	3.92%	12.49%	15.12%	24.65%	-7.25%	-0.22%	12.67%		

Clients Served (FTE)											
Support Level	1	2	3	4	5	6	7	Unk	Total	Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	123.2	252.2	147.1	119.8	150.3	88.4	5.7	2808.2	3694.7	NA	NA
FY 2007-08	500.0	1013.8	614.4	494.2	554.2	321.4	26.2	247.4	3771.5	77	2.08%
FY 2008-09	527.7	1038.3	686.4	578.9	627.8	389.4	41.0	14.0	3903.5	132	3.50%
FY 2009-10	492.6	979.8	719.8	655.4	719.3	481.7	45.3	4.8	4098.6	195	5.00%
FY 2010-11	464.7	928.4	722.3	681.7	771.9	533.4	58.3	2.1	4162.8	64	1.57%
Four Year Growth %	-7.07%	-8.42%	17.56%	37.94%	39.29%	65.96%	122.61%	-99.16%	10.37%		

Clients in Support Level as Percentage of All Clients with Known Levels											
Support Level	1	2	3	4	5	6	7		Total		
FY 2006-07	13.89%	28.44%	16.59%	13.52%	16.95%	9.97%	0.64%		100.00%		
FY 2007-08	14.19%	28.77%	17.43%	14.02%	15.73%	9.12%	0.74%		100.00%		
FY 2008-09	13.57%	26.69%	17.65%	14.88%	16.14%	10.01%	1.05%		100.00%		
FY 2009-10	12.03%	23.93%	17.58%	16.01%	17.57%	11.77%	1.11%		100.00%		
FY 2010-11	11.17%	22.31%	17.36%	16.38%	18.55%	12.82%	1.40%		100.00%		
Four Year Growth %	-21.29%	-22.43%	-0.42%	16.84%	17.98%	40.57%	88.55%				

FOOTNOTES: Data does not include clients receiving services through Regional Centers billing for services through the HCBS-DD Waiver Program

Client counts are annualized based upon unique clients served per month.

The data presented is based upon the date services were provided (as opposed to payment date)

SPECIAL NOTES:

The Supports Intensity Scale for determining Support Levels of service was introduced in 2006. Many clients in FY 2006-07 were not assessed until later, thereby creating a high percentage of "Unknowns" in that year, both for expenditures and FTE client counts. For this reason, the Growth % shown beneath each chart compares FY 2010-11 against FY 2007-08.

The Budget Division notes a potential anomaly in the Support Level 7 Column of the Annualized Expenditures per Person table. The Division does not believe the data obtained to be faulty. Budget Staff will take a deeper look at this particular subset of data to determine what, if anything, may be responsible for any irregularity.

Beginning at the start of FY 2006-07 the reimbursement methodology began a transition from a block-grant quasi-managed care model to a fee-for-service model. Implementation took approximately two and a half years. SIS began in earnest in FY 2006-07, and also took approximately roughly one year to fully implement for clients under the HCBS-DD waiver, as these were considered high priority based on need.

Selected Per-Capita Services Utilization within HCBS-DD

Of the twelve services available in the HCBS-DD Waiver, four account for over 97% of the total expenditures. The information herein is based on client date of service within a given fiscal year for the following services:

- Residential Habilitation
- Non-emergency Transportation
- Supported Employment
- Day Habilitation

The charts show per-capita expenditures and service utilization (in terms of "units used"). The chart below represents the grand totals for the entire HCBS-DD Waiver. The four primary services are illustrated on the following pages.

In FY 2006-07, a transition began with the implementation of a new rate structure. For that reason, when comparing growth rates overall, this analysis begins with FY 2007-08.

HCBS-DD Waiver - Per-Capita Grand Total Expenditures									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$40,133	\$47,910	\$54,422	\$60,166	\$67,191	\$76,073	\$103,208	\$57,356	\$55,780
FY 2008-09	\$36,067	\$48,616	\$56,733	\$65,272	\$74,216	\$88,137	\$74,111	\$64,579	\$59,202
FY 2009-10	\$32,268	\$48,346	\$57,653	\$68,603	\$78,530	\$96,475	\$87,881	\$51,211	\$62,679
FY 2010-11	\$31,704	\$47,296	\$56,557	\$67,681	\$77,350	\$94,828	\$95,731	\$57,229	\$62,847
Four Year % Growth	-21.00%	-1.28%	3.92%	12.49%	15.12%	24.65%	-7.25%	-0.22%	12.67%

Per-Capita HCBS-DD - Grand Total Units of Service									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	3,442	4,530	4,656	4,559	4,575	4,148	3,565	3,943	4,339
FY 2008-09	3,740	4,965	5,036	4,953	4,982	4,479	3,437	4,432	4,746
FY 2009-10	3,874	5,020	5,162	5,176	5,197	4,894	3,822	3,387	4,933
FY 2010-11	4,193	5,187	5,424	5,526	5,523	5,143	4,602	3,098	5,220
Four Year % Growth	21.80%	14.51%	16.50%	21.20%	20.72%	23.97%	29.10%	-21.42%	20.31%

Residential Habilitation - Per-Capita Expenditures									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$29,993	\$34,896	\$40,483	\$45,389	\$50,737	\$59,760	\$87,360	\$43,767	\$41,922
FY 2008-09	\$26,362	\$35,498	\$42,328	\$49,159	\$55,547	\$67,700	\$61,339	\$49,785	\$44,250
FY 2009-10	\$22,986	\$35,159	\$42,776	\$51,402	\$58,273	\$72,195	\$68,489	\$40,108	\$46,413
FY 2010-11	\$21,850	\$34,056	\$41,277	\$50,055	\$56,377	\$69,362	\$71,766	\$47,493	\$45,763
Four Year % Growth	-27.15%	-2.41%	1.96%	10.28%	11.12%	16.07%	-17.85%	8.51%	9.16%

Per-Capita Residential Habilitation									
Support Level	1	2	3	4	5	6	7		Total
FY 2007-08	355	356	357	356	356	355	347	347	355
FY 2008-09	349	352	354	353	353	353	234	340	351
FY 2009-10	353	354	354	354	356	355	254	335	353
FY 2010-11	354	356	356	358	357	356	268	363	355
Four Year % Growth	-0.26%	0.07%	-0.27%	0.72%	0.22%	0.42%	-22.74%	4.63%	-0.01%

Residential Habilitation Services and Supports (RHSS) are designed to ensure the health, safety and welfare of the participant, and to assist in the acquisition, retention and/or improvement in skills necessary to support the participant to live and participate successfully in their community.

These services are individually planned and coordinated through the participant's Service Plan. The frequency, duration and scope of these services are determined by the participants needs identified in the Service Plan. These services may include a combination of lifelong - or extended duration - supervision, training and/or support which are essential to daily community living, including assessment and evaluation and the cost of training materials, transportation, fees and supplies.

Individual Residential Services and Supports (IRSS) in which three (3) or fewer participants receiving services may live in a single residential setting or in a host home setting. Group Residential Services and Supports (GRSS) encompass group living environments of four (4) to eight (8) participants receiving services who may live in a single residential setting which is licensed by the State as a Residential Care Facility/Residential Community Home.

Non-emergency Transportation - Per-Capita Expenditures									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$1,208	\$1,648	\$1,628	\$1,614	\$1,609	\$1,431	\$1,563	\$1,337	\$1,537
FY 2008-09	\$1,028	\$1,568	\$1,584	\$1,664	\$1,715	\$1,498	\$943	\$1,216	\$1,521
FY 2009-10	\$1,236	\$2,065	\$2,057	\$2,127	\$2,175	\$1,931	\$1,254	\$625	\$1,967
FY 2010-11	\$1,315	\$1,997	\$2,046	\$2,048	\$2,168	\$1,976	\$1,187	\$220	\$1,954
Four Year % Growth	8.83%	21.15%	25.66%	26.90%	34.78%	38.10%	-24.04%	-83.52%	27.18%

Per-Capita Non-emergency Transportation									
Support Level	1	2	3	4	5	6	7		Total
FY 2007-08	127	158	158	160	155	143	132	134	151
FY 2008-09	170	237	239	262	261	232	124	159	234
FY 2009-10	171	257	263	281	279	255	150	101	254
FY 2010-11	186	261	272	277	285	264	145	41	260
Four Year % Growth	46.42%	65.34%	71.90%	72.47%	84.28%	84.98%	10.07%	-69.22%	72.72%

Non-Emergency Transportation Services (N-et) are services offered in order to enable waiver participants to gain access to day habilitation and supported employment services as specified by the Service Plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge are utilized.

Supported Employment - Per-Capita Expenditures									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$2,522	\$1,525	\$702	\$566	\$720	\$684	\$759	\$1,013	\$1,168
FY 2008-09	\$2,498	\$1,551	\$796	\$639	\$742	\$802	\$290	\$589	\$1,189
FY 2009-10	\$2,302	\$1,519	\$830	\$772	\$798	\$1,067	\$177	\$218	\$1,177
FY 2010-11	\$2,469	\$1,568	\$1,008	\$799	\$787	\$1,276	\$180	\$0	\$1,243
Four Year % Growth	-2.13%	2.86%	43.57%	41.26%	9.36%	86.47%	-76.33%	-100.00%	6.39%

Per-Capita Supported Employment									
Support Level	1	2	3	4	5	6	7		Total
FY 2007-08	528	355	160	132	158	166	169	230	262
FY 2008-09	536	373	175	129	142	134	56	94	259
FY 2009-10	541	390	193	147	129	154	21	67	257
FY 2010-11	628	418	242	164	132	189	39	0	282
Four Year % Growth	18.94%	18.03%	51.24%	24.47%	-16.47%	13.83%	-76.60%	-100.00%	7.34%

Supported Employment services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment is conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Supported employment includes activities needed to sustain paid work by participants, including supervision and training.

Day Habilitation - Per-Capita Expenditures									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$5,131	\$8,722	\$10,458	\$11,163	\$12,540	\$12,054	\$9,922	\$9,839	\$9,775
FY 2008-09	\$4,759	\$8,616	\$10,688	\$12,214	\$14,472	\$15,699	\$7,838	\$10,641	\$10,640
FY 2009-10	\$4,491	\$8,389	\$10,696	\$12,818	\$15,684	\$18,623	\$14,457	\$8,176	\$11,583
FY 2010-11	\$4,739	\$8,394	\$10,780	\$12,883	\$16,234	\$19,793	\$19,272	\$7,388	\$12,201
Four Year % Growth	-7.64%	-3.77%	3.08%	15.41%	29.46%	64.20%	94.23%	-24.91%	24.82%

Per-Capita Day Habilitation									
Support Level	1	2	3	4	5	6	7		Total
FY 2007-08	1,795	3,121	3,463	3,407	3,456	2,935	2,278	2,768	3,043
FY 2008-09	1,746	3,067	3,433	3,459	3,530	3,026	1,549	2,583	3,063
FY 2009-10	1,824	3,128	3,504	3,616	3,695	3,226	2,386	2,173	3,217
FY 2010-11	2,010	3,238	3,668	3,766	3,933	3,494	3,109	1,904	3,421
Four Year % Growth	11.96%	3.76%	5.89%	10.54%	13.80%	19.04%	36.44%	-31.20%	12.44%

Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan.

- Specialized Habilitation (SH) services focus on enabling the participant to attain his or her maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision.

- Supported Community Connection supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. These types of services may include socialization, adaptive skills and personnel to accompany and support the participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement.

Total Units of Service Data

Residential Habilitation

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	177,357	360,545	219,168	175,706	197,183	113,993	9,069	85,810	1,338,831
FY 2008-09	184,367	365,953	242,754	204,328	221,717	137,554	9,602	4,764	1,371,039
FY 2009-10	173,848	346,892	254,954	232,182	256,286	171,201	11,502	1,591	1,448,456
FY 2010-11	164,395	330,441	256,964	244,116	275,267	189,976	15,597	756	1,477,512
Four Year % Growth	-7.31%	-8.35%	17.25%	38.93%	39.60%	66.66%	71.98%	-99.12%	10.36%

Non-emergency Transportation

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	63,406	160,158	97,259	79,310	85,840	45,842	3,445	33,187	568,447
FY 2008-09	89,465	246,144	164,319	151,691	163,829	90,474	5,090	2,229	913,241
FY 2009-10	84,446	251,473	189,636	184,193	200,860	122,586	6,790	479	1,040,463
FY 2010-11	86,281	242,522	196,554	188,688	220,345	140,731	8,441	86	1,083,648
Four Year % Growth	36.08%	51.43%	102.09%	137.91%	156.69%	206.99%	145.02%	-99.74%	90.63%

Supported Employment

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	263,906	359,435	98,184	65,204	87,717	53,362	4,410	56,991	989,209
FY 2008-09	282,966	387,552	120,010	74,601	89,452	52,174	2,277	1,319	1,010,351
FY 2009-10	266,616	381,934	138,640	96,082	92,499	74,316	930	317	1,051,334
FY 2010-11	291,707	388,530	174,578	111,955	102,056	100,808	2,297	0	1,171,931
Four Year % Growth	10.53%	8.09%	77.81%	71.70%	16.35%	88.91%	-47.91%	-100.00%	18.47%

Day Habilitation

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	897,446	3,163,572	2,128,020	1,683,684	1,915,131	943,341	59,620	684,727	11,475,541
FY 2008-09	921,241	3,183,852	2,356,339	2,002,488	2,216,304	1,178,253	63,520	36,160	11,958,157
FY 2009-10	898,518	3,065,004	2,521,921	2,370,164	2,657,906	1,554,097	107,966	10,323	13,185,899
FY 2010-11	933,769	3,006,282	2,649,252	2,567,419	3,035,839	1,863,685	181,078	3,967	14,241,291
Four Year % Growth	4.05%	-4.97%	24.49%	52.49%	58.52%	97.56%	203.72%	-99.42%	24.10%

