

**Schedule 13**  
**Funding Request for the 2014-15 Budget Cycle**

**Department:** Health Care Policy and Financing

**Request Title:** Community Provider Rate Increase

**Priority Number:** R-11

**Dept. Approval by:** Josh Block *[Signature]* 4/11/13  
Date

**OSPB Approval by:** [Signature] 10/29/13  
Date

- Decision Item FY 2014-15
- Base Reduction Item FY 2014-15
- Supplemental FY 2014-15
- Budget Amendment FY 2014-15

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	5
	Fund	Appropriation FY 2013-14	Supplemental Request FY 2013-14	Base Request FY 2014-15	Funding Change Request FY 2014-15	Continuation Amount FY 2015-16
<b>Total of All Line Items</b>	<b>Total</b>	4,788,354,644	-	5,765,397,597	56,841,628	62,500,297
	<b>FTE</b>	-	-	-	-	-
	<b>GF</b>	1,065,743,206	-	1,249,445,789	20,079,070	21,347,084
	<b>GFE</b>	469,842,084	-	469,842,084	-	-
	<b>CF</b>	593,882,063	-	714,343,710	968,533	1,048,988
	<b>RF</b>	2,936,892	-	2,000,000	-	-
	<b>FF</b>	2,655,950,399	-	3,329,766,014	35,794,025	40,104,225
<b>(2) Medical Services Premiums</b>	<b>Total</b>	4,736,824,877	-	5,323,832,795	49,892,416	55,304,907
	<b>FTE</b>	-	-	-	-	-
	<b>GF</b>	1,036,017,966	-	1,035,822,319	16,686,301	17,831,226
	<b>GFE</b>	469,842,084	-	469,842,084	-	-
	<b>CF</b>	593,882,063	-	683,541,353	506,497	586,952
	<b>RF</b>	2,936,892	-	2,000,000	-	-
	<b>FF</b>	2,634,145,872	-	3,132,627,039	32,699,618	36,886,729
<b>(3) Behavioral Health Community Programs; Medicaid Mental Health Fee for Services Payments</b>	<b>Total</b>	4,801,046	-	4,803,917	91,878	97,628
	<b>FTE</b>	-	-	-	-	-
	<b>GF</b>	2,400,523	-	2,401,959	45,939	48,814
	<b>GFE</b>	-	-	-	-	-
	<b>CF</b>	-	-	-	-	-
	<b>RF</b>	-	-	-	-	-
	<b>FF</b>	2,400,523	-	2,401,958	45,939	48,814
<b>NEW ITEM (7) Office of Community Living; (A) Program Costs, Adult Comprehensive Services for 4,471.2 Medicaid Full Program Equivalents (FPE)</b>	<b>Total</b>	-	-	338,015,700	5,131,765	5,193,295
	<b>FTE</b>	-	-	-	-	-
	<b>GF</b>	-	-	153,608,493	2,334,892	2,365,657
	<b>GFE</b>	-	-	-	-	-
	<b>CF</b>	-	-	30,798,715	461,981	461,981
	<b>RF</b>	-	-	-	-	-
	<b>FF</b>	-	-	153,608,492	2,334,892	2,365,657
<b>NEW ITEM (7) Office of Community Living; (A) Program Costs, Adult Supported Living Services for 692 General Fund FPE and 3,417.5 Medicaid FPE</b>	<b>Total</b>	46,728,721	-	47,042,236	859,627	1,012,730
	<b>FTE</b>	0.0	-	-	-	-
	<b>GF</b>	27,324,717	-	27,481,475	489,219	565,770
	<b>GFE</b>	0	-	-	-	-
	<b>CF</b>	0	-	-	-	-
	<b>RF</b>	0	-	-	-	-
	<b>FF</b>	19,404,004	-	19,560,761	370,408	446,960

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	5
	Fund	Appropriation FY 2013-14	Supplemental Request FY 2013-14	Base Request FY 2014-15	Funding Change Request FY 2014-15	Continuation Amount FY 2015-16
NEW ITEM (7) Office of Community Living; (A) Program Costs, Family Support Services	Total	-	-	3,255,842	99,932	99,932
	FTE	-	-	-	-	-
	GF	-	-	3,255,842	99,932	99,932
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	-	-	-
NEW ITEM (7) Office of Community Living; (A) Program Costs, Children's Extensive Support Services for 659 Medicaid FPE	Total	-	-	18,785,189	281,778	281,778
	FTE	-	-	-	-	-
	GF	-	-	9,392,594	140,889	140,889
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	9,392,595	140,889	140,889
NEW ITEM (7) Office of Community Living; (A) Program Costs, Case Management for 692 General Fund and 8,547.7 Medicaid FPE	Total	-	-	26,610,248.0	438,457.0	464,252.0
	FTE	-	-	-	-	-
	GF	-	-	14,454,444	236,468	249,366
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	\$12,155,804	\$201,989	\$214,886
NEW ITEM (7) Office of Community Living; (A) Program Costs, Eligibility Determination and Waiting List Management	Total	-	-	2,987,431	44,811	44,811
	FTE	-	-	-	-	-
	GF	-	-	2,968,066	44,521	44,521
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	19,365	290	290
NEW ITEM (7) Office of Community Living; (A) Program Costs, Preventive Dental Hygiene	Total	-	-	64,239	964	964
	FTE	-	-	-	-	-
	GF	-	-	60,597	909	909
	GFE	-	-	-	-	-
	CF	-	-	3,642	55	55
	RF	-	-	-	-	-
	FF	-	-	-	-	-

Letternote Text Revision Required?

Yes:

No:

If yes, describe the Letternote Text Revision:

Cash or Federal Fund Name and COFRS Fund Number: Medical Services Premiums: \$197,939 Hospital Provider Fee Cash Fund Section 25.5-4-402.3 (4) and \$308,558 Adult Dental Cash Fund; Office of Community Living: Client Cash Sources.

Reappropriated Funds Source, by Department and Line Item Name: N/A

Approval by OIT?

Yes:

No:

Not Required:

Schedule 13s from Affected Departments: N/A

Other Information: N/A



# COLORADO

Department of Health Care Policy  
and Financing

Priority: R-11  
Community Provider Rate Increase  
FY 2014-15 Change Request

## ***Cost and FTE***

- The Department requests \$56,841,628 total funds, including \$20,079,070 General Fund in FY 2014-15.

## ***Link to Operations***

- Provider reimbursement for most Medicaid services does not change over time absent increases or decreases to appropriation by the General Assembly. Subsequently, rates for many services do not change based on the costs of providing the service. Provider costs can increase with inflation and other economic factors, or decrease with new technology and efficiencies.
- In FY 2012-13, the General Assembly appropriated funds to partially restore reimbursement to prerecession levels as providers experienced multiple rate reductions since FY 2009-10.

## ***Problem or Opportunity***

- For some services, reimbursement is insufficient to maintain provider participation in the long run.
- An inconsistent, fixed fee schedule that has not been updated to account for changes in costs and potential efficiencies can create incentives for providers to utilize higher cost, less effective, and less efficient services.

## ***Consequences of Problem***

- Reduced provider participation reduces clients' access to health care. Reduced access to health care can, in turn, result in poor client outcomes and subsequent higher costs for the State.
- Incentives for providers created by insufficient and/or inconsistent reimbursement can result in utilization of services that are inefficient, less effective, and more costly. As with access issues, there are negative impacts for client outcomes and fiscal impacts for the State.

## ***Proposed Solution***

- The Department requests \$56,841,628 in total funds for FY 2014-15 to increase provider rates by 1.5%. Of this amount, 1% would be an across-the-board increase for certain eligible providers. The Department would reserve funding equal to a 0.5% rate increase to better align reimbursement for select services in a coordinated and targeted manner.
- Investing in adequate provider rates and aligning payment with high value services would result in better outcomes for clients and lower costs for the State.



