Schedule 13

Funding Request for the 2014-15 Budget Cycle

Department: Health Care Policy and Financing

Request Title: Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase

Priority Number: R-7

Dept. Approval by: Josh Block 11/1/13 Date

OSPB Approval by: 10/24/13 Date

- [x] Decision Item FY 2014-15
- [ ] Base Reduction Item FY 2014-15
- [ ] Supplemental FY 2013-14
- [ ] Budget Amendment FY 2014-15

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	6
	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
Total of All Line Items	Total	5,117,662,301	0	5,854,420,807	15,472,452	30,082,871
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	1,187,078,554	0	1,231,183,790	7,736,227	15,041,435
	GFE	0	0	0	0	0
	CF	595,915,946	0	696,187,530	0	0
	RF	2,936,892	0	2,000,000	0	0
	FF	2,861,888,826	0	3,455,207,403	7,736,225	15,041,436
(2) Medical Services Premiums	Total	4,736,824,877	-	5,323,832,795	2,626,699	5,253,399
	FTE	-	-	-	-	-
	GF	1,036,017,966	-	1,035,822,319	1,313,350	2,626,699
	GFE	469,842,084	-	469,842,084	-	-
	CF	593,882,063	-	683,541,353	-	-
	RF	2,936,892	-	2,000,000	-	-
	FF	2,634,145,872	-	3,132,627,039	1,313,349	2,626,700
(3) Behavioral Health Community Programs; Behavioral Health Capitation Payments	Total	380,837,424	-	456,935,528	622,616	1,245,232
	FTE	-	-	-	-	-
	GF	151,060,588	-	153,425,552	311,308	622,616
	GFE	-	-	-	-	-
	CF	2,033,883	-	12,646,177	-	-
	RF	-	-	-	-	-
	FF	227,742,954	-	290,863,799	311,308	622,616
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	Total	-	-	47,042,236	9,887,594	19,715,830
	FTE	-	-	-	-	-
	GF	-	-	27,481,475	4,943,797	9,857,915
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	19,560,761	4,943,797	9,857,915

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	6
	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, Case Management for 692 General Fund and 8,547.7 Medicaid FPE	Total	-	-	26,610,248	2,335,543	3,868,410
	FTE	-	-	-	-	-
	GF	-	-	14,454,444	1,167,772	1,934,205
	GFE	-	-	-	-	-
	CF	-	-	-	-	-
	RF	-	-	-	-	-
	FF	-	-	12,155,804	1,167,771	1,934,205

Letternote Text Revision Required? Yes: ☐ No: ☑ **If yes, describe the Letternote Text Revision:**

Cash or Federal Fund Name and COFRS Fund Number: FF: Title XIX

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: Pursuant to HB 13-1314, the Division for Developmental Disabilities will be transitioned from the Department of Human Services to HCPF as of March 1, 2014. Therefore, the line items impacted by the request will be reflected in the Department of Health Care Policy and Financing.

Cost and FTE

- $15,472,452 total funds, $7,736,227 General Fund, and 0.0 FTE in FY 2014-15; $30,082,871 total funds, $15,041,435 General Fund, and 0.0 FTE in FY 2015-16 and beyond.

Link to Operations

- Home and Community Based Services-Supported Living Services (HCBS-SLS) are for adults with developmental disabilities who can either live independently with limited to moderate supports or who need more extensive support provided by other persons such as their family

Problem or Opportunity

- There are 1,526 people on the waiting list for HCBS-SLS services (based on June 30, 2013 waiting list data). This includes those on the HCBS-SLS waiting list who have indicated they would accept HCBS-DD enrollment if available.
- The HCBS-SLS program support levels are determined, in part, through Service Plan Authorization Limits (SPALs 1-6) representing six levels of service based on the individual's level of need. Service levels are capped and are not sufficient for some individuals who would benefit from additional services.
- This request is critical as people with developmental disabilities are waiting for needed services. The need for more costly Residential Habilitation in the Home and Community Based Services for People with Developmental Disabilities (HCBS-DD) waiver is avoided by serving people through HCBS-SLS.