Total Expenditure Data

HCBS-DD Waiver - Total Expenditures									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$20,066,263	\$48,568,312	\$33,437,567	\$29,731,803	\$37,234,874	\$24,451,231	\$2,700,614	\$14,190,926	\$210,381,590
FY 2008-09	\$19,031,351	\$50,475,856	\$38,942,164	\$37,787,216	\$46,595,396	\$34,322,132	\$3,038,556	\$904,111	\$231,096,783
FY 2009-10	\$15,894,732	\$47,370,741	\$41,495,863	\$44,963,534	\$56,489,546	\$46,468,883	\$3,976,625	\$243,254	\$256,903,178
FY 2010-11	\$14,731,736	\$43,910,686	\$40,853,187	\$46,135,920	\$59,707,703	\$50,582,725	\$5,576,306	\$119,228	\$261,617,490
Four Year % Growth	-26.58%	-9.59%	22.18%	55.17%	60.35%	106.87%	106.48%	-99.16%	24.35%

Residential Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$14,996,474	\$35,375,553	\$24,873,247	\$22,429,798	\$28,116,896	\$19,207,943	\$2,285,916	\$10,828,574	\$158,114,401
FY 2008-09	\$13,910,535	\$36,855,340	\$29,054,305	\$28,458,853	\$34,874,505	\$26,363,568	\$2,514,914	\$696,993	\$172,729,013
FY 2009-10	\$11,322,567	\$34,449,564	\$30,788,243	\$33,689,902	\$41,918,022	\$34,773,739	\$3,099,135	\$190,511	\$190,231,683
FY 2010-11	\$10,153,109	\$31,617,885	\$29,815,470	\$34,120,584	\$43,518,668	\$36,998,831	\$4,180,343	\$98,944	\$190,503,834
Four Year % Growth	-32.30%	-10.62%	19.87%	52.12%	54.78%	92.62%	82.87%	-99.09%	20.48%

Non-emergency Transportation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$604,125	\$1,670,638	\$1,000,300	\$797,478	\$891,446	\$460,005	\$40,899	\$330,866	\$5,795,758
FY 2008-09	\$542,191	\$1,627,649	\$1,086,972	\$963,085	\$1,076,447	\$583,290	\$38,645	\$17,026	\$5,935,305
FY 2009-10	\$608,687	\$2,023,170	\$1,480,840	\$1,394,050	\$1,564,381	\$930,105	\$56,743	\$2,971	\$8,060,948
FY 2010-11	\$611,021	\$1,853,635	\$1,477,722	\$1,395,965	\$1,673,560	\$1,054,254	\$69,162	\$459	\$8,135,778
Four Year % Growth	1.14%	10.95%	47.73%	75.05%	87.74%	129.18%	69.10%	-99.86%	40.37%

Supported Employment									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$1,261,140	\$1,545,658	\$431,552	\$279,577	\$398,770	\$219,892	\$19,859	\$250,527	\$4,406,974
FY 2008-09	\$1,318,307	\$1,610,662	\$546,252	\$369,673	\$465,723	\$312,236	\$11,908	\$8,248	\$4,643,009
FY 2009-10	\$1,134,072	\$1,488,406	\$597,645	\$506,147	\$574,303	\$513,758	\$8,013	\$1,033	\$4,823,378
FY 2010-11	\$1,147,102	\$1,456,051	\$728,383	\$544,783	\$607,473	\$680,470	\$10,462	\$0	\$5,174,723
Four Year % Growth	-9.04%	-5.80%	68.78%	94.86%	52.34%	209.46%	-47.32%	-100.00%	17.42%

Day Habilitation									
Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$2,565,407	\$8,842,241	\$6,425,817	\$5,516,163	\$6,949,252	\$3,874,512	\$259,634	\$2,434,328	\$36,867,354
FY 2008-09	\$2,510,955	\$8,945,863	\$7,336,305	\$7,070,657	\$9,086,040	\$6,113,503	\$321,357	\$148,979	\$41,533,659
FY 2009-10	\$2,212,236	\$8,219,476	\$7,698,686	\$8,401,313	\$11,281,717	\$8,970,143	\$654,172	\$38,837	\$47,476,578
FY 2010-11	\$2,201,900	\$7,793,046	\$7,787,064	\$8,781,817	\$12,531,105	\$10,558,170	\$1,122,600	\$15,392	\$50,791,094
Four Year % Growth	-14.17%	-11.87%	21.18%	59.20%	80.32%	172.50%	332.38%	-99.37%	37.77%

Effective Cost (Expenditure)/Unit (e.g. Day, 15 minutes, etc.)

Residential Habilitation

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$84.56	\$98.12	\$113.49	\$127.66	\$142.59	\$168.50	\$252.06	\$126.19	\$118.10
FY 2008-09	\$75.45	\$100.71	\$119.69	\$139.28	\$157.29	\$191.66	\$261.92	\$146.30	\$125.98
FY 2009-10	\$65.13	\$99.31	\$120.76	\$145.10	\$163.56	\$203.12	\$269.44	\$119.74	\$131.33
FY 2010-11	\$61.76	\$95.68	\$116.03	\$139.77	\$158.10	\$194.76	\$268.02	\$130.88	\$128.94
Four Year % Growth	-26.96%	-2.48%	2.24%	9.49%	10.87%	15.58%	6.33%	3.71%	9.18%

Non-emergency Transportation

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$9.53	\$10.43	\$10.28	\$10.06	\$10.38	\$10.03	\$11.87	\$9.97	\$10.20
FY 2008-09	\$6.06	\$6.61	\$6.62	\$6.35	\$6.57	\$6.45	\$7.59	\$7.64	\$6.50
FY 2009-10	\$7.21	\$8.05	\$7.81	\$7.57	\$7.79	\$7.59	\$8.36	\$6.20	\$7.75
FY 2010-11	\$7.08	\$7.64	\$7.52	\$7.40	\$7.60	\$7.49	\$8.19	\$5.34	\$7.51
Four Year % Growth	-25.67%	-26.73%	-26.90%	-26.42%	-26.86%	-25.35%	-30.98%	-46.44%	-26.36%

Supported Employment

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$4.78	\$4.30	\$4.40	\$4.29	\$4.55	\$4.12	\$4.50	\$4.40	\$4.46
FY 2008-09	\$4.66	\$4.16	\$4.55	\$4.96	\$5.21	\$5.98	\$5.23	\$6.25	\$4.60
FY 2009-10	\$4.25	\$3.90	\$4.31	\$5.27	\$6.21	\$6.91	\$8.62	\$3.26	\$4.59
FY 2010-11	\$3.93	\$3.75	\$4.17	\$4.87	\$5.95	\$6.75	\$4.55	N/A	\$4.42
Four Year % Growth	-17.71%	-12.85%	-5.08%	13.49%	30.93%	63.81%	1.14%	N/A	-0.89%

Day Habilitation

Support Level	1	2	3	4	5	6	7	Unassigned	Total
FY 2007-08	\$2.86	\$2.80	\$3.02	\$3.28	\$3.63	\$4.11	\$4.35	\$3.56	\$3.21
FY 2008-09	\$2.73	\$2.81	\$3.11	\$3.53	\$4.10	\$5.19	\$5.06	\$4.12	\$3.47
FY 2009-10	\$2.46	\$2.68	\$3.05	\$3.54	\$4.24	\$5.77	\$6.06	\$3.76	\$3.60
FY 2010-11	\$2.36	\$2.59	\$2.94	\$3.42	\$4.13	\$5.67	\$6.20	\$3.88	\$3.57
Four Year % Growth	-17.51%	-7.25%	-2.66%	4.40%	13.76%	37.93%	42.36%	9.14%	11.01%

The Supported Living Services waiver (HCBS-SLS) is primarily designed to serve adults with developmental disabilities who are capable of living in the community with some support.

The Support Level is a scale ranging from one to seven, representing an escalating level of disability need. The Support Level is based upon an algorithm calculated based upon an evaluation (Supports Intensity Scale, or SIS) along with other unique factors such as extreme danger to self and community safety.

The SIS is an evaluative tool used by Case Managers in one-to-one settings to assess the needs of an individual waiver client. This tool is comprised of approximately 40 questions covering a wide range of issues related to developmental disability needs determination. The Support Level is a numerical representation of the services and support a given client requires, as well as the rate structure associated with the reimbursement for those services. Support level 1 represents the lowest support needs and support level 7 represents the highest.

The SIS was first implemented as the designated scoring tool in 2006. As a result, many clients did not have scores at the outset, as the assessment tool required person-to-person interaction.

HCBS-SLS Waiver Utilization by Support Level

Total Annual Expenditures

Support Level	1	2	3	4	5	6	7	Unk	Total	\$ Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	\$68	\$15,945	\$0	\$0	\$15,908	\$0	\$0	\$36,706,092	\$36,738,013	NA	NA
FY 2007-08	\$2,589,436	\$1,839,211	\$797,433	\$509,022	\$601,237	\$576,411	\$0	\$32,760,049	\$39,672,799	\$2,934,786	7.99%
FY 2008-09	\$14,148,247	\$12,406,121	\$4,538,664	\$3,223,283	\$3,864,046	\$3,683,337	\$0	\$4,069,299	\$45,932,998	\$6,260,198	15.78%
FY 2009-10	\$9,510,960	\$9,779,421	\$4,189,591	\$3,013,830	\$4,810,334	\$4,437,600	\$0	\$17,948	\$35,759,683	-\$10,173,315	-22.15%
FY 2010-11	\$8,966,306	\$9,054,397	\$3,720,232	\$3,117,707	\$5,278,075	\$4,699,239	\$13,840	\$909	\$34,850,706	-\$908,977	-2.54%
Three Year Growth %	-36.63%	-27.02%	-18.03%	-3.28%	36.59%	27.58%		-99.98%	-24.13%		

Annualized Expenditures per Person

Support Level	1	2	3	4	5	6	7	Unk	Total	\$ Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	\$818	\$17,394	\$0	\$0	\$31,816	\$0	\$0	\$13,076	\$13,081	NA	NA
FY 2007-08	\$11,905	\$16,005	\$18,911	\$18,795	\$21,346	\$19,539	\$0	\$13,890	\$14,079	\$999	7.63%
FY 2008-09	\$12,420	\$17,177	\$20,194	\$19,887	\$22,389	\$20,378	\$0	\$14,060	\$15,888	\$1,809	12.85%
FY 2009-10	\$8,031	\$11,717	\$14,949	\$15,228	\$19,299	\$21,664	\$0	\$8,615	\$12,109	-\$3,780	-23.79%
FY 2010-11	\$7,766	\$10,891	\$13,115	\$14,081	\$18,503	\$20,461	\$20,761	\$5,454	\$11,591	-\$518	-4.28%
Three Year Growth %	-37.47%	-36.59%	-35.06%	-29.19%	-17.36%	0.41%		-61.21%	-27.05%		

Clients Served (FTE)											
Support Level	1	2	3	4	5	6	7	Unk	Total	Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	0.1	0.9	0.0	0.0	0.5	0.0	0.0	2807.1	2808.6	NA	NA
FY 2007-08	217.5	114.9	42.2	27.1	28.2	29.5	0.0	2358.5	2817.8	9	0.33%
FY 2008-09	1139.2	722.3	224.8	162.1	172.6	180.8	0.0	289.4	2891.0	73	2.60%
FY 2009-10	1184.3	834.7	280.3	197.9	249.3	204.8	0.0	2.1	2953.3	62	2.15%
FY 2010-11	1154.6	831.3	283.7	221.4	285.3	229.7	0.7	0.2	3006.8	53	1.81%
Three Year Growth %	1.35%	15.10%	26.21%	36.61%	65.28%	27.06%		-99.94%	4.00%		

Clients in Support Level as Percentage of All Clients with Known Levels									
Support Level	1	2	3	4	5	6	7		Total
FY 2006-07	5.56%	61.11%	0.00%	0.00%	33.33%	0.00%	0.00%		100.00%
FY 2007-08	47.35%	25.02%	9.18%	5.90%	6.13%	6.42%	0.00%		100.00%
FY 2008-09	43.79%	27.76%	8.64%	6.23%	6.63%	6.95%	0.00%		100.00%
FY 2009-10	40.13%	28.28%	9.50%	6.71%	8.45%	6.94%	0.00%		100.00%
FY 2010-11	38.40%	27.65%	9.43%	7.36%	9.49%	7.64%	0.02%		100.00%
Three Year Growth %	-12.30%	-0.40%	9.21%	18.21%	43.02%	9.95%			

FOOTNOTES: Client counts are annualized based upon unique clients served per month.

The data presented is based upon the date services were provided (as opposed to payment date)

SPECIAL NOTES: The Supports Intensity Scale for determining Support Levels of service was introduced in 2006. Many clients in FY 2006-07 were not assessed until later, thereby creating a high percentage of "Unknowns" for the first two years of implementation, both for expenditures and FTE client counts. For this reason, the Growth % shown beneath each chart compares FY 2010-11 against FY 2008-09.

Beginning at the start of FY 2006-07 the reimbursement methodology began a transition from a block-grant quasi-managed care model to a fee-for-service model. Implementation took approximately two and a half years. SIS began in earnest in FY 2006-07, and also took approximately two years to fully implement, as clients under the HCBS-DD waiver were considered higher priority based on need.

The Children's Extensive Service waiver (HCBS-CES) provides various services for children who require nearly 24-hour supervision.

Clients under the HCBS-CES Waiver do not utilize SIS for assessing needs levels.

The data presented is based upon the date services were provided (as opposed to payment date)

HCBS-CES Waiver Utilization			
Total Annual Expenditures			
	Total	\$ Increase vs. Prior Year	% Increase vs. Prior Year
FY 2006-07	\$4,771,089	NA	NA
FY 2007-08	\$5,897,406	\$1,126,317	23.61%
FY 2008-09	\$6,972,805	\$1,075,399	18.24%
FY 2009-10	\$7,061,819	\$89,014	1.28%
FY 2010-11	\$7,329,416	\$267,597	3.79%
Five Year Growth %	53.62%		
Annualized Expenditures per Person			
Support Level	Total	\$ Increase vs. Prior Year	% Increase vs. Prior Year
FY 2006-07	\$13,893	NA	NA
FY 2007-08	\$15,754	\$1,861	13.40%
FY 2008-09	\$18,426	\$2,672	16.96%
FY 2009-10	\$18,354	-\$72	-0.39%
FY 2010-11	\$19,694	\$1,340	7.30%
Five Year Growth %	41.75%		
Clients Served (FTE)			
Support Level	Total	\$ Increase vs. Prior Year	% Increase vs. Prior Year
FY 2006-07	343.4	NA	NA
FY 2007-08	374.3	31	9.00%
FY 2008-09	378.4	4	1.09%
FY 2009-10	384.8	6	1.67%
FY 2010-11	372.2	-13	-3.27%
Five Year Growth %	8.37%		
FOOTNOTES:	Client counts are annualized based upon unique clients served per month.		
	Beginning at the start of FY 2006-07 the reimbursement methodology began a transition from a block-grant quasi-managed care model to a fee-for-service model. Implementation took approximately two and a half years.		

Targeted Case Management (TCM) is primarily designed to serve adults with developmental disabilities who are capable of living in the community with some support.

The Support Level is a scale ranging from one to seven, representing an escalating level of disability need. The Support Level is based upon an algorithm calculated based upon an evaluation (Supports Intensity Scale, or SIS) along with other unique factors such as extreme danger to self and community safety.

The SIS is an evaluative tool used by Case Managers in one-to-one settings to assess the needs of an individual waiver client. This tool is comprised of approximately 40 questions covering a wide range of issues related to developmental disability needs determination. The Support Level is a numerical representation of the services and support a given client requires, as well as the rate structure associated with the reimbursement for those services. Support level 1 represents the lowest support needs and support level 7 represents the highest.

The SIS was first implemented as the designated scoring tool in 2006. As a result, many clients did not have scores at the outset, as the assessment tool required person-to-person interaction.

Targeted Case Management Expenditures by Support Level

Total Annual Expenditures

Support Level	1	2	3	4	5	6	7	Unk	Total	\$ Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	\$233,049	\$471,284	\$276,045	\$229,034	\$286,585	\$167,969	\$10,707	\$12,410,149	\$14,084,822	NA	NA
FY 2007-08	\$1,436,508	\$2,273,111	\$1,321,212	\$1,046,306	\$1,172,297	\$712,990	\$141,274	\$6,654,960	\$14,758,658	\$673,836	4.78%
FY 2008-09	\$3,564,353	\$3,748,516	\$1,942,689	\$1,587,227	\$1,725,623	\$1,238,247	\$520,718	\$3,044,173	\$17,371,547	\$2,612,889	17.70%
FY 2009-10	\$3,659,418	\$3,846,550	\$2,274,585	\$2,079,613	\$2,311,804	\$1,704,373	\$441,850	\$3,073,815	\$19,392,008	\$2,020,462	11.63%
FY 2010-11	\$3,713,065	\$3,894,915	\$2,407,937	\$2,277,549	\$2,642,187	\$2,012,035	\$398,331	\$3,471,088	\$20,817,107	\$1,425,098	7.35%
Three Year Growth %	4.17%	3.91%	23.95%	43.49%	53.11%	62.49%	-23.50%	14.02%	19.83%		

Annualized Expenditures per Person

Support Level	1	2	3	4	5	6	7	Unk	Total	\$ Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	\$2,006	\$2,008	\$2,006	\$2,008	\$2,008	\$2,008	\$2,008	\$2,007	\$2,007	NA	NA
FY 2007-08	\$2,037	\$2,038	\$2,038	\$2,038	\$2,038	\$2,036	\$2,033	\$2,034	\$2,036	\$29	1.42%
FY 2008-09	\$2,132	\$2,131	\$2,132	\$2,135	\$2,133	\$2,136	\$2,144	\$2,108	\$2,128	\$92	4.54%
FY 2009-10	\$2,198	\$2,159	\$2,314	\$2,490	\$2,424	\$2,500	\$2,106	\$1,519	\$2,123	-\$5	-0.24%
FY 2010-11	\$2,319	\$2,260	\$2,451	\$2,585	\$2,556	\$2,699	\$2,376	\$1,574	\$2,229	\$106	4.98%
Three Year Growth %	8.81%	6.09%	14.95%	21.09%	19.86%	26.40%	10.79%	-25.32%	4.73%		

Clients Served (FTE)												
Support Level	1	2	3	4	5	6	7	Unk		Total	Increase vs. Prior Year	% Increase vs. Prior
FY 2006-07	116.2	234.7	137.6	114.1	142.8	83.7	5.3	6182.1		7016.3	NA	NA
FY 2007-08	705.3	1115.5	648.4	513.5	575.2	350.3	69.5	3271.4		7249.0	233	3.32%
FY 2008-09	1672.1	1759.4	911.1	743.5	809.2	579.8	242.8	1443.8		8161.7	913	12.59%
FY 2009-10	1664.8	1781.4	983.1	835.2	953.6	681.8	209.8	2023.0		9132.7	971	11.90%
FY 2010-11	1600.8	1723.3	982.4	881.1	1033.7	745.4	167.7	2204.6		9338.9	206	2.26%
Three Year Growth %	-4.26%	-2.06%	7.83%	18.50%	27.74%	28.56%	-30.95%	52.69%		14.42%		

Clients in Support Level as Percentage of All Clients with Known Levels								
Support Level	1	2	3	4	5	6	7	Total
FY 2006-07	13.92%	28.13%	16.49%	13.67%	17.11%	10.03%	0.64%	100.00%
FY 2007-08	17.73%	28.04%	16.30%	12.91%	14.46%	8.81%	1.75%	100.00%
FY 2008-09	24.89%	26.19%	13.56%	11.07%	12.04%	8.63%	3.61%	100.00%
FY 2009-10	23.42%	25.06%	13.83%	11.75%	13.41%	9.59%	2.95%	100.00%
FY 2010-11	22.44%	24.15%	13.77%	12.35%	14.49%	10.45%	2.35%	100.00%
Three Year Growth %	-9.85%	-7.77%	1.54%	11.59%	20.29%	21.05%	-34.98%	

FOOTNOTES: Client counts are annualized based upon unique clients served per month.
The data presented is based upon the date services were provided (as opposed to payment date)

SPECIAL NOTES:

The Supports Intensity Scale for determining Support Levels of service was introduced in 2006. Many clients in FY 2006-07 were not assessed until later, thereby creating a high percentage of "Unknowns" for the first two years of implementation, both for expenditures and FTE client counts. For this reason, the Growth % shown beneath each chart compares FY 2010-11 against FY 2008-09.

Beginning at the start of FY 2006-07 the reimbursement methodology began a transition from a block-grant quasi-managed care model to a fee-for-service model. Implementation took approximately two and a half years. SIS began in earnest in FY 2006-07, and also took approximately two years to fully implement, as clients under the DD waiver were considered higher priority based on need.

The number of "unknowns" in early years of the data can be attributed in large part to the number of waiver clients who had not yet received SIS assessments. However, included in these unknowns is also the subset of Early Intervention (EI) children who are medicaid eligible. As the number of medicaid eligible children has increased in more recent years, due in part to implementation of the Early Intervention Services Trust in 2008 (SB 07-004), so has the number of "unknowns" in TCM.

Appendix D

Date-of-Payment versus Date-of-Service

An Overview

The charts on the following pages compare expenditures across fiscal years. The top chart on each page shows expenditures based on Date-of-Payment and the bottom chart uses a Date-of-Service methodology.

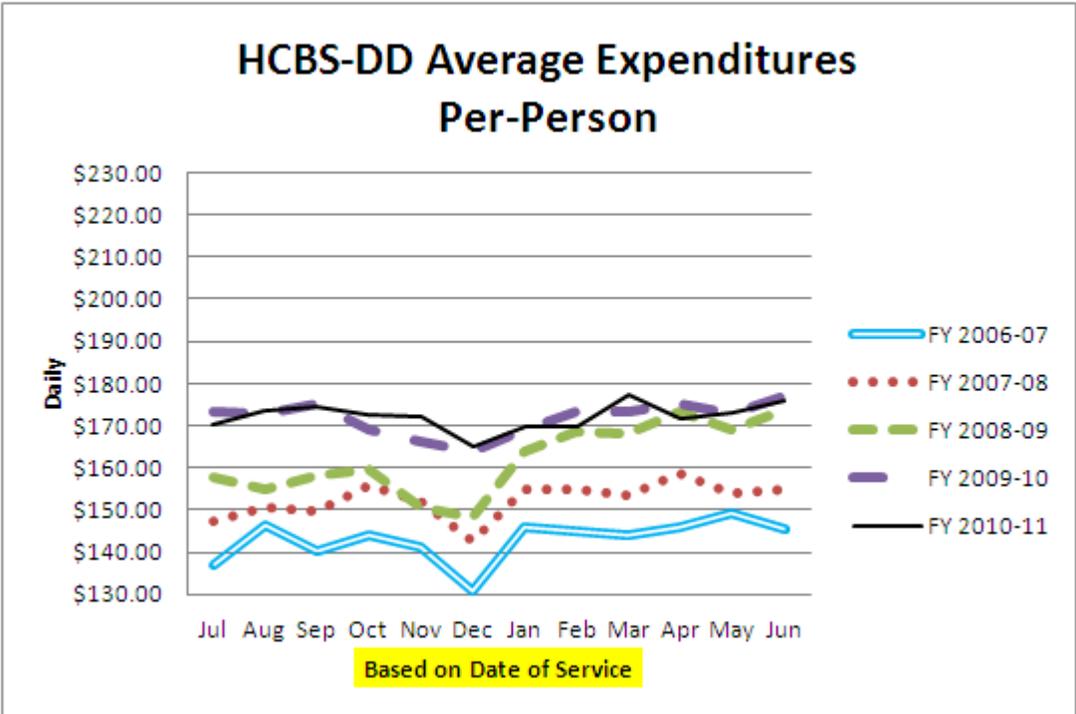
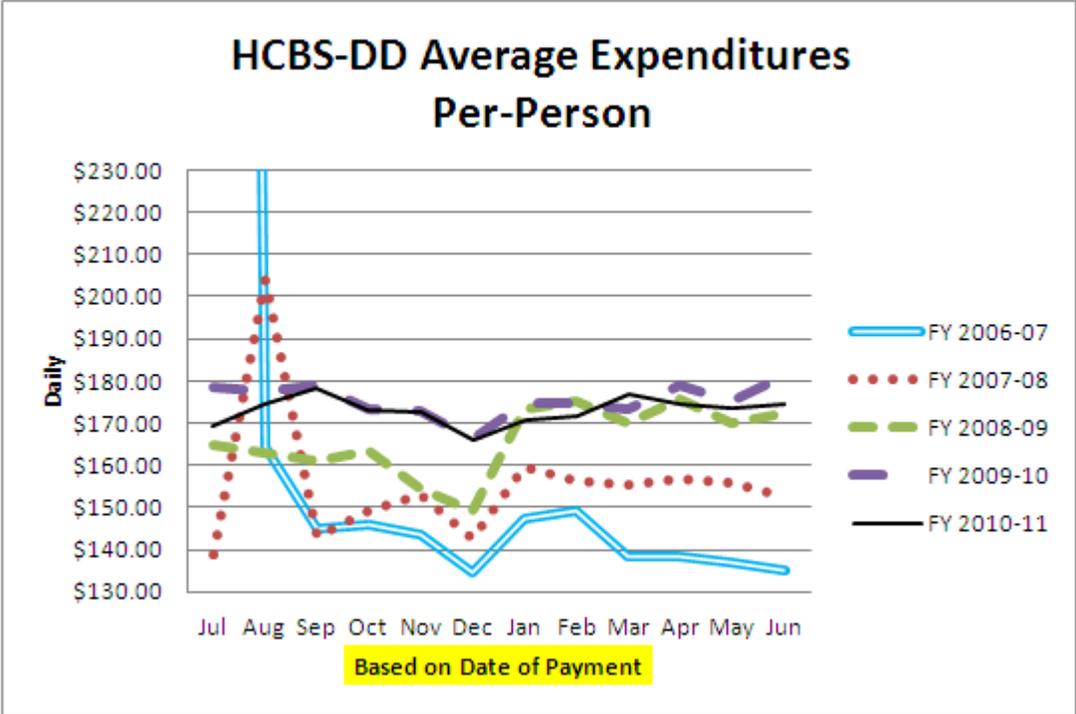
The data shows a much more logical pattern across fiscal years on the Date-of-Service graphs (bottom graph). As a helpful point of reference to illustrate the value of the Date-of-Service methodology, one only need look at expenditure patterns in the month of December where the pattern of services provided shows a clear and consistent reduction as providers closed operations during the holiday season. By contrast, one would be somewhat more hard-pressed to find as clear a pattern in the corresponding Date-of-Payment graph.

As a miscellaneous note – Targeted Case Management (Appendix D.5) was a flat rate before the second phase of implementation of the Support Level based fee-for-service reimbursement model went into effect in FY 2009-10. There was a one-time rate bump in January of 2009 (green line) that lasted for the remainder of the fiscal year. Beginning in FY 2009-10, a permanent rate structure based on 15 minute units of service went into effect. The graph clearly shows the impact this reimbursement methodology had on average monthly expenditures per person.