# COLORADO

## Department of Health Care Policy and Financing

FY 2014-15 Funding Request | November 1, 2013

John W. Hickenlooper  
Governor

Susan E. Birch  
Executive Director

**Department Priority: R-11**  
**Request Detail: Community Provider Rate Increase**

Summary of Incremental Funding Change for FY 2014-15	Total Funds	General Fund
Community Provider Rate Increase	\$56,841,628	\$20,079,070

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

Investing in adequate provider rates and aligning payment with high-value services is a critical component of ensuring clients have sufficient access to care, quality outcomes are achieved, and services provided are cost-effective.

Many services provided to Medicaid clients are paid at a fixed level that does not change unless the General Assembly explicitly approves an increase or decrease to reimbursement. Throughout the recession, provider rates were reduced repeatedly. However, in FY 2012-13 the General Assembly partially restored provider rates, bringing provider rates closer to prerecession levels. For many services, a gap remains and some providers continue to be reimbursed below historical levels. Inadequate reimbursement is unsustainable in the long run as it would likely limit access to care for Medicaid clients. Subsequently, limited access to care can result in poor quality outcomes and higher costs for the State as conditions that could have been prevented exacerbate in the absence of early intervention.

In addition to addressing inadequate reimbursement, there is an opportunity for the Department to establish policy that incentivizes the use of high value services and disincentivizes low-value procedures. Reimbursement for most services does not change, even though the cost of providing those services increases over time with inflation and other economic factors. Further, reimbursement for a service does not change relative to alternative services that may have shown to produce better client outcomes at a lower long term cost. Consequently, the Medicaid fee schedule does not truly incentivize providers to provide the most clinically effective, cost efficient services. In fact, because the fee schedule has not changed to accommodate the aforementioned factors, incentives to bill high volume, low efficacy procedures likely exists. This is not a problem that can be resolved with an across-the-board rate increase.

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

The Department requests \$56,841,628 total funds, \$20,079,070 General Fund, for FY 2014-15 to increase provider rates by 1% for eligible providers and to use funding equal to a 0.5% rate increase in order to provide targeted increases to specific services.

In aggregate, the increases would address adequacy of payment. Additionally, the Department would use targeted rate increases to specifically address the underlying incentive structure inherent in the Medicaid fee schedule, in order to promote utilization of high quality, cost effective procedures that ultimately improve client outcomes and reduce expenditures for the State.

The Department has formed an internal workgroup to establish a framework for targeting rates to achieve these goals. The expertise of the stakeholder community would be valuable; the Department would actively seek stakeholder feedback throughout the process to gain a better understanding of which areas can be most beneficially impacted through targeted rate increases given resource constraints.

#### ***Anticipated Outcomes:***

Implementing a provider rate increase would reduce the financial strain and risk to client access that accompanied several years' worth of rate reductions. Additionally, targeted increases would more appropriately align incentives, encouraging positive outcomes for clients and allowing the Department to pay for value rather than volume of services. Access issues related to inappropriate reimbursement rates, particularly important with the Medicaid expansion and exacerbated in rural areas, would be partially alleviated.

Providing adequate reimbursement to providers encourages participation in Medicaid and therefore increases client access, which aligns with the Department's Objective 3 in the FY 2013-14 Strategic Plan.

#### ***Assumptions and Calculations:***

Although these rate increases would affect most Medicaid providers, a number of providers would be exempted from rate increases or receive different rate increases. These distinctions include:

- A portion of physician and EPSDT services are not eligible for an increase in rates due to rates already being increased under Section 1202 of the Affordable Care Act. A portion of expenditure related to non-medical emergency transportation services is not eligible for an increase due to services rendered under a fixed price contract.
- Class I and Class II nursing facility rates are determined in accordance with statutory guidelines which has the effect of increasing reimbursement to most providers each year, based on providers' cost. Therefore, the Department is not requesting funding to increase nursing facility rates. In addition, the Department would exempt hospice rates, which are set in part as a function of nursing facility rates and in part as a result of federal requirements.
- Physical health managed care programs, including risk-based health maintenance organizations such as the Program of All-Inclusive Care for the Elderly (PACE), would receive rate increases based on whether the services covered under their contracts received rate increases.
- Behavioral health organizations (BHO) would not receive direct rate increases as part of this change request. BHO rates are set in accordance with federal regulation and actuarial standards. BHO rates generally increase in response to provider cost, and the Department cannot apply a direct increase to the rates.
- The Department would exempt reimbursement to pharmacies from the rate increase. Pharmaceutical reimbursement has transitioned to a methodology that reflects the actual costs of purchasing and