Consequences of Problem

- Without new funding people will continue to wait for an enrollment to become available through attrition, which cannot keep up with demand, therefore growing the waiting list.
- Individuals waiting to receive services may experience deterioration in their medical or behavioral conditions and their quality of life may suffer as a result.

Proposed Solution

- The request is for 1,526 enrollments to eliminate the HCBS-SLS waiting list, increase each SPAL by 20%, and increase the maximum service limit to $45,000.
- The SPAL increase will better meet the needs of clients by providing them access to more units of service or other services that could not be authorized under the current limits of the SPAL.
- Increasing the overall waiver cap and SPAL amounts will enable people to receive needed services in the frequency they need them to live safe and self-determined lives in their own homes and communities.

Department Priority: R-7
Request Detail: Supported Living Services Waiting List Elimination and Service Plan Authorization Limits Increase

Summary of Incremental Funding Change for FY 2014-15	Total Funds	General Fund
Supported Living Services Waiting List Elimination and Service Plan Authorization Limits Increase	$15,472,452	$7,736,227

Problem or Opportunity:

The Home and Community Based Services – Supported Living Services (HCBS-SLS) waiver services are for adults who can either live independently with limited to moderate supports or who need more extensive support provided by other persons, such as their family. The HCBS-SLS waiver program provides a variety of services, such as personal care to assist with activities of daily living (i.e. eating, bathing and dressing); homemaking needs; employment or other day services; community connections; assistive technology; home modification; professional therapies; transportation; and twenty-four hour emergency assistance. Supported Living Services are not intended to meet all needs. Service needs and the level of support are prioritized within the overall Service Plan developed by the Case Management Agency. The person receiving services is responsible for his or her living arrangements, which can include living with family or in their own residence.

There are a growing number of people waiting for HCBS-SLS services, and the Service Plan Authorization Limits (SPAL) within SLS are not adequate to meet the needs of participants in the program. The Department does not have the funding needed to address these critical issues, which is why we are requesting funding to eliminate the HCBS-SLS waiting list and increase the maximum service limits on the SPALs.

The maximum annual expenditure for any single participant within the HCBS-SLS waiver services is $35,000, which is inclusive of all services. Within HCBS-SLS, there are six Support Levels which are tied to six Service Plan Authorization Limits (SPALs 1-6). Each authorization limit identifies an annual maximum dollar amount available to address all ongoing service needs based on a uniform method for assessing Support Levels using the Supports Intensity Scale (SIS) tool. These authorization limits provide a statewide uniform method for assuring that waiver participants with higher Support Level needs can receive sufficient services to meet those needs, while still meeting cost effectiveness and containment requirements. These authorization limits apply only to ongoing services, excluding intermittent services

(e.g. transportation, dental services, vision services, assistive technology, home accessibility adaptations, and vehicle modifications).

The method used to determine the dollar values associated with each SPAL is based on an analysis of historical utilization of authorized waiver services by participants, and appropriated funds available for this waiver. The implementation of SPALs was phased in at the time of each annual Service Plan renewal starting July 1, 2009 and resulted in a more equitable distribution of services and supports across the waiver population.

Proposed Solution:

This request is for $15,472,452 total funds, $7,736,227 General Fund in FY 2014-15; $30,082,871 total funds, $15,041,435 General Fund in FY 2015-16 and beyond, to:

- Eliminate the current waiting list for services through the Home and Community Based Services - Supported Living Services Medicaid waiver program;
- Increase the maximum annual expenditure for any single participant receiving HCBS-SLS waiver services from $35,000 to $45,000 per year (28.6% increase in maximum amount allowed);
- Increase the maximum amount for each Service Plan Authorization Limit level by 20%;
- Provide adequate Medicaid state plan and Behavioral Health Community Programs funding.