Delays in billing (see Date-of-Payment graphs) can distort the client service need and utilization data that, by contrast, can be seen in the Date-of-Service data. The limitations of Date-of-Payment are primarily twofold:

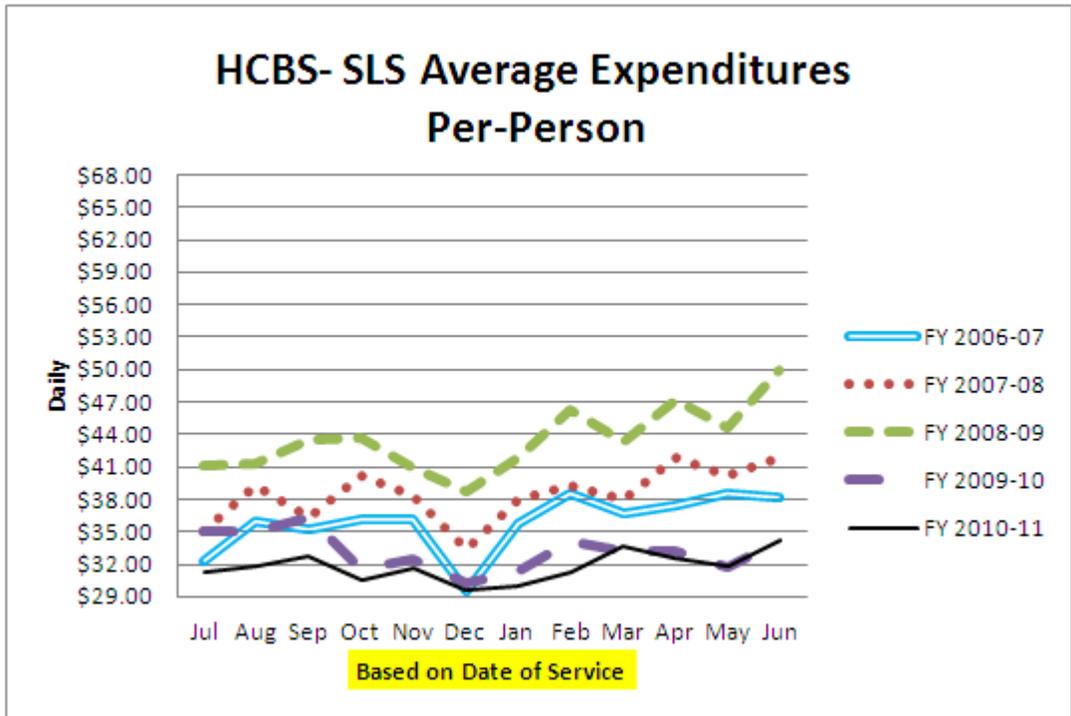
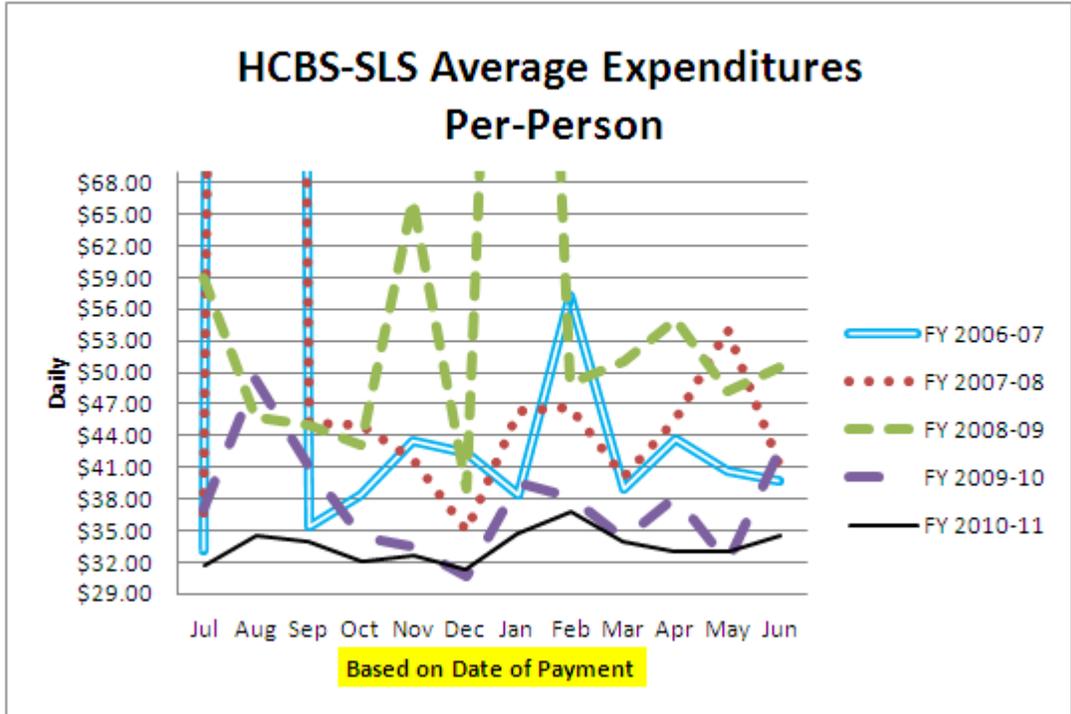
- Anomalies can occur frequently, yet are unique and are therefore incidental to assessing fundamental and valid cost drivers. Two recent specific examples are – a one-time adjustment to billing processes by a single service provider, which also shifted several million dollars, and the FY 2009-10 two-week payment delay which shifted several million dollars of expenditures into the next fiscal year. Although issues such as these impact fiscal expenditures, they are also matters of timing as opposed to utilization.
- Service Providers have 120 days to submit Medicaid claims. Claims are submitted by providers and paid by HCPF over a range of time that can easily span several months after the service was actually rendered. Business accounting procedures may be constructed in such a way as cause reimbursements to shift across business years, smooth reimbursements over several months, or for other purposes. While such strategies impact fiscal expenditures, they mask the underlying core driver – Client Service Utilization.

HCBS-DD
Date-of-Payment versus Date-of-Service Methodology



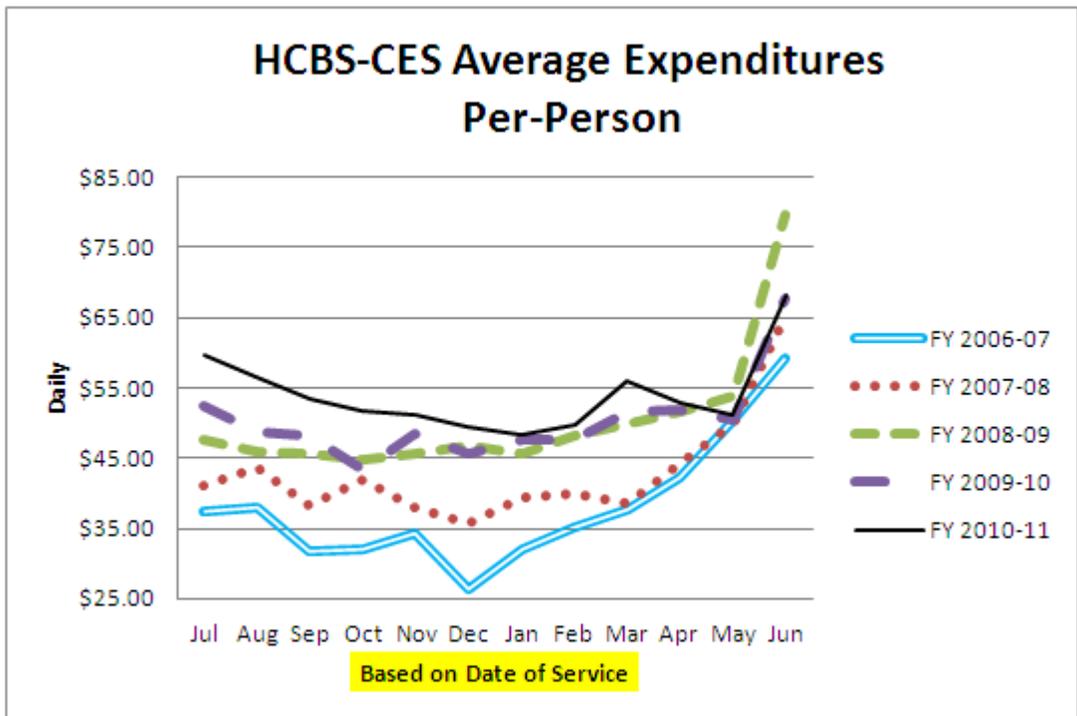
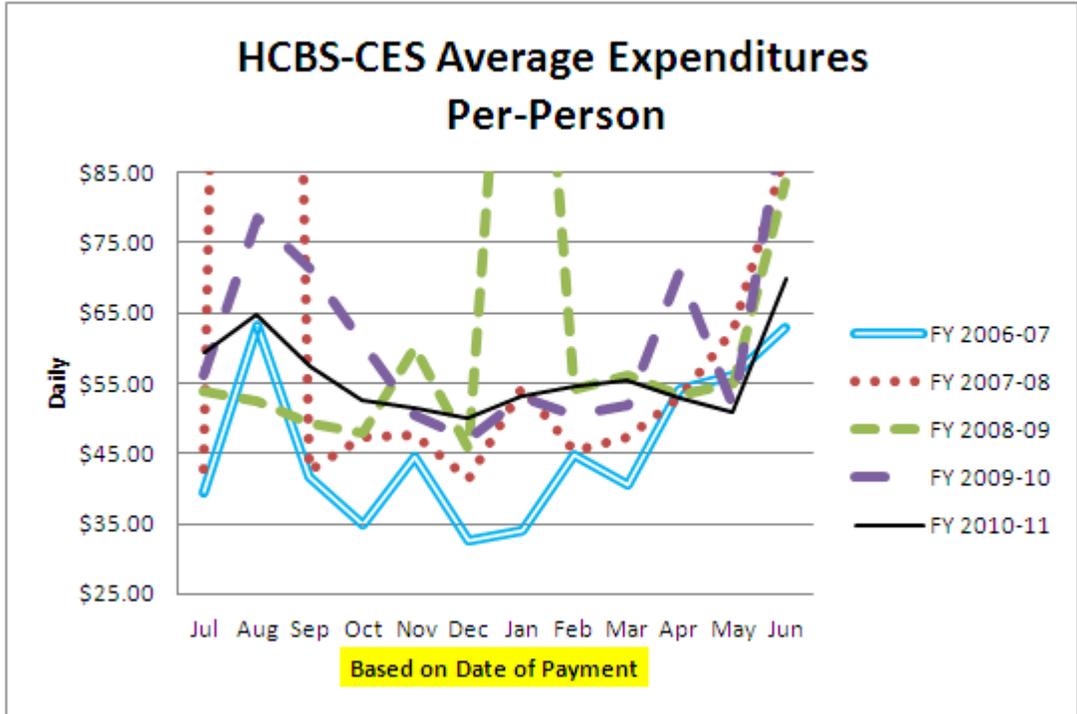
The graphs above are uniformly structured along the vertical and horizontal axis range for visual parity. While the top graph may occasionally appear to be missing data points, this is because those particular points are above the range of the chart axis range.

**Supported Living Services (HCBS-SLS)
Date-of-Payment versus Date-of-Service Methodology**



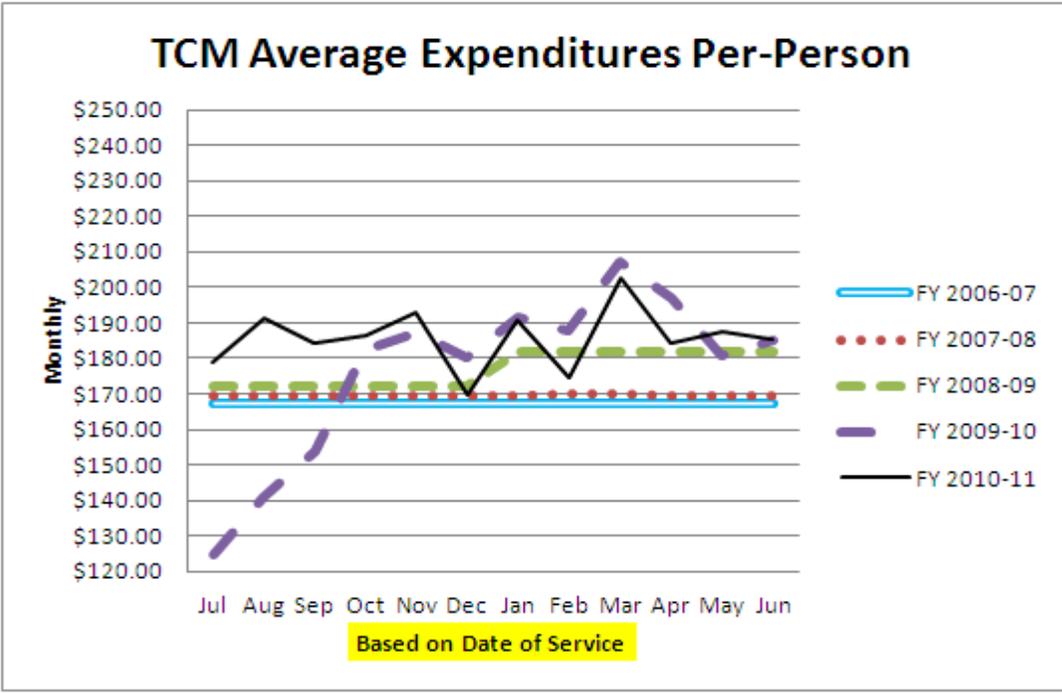
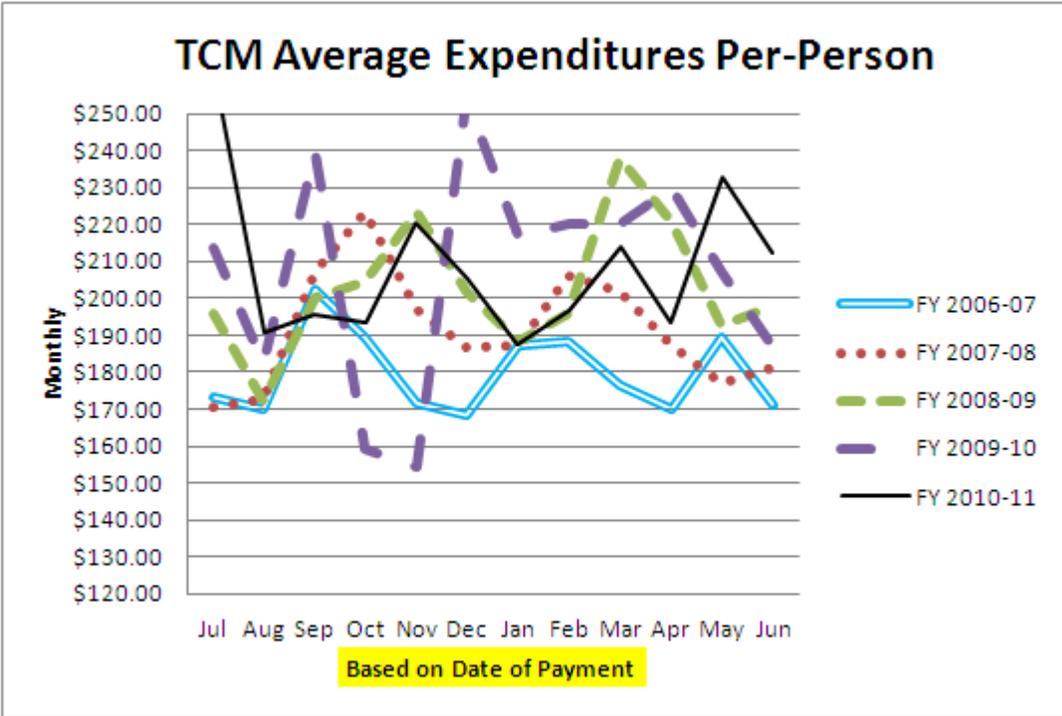
The graphs above are uniformly structured along the vertical and horizontal axis range for visual parity. While the top graph may occasionally appear to be missing data points, this is because those particular points are above the range of the chart axis range.

**Children's Extensive Services (HCBS-CES)
Date-of-Payment versus Date-of-Service Methodology**



The graphs above are uniformly structured along the vertical and horizontal axis range for visual parity. While the top graph may occasionally appear to be missing data points, this is because those particular points are above the range of the chart axis range.

**Targeted Case Management
Date-of-Payment versus Date-of-Service Methodology**



The graphs above are uniformly structured along the vertical and horizontal axis range for visual parity. While the top graph may occasionally appear to be missing data points, this is because those particular points are above the range of the chart axis range.

Appendix E

Explanation of Waiver Services

Rate Information

The data and graphs on the following pages show the client counts for each service support level in the HCBS-DD waiver since incorporation of the Supports Intensity Scale (SIS) tool.

HCBS-DD – Services are aimed at adults who require extensive supports to live safely (including access to 24-hour supervision) and who do not have other sources for meeting those needs.

HCBS-DD Services

Residential Habilitation Services and Supports: Residential Habilitation Services and Supports (RHSS) are designed to ensure the health, safety and welfare of the participant, and to assist in the acquisition, retention and/or improvement in skills necessary to support the participant to live and participate successfully in their community. These services are individually planned and coordinated through the participants Service Plan. The frequency, duration and scope of these services are determined by the participants needs identified in the Service Plan. These services may include a combination of lifelong - or extended duration - supervision, training and/or support (i.e. support is any task performed for the participant, where learning is secondary or incidental to the task itself, or an adaptation is provided) which are essential to daily community living, including assessment and evaluation and the cost of training materials, transportation, fees and supplies. Reimbursement for RHSS does not include the cost of normal facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of participants or to meet the requirements of the applicable life safety code. Under Residential Habilitation Services and Supports the responsibility for the living environment rests with the service agency and encompasses two types of living environments:

- Individual Residential Services and Supports (IRSS) in which three (3) or fewer participants receiving services may live in a single residential setting or in a host home setting. The living environment does not require state licensure. However, the Division for Developmental Disabilities (DDD) must approve the service agencies to provide such services. Monitoring of IRSS services to individuals is the responsibility of CCB Case Managers and the monitoring of IRSS provider agencies is a DHS/DDD responsibility.
- Group Residential Services and Supports (GRSS) encompass group living environments of four (4) to eight (8) participants receiving services who may live in a single residential setting which is licensed by the State as a Residential Care Facility/Residential Community Home. All IRSS and GRSS settings are required to have staff available to meet the needs of the participant as defined in the Service Plan.

The following activities are performed by RHSS staff and are designed to assist participants to reside as independently as possible in the community. 1. Self-advocacy training may include training to assist in expressing personal preferences,

self-representation, self-protection from and reporting of abuse, neglect and exploitation, individual rights and to make increasingly responsible choices. 2. Independent living training may include personal care, household services, infant and childcare (for parents who have a developmental disability), and communication skills such as using the telephone. 3. Cognitive services may include training involving money management and personal finances, planning and decision making. 4. Implementation of recommended follow-up counseling, behavioral or other therapeutic interventions by residential staff, under the direction of a professional. Services are aimed at increasing the overall effective functioning of the participant. 5. Medical and health care services that are integral to meeting the daily needs of participants (e.g., routine administration of medications or tending to the needs of participants who are ill or require attention to their medical needs on an ongoing basis). 6. Emergency assistance training includes developing responses in case of emergencies; prevention planning and training in the use of equipment or technologies used to access emergency response systems. 7. Community access services that explore community services available to all people, natural supports available to the participant, and develop methods to access additional services/supports/activities needed by the participant. 8. Travel services may include providing, arranging, transporting, or accompanying the participant to services and supports identified in the Service Plan. 9. Supervision services which ensure the health and welfare of the participant and/or utilizing technology for the same purpose. All direct case staff not otherwise licensed to administer medications must complete a training class approved by the Colorado Department of Public Health and Environment, pass a written test and a practical/competency test.

Behavioral Services: Behavioral services identified in the Service Plan including individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual's developmental disability and are needed for the individual to acquire or maintain appropriate interactions with others. Intervention modalities shall relate to an identified challenging behavior need of the person and specific criteria for remediation of the behavior must be established. The provider(s) will be identified in the Service Plan and will be at the minimum qualification level necessary to achieve the specific criteria for remediation. If an individual has a covered mental health diagnosis and is in need of covered mental health services, then those services must be accessed through the Medicaid State Plan. It is possible for people with co-occurring diagnoses of Developmental Disabilities and Covered Mental Health conditions to have identified needs that the Developmental Disabilities system can provide and identified needs that the Mental Health system provides.

Day Habilitation - Specialized Habilitation: Day Habilitation includes assistance with acquisition, retention or improvement in self help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Specialized Habilitation (SH): services focus on enabling the participant to attain his or her

maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites and supervised work settings. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. Specialized habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan.

Day Habilitation – Supported Community Connection: Day Habilitation includes assistance with acquisition, retention or improvement in self help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Supported Community Connection: supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a participant's Service Plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills and personnel to accompany and support the participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. Supported Community Connections may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to one basis as a learning environment to provide instruction when identified in the Service Plan.

Supported Employment: Supported Employment services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported employment is conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported employment includes activities needed to sustain paid work by participants, including

supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting.

Transportation Services: Service offered in order to enable waiver participants to gain access to day habilitation and supported employment services as specified by the Service Plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge are utilized.

Specialized Medical Equipment and Supplies: 1. Devices, controls, or appliances that enable participants to increase their ability to perform activities of daily living. 2. Devices, controls, or appliances that enable the participant to perceive, control or communicate with the environment in which they live. 3. Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items. 4. Such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and, 5. Necessary medical supplies in excess of state plan limitation or not available under the State plan. Specialized Medical Equipment and Supplies are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.

Dental: These services are provided only when the services are not available through the Medicaid State Plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Dental services include periodic examination and diagnosis; radiographs when indicated; detection of all manifestations of systemic disease; elimination of infection or life threatening oral conditions, disease of bone and soft tissue of the oral cavity, oral cancer, or cellulites; treatment of injuries; restoration of decayed or fractured teeth; retention or recovery of space between teeth when indicated; and payment dental insurance. The cost of anesthesiology for dental procedures is not covered under the waiver. Dental services under the waiver are limited to the most cost effective and efficient means to alleviate or rectify the dental issues associated with the person.

Vision: These services are provided only when the services are not available through the Medicaid State Plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Vision services are provided by a licensed Optometrist or physician and include eye exams and diagnosis, glasses, contacts, and other medically necessary methods used to improve specific dysfunctions of the

vision systems. Lasik and other similar types of procedures are only prior approved and allowable when the procedure is necessary due to documented specific behavioral complexities (i.e. constant destruction of eye glasses) associated with the participant that make other more traditional remedies impractical.

Support Services for Adults – Services supplement already available supports for adults who either can live semi-independently with limited supports or who, if they need extensive support, are getting that support from other sources, such as their family.

HCBS-SLS Services

Home Accessibility Adaptations: Those physical adaptations to the primary residence of the participant's family, required by the participant's Service Plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility (e.g., carpeting, roof repair, central air conditioning, etc.) and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Prior authorization is required for any adaptation adding square footage to a home. All devices and adaptations shall be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid State Plan or third party resources shall be utilized prior to accessing waiver funds.

Homemaker – Basic: Services that consist of the performance of basic household tasks within the participant's primary residence (i.e., cleaning, laundry, or household care) including maintenance which are related to the participant's disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant's disability that results in additional household tasks and increases the parent/caregiver's ability to provide care needed by the participant. This assistance may take the form of hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.

Homemaker – Enhanced: Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning. Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with enhanced

homemaker services; however, the primary intent must be to provide habilitative services to increase independence of the participant.

Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant's behavioral or medical needs.

Behavioral Services: Behavioral services identified in the Service Plan including individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual's developmental disability and are needed for the individual to acquire or maintain appropriate interactions with others. Intervention modalities shall relate to an identified challenging behavior need of the person and specific criteria for remediation of the behavior must be established. The provider(s) will be identified in the Service Plan and will be at the minimum qualification level necessary to achieve the specific criteria for remediation. If an individual has a covered mental health diagnosis and is in need of covered mental health services, then those services must be accessed through the Medicaid State Plan. It is possible for people with co-occurring diagnoses of Developmental Disabilities and Covered Mental Health conditions to have identified needs that the Developmental Disabilities system can provide and identified needs that the Mental Health system provides.

Day Habilitation- Specialized Habilitation: Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Specialized habilitation (SH) services focus on enabling the participant to attain his or her maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites and supervised work settings. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. Specialized habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan.

Day Habilitation – Supported Community Connection: Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and

personal choice. These services are individually coordinated through the person's Service Plan. Supported Community Connection supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a participant's Service Plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills and personnel to accompany and support the participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. Supported Community Connections may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.

Supported Employment: Supported Employment services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported employment is conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting.

Mentorship: Service provided to participants to promote self-advocacy through methods such as instructing, providing experiences, modeling and advising. This service includes assistance in interviewing potential providers, understanding complicated health and safety issues, and assistance with participation on private and public boards, advisory groups and commissions. This service may also include training in child and infant care for parent(s) who themselves have a developmental disability. This service does not duplicate case management or waiver services such as Day Habilitation. Mentorship is limited to 192 units (48 hours) per year. Units to provide training to participants for child and infant care may be authorized beyond the 192 units per year.

Non-Medical Transportation Services: Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the Service Plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized. Transportation to and from day program shall be reimbursed based on the applicable transportation band. Transportation in addition to day program is limited to 4 trips per week reimbursed at transportation band one.

Vehicle Modifications: Adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded: 1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant; 2) Purchase or lease of a vehicle; and 3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.

The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.

Personal Care: A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring, money management, grocery shopping), if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.

Personal Emergency Response System (PERS): PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. The participant and their case manager develop a protocol for identifying who is to be contacted if/when the system is activated.

Professional Services: Professional services include Hippo-therapy, Movement Therapy and Massage. These services can be funded only when the provider is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service must be an identified need in the Service Plan. In addition, the service must be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and shall monitor the progress of that goal at least quarterly. The identified "Professional Service" cannot be available under the regular Medicaid State Plan or from a third party source. Passes to community recreation centers when used to access professional services is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.) Hippotherapy: A therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor, sensory integration, attention, cognitive, social, behavioral, and communication. Movement Therapy: The use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills. Massage: The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.

Respite: Respite Services provided to participants that are furnished on a short-term basis, because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be provided in the participant's home/private place of residence or the private residence of a respite care provider. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite shall be billed according to a unit rate or daily rate whichever is less. The total amount of respite provided in one plan year may not exceed 30 days and 1,880 additional units when the service period is less than a day. A full day is 10 hours (15 minute units x 4 x 10) or greater within a twenty-four (24) service period. DHS/DDD may approve a higher amount based on a documented increase in medical or behavioral needs as reflected in the behavior plan for behavioral needs or in the medical records for medical needs.

Specialized Medical Equipment and Supplies: Specialized Medical Equipment and supplies include: 1. Devices, controls, or appliances, specified in the Service Plan, that enable participant to increase their ability to perform activities of daily living; 2. Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods. 3. General care items such as distilled water for saline solutions, supplies such as specialized eating utensils, etc., required by a participant with a developmental disability and related to the disability. 4. Specially designed clothing (e.g. velcro) for participant if the cost is over and above the costs generally incurred for a participant's clothing. 5. Maintenance and upkeep of the equipment. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.

Assistive Technology: Assistive technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes: 1. The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; 2. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; 3. Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and 4. Devices that help the participant to communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by the state); skill acquisition devices which are proven to be a cost effective and efficient means to meet the need and which make learning easier, such as adaptations to computers, or computer software related to the person's disability.

Assistive technology devices and services are only available when the cost is above and beyond that of typical expenses and are not available through the Medicaid State Plan or third party resource.

The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.

Dental: These services are provided only when the services are not available through the Medicaid State Plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Dental services include periodic examination and diagnosis; radiographs when indicated; detection of all manifestations of systemic disease; elimination of infection or life threatening oral conditions, disease of bone and soft tissue of the oral cavity, oral cancer, or cellulites; treatment of injuries; restoration of decayed or fractured teeth; retention or recovery of space between teeth when indicated; and payment for dental insurance. The cost of anesthesiology for dental procedures is not covered under the waiver. Dental services under the waiver are limited to the most cost effective and efficient means to alleviate or rectify the dental issues associated with the person.

Vision: These services are provided only when the services are not available through the Medicaid State Plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Vision services are provided by a licensed Optometrist or physician and include eye exams and diagnosis, glasses, contacts, and other medically necessary methods used to improve specific dysfunctions of the

vision systems. Lasik and other similar types of procedures are only prior approved and allowable when the procedure is necessary due to documented specific behavioral complexities (i.e. constant destruction of eye glasses) associated with the participant that make other more traditional remedies impractical.

Children’s Extensive Services (HCBS-CES) – Enhanced in-home supports for children considered to be most in need due to the child’s disability.

HCBS-CES Services

Home Accessibility Adaptations: Those physical adaptations to the primary residence of the participant’s family, required by the participant’s Service Plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility (e.g., carpeting, roof repair, central air conditioning, etc.) and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Prior authorization is required for any adaptation adding square footage to a home. All devices and adaptations shall be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid State Plan or third party resources shall be utilized prior to accessing waiver funds. The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.

Homemaker – Basic: Services that consist of the performance of basic household tasks within the participant’s primary residence (i.e., cleaning, laundry, or household care) including maintenance which are related to the participant’s disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant’s disability that results in additional household tasks and increases the parent/caregiver’s ability to provide care needed by the participant. This assistance may take the form of hands on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.

Homemaker – Enhanced: Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning. Habilitation includes

direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with enhanced homemaker services; however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant's behavioral or medical needs. Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning. Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with enhanced homemaker services; however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant's behavioral or medical needs.

Personal Care: A range of assistance to enable participants to accomplish tasks. A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring, money management, grocery shopping), if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.

Parent Education: Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the participant's needs, including sign language training. Acquisition of information, specific to the participant's disability, for family members from support organizations and special resource materials, cost of registration for parents/caregivers to attend conferences/educational workshops that are specific to the participant's disability, cost of membership to parent support/information organizations and publications designed for parents of children with disabilities. The maximum annual allowance for Parent Education is \$1,000.00 per year.

Respite: Services provided to participants that are furnished on a short-term basis, because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be provided in the participant's home/private place of residence or the private residence of a respite care provider. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite shall be billed according to a unit rate or daily rate whichever is less. The total amount of respite provided in one plan year may not exceed 30 days and 1,880 additional units when the service period is less than a day. A full day is 10 hours (15 minute units x 4 x 10) or greater within a twenty-four (24) service period. DHS/DDD may approve a higher amount based on a documented increase in medical or behavioral needs as reflected in the behavior plan for behavioral needs or in the medical records for medical needs.

Behavioral Services: Behavioral services identified in the Service Plan including individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual's developmental disability and are needed for the individual to acquire or maintain appropriate interactions with others. Intervention modalities shall relate to an identified challenging behavior need of the person and specific criteria for remediation of the behavior must be established. The provider(s) will be identified in the Service Plan and will be at the minimum qualification level necessary to achieve the specific criteria for remediation. If an individual has a covered mental health diagnosis and is in need of covered mental health services, then those services must be accessed through the Medicaid State Plan. It is possible for people with co-occurring diagnoses of Developmental Disabilities and Covered Mental Health conditions to have identified needs that the Developmental Disabilities system can provide and identified needs that the Mental Health system provides.

Community Connector: Supports the abilities and skills necessary to enable the individual to access typical activities and functions of community life such as those chosen by the general population, including community education or training, and volunteer activities. Supported Community connections provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community while utilizing the community as a learning environment to provide services and supports as identified in the participant's service plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills, and personnel to accompany and support the individual in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention, or improvement. Community Connections are provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.

Adaptive Therapeutic Recreational Equipment and Fees: Recreational equipment that is adapted specific to the participant's disability and not those items that a typical age peer would commonly need as a recreation item, the cost of recreation

shall be above and beyond what is typically expected for recreation and recommended by a doctor or therapist; adaptive bicycle, adaptive stroller, adaptive toys, floatation collar for swimming, various types of balls with internal auditory devices and other types of adapted equipment appropriate for the recreational needs of a child with a developmental disability. Recreational activities including passes to community recreation centers when used to access professional services. Water Safety Training is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.) Specifically excluded are tickets for zoos, museums, butterfly pavilion, movie, theater, concerts, professional and minor league sporting events and typical indoor/outdoor play structures. The maximum annual allowance for recreational items/services is \$1,000.00 per plan year.

Vehicle Modifications: Adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded: 1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant; 2) Purchase or lease of a vehicle; and 3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications. The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.

Assistive Technology: Assistive technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes: 1) The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; 2) Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; 3) Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and 4) Devices that help the participant to communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by the state); skill acquisition devices which are proven to be a cost effective and efficient means to meet the need and which make learning easier, such as adaptations to computers, or computer software related to the person's disability.

Assistive technology devices and services are only available when the cost is above and beyond that of typical expenses and are not available through the Medicaid State Plan or third party resource. The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.

Professional Services: Professional services include Hippo-therapy, Movement Therapy and Massage. These services can be funded only when the provider is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service must be an identified need in the Service Plan. In addition, the service must be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and shall monitor the progress of that goal at least quarterly. The identified "Professional Service" cannot be available under the regular Medicaid State Plan or from a third party source. Passes to community recreation centers when used to access professional services is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.) Hippotherapy: A therapeutic treatment strategy that uses the movement of the horse to assist in the development/ enhancement of skills: gross motor, sensory integration, attention, cognitive, social, behavioral, and communication. Movement Therapy: The use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills. Massage: The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.

Specialized Medical Equipment and Supplies: Specialized Medical Equipment and supplies include: 1. Devices, controls, or appliances, specified in the Service Plan, that enable participant to increase their ability to perform activities of daily living; 2. Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods. 3. General care items such as distilled water for saline solutions, supplies such as specialized eating utensils, etc., required by a participant with a developmental disability and related to the disability. 4. Specially designed clothing (e.g. velcro) for participant if the cost is over and above the costs generally incurred for a participant's clothing. 5. Maintenance and upkeep of the equipment. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.

Vision: Vision therapy is provided only when the services are not available through the Medicaid State Plan or EPSDT due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or

available through a third party resource. Vision therapy is a sequence of activities individually prescribed and monitored by a doctor of optometry or ophthalmology to develop efficient visual skills and processing. It is based on the results of standardized tests, the needs of the participant and the participant's signs and symptoms. It is used to treat eye movement disorders, inefficient eye teaming, misalignment of the eyes, poorly developed vision, focusing problems and visual information processing disorders to enhance visual skills and performing visual tasks.

Case Management/Service Coordination – is provided to all adults and children enrolled in services and all infants and toddlers from the point of referral, and includes eligibility determination; planning, locating and facilitating access to services; coordinating and reviewing all aspects of needed services, supports and resources in cooperation with the person with a developmental disability, the person's family as appropriate, and involved agencies; and monitoring and evaluation of all services and supports.

TCM Services

Determination of developmental disability Long Term Care eligibility

- Development of an Individualized (Service) Plan
- Advocating for and facilitating access to services and supports
- Coordination of services and supports
- Monitoring of services and supports
- Reviewing services and supports provided to determine if they are meeting the person's needs
- Advocating for individual's rights
- Information and referral services

HCBS-DD Waiver Rates

Service Name	Proc.	Modifiers/0411	Date 7/2006 Unit	Date 7/2006 Rate	Date 1/2007 Unit	Date 1/2007 Rate	Date 7/2007 Unit	Date 7/2007 Rate	Date 7/2008 Unit	Date 7/2008 Rate	Date 1/2009 Unit	Date 1/2009 Rate	Date 7/2009 Unit	Date 7/2009 Rate	Date 10/2009 Unit	Date 10/2009 Rate	Date 7/2010 Unit	Date 7/2010 Rate
Grp Home Level 1	T2016	U3, HQ	day	\$50.71	day	\$52.36	day	\$53.15	day	\$53.95	day	\$85.21	day	\$85.21	day	\$83.08	day	\$81.42
Grp Home Level 2	T2016	U3, 22, HQ	day	\$73.17	day	\$75.55	day	\$76.68	day	\$77.83	day	\$112.16	day	\$112.16	day	\$109.36	day	\$107.17
Grp Home Level 3	T2016	U3, TF, HQ	day	\$105.78	day	\$109.22	day	\$110.86	day	\$112.52	day	\$132.13	day	\$132.13	day	\$128.83	day	\$126.25
Grp Home Level 4	T2016	U3, TF, 22, HQ	day	\$131.87	day	\$136.16	day	\$138.20	day	\$140.27	day	\$156.09	day	\$156.09	day	\$152.19	day	\$149.15
Grp Home Level 5	T2016	U3, TG, HQ	day	\$159.33	day	\$164.51	day	\$166.98	day	\$169.48	day	\$172.43	day	\$172.43	day	\$168.12	day	\$164.76
Grp Home Level 6	T2016	U3, TG, 22, HQ	day	\$187.16	day	\$193.24	day	\$196.14	day	\$199.08	day	\$204.04	day	\$204.04	day	\$198.94	day	\$194.96
Grp Home	T2016	U3, SC, HQ	day	individual	day	individual	day											
PCA Level 1	T2016	U3	day	\$50.71	day	\$52.36	day	\$53.15	day	\$53.95	day	\$62.65	day	\$62.65	day	\$61.08	day	\$59.86
PCA Level 2	T2016	U3, 22	day	\$73.17	day	\$75.55	day	\$76.68	day	\$77.83	day	\$101.23	day	\$101.23	day	\$98.70	day	\$96.73
PCA Level 3	T2016	U3, TF	day	\$105.78	day	\$109.22	day	\$110.86	day	\$112.52	day	\$123.68	day	\$123.68	day	\$120.59	day	\$118.18
PCA Level 4	T2016	U3, TF, 22	day	\$131.87	day	\$136.16	day	\$138.20	day	\$140.27	day	\$150.58	day	\$150.58	day	\$146.82	day	\$143.88
PCA Level 5	T2016	U3, TG	day	\$159.33	day	\$164.51	day	\$166.98	day	\$169.48	day	\$173.04	day	\$173.04	day	\$168.71	day	\$165.34
PCA Level 6	T2016	U3, TG, 22	day	\$187.16	day	\$193.24	day	\$196.14	day	\$199.08	day	\$217.47	day	\$217.47	day	\$212.03	day	\$207.79
PCA	T2016	U3, SC	day	individual	day	individual	day											
Host Home level 1	T2016	U3, TT	day	\$50.71	day	\$52.36	day	\$53.15	day	\$53.95	day	\$58.10	day	\$58.10	day	\$56.65	day	\$55.52
Host Home level 2	T2016	U3, 22, TT	day	\$73.17	day	\$75.55	day	\$76.68	day	\$77.83	day	\$93.88	day	\$93.88	day	\$91.53	day	\$89.70
Host Home level 3	T2016	U3, TF, TT	day	\$105.78	day	\$109.22	day	\$110.86	day	\$112.52	day	\$114.70	day	\$114.70	day	\$111.83	day	\$109.59
Host Home level 4	T2016	U3, TF, 22, TT	day	\$131.87	day	\$136.16	day	\$138.20	day	\$140.27	day	\$139.65	day	\$139.65	day	\$136.16	day	\$133.44
Host Home level 5	T2016	U3, TG, TT	day	\$159.33	day	\$164.51	day	\$166.98	day	\$169.48	day	\$160.47	day	\$160.47	day	\$156.46	day	\$153.33
Host Home level 6	T2016	U3, TG, 22, TT	day	\$187.16	day	\$193.24	day	\$196.14	day	\$199.08	day	\$201.69	day	\$201.69	day	\$196.65	day	\$192.72
Host Home	T2016	U3, SC, TT	day	individual	day	individual	day											
Skilled Nursing	T1003		15 minutes	\$15.62	15 minutes	\$15.62	15 minutes	\$15.85	15 minutes	\$16.09	15 minutes	SN included in						
Specialized Habilitation Level 1	T2021	U3, HQ	15 minutes	\$1.99	15 minutes	\$2.05	15 minutes	2.08	15 minutes	\$2.11	15 minutes	\$2.28	15 minutes	\$2.28	15 minutes	\$2.22	15 minutes	\$2.18
Specialized Habilitation Level 2	T2021	U3, 22, HQ	15 minutes	\$2.96	15 minutes	\$3.06	15 minutes	3.11	15 minutes	\$3.16	15 minutes	\$2.50	15 minutes	\$2.50	15 minutes	\$2.44	15 minutes	\$2.39
Specialized Habilitation Level 3	T2021	U3, TF, HQ	15 minutes	\$3.87	15 minutes	\$4.00	15 minutes	4.06	15 minutes	\$4.12	15 minutes	\$2.78	15 minutes	\$2.78	15 minutes	\$2.71	15 minutes	\$2.66
Specialized Habilitation Level 4	T2021	U3, TF, 22, HQ	15 minutes	\$4.61	15 minutes	\$4.76	15 minutes	4.83	15 minutes	\$4.90	15 minutes	\$3.27	15 minutes	\$3.27	15 minutes	\$3.19	15 minutes	\$3.13
Specialized Habilitation Level 5	T2021	U3, TG, HQ	15 minutes	\$5.55	15 minutes	\$5.73	15 minutes	5.82	15 minutes	\$5.91	15 minutes	\$4.06	15 minutes	\$4.06	15 minutes	\$3.96	15 minutes	\$3.88
Specialized Habilitation Level 6	T2021	U3, TG, 22, HQ	15 minutes	\$7.14	15 minutes	\$7.37	15 minutes	7.48	15 minutes	\$7.59	15 minutes	\$5.84	15 minutes	\$5.84	15 minutes	\$5.69	15 minutes	\$5.58
Specialized Habilitation Level 7	T2021	U3, SC, HQ	15 minutes	\$8.64	15 minutes	\$8.92	15 minutes	9.05	15 minutes	\$9.19	15 minutes	\$9.19	15 minutes	\$9.19	15 minutes	\$8.96	15 minutes	\$8.78
Supported Community Connections Level 1	T2021	U3	15 minutes	\$1.99	15 minutes	\$2.05	15 minutes	2.08	15 minutes	\$2.11	15 minutes	\$2.77	15 minutes	\$2.77	15 minutes	\$2.70	15 minutes	\$ 2.65
Supported Community Connections Level 2	T2021	U3, 22	15 minutes	\$2.96	15 minutes	\$3.06	15 minutes	3.11	15 minutes	\$3.16	15 minutes	\$3.04	15 minutes	\$3.04	15 minutes	\$2.96	15 minutes	\$ 2.90
Supported Community Connections Level 3	T2021	U3, TF	15 minutes	\$3.87	15 minutes	\$4.00	15 minutes	4.06	15 minutes	\$4.12	15 minutes	\$3.42	15 minutes	\$3.42	15 minutes	\$3.33	15 minutes	\$ 3.26
Supported Community Connections Level 4	T2021	U3, TF, 22	15 minutes	\$4.61	15 minutes	\$4.76	15 minutes	4.83	15 minutes	\$4.90	15 minutes	\$3.93	15 minutes	\$3.93	15 minutes	\$3.83	15 minutes	\$ 3.75
Supported Community Connections Level 5	T2021	U3, TG	15 minutes	\$5.55	15 minutes	\$5.73	15 minutes	5.82	15 minutes	\$5.91	15 minutes	\$4.73	15 minutes	\$4.73	15 minutes	\$4.61	15 minutes	\$ 4.52
Supported Community Connections Level 6	T2021	U3, TG, 22	15 minutes	\$7.14	15 minutes	\$7.37	15 minutes	7.48	15 minutes	\$7.59	15 minutes	\$6.22	15 minutes	\$6.22	15 minutes	\$6.06	15 minutes	\$ 5.94
Supported Community Connections Level 7	T2021	U3, SC	15 minutes	\$8.64	15 minutes	\$8.92	15 minutes	9.05	15 minutes	\$9.19	15 minutes	\$9.19	15 minutes	\$9.19	15 minutes	\$8.96	15 minutes	\$ 8.78

Note: * Denotes required fields (Begin Date, End Date and New Rate are not required for "Hospital Rates").

HCBS-DD Waiver Rates																			
Supported Employment Group Level 1	T2019	U3, HQ	15 minutes	\$3.65	15 minutes	\$3.77	15 minutes	3.83	15 minutes	3.89	15 minutes	\$3.06	15 minutes	\$3.06	15 minutes	\$2.98	15 minutes	\$2.92	
Supported Employment Group Level 2	T2019	U3, 22, HQ	15 minutes	\$3.65	15 minutes	\$3.77	15 minutes	3.83	15 minutes	3.89	15 minutes	\$3.34	15 minutes	\$3.34	15 minutes	\$3.26	15 minutes	\$3.19	
Supported Employment Group Level 3	T2019	U3, TF, HQ	15 minutes	\$3.65	15 minutes	\$3.77	15 minutes	3.83	15 minutes	3.89	15 minutes	\$3.72	15 minutes	\$3.72	15 minutes	\$3.63	15 minutes	\$3.56	
Supported Employment Group Level 4	T2019	U3, TF, 22, HQ	15 minutes	\$3.65	15 minutes	\$3.77	15 minutes	3.83	15 minutes	3.89	15 minutes	\$4.30	15 minutes	\$4.30	15 minutes	\$4.19	15 minutes	\$4.11	
Supported Employment Group Level 5	T2019	U3, TG, HQ	15 minutes	\$3.65	15 minutes	\$3.77	15 minutes	3.83	15 minutes	3.89	15 minutes	\$5.14	15 minutes	\$5.14	15 minutes	\$5.01	15 minutes	\$4.91	
Supported Employment Group Level 6	T2019	U3, TG, 22, HQ	15 minutes	\$3.65	15 minutes	\$3.77	15 minutes	3.83	15 minutes	3.89	15 minutes	\$6.70	15 minutes	\$6.70	15 minutes	\$6.53	15 minutes	\$6.40	
Supported Employment Individual	T2019	U3, SC	15 minutes	\$10.77	15 minutes	\$11.12	15 minutes	11.29	15 minutes	11.46	15 minutes	\$12.56	15 minutes	\$12.56	15 minutes	\$12.25	15 minutes	\$12.01	
SE - DVR																			
SE-Group Job Development	H2023	U3, HQ										15 minutes/max 100 units	\$4.01	15 minutes/max 100 units	\$4.01	15 minutes	\$3.91	15 minutes	\$3.83
SE-Ind Job Development SIS Lvl 1-2	H2023	U3										15 minutes/max 80 units	\$12.56	15 minutes/max 80 units	\$12.56	15 minutes	\$12.25	15 minutes	\$12.01
SE-Ind Job Development SIS Lvl 3-4	H2023	U3, 22										15 minutes/max 100 units	\$12.56	15 minutes/max 100 units	\$12.56	15 minutes	\$12.25	15 minutes	\$12.01
SE-Ind Job Development SIS Lvl 5-6	H2023	U3, TF										15 minutes/max 120 units	\$12.56	15 minutes/max 120 units	\$12.56	15 minutes	\$12.25	15 minutes	\$12.01
SE-Group Job Placement	T2038	U3, HQ										max 400 units	\$1.00	max 400 units	\$1.00	1/1/2009	\$1.00	max 400 units	\$1.00
SE-Individual Job Placement	T2038	U3										max 1000 units	\$1.00	max 1000 units	\$1.00	1/1/2009	\$1.00	max 1000 units	\$1.00
Bus Pass	T2025	U3										Cost	\$1.00	Cost	\$1.00	1/1/2009	\$1.00	Cost	\$1.00
Transportation Milage Level 1	T2002 T2003	U3	day	\$8.36	day	\$8.63	day	\$8.76	day	\$8.90		Trip max 2 per day	\$5.59	Trip max 2 per day	\$5.59	10/1/2009	\$5.45	10/1/2009	\$5.34
Transportation Milage Level 2	T2002 T2003	U3, 22	day	\$35.02	day	\$36.16	day	\$36.70	day	\$37.26		Trip max 2 per day	\$11.71	Trip max 2 per day	\$11.71	10/1/2009	\$11.42	10/1/2009	\$11.19
Transportation Milage Level 3	T2003	U3, TF										Trip max 2 per day	\$17.84	Trip max 2 per day	\$17.84	10/1/2009	\$17.39	10/1/2009	\$17.04
Behavioral Line Staff	H2019	U3	15 minutes	\$3.75	15 minutes	\$3.87	15 minutes	\$3.93	15 minutes	\$3.99	15 minutes	\$6.40	15 minutes	\$6.40	10/1/2009	\$6.24	10/1/2009	\$6.12	
Behavioral Plan Specialist	H2019	U3, 22	15 minutes									15 minutes	\$12.14	15 minutes	\$12.14	10/1/2009	\$11.84	10/1/2009	\$11.60
Senior Therapist	H2019	U3, TF	15 minutes	\$15.00	15 minutes	\$15.49	15 minutes	\$15.72	15 minutes	\$15.96	15 minutes	\$24.24	15 minutes	\$24.24	10/1/2009	\$23.63	10/1/2009	\$23.16	
Lead Therapist	H2019	U3, TF, 22	15 minutes	\$22.50	15 minutes	\$23.23	15 minutes	\$23.58	15 minutes	\$23.93	15 minutes	\$30.71	15 minutes	\$30.71	10/1/2009	\$29.94	10/1/2009	\$29.34	
Behavioral Plan Assessment	T2024	U3										Cost	\$1.00	Cost	\$1.00	1/1/2009	\$1.00	1/1/2009	\$1.00
Targeted Case Management	T2023	U4	Monthly	\$167.30			Monthly	169.8	Monthly	\$172.35	Monthly	\$184.77	Monthly	\$184.77					
Targeted Case Management	T1017	U4											15 minutes	\$12.60	15 minutes	\$14.93	15 minutes	\$14.63	
Specialized Medical Supplies - Disposable	T2028	U3	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	1/1/2009	\$1.00	1/1/2009	\$1.00	
Specialized Medical Equipment	T2029	U3	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	1/1/2009	\$1.00	1/1/2009	\$1.00	
Dental Services	D0999 D2999	U3	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	1/1/2009	\$1.00	1/1/2009	\$1.00	
Vision Services	V2799	U3	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00	1/1/2009	\$1.00	1/1/2009	\$1.00	

Note: * Denotes required fields (Begin Date, End Date and New Rate are not required for "Hospital Rates").

HCBS-SLS Waiver Rates July 1, 2006 to June 30 2009

Service Name	Proc.	Date 7/2006 Unit	Date 7/2006 Max Rate	Date 7/2007 Unit	Date 7/2007 Max Rate	Date 7/2008 Unit	Date 7/2008 Max Rate
Personal Assistance	T1019	15 Minutes	\$12.00	15 Minutes	\$14.60	15 Minutes	\$14.60
Professional Services	97530	15 Minutes	\$32.50	15 Minutes	\$32.50	15 Minutes	\$32.50
Day Habilitation	T2021	15 Minutes	\$10.00	15 Minutes	\$12.00	15 Minutes	\$12.00
Supported Employment	T2019	15 Minutes	\$15.00	15 Minutes	\$16.00	15 Minutes	\$16.00
Prevocational Services	T2015	Hour	\$40.00	Hour	\$40.00	Hour	\$40.00
Transportation Services	T2002	Day	\$50.00	Day	\$50.00	Day	\$50.00
Dental Treatment	D2999	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Dental Diagnostic	D0999	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Vision Services	V2799	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Specialized Medical Equip	T2029	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Environmental Engineering	S5165	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Personal Care Item	S5199	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Service Assessment	T2024	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Waiver Serv not Specified	T2025	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00

Note: The above rates represent standard caps. One CCB had a higher rate for one service due to a special circumstance.

HCBS-SLS Waiver Rates, Beginning July 1, 2009

Service Name	Proc.	Modifiers/0411	Unit	Date 7/2009 Rate	Unit	Date 10/2009 Rate	Unit	Date 7/2010 Rate
Personal Care	T1019	U8	15 minutes	\$4.78	15 minutes	\$4.66	15 minutes	\$ 4.57
Respite Care								
Individual	S5150	U8	15 minutes	\$4.78	15 minutes	\$4.66	15 minutes	\$ 4.57
Individual	S5151	U8	Day	\$191.06	Day	\$186.28	Day	\$ 182.55
Group	S5151	U8, HQ		\$1.00		\$1.00		\$ 1.00
Camp	T2036	U8		\$1.00		\$1.00		\$ 1.00
Homemaker								
Basic	S5130	U8	15 minutes	\$3.63	15 minutes	\$3.57	15 minutes	\$ 3.50
Enhanced	S5130	U8, 22	15 minutes	\$5.92	15 minutes	\$5.77	15 minutes	\$ 5.65
Mentorship	H2021	U8	15 minutes	\$9.65	15 minutes	\$9.41	15 minutes	\$ 9.22
Day Habilitation								
Specialized Habilitation Level 1	T2021	U8, HQ	15 minutes	\$2.28	15 minutes	\$2.22	15 minutes	\$ 2.18
Specialized Habilitation Level 2	T2021	U8, 22, HQ	15 minutes	\$2.50	15 minutes	\$2.44	15 minutes	\$ 2.39
Specialized Habilitation Level 3	T2021	U8, TF, HQ	15 minutes	\$2.78	15 minutes	\$2.71	15 minutes	\$ 2.66
Specialized Habilitation Level 4	T2021	U8, TF, 22, HQ	15 minutes	\$3.27	15 minutes	\$3.19	15 minutes	\$ 3.13
Specialized Habilitation Level 5	T2021	U8, TG, HQ	15 minutes	\$4.06	15 minutes	\$3.96	15 minutes	\$ 3.88
Specialized Habilitation Level 6	T2021	U8, TG, 22, HQ	15 minutes	\$5.84	15 minutes	\$5.69	15 minutes	\$ 5.58
Supported Community Connections Level 1	T2021	U8	15 minutes	\$2.77	15 minutes	\$2.70	15 minutes	\$ 2.65
Supported Community Connections Level 2	T2021	U8, 22	15 minutes	\$3.04	15 minutes	\$2.96	15 minutes	\$ 2.90
Supported Community Connections Level 3	T2021	U8, TF	15 minutes	\$3.42	15 minutes	\$3.33	15 minutes	\$ 3.26
Supported Community Connections Level 4	T2021	U8, TF, 22	15 minutes	\$3.93	15 minutes	\$3.83	15 minutes	\$ 3.75
Supported Community Connections Level 5	T2021	U8, TG	15 minutes	\$4.73	15 minutes	\$4.61	15 minutes	\$ 4.52
Supported Community Connections Level 6	T2021	U8, TG, 22	15 minutes	\$6.22	15 minutes	\$6.06	15 minutes	\$ 5.94

HCBS-SLS Waiver Rates, Beginning July 1, 2009

Supported Employment

Group Level 1	T2019	U8, HQ	15 minutes	\$3.06	15 minutes	\$2.98	15 minutes	\$ 2.92
Group Level 2	T2019	U8, 22, HQ	15 minutes	\$3.34	15 minutes	\$3.26	15 minutes	\$ 3.19
Group Level 3	T2019	U8, TF, HQ	15 minutes	\$3.72	15 minutes	\$3.63	15 minutes	\$ 3.56
Group Level 4	T2019	U8, TF, 22, HQ	15 minutes	\$4.30	15 minutes	\$4.19	15 minutes	\$ 4.11
Group Level 5	T2019	U8, TG, HQ	15 minutes	\$5.14	15 minutes	\$5.01	15 minutes	\$ 4.91
Group Level 6	T2019	U8, TG, 22, HQ	15 minutes	\$6.70	15 minutes	\$6.53	15 minutes	\$ 6.40
Individual	T2019	U8, SC	15 minutes	\$12.56	15 minutes	\$12.25	15 minutes	\$ 12.01

SE - DVR

Job Development Group	H2023	U8, HQ	15 minutes	\$4.01	15 minutes	\$3.91	15 minutes	\$ 3.83
Job Development Individual SIS Level 1-2	H2023	U8	15 minutes	\$12.56	15 minutes	\$12.25	15 minutes	\$ 12.01
Job Development Individual SIS Level 3-4	H2023	U8, 22	15 minutes	\$12.56	15 minutes	\$12.25	15 minutes	\$ 12.01
Job Development Individual SIS Level 5-6	H2023	U8, TF	15 minutes	\$12.56	15 minutes	\$12.25	15 minutes	\$ 12.01
Job Placement Group	T2038	U8, HQ	400	\$1.00	400	\$1.00	400	\$ 1.00
Job Placement Individual	T2038	U8	1000	\$1.00	1000	\$1.00	1000	\$ 1.00

Transportation

Mileage Day Program Level 1	T2003	U8	Trip	\$5.59	Trip	\$5.45	Trip	\$ 5.34
Mileage Day Program Level 2	T2003	U8, 22	Trip	\$11.71	Trip	\$11.42	Trip	\$ 11.19
Mileage Day Program Level 3	T2003	U8, TF	Trip	\$17.84	Trip	\$17.39	Trip	\$ 17.04
Mileage Not Day Program	T2003	U8	Trip	\$5.59	Trip	\$5.45	Trip	\$ 5.34
Bus Pass	T2025	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00

HCBS-SLS Waiver Rates, Beginning July 1, 2009

Behavioral Services

Line Staff	H2019	U8	15 minutes	\$6.40	15 minutes	\$6.24	15 minutes	\$ 6.12
Behavioral Plan Specialist	H2019	U8, 22	15 minutes	\$12.14	15 minutes	\$11.84	15 minutes	\$ 11.60
Senior Therapist	H2019	U8, TF	15 minutes	\$24.24	15 minutes	\$23.63	15 minutes	\$ 23.16
Lead Therapist	H2019	U8, TF, 22	15 minutes	\$30.71	15 minutes	\$29.94	15 minutes	\$ 29.34

Behavioral Plan Assessment	T2024	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Specialized Medical Supplies - Disposable	T2028	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Specialized Medical Equipment	T2029	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00

Professional Services

Massage	97214	U8	15 minutes	\$18.00	15 minutes	\$17.55	15 minutes	\$ 17.20
Movement Therapy Bachelors	G0176	U8	15 minutes	\$15.00	15 minutes	\$14.63	15 minutes	\$ 14.34
Movement Therapy Masters	G0176	U8, 22	15 minutes	\$22.00	15 minutes	\$21.45	15 minutes	\$ 21.02
Hippo Therapy Individual	S8940	U8	15 minutes	\$20.00	15 minutes	\$19.50	15 minutes	\$ 19.11
Hippo Therapy Group	S8940	U8, HQ	15 minutes	\$8.50	15 minutes	\$8.29	15 minutes	\$ 8.12

Rec Pass	S5199	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Personal Emergency Response Systems	S5161	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Home Modifications	S5165	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Assistive Technology	S2035	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Vehicle Modifications	T2039	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Dental Services	D2999	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00
Vision Services	V2799	U8	cost	\$1.00	cost	\$1.00	cost	\$ 1.00

HCBS-CES Waiver Rates July 1, 2006 to June 30 2009

Service Name	Proc.	Date 7/2006 Unit	Date 7/2006 Max Rate	Date 7/2007 Unit	Date 7/2007 Max Rate	Date 7/2008 Unit	Date 7/2008 Max Rate
Personal Assistance	T1019	15 Minutes	\$10.30	15 Minutes	\$10.30	15 Minutes	\$14.60
Professional Services	97530	15 Minutes	\$36.80	15 Minutes	\$36.80	15 Minutes	\$36.80
Assistive Tech	T2029	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Home Modification	S5165	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Community Connections	H2021	15 Minutes	\$10.30	15 Minutes	\$10.30	15 Minutes	\$14.60
Specialized Medical Equip	T2028	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Behavioral Services	H2019	15 Minutes	\$36.80	15 Minutes	\$36.80	15 Minutes	\$36.80
Item for Prof/Behavioral Svc	T2024	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Personal Care Item	S5199	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Waiver Serv not Specified	T2025	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00

HCBS-CES Waiver Rates July 1, 2009 to June 30 2011								
Service Name	Proc.	Modifiers/ 0411	Unit	Date 7/2009 Rate	Unit	Date 10/2009 Rate	Unit	Date 7/2010 Rate
Personal Care	T1019	U7	15 minutes	\$4.78	15 minutes	\$4.66	15 minutes	\$4.57
Respite								
Individual 15 minutes	S5150	U7	15 minutes	\$4.78	15 minutes	\$4.66	15 minutes	\$4.57
Individual Day	S5151	U7	Day	\$191.06	Day	\$186.28	Day	\$182.55
Group	S5151	U7, HQ		\$1.00		\$1.00		\$1.00
Camp	T2036	U7		\$1.00		\$1.00		\$1.00
Homemaker								
Basic	S5130	U7	15 minutes	\$3.63	15 minutes	\$3.57	15 minutes	\$3.50
Enhanced	S5130	U7 22	15 minutes	\$5.92	15 minutes	\$5.77	15 minutes	\$5.65
CES: Community Connector	H2021	U7	15 minutes	\$8.04	15 minutes	\$7.84	15 minutes	\$7.68
Behavioral Services								
Line Staff	H2019	U7	15 minutes	\$6.40	15 minutes	\$6.24	15 minutes	\$6.12
Behavioral Plan Specialist	H2019	U7, 22	15 minutes	\$12.14	15 minutes	\$11.84	15 minutes	\$11.60
Senior Therapist	H2019	U7, TF	15 minutes	\$24.24	15 minutes	\$23.63	15 minutes	\$23.16
Lead Therapist	H2019	U7, TF, 22	15 minutes	\$30.71	15 minutes	\$29.94	15 minutes	\$29.34
Behavioral Plan Assessment	T2024	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Specialized Medical Equipment and Supplies								
Specialized Medical Supplies - Disposable	T2028	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Specialized Medical Equipment	T2029	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Adapted Therapeutic Recreational Equipment and Fees								
Equipment	T1999	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Fees	S5199	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Professional Services								
Professional Services - Massage	97124	U7	15 minutes	\$18.00	15 minutes	\$17.55	15 minutes	\$17.20
Professional Services - Movement Therapy - Bachelors Degree	G0176	U7	15 minutes	\$15.00	15 minutes	\$14.63	15 minutes	\$14.34
Professional Services - Movement Therapy - Masters Degree	G0176	U7, 22	15 minutes	\$22.00	15 minutes	\$21.45	15 minutes	\$21.02
Professional Services - Hippo therapy	S8940	U7	15 minutes	\$20.00	15 minutes	\$19.50	15 minutes	\$19.11
Professional Services - Hippo therapy	S8940	U7, HQ	15 minutes	\$8.50	15 minutes	\$8.29	15 minutes	\$8.12
Home Accessibility Adaptations	S5165	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Assistive Technology	T2035	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Vehicle Modifications	T2039	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Vision Services	V2799	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00
Parent Education	H1010	U7	Cost	\$1.00	Cost	\$1.00	Cost	\$1.00

Appendix F The Wait List

A wait list is maintained for each HCBS waiver and contains the list people with developmental disabilities who are not currently being served through that particular waiver, but are waiting for an enrollment. The list is basically structured in terms of waiver program the individual desires or is best suited to enter, and by date placed on the list. While emergency situations are always placed at the front of the list, if an enrollment becomes available and no emergency cases are waiting, the enrollment may be authorized to an individual based upon how long an individual has been waiting on the list.

Below are some general points, facts, and observations related to the HCBS-DD and HCBS-SLS wait lists.

HCBS-DD Waiver Turnover

- Caseload turnover is the result of many moving parts.
- There is an average of 9 vacancies created per month in the DD Comp Waiver, or approximately 108 per year.
- When a vacancy occurs, enrollments are authorized to individuals on the waiting list.
 - Emergency placements always take top priority and move to the top of the wait list. In DD Comp, the average is around 45-50 emergencies/year.
 - The next highest priority is the placement of CHRP youth who age out of that Waiver.
 - Third in order of priority are deinstitutionalized clients (could come from a mental health facility, a regional center, a nursing home, etc.).
 - Finally, slots are filled by using the standing wait list. These are individuals who may, for example, be residing with family for the time being.
-

HCBS-SLS Waiver Turnover

- The HCBS-SLS caseload does not have “Emergency Placements” per-se. HCBS-SLS high-priority cases are termed “High Risk”. The HCBS-SLS Waiver enrollments are authorized in a manner similar to the prioritization methodology used for HCBS-DD. The primary difference is that HCBS-CES youth (as opposed to CHRP youth) transition to HCBS-SLS.
- DHS did not have ready access to average vacancy-per-month rates.
- Individuals can be receiving services through a waiver and still be on a wait list for a different waiver. This is most common for individuals receiving HCBS-SLS services and waiting for a HCBS-DD enrollment.
- As a result of the many factors above, the turnover is greater in the HCBS-SLS waiver.

Department of Human Services, Office of Long Term Care
Division for Developmental Disabilities
Waiting List Report
June 30, 2011

Waiting List Details (Current & Budget Period)
Unduplicated Count (unless otherwise specified)

		Adult Services Waiting List						Children & Family Services Waiting List		
		No Current Adult Services		Currently in SLS Waiting for HCBS-DD	Total Waiting List for HCBS-DD	Total Waiting List for SLS	Unduplicated Adult Services Total	HCBS-CES	Family Support Services Program	Unduplicated Children & Family Services Total
		Would Accept Only HCBS-DD	Would Accept SLS or HCBS-DD							
Requested Date of Enrollment	ASAA	199	982	455	1,484	1,361	2,845	373	5,172	5,545
	FY12	54	115	4	166	156	322		17	17
	FY13	32	129	3	150	131	281		9	9
Estimated Funding	Medicaid	285	1,125	462	1,800	1,251	3,051	373		373
	State		101			397	397		5,198	5,198
Age Group	Birth 2.9							17	1,541	1,558
	3-13.9							310	2,616	2,926
	14-15.9							30	148	178
	16-17.9	16	251		242	262	504	16	165	181
	18-20.9	106	397	35	507	462	969		262	262
	21-39.9	90	463	332	810	732	1,542		410	410
	40-54.9	40	73	66	156	128	284		35	35
	55 Older	31	37	29	79	63	142		9	9
*Missing	2	5		6	1	7		12	12	
Current Residence (Duplicate Count)	Parent/Relative	103	1,042	368	1,400	1,381	2,781	366	5,181	5,547
	Indep Home	18	48	56	106	158	264		7	7
	Other Res Setting	164	136	38	294	109	403	7	10	17
Total		285	1,226	462	1,800	1,648	3,448	373	5,198	5,571
High Risk Total		117	293	154	527	313	840			
Avg by Category of Time on Waiting List		3.8	2.8	3.7	3.1	2.9		8.5	2.4	
Total Average Years							2.9			

* Age Group/ Missing data is due to no date of birth in Community Contract and Management System (CCMS) record.

Footnotes for Division for Developmental Disabilities Waiting List Report

- 1) The grayed boxes indicate that there is no data possible due to the individual's age or funding type.
- 2) The Home and Community Based Services for Persons with Developmental Disabilities (HCBS-DD) Adult Waiting List includes those age 16 and older who are requesting services within two years and are not currently in a publicly funded residential service (DDD Residential, Nursing Home, ICF/MR, Regional Center, Social Services Children's Home).
- 3) HCBS-DD WL - No Current Adult Services - Would accept HCBS-DD or Supported Living Services (SLS). - indicates that the person is waiting for both HCBS-DD & SLS and would accept SLS while they wait for HCBS-DD. It DOES NOT mean that SLS would entirely meet the person's needs. It is unlikely that providing SLS would remove the person from the HCBS-DD WL. It would just remove them from the SLS WL and move where they are counted on the HCBS-DD WL from 'No Current Service' to 'In Current Service'.
- 4) HCBS-DD WL - In Current Adult Service - this indicates that an individual is receiving SLS while waiting for HCBS-DD services.
- 5) The SLS Adult Waiting List includes those age 16 and older who are not in an adult service and are requesting SLS within 2 years, although they could be receiving a family support service or HCBS- Children's Extensive Supports (HCBS-CES).
- 6) The Requesting Only Supported Living Services Waiting List column includes the HCBS-SLS and State SLS Waiting List within 2 years with any duplication across HCBS-DD and HCBS-SLS and State SLS removed. When duplication across HCBS-DD and HCBS-SLS and State SLS Waiting Lists occurs (i.e., person is on both lists), then the count is put in HCBS-DD before HCBS-SLS and State SLS. The Requesting Only Supported Living Services waiting list is derived by subtracting the Unduplicated Adult Services Total number from the Unduplicated HCBS-DD Total Waiting List number.
- 7) Children & Family Services Waiting List includes all who need HCBS-CES or FSSP but are not currently receiving that service or an Adult Service. Children in foster care placements and waiting for HCBS-CES are included (i.e., enrollment into HCBS-CES may facilitate the child's return to family), however, children in foster care placements who will need HCBS-DD services at age 21 are not included in this waiting list report. The demand for those services are tracked separately for budgetary purposes. When duplication across Children and Family Services occurs (i.e., the child is on more than one list), then the count is put in HCBS-CES before FSSP.
- 8) High Risk factors available for this report are limited to the following indicators currently on CCMS. Individuals who are 40 years or older and are living with parent or relative (on the assumption that these caregivers are elderly), and/or individuals who have one or more of the following disabilities: Mental Illness (MI), Maladaptive Behavior (MB), Non-Mobile (NM), Medically Fragile (MF) and/or has an overall function level of Profound (PF). It is recognized that there may be additional individuals with high risk factors that are not identifiable through information currently contained on the CCMS system. Therefore, this should be considered an estimate only.
- 9) This waiting list report is primarily for budgetary purposes for those requesting services within 2 years does not include 14 & 15 year olds because they would be outside of the budgetary period.
- 10) Under federal requirements, Early Intervention Services is not permitted to have a waiting list.