dispensing medications. Further, pharmaceutical reimbursement is unique in that the reimbursement methodology is directly tied to a moving price statistic that increases reimbursement as provider costs increase.

- The Department exempts rates for services provided under the home and community based services (HCBS) waiver for children with autism because of the cap on client expenses. An increase in rates would reduce the amount of services that clients are able to receive. For this reason, the Department has not applied rate reductions to this program in prior years and would not apply a rate increase to the reimbursement of these services.
- Rates for rural health clinics (RHCs) are based on actual cost or the Medicare upper payment limit. RHCs have previously not been subject to rate decreases or increases due to the unique manner in which these rates are calculated.

The Department's request also includes rate increases for programs administered by the Office of Community Living.

See Appendix A for detailed calculations.

R-11 Community Provider Rate Increase  
Appendix A: Calculations and Assumptions

**Table 1a: FY 2014-15 - Amounts Eligible for Rate Increase by Funding Source  
(Includes Budget Actions Not Yet Approved)**

<b>Long Bill Group</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Federal Funds</b>
<b>(2) Medical Services Premiums</b>				
Acute Care	\$2,716,767,935	\$831,003,827	\$31,805,002	\$1,853,959,106
Community Based Long Term Care	\$394,213,970	\$195,661,321	\$643,918	\$197,908,731
Program for All-Inclusive Care for the Elderly	\$101,998,967	\$50,999,483	\$0	\$50,999,484
Service Management	\$112,249,758	\$34,334,908	\$1,314,100	\$76,600,750
FY 2014-15 R-7: Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase	\$2,626,699	\$1,313,350	\$0	\$1,313,350
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	(\$1,933,750)	(\$966,875)	\$0	(\$966,875)
FY 2014-15 R-10: Primary Care Specialty Collaboration	\$237,497	\$74,061	\$3,479	\$159,957
<b>Total Medical Services Premiums</b>	<b>\$3,326,161,076</b>	<b>\$1,112,420,075</b>	<b>\$33,766,499</b>	<b>\$2,179,974,502</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$49,892,416</b>	<b>\$16,686,301</b>	<b>\$506,497</b>	<b>\$32,699,618</b>
<b>(3) Behavioral Health Community Programs</b>				
Mental Health Fee-for-Service	\$6,125,216	\$3,062,608	\$0	\$3,062,608
<b>Impact of 1.5% Rate Increase</b>	<b>\$91,878</b>	<b>\$45,939</b>	<b>\$0</b>	<b>\$45,939</b>

R-11 Community Provider Rate Increase  
Appendix A: Calculations and Assumptions

**Table 1a: FY 2014-15 - Amounts Eligible for Rate Increase by Funding Source (Continued)**  
**(Includes Budget Actions Not Yet Approved)**

Long Bill Group	Total Funds	General Fund	Cash Funds	Federal Funds
<b>(7) Office of Community Living</b>				
Adult Comprehensive Services	\$338,015,700	\$153,608,493	\$30,798,715	\$153,608,492
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	\$4,102,000	\$2,051,000	\$0	\$2,051,000
<b>Total</b>	<b>\$342,117,700</b>	<b>\$155,659,493</b>	<b>\$30,798,715</b>	<b>\$155,659,492</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$5,131,765</b>	<b>\$2,334,892</b>	<b>\$461,981</b>	<b>\$2,334,892</b>
Adult Supported Living Services	\$47,042,236	\$27,481,475	\$0	\$19,560,761
FY 2014-15 R-7: Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase	\$9,887,594	\$4,943,797.00	\$0	\$4,943,797
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	\$378,627	\$189,314	\$0	\$189,313
<b>Total</b>	<b>\$57,308,457</b>	<b>\$32,614,586</b>	<b>\$0</b>	<b>\$24,693,871</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$859,627</b>	<b>\$489,219</b>	<b>\$0</b>	<b>\$370,408</b>
Family Support Services	\$3,255,842	\$3,255,842	\$0	\$0
FY 2014-15 R-14: Family Support Services Funding Restoration	\$3,406,321	\$3,406,321	\$0	\$0
<b>Total</b>	<b>\$6,662,163</b>	<b>\$6,662,163</b>	<b>\$0</b>	<b>\$0</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$99,932</b>	<b>\$99,932</b>	<b>\$0</b>	<b>\$0</b>
Children's Extensive Support Services	\$18,785,189	\$9,392,594	\$0	\$9,392,595
<b>Impact of 1.5% Rate Increase</b>	<b>\$281,778</b>	<b>\$140,889</b>	<b>\$0</b>	<b>\$140,889</b>

R-11 Community Provider Rate Increase  
Appendix A: Calculations and Assumptions

**Table 1a: FY 2014-15 - Amounts Eligible for Rate Increase by Funding Source (Continued)**  
**(Includes Budget Actions Not Yet Approved)**

<b>Long Bill Group</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Federal Funds</b>
Case Management	\$26,610,248	\$14,454,444	\$0	\$12,155,804
FY 2014-15 R-7: Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase	\$2,335,543	\$1,167,772	\$0	\$1,167,771
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	\$284,673	\$142,337	\$0	\$142,336
<b>Total</b>	<b>\$29,230,464</b>	<b>\$15,764,553</b>	<b>\$0</b>	<b>\$13,465,911</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$438,457</b>	<b>\$236,468</b>	<b>\$0</b>	<b>\$201,989</b>
Eligibility Determination and Waiting List Management	\$2,987,431	\$2,968,066	\$0	\$19,365
<b>Impact of 1.5% Rate Increase</b>	<b>\$44,811</b>	<b>\$44,521</b>	<b>\$0</b>	<b>\$290</b>
Preventive Dental Hygiene	\$64,239	\$60,597	\$3,642	\$0
<b>Impact of 1.5% Rate Increase</b>	<b>\$964</b>	<b>\$909</b>	<b>\$55</b>	<b>\$0</b>
<b>Total Impact</b>	<b>\$56,841,628</b>	<b>\$20,079,070</b>	<b>\$968,533</b>	<b>\$35,794,025</b>

R-11 Community Provider Rate Increase  
Appendix A: Calculations and Assumptions

**Table 1b: FY 2015-16 - Amounts Eligible for Rate Increase by Funding Source  
(Includes Budget Actions Not Yet Approved)**

<b>Long Bill Group</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Federal Funds</b>
<b>(2) Medical Services Premiums</b>				
Acute Care	\$3,094,437,840	\$918,775,429	\$37,544,371	\$2,138,118,041
Community Based Long Term Care	\$447,093,487	\$223,546,744	\$0	\$223,546,744
Program for All-Inclusive Care for the Elderly	\$8,499,914	\$4,249,957	\$0	\$4,249,957
Service Management	\$135,685,552	\$41,503,439	\$1,588,461	\$92,593,652
FY 2014-15 R-7: Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase	\$5,253,399	\$2,626,699	\$0	\$2,626,700
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	(\$3,802,439)	(\$1,901,220)	\$0	(\$1,901,219)
FY 2014-15 R-10: Primary Care Specialty Reform	(\$173,987)	(\$52,647)	(\$2,714)	(\$118,626)
<b>Total Medical Services Premiums</b>	<b>\$3,686,993,766</b>	<b>\$1,188,748,401</b>	<b>\$39,130,118</b>	<b>\$2,459,115,248</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$55,304,907</b>	<b>\$17,831,226</b>	<b>\$586,952</b>	<b>\$36,886,729</b>
<b>(3) Behavioral Health Community Programs</b>				
Mental Health Fee-for-Service	\$6,508,559	\$3,254,280	\$0	\$3,254,279
<b>Impact of 1.5% Rate Increase</b>	<b>\$97,628</b>	<b>\$48,814</b>	<b>\$0</b>	<b>\$48,814</b>

R-11 Community Provider Rate Increase  
Appendix A: Calculations and Assumptions

**Table 1b: FY 2015-16 - Amounts Eligible for Rate Increase by Funding Source (Continued)**  
**(Includes Budget Actions Not Yet Approved)**

Long Bill Group	Total Funds	General Fund	Cash Funds	Federal Funds
<b>(7) Office of Community Living</b>				
Adult Comprehensive Services	\$338,015,700	\$153,608,493	\$30,798,715	\$153,608,492
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	\$8,204,000	\$4,102,000	\$0	\$4,102,000
<b>Total</b>	<b>\$346,219,700</b>	<b>\$157,710,493</b>	<b>\$30,798,715</b>	<b>\$157,710,492</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$5,193,295</b>	<b>\$2,365,657</b>	<b>\$461,981</b>	<b>\$2,365,657</b>
Adult Supported Living Services	\$47,042,236	\$27,481,475	\$0	\$19,560,761
FY 2014-15 R-7: Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase	\$19,715,830	\$9,857,915.00	\$0	\$9,857,915
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	\$757,254	\$378,627	\$0	\$378,627
<b>Total</b>	<b>\$67,515,320</b>	<b>\$37,718,017</b>	<b>\$0</b>	<b>\$29,797,303</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$1,012,730</b>	<b>\$565,770</b>	<b>\$0</b>	<b>\$446,960</b>
Family Support Services	\$3,255,842	\$3,255,842	\$0	\$0
FY 2014-15 R-14: Family Support Services Funding Restoration	\$3,406,321	\$3,406,321	\$0	\$0
<b>Total</b>	<b>\$6,662,163</b>	<b>\$6,662,163</b>	<b>\$0</b>	<b>\$0</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$99,932</b>	<b>\$99,932</b>	<b>\$0</b>	<b>\$0</b>
Children's Extensive Support Services	\$18,785,189	\$9,392,594	\$0	\$9,392,595
<b>Impact of 1.5% Rate Increase</b>	<b>\$281,778</b>	<b>\$140,889</b>	<b>\$0</b>	<b>\$140,889</b>

R-11 Community Provider Rate Increase  
Appendix A: Calculations and Assumptions

**Table 1b: FY 2015-16 - Amounts Eligible for Rate Increase by Funding Source (Continued)**

<b>Long Bill Group</b>	<b>Total Funds</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Federal Funds</b>
Case Management	\$26,610,248	\$14,454,444	\$0	\$12,155,804
FY 2014-15 R-7: Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase	\$3,868,410	\$1,934,205	\$0	\$1,934,205
FY 2014-15 R-8: Developmental Disabilities New Full Program Equivalent	\$471,510	\$235,755	\$0	\$235,755
<b>Total</b>	<b>\$30,950,168</b>	<b>\$16,624,404</b>	<b>\$0</b>	<b>\$14,325,764</b>
<b>Impact of 1.5% Rate Increase</b>	<b>\$464,252</b>	<b>\$249,366</b>	<b>\$0</b>	<b>\$214,886</b>
Eligibility Determination and Waiting List Management	\$2,987,431	\$2,968,066	\$0	\$19,365
<b>Impact of 1.5% Rate Increase</b>	<b>\$44,811</b>	<b>\$44,521</b>	<b>\$0</b>	<b>\$290</b>
Preventive Dental Hygiene	\$64,239	\$60,597	\$3,642	\$0
<b>Impact of 1.5% Rate Increase</b>	<b>\$964</b>	<b>\$909</b>	<b>\$55</b>	<b>\$0</b>
<b>Total Impact</b>	<b>\$62,500,297</b>	<b>\$21,347,084</b>	<b>\$1,048,988</b>	<b>\$40,104,225</b>