The Department is proposing to fully fund services for all individuals on the waiting list as well as increase the SPAL limits to improve access to needed services. There are 1,526 people on the waiting list for HCBS-SLS services, based on June 30, 2013 waiting list data. This includes individuals who are on both the HCBS-SLS waiting list and the waiting list for HCBS-DD waiver services. These individuals indicate they will accept the first available enrollment from either waiver program.

This request is critical because people with developmental disabilities are waiting for needed services, especially those that are at high risk of harm or homelessness. Individuals waiting to receive services may experience deterioration in their medical or behavioral conditions, their caregivers may struggle to continue to provide support, and their quality of life may suffer as a result. Providing services addresses all aspects of health, safety and quality of life for these individuals. Increasing the overall waiver cap and SPAL amounts will enable people to receive needed services in the frequency they need them to live safe and self-determined lives in their own homes and communities.

Funding this request will address the Department's goal of serving the needs of clients with developmental disabilities in the least restrictive setting. The alternative is to leave enrollments and SPAL limits at the current funding level. People with intellectual and developmental disabilities would wait for an enrollment to become available through attrition, which cannot keep up with demand, therefore growing the waiting list for HCBS-SLS services. Some people may accept enrollment in the more expensive and restrictive HCBS-DD waiver if the HCBS-SLS enrollment is not available, and the SPAL limits in the HCBS-SLS waiver would not sufficiently address all individual needs for services and supports.

Anticipated Outcomes:

The current HCBS-SLS waiting list will be eliminated by funding enrollments for the number of individuals identified as waiting and in need of services by FY 2014-15. Those individuals that are on the HCBS-SLS waiting list and the HCBS-DD waiting list would receive services through the HCBS-SLS waiver, which is less restrictive and more cost effective than the HCBS-DD waiver. By increasing the waiver cap and the SPAL limits, individuals who currently are not able to access full time day services would have access as their needs dictate. Increasing the limit on services in the HCBS-SLS waiver would allow some people that need more extensive dental services, assistive technology, home modifications or vehicle modifications to obtain these services, providing the support individuals need to stay in their own homes or their family's home by promoting independence through technology and accessibility adaptations.

Raising the SPAL limits will also allow more people who have Supported Employment as part of their Service Plan to benefit by providing them the ability to have more units of Supported Employment, expanding their ability to participate in employment activities. The Division for Developmental Disabilities (DDD) is currently engaged in a performance management strategy that allows the Division to better focus on and improve performance outcomes. Currently, DDD examines the performance measure titled "*Participants Receiving Supported Employment in Group and Individualized Settings*." The goal of this measure is to increase the number of participants receiving Supported Employment in group and individualized settings to 23% among those adults in the community with developmental disabilities who are enrolled in day services. Performance trends from calendar year 2012 to the first six months of 2013 have shown improvement, ranging from 19.3% to 22.4% in 2012, and peaking at 24.5% as of June 2013. The DDD has surpassed the 23% goal for improving Supported Employment outcomes and has exceeded the national Supported Employment average of 20.3%.

Recently, a more targeted performance measure was introduced titled *"Participants Receiving Supported Employment in Individualized Settings."* This measure focuses on efforts to customize employment opportunities and serve individuals in the most integrated setting possible. The goal of this measure is to increase the number of participants receiving Supported Employment in individualized settings to 13% among those adults in the community with developmental disabilities who are enrolled in day services. Performance trends from calendar year 2012 to the first six months of 2013 have been stagnant, ranging from 8.5% to 9.3%. Increasing the SPAL limits and the overall cap on services in the HCBS-SLS waiver can improve an individual's access to needed Supported Employment services, as some clients have not been able to fully access their Supported Employment potential because of the SPAL limits currently in place. In addition, funding enrollments for those on the waiting list will allow these individuals access to Supported Employment services.

Assumptions and Calculations:

Based on the FY 2013-14 SPAL amounts, the Department calculates that the limit for each SPAL level would increase as shown in the following table.

Service Plan Authorization Limits by Support Level			
SPAL Levels	FY 2013-14 SPAL Amounts	Proposed Percent Increase	Revised SPAL Amount
SPAL 1	$12,193	20%	$14,632
SPAL 2	$13,367	20%	$16,040
SPAL 3	$15,038	20%	$18,046
SPAL 4	$17,296	20%	$20,755
SPAL 5	$20,818	20%	$24,982
SPAL 6	$27,366	20%	$32,839

The impact of the SPAL increase is anticipated to be partially realized in FY 2014-15 and be fully realized in FY 2015-16 because the limits would be applied as individuals begin or renew their service plan throughout FY 2014-15. The cost projection shown for FY 2014-15 on Attachment A, and for FY 2015-16 in Attachment B, assumes that the impact applies to clients with expenditures at 80% of their SPAL limit or greater. The Department assumes that these clients are managing within the service limits and would see a proportionate increase if the SPAL limits are increased by 20%. There is no anticipated cost increase for clients with expenditures that are less than 80% of their SPAL limit. The Department assumes that these clients are fully receiving the amount of service needed within the current SPAL limit; therefore an increase in the SPAL limit would not benefit them.

In order to forecast Medical Services Premiums (state plan) and mental health service (Behavioral Health Community Programs) cost shift estimates, the Department assumes that the current wait list demographic is statistically identical to the pool of individuals currently served in the SLS waiver who entered into the waiver over the past three years. The forecast includes factors such as number of individuals on the wait list currently receiving state plan and/or mental health services, the number receiving service through an alternate waiver, and anticipated state plan and mental health service utilization costs for individuals before and after transitioning to the SLS waiver. Forecast calculations are shown on Tables 2.1 and 2.2.

Table 1.1
Calculation of Fund Splits - FY 2014-15

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums	$2,626,699	$1,313,350	$0	$0	$1,313,349
(3) Behavioral Health Community Programs; Behavioral Health Capitation Payments	$622,616	$311,308	$0	$0	$311,308
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	$9,887,594	$4,943,797	$0	$0	$4,943,797
NEW ITEM (7) Office of Community Living; (A) Program Costs, Case Management for 692 General Fund and 8,547.7 Medicaid FPE	$2,335,543	$1,167,772	$0	$0	$1,167,771
Total Projected FY 2014-15 Expenditures	**$15,472,452**	**$7,736,227**	**$0**	**$0**	**$7,736,225**

Table 1.2
Calculation of Fund Splits - FY 2015-16

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums	$5,253,399	$2,626,699	$0	$0	$2,626,700
(3) Behavioral Health Community Programs; Behavioral Health Capitation Payments	$1,245,232	$622,616	$0	$0	$622,616
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	$19,715,830	$9,857,915	$0	$0	$9,857,915
NEW ITEM (7) Office of Community Living; (A) Program Costs, Case Management for 692 General Fund and 8,547.7 Medicaid FPE	$3,868,410	$1,934,205	$0	$0	$1,934,205
Total Projected FY 2015-16 Expenditures	**$30,082,871**	**$15,041,435**	**$0**	**$0**	**$15,041,436**

Table 2.1
FY 2014-15
Impact to Medical Services Premiums and Behavioral Health Community Programs Due to SLS Waiver Wait List Reduction

		Current Medicaid Recipients		Current Non-Medicaid Recipients	*Total FY 2014-15*	Formula/Assumptions
		Waiver	No Waiver			
A	Client Count	26	871	629	1526	
B	Average Months Enrolled	6	6	6	6	6
C	Estimated Full Participant Equivalents	13	435.5	314.5	763	Row A * (Row B/12)
D	Current State Plan Costs	$7,065	$9,027	$0		MMIS Claims Data
E	Future State Plan costs per person[1]	$8,878	$8,878	$8,878		See Footnote
F	Net difference per person	$1,812	($149)	$8,878		Row D * Row E
G	Total Increase (Decrease)	$23,561	($65,062)	$2,792,001	$2,750,500	Row F * Row C
H	Current MSP[2] Waiver[3] costs per person	$9,523	$0	$0		MMIS Claims Data
I	Future Waiver costs per person	$0	$0	$0		
J	Net difference per person	($9,523)	$0	$0		Row H - Row I
K	Total Increase (Decrease)	($123,801)	$0	$0	($123,801)	Row J * Row C
L	**Total Medical Services Premiums Impact**	**($100,239)**	**($65,062)**	**$2,792,001**	**$2,626,699**	Row G + Row K
M	Current Mental Health costs per person	$1,980	$1,980	$0		FY 2013-14 S-2
N	Future Mental Health costs per person	$1,980	$1,980	$1,980		FY 2013-14 S-2
O	Net difference per person	$0	$0	$1,980		Row M - Row N
P	**Total Mental Health Increase (Decrease)**	**$0**	**$0**	**$622,616**	**$622,616**	Row O * Row C
Q	**Total**	**($100,239)**	**($65,062)**	**$3,414,617**	**$3,249,316**	Row L + Row P

1) CMS 372 less Targeted Case Management and Mental Health

2) *Definition* : MSP - Medical Services Premiums.

3) MSP Waivers include Children's Home and Community Based Services (CHCBS) and Elderly Blind and Disabled (EBD); both administered by HCPF

Table 2.2
FY 2015-16
Impact to Medical Services Premiums and Behavioral Health Community Programs Due to SLS Waiver Wait List Reduction

		Current Medicaid Recipients		Current Non-Medicaid Recipients	*Total FY 2015-16*	Formula/Assumptions
		Waiver	No Waiver			
A	Client Count	26	871	629	1526	
B	Average Months Enrolled	12	12	12	12	Evenly through the year
C	Estimated Full Participant Equivalents	26	871	629	1526	Row A * (Row B/12)
D	Current State Plan Costs	$7,065	$9,027	$0		MMIS Claims Data
E	Future State Plan costs per person[1]	$8,878	$8,878	$8,878		See Footnote
F	Net difference per person	$1,812	($149)	$8,878		Row D * Row E
G	Total Increase (Decrease)	$47,122	($130,124)	$5,584,002	$5,501,000	Row F * Row C
H	Current MSP[2] Waiver[3] costs per person	$9,523	$0	$0		MMIS Claims Data
I	Future Waiver costs per person	$0	$0	$0		
J	Net difference per person	($9,523)	$0	$0		Row H - Row I
K	Total Increase (Decrease)	($247,601)	$0	$0	($247,601)	Row J * Row C
L	**Total Medical Services Premiums Impact**	**($200,479)**	**($130,124)**	**$5,584,002**	**$5,253,399**	Row G + Row K
M	Current Mental Health costs per person	$1,980	$1,980	$0		FY 2013-14 S-2
N	Future Mental Health costs per person	$1,980	$1,980	$1,980		FY 2013-14 S-2
O	Net difference per person	$0	$0	$1,980		Row M - Row N
P	**Total Mental Health Increase (Decrease)**	**$0**	**$0**	**$1,245,232**	**$1,245,232**	Row O * Row C
Q	**Total**	**($200,479)**	**($130,124)**	**$6,829,234**	**$6,498,631**	Row L + Row P

1) CMS 372 less Targeted Case Management and Mental Health

2) *Definition* : MSP - Medical Services Premiums.

3) MSP Waivers include Children's Home and Community Based Services (CHCBS) and Elderly Blind and Disabled (EBD); both administered by HCPF

Table 3.1
FY 2014-15
Impact to New Office of Community Living Program Costs Due to SLS Waiver Wait List Reduction

FY 2014-15 HCBS-SLS Waiting List Elimination Funding Calculations						
	Number of Enrollments* (a)	Months Enrolled (b)	Average Annual FPE Cost** (c)	Total Annual Cost All New Enrollments (d)	TF (e)	GF (f)
1) HCBS-SLS Waiting List Reduction	1,526	6	$12,414	$9,471,882	$9,471,882	$4,735,941
2) Targeted Case Management	1,526	6	$2,157	$1,645,791	$1,645,791	$822,896
3) Quality Assurance	1,526	6	$300	$228,900	$228,900	$114,450
4) Utilization Review	1,526	Annually	$78	$119,028	$119,028	$59,514
5) Supports Intensity Scale Assessment	1,526	One Time	$224	$341,824	$341,824	$170,912
Total (7)(A) Program Costs				**$11,807,425**	**$11,807,425**	**$5,903,713**
Calculation (rounded)				*(a)*(b)* (c)/12*		*(e) * 50%,*

* The number of enrollment is based on all persons waiting for HCBS-SLS waiver services through FY 2014-15.

** Average Annual FPE Cost is based on FY 2012-13 average cost per FPE plus 4% provider rate increase approved for FY 2013-14.

Table 3.2
FY 2015-16
Impact to New Office of Community Living Program Costs Due to SLS Waiver Wait List Reduction

FY 2015-16 HCBS-SLS Waiting List Elimination Funding Calculations						
	Number of Enrollments* (a)	Months Enrolled (b)	Average Annual FPE Cost** (c)	Total Annual Cost All New Enrollments (d)	TF (e)	GF (f)
1) HCBS-SLS Waiting List Reduction	1,526	12	$12,414	$18,943,764	$18,943,764	$9,471,882
2) Targeted Case Management	1,526	12	$2,157	$3,291,582	$3,291,582	$1,645,791
3) Quality Assurance	1,526	12	$300	$457,800	$457,800	$228,900
4) Utilization Review	1,526	Annually	$78	$119,028	$119,028	$59,514
Total (7)(A) Program Costs				**$22,812,174**	**$22,812,174**	**$11,406,087**
Calculation (rounded)				*(a)*(b)* (c)/12*		*(e) * 50%,*

* The number of enrollment is based on all persons waiting for HCBS-SLS waiver services through FY 2014-15.

** Average Annual FPE Cost is based on FY 2012-13 average cost per FPE plus 4% provider rate increase approved for FY 2013-14.

Attachment A Projected FY 2014-15 Cost Increase with 20% Increase in SPALs

Calculation of Annual Cost of SPAL Increase on Base Enrollments

	Number of Clients	Percent of Total Clients	Annual Cost of HCBS-SLS Services	Increased Percentage Of Proposed Increase Over Current SPAL Limit	Total Increase	Monthly Cost of Increase Per Person	Projected Impact for New FY 2014-15 HCBS-SLS FPE Requested
Maximum SPAL	3	0.08%	$43,039	28.50%	$12,266	$340.72	1
90% to 99% of SPAL	84	2.30%	$1,051,903	20%	$210,381	$208.71	35
80% to 89% of SPAL	146	3.99%	$1,614,010	20%	$322,802	$184.25	61
Total Increase	**233**	**6.37%**			**$545,449**	**$195.08**	**97**
Total Client Count	**3,659**						**1,526**

FY 2014-15 Cost Increase for Service Plan Authorization Limits on Base Enrollments

	July	August	September	October	November	December	January	February	March	April	May	June	Total Cost
Clients At Maximum SLS Service CAP	0	0	0	1	1	1	1	2	2	2	2	3	
Cost	$0.00	$0.00	$0.00	$340.72	$340.72	$340.72	$340.72	$681.44	$681.44	$681.44	$681.44	$1,022.17	$5,110.81
Clients at 90% to 99% of SPAL	7	14	21	28	35	42	49	56	63	70	77	84	
Cost	$1,460.98	$2,921.96	$4,382.94	$5,843.92	$7,304.90	$8,765.88	$10,226.85	$11,687.83	$13,148.81	$14,609.79	$16,070.77	$17,531.75	$113,956.38
Clients at 80% to 89% of SPAL	12	24	36	48	60	73	85	97	109	121	133	146	
Cost	$2,210.97	$4,421.95	$6,632.92	$8,843.89	$11,054.86	$13,450.08	$15,661.06	$17,872.03	$20,083.00	$22,293.97	$24,504.95	$26,900.17	$173,929.85
													$292,997.04

FY 2014-15 Projected Cost Increase for Service Plan Authorization Limits of New FY 2014-15 HCBS-SLS FPE Requested

	July	August	September	October	November	December	January	February	March	April	May	June	Total Cost
Clients At Maximum SLS Service CAP	0	0	0	0	0	0	1	1	1	1	1	1	
Cost	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$2,044.32
Clients at 90% to 99% of SPAL	3	6	9	12	15	18	21	24	27	30	33	35	
Cost	$626.13	$1,252.27	$1,878.40	$2,504.54	$3,130.67	$3,756.80	$4,382.94	$5,009.07	$5,635.21	$6,261.34	$6,887.47	$7,304.90	$48,629.74
Clients at 80% to 89% of SPAL	5	10	15	20	25	30	35	40	45	50	55	61	
Cost	$921.24	$1,842.48	$2,763.72	$3,684.95	$4,606.19	$5,527.43	$6,448.67	$7,369.91	$8,291.15	$9,212.39	$10,133.62	$11,239.11	$72,040.86
													$122,714.92
Total FY 2014-15 Projected Cost Increase of 20% SPAL Increase													**$415,712**

** Number of clients is an estimate based on the proportion of new HCBS-SLS FPE requested in FY 2014-15 change requests.*

Attachment B Projected FY 2015-16 Cost Increase with 20% Increase in SPALs

Calculation of Annual Cost of SPAL Increase on Base Enrollments

	Number of Clients	Percent of Total Clients	Annual Cost of HCBS-SLS Services	Increased Percentage Of Proposed Increase Over Current SPAL Limit	Total Increase	Monthly Cost of Increase Per Person	Projected Impact for New HCBS-SLS FPE Requested
Maximum SPAL	3	0.08%	$43,039	28.50%	$12,266	$340.72	1
90% to 99% of SPAL	84	2.30%	$1,051,903	20%	$210,381	$208.71	35
80% to 89% of SPAL	146	3.99%	$1,614,010	20%	$322,802	$184.25	61
Total Increase	**233**	**6.37%**			**$545,449**	**$195.08**	97
Total Client Count	**3659**						**1526**

FY 2015-16 Cost Increase for Service Plan Authorization Limits on Base Enrollments

	July	August	September	October	November	December	January	February	March	April	May	June	Total Cost
Number of Clients													
Cost													
At Maximum SLS Service CAP	3	3	3	3	3	3	3	3	3	3	3	3	
Cost	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$1,022.17	$12,266.04
90% to 99% of SPAL	84	84	84	84	84	84	84	84	84	84	84	84	
Cost	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$17,531.75	$210,381.00
80% to 89% of SPAL	146	146	146	146	146	146	146	146	146	146	146	146	
Cost	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$26,900.17	$322,802.04
													$545,449.08

FY 2015-16 Projected Cost Increase for Service Plan Authorization Limits of New FY 2014-15 HCBS-SLS FPE Requested

Number of Clients/Costs	July	August	September	October	November	December	January	February	March	April	May	June	Total Cost
At Maximum SLS Service CAP	1	1	1	1	1	1	1	1	1	1	1	1	
Cost	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$340.72	$4,088.64
90% to 99% of SPAL	35	35	35	35	35	35	35	35	35	35	35	35	
Cost	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$7,304.90	$87,658.80
80% to 89% of SPAL	61	61	61	61	61	61	61	61	61	61	61	61	
Cost	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$11,239.11	$134,869.32
													$226,616.76
Total FY 2015-16 Projected Cost Increase of 20% SPAL Increase													**$772,066**

** Number of clients is an estimate based on the proportion of new HCBS-SLS FPE requested in FY 2014-15 change requests.*