

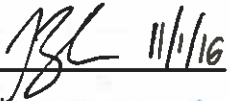

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Health Care Policy and Financing

Request Title

R-05 Office of Community Living

Dept. Approval By:	Josh Block		11/1/16	<input type="checkbox"/>	Supplemental FY 2016-17
				<input checked="" type="checkbox"/>	Change Request FY 2017-18
OSPB Approval By:			10/28/16	<input type="checkbox"/>	Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial	Supplemental	Base Request	Change	Continuation
		Appropriation	Request		Request	
Total		\$490,594,151	\$0	\$490,659,237	\$9,869,672	\$34,757,017
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$248,833,350	\$0	\$248,581,190	(\$2,025,296)	\$18,882,493
	CF	\$1	\$0	\$284,697	\$8,427,248	(\$36,875)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$241,760,800	\$0	\$241,793,350	\$3,467,720	\$15,911,399

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial	Supplemental	Base Request	Change	Continuation
		Appropriation	Request		Request	
Total		\$362,346,433	\$0	\$362,346,433	\$7,469,531	\$24,472,717
FTE		0.0	0.0	0.0	0.0	0.0
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Program Costs - Adult Comprehensive Services	GF	\$180,448,523	\$0	\$180,448,523	(\$4,001,748)	\$12,961,051
	CF	\$1	\$0	\$1	\$8,461,206	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$181,897,909	\$0	\$181,897,909	\$3,010,073	\$11,511,666

Total		\$69,681,391	\$0	\$69,734,980	\$1,561,123	\$7,271,228
FTE		0.0	0.0	0.0	0.0	0.0
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Program Costs - Adult Supported Living Services	GF	\$38,677,034	\$0	\$38,469,418	\$928,806	\$3,784,415
	CF	\$0	\$0	\$234,405	(\$24,590)	(\$25,152)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$31,004,357	\$0	\$31,031,157	\$656,907	\$3,511,965

	Total	\$26,310,826	\$0	\$26,310,826	\$463,632	\$1,179,438
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Program Costs - Children's Extensive Support Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$13,102,791	\$0	\$13,102,791	\$284,438	\$642,341
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$13,208,035	\$0	\$13,208,035	\$179,194	\$537,097

	Total	\$32,255,501	\$0	\$32,266,998	\$375,386	\$1,833,634
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Program Costs - Case Management	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$16,605,002	\$0	\$16,560,458	\$763,208	\$1,494,686
	CF	\$0	\$0	\$50,291	(\$9,368)	(\$11,723)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$15,650,499	\$0	\$15,656,249	(\$378,454)	\$350,671

CF Letternote Text Revision Required?	Yes	<u>X</u>	No	<u> </u>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<u> </u>	No	<u>X</u>	
FF Letternote Text Revision Required?	Yes	<u> </u>	No	<u>X</u>	
Requires Legislation?	Yes	<u> </u>	No	<u>X</u>	
Type of Request?	Department of Health Care Policy and Financing Prioritized Request				
Interagency Approval or Related Schedule 13s:	None				



Cost and FTE

- In FY 2016-17, the Department requests a decrease of \$18,626,814 total funds, including a decrease of \$8,707,629 General Fund. For FY 2017-18, the Department requests an increase of \$9,869,672 total funds, including a decrease \$2,025,296 General Fund and an increase of \$8,427,248 Intellectual and Developmental Disabilities Cash Funds. For FY 2018-19, the Department requests an increase of \$34,757,017 total funds, including an increase \$18,882,493 General Fund and a decrease of \$36,875 Hospital Provider Fee Cash Funds. These funds would be used to fund Home and Community Based Services (HCBS) waiver program costs.

Current Program

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

Problem or Opportunity

- Appropriations do not accurately reflect the estimated number of enrollments, full program equivalents (FPE), or cost per FPE, based upon current enrollment and spending trends as well as program information.
- This issue poses the problem of under-expenditure in the current year without action because the Department estimates cost per FPE will be lower than expected.
- In the request year and out year, higher than expected emergency enrollments in the HCBS-DD waiver pose the risk of over-expenditure.

Consequences of Problem

- If the appropriations are not adjusted, the Department expects to under-spend its appropriation, necessitating a reversion of General Fund at the end of the year. Additionally, in the request and out years, over-expenditure is expected if additional funding is not appropriated through this request.
- Under-expending funds in the current year would withhold funding needed for other state programs. Over-expending funds in the request and out years would compromise the Department's ability to provide services to the maximum number of people with intellectual and developmental disabilities.

Proposed Solution

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



COLORADO
Department of Health Care
Policy & Financing

FY 2015-16 and FY 2016-17 Funding Request | February 15, 2016

John W. Hickenlooper
Governor

Susan E. Birch
Executive Director

Department Priority: R-5

Request Detail: Office of Community Living Cost and Caseload Adjustments

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Office of Community Living Cost and Caseload Adjustments	\$9,869,672	(\$2,025,296)

Problem or Opportunity:

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

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

In FY 2012-13, the Department of Human Services requested and received funding to eliminate the waiting list for the HCBS-CES program. In FY 2013-14, the Department of Health Care Policy and Financing requested and received funding to eliminate the waiting list for the HCBS-SLS program. In order to prevent new waiting lists, the General Assembly must provide new funding each year to allow for growth in both programs. In contrast, the HCBS-DD program continues to have a waiting list for services; as of the June 30, 2016 Medicaid Funding Requested Waiting List Report, there are 2,250 people waiting to receive HCBS-DD waiver services. The waiting lists may include those requiring emergency enrollments as well as those transitioning out of institutional settings. Additionally, the list may include current Medicaid recipients being served in an alternative waiver that does not fully meet their needs, and may also include individuals being served in nursing facilities or hospitals that are not as cost-effective as the HCBS waivers.

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

Proposed Solution:

In order to adjust the current appropriations for the programs administered by the Office of Community Living in FY 2016-17, the Department requests a decrease of \$18,626,814 total funds, including a decrease of \$8,707,629 General Fund. For FY 2017-18, the Department requests an increase of \$9,869,672 total funds, including a decrease \$2,025,296 General Fund and an increase of \$8,427,248 from the Intellectual and Developmental Disabilities Cash Fund. For FY 2018-19, the Department requests an increase of \$34,757,017 total funds, including an increase \$18,882,493 General Fund and a decrease of \$36,875 from the Hospital Provider Fee Cash Fund.

Based on the assumptions used in this request, the Department calculated maximum enrollment figures for each waiver program and TCM services and the number of full-program equivalents (FPE) for each fiscal year. If this request is approved, the Department calculates that by the end of FY 2016-17 it would serve: 5,346 people on the HCBS-DD waiver (including people in Regional Centers); 4,783 people on the HCBS-SLS waiver; and, 1,639 people on the HCBS-CES waiver. For the years covered in the request, the Department would limit HCBS-DD enrollments to the maximum enrollment figure. However, for the HCBS-SLS and HCBS-CES programs, the Department would adhere to the policy of maintaining no waiting lists; therefore, the maximum enrollment numbers are for information only, and the Department would exceed those figures if necessary and use the regular budget process to account for any change in the estimates. The number of associated FPE for each fiscal year is shown in exhibit D.3 of the appendix.

Anticipated Outcomes:

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

The Department's request includes funding to provide needed services for the highest number as well as most at-risk eligible people as possible. If the Department's request is approved, the Department would have resources to cover 11,537 people on average per month in FY 2016-17, and 12,253 people on average per month in FY 2017-18, thereby improving their physical, mental, and social well-being and quality of life.

Assumptions and Calculations:

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

Exhibit A.1: Calculation of Request

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

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

These exhibits provide a breakdown for each line item's expenditure estimate including fund splits for each program. This exhibit also allows for adjustments in the federal financial participation rate (FFP) based on the type of services delivered within each program. The Federal Medical Assistance Percentage (FMAP) Colorado decreased in October 2015 to 50.72%. The Department uses a blended rate to account for the implementation of the new match rate in the middle of the fiscal year. The Department predicts that the FMAP for FFY 2016-17 will decrease to 50.02% and further decrease in FFY 2017-18 to 50.01%. For state fiscal years this translates to an FMAP of 50.20% in FY 2016-17, 50.01% in FY 2017-18, and 50.00% in FY 2018-19. FMAP forecasts can be found in exhibit R of the Department's FY 2016-17 R-1 "Medical Services Premiums Request".

HB 16-1321 “Medicaid Buy-In Certain Waivers” created a buy-in option for working adults who would otherwise not qualify due to income or asset limits for the HCBS-SLS waiver with the expected implementation date of July 1, 2017. The state portion of Buy-In expenditure will be paid for with Hospital Provider Fee Cash Fund dollars, while standard HCBS-SLS and TCM are paid for with General Fund dollars. Costs associated with Buy-In HCBS-SLS and TCM services are separated in these exhibits to reflect the difference in funding source.

Exhibit A.5: Cash Funds Report

This iteration of the Department’s forecast includes the addition of several cash fund sources. In light of this, the Department has added Exhibit A.5 to clarify the amount of and source of cash funds allocated and requested in each year.

Exhibit B: Summary of Program Costs

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

Exhibit C: Calculation of Projected Expenditure

This exhibit provides the calculation of projected expenditure using revised assumptions about caseload and per FPE cost (calculated in exhibits D.3 and E, respectively). The exhibit then calculates the difference between the appropriated or base request amounts which results in the estimated over/under-expenditure for each waiver, by fiscal year. In fiscal years where systemic under-expenditure exists, this exhibit would also calculate an additional number of people that could be enrolled within existing resources, and converts the total enrollment figures into new paid enrollments, and calculate the new cost for additional enrollments for each fiscal year. This exhibit calculates costs for Medicaid matched services only and does not include State-Only programs. Therefore, the appropriation reflected in this exhibit does not match the adjusted appropriation in Exhibit A.1.

Exhibit D.1: Calculation of Maximum Enrollment

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

As of FY 2014-15 there is no longer a waiver cap in the HCBS-SLS or HCBS-CES so the maximum enrollment forecast for these waivers has been removed from the exhibits. Because TCM enrollment is derivative of HCBS-SLS and HCBS-CES enrollment, the maximum TCM enrollment forecast has also been removed from the exhibits.

Adult Comprehensive Waiver (DD)

For FY 2016-17 the Department was appropriated funding for 5,257 enrollments through HB 16-1405 “FY 2016-17 Long Appropriations Bill” which included a request to increase the HCBS-DD enrollment cap by 157 clients as bottom line adjustments. These bottom line adjustments were composed of 40 emergency enrollments, 55 foster care transitions as requested in the Department’s FY 2014-15 R-8 “Developmental Disabilities New Full Program Equivalents”, 30 Colorado Choice Transitions (CCT) clients expected to move from an institutional setting into the HCBS-DD waiver in FY 2016-17, and 32 youth transitions expected to move to the HCBS-DD waiver as they age out of the HCBS-CES waiver.

In FY 2016-17 the Department requests an additional 89 HCBS-DD enrollments, including an increase of 110 emergency enrollments, a reduction of 9 foster care transitions, and a reduction of 12 CCT transitions to reach a maximum enrollment figure of 5,346 enrollments. In FY 2017-18 the Department requests an additional 248 enrollments, including 150 emergency enrollments, 46 foster care transitions, 32 youth transitions, and 20 CCT enrollments, to reach a maximum enrollment figure of 5,594.

This request represents a sizeable increase in the number of expected emergency enrollments over the Department’s previous forecast. The Department bases its updated figure on the number of emergency enrollments that enrolled in the HCBS-DD waiver in FY 2015-16. Between FY 2013-14 and FY 2015-16 the number of emergency enrollments authorized each month has been steadily increasing. The Department believes that this is the result of several compounding factors. Over the past two years the Department has provided increased training to Community Centered Boards (CCBs) on the emergency enrollment criteria and process, while at the same time updating the forms necessary to initiate an emergency enrollment. The Department believes that part of the increase in emergency enrollments is a result of CCBs becoming more adept at identifying potential emergency enrollments, and more aware of the steps necessary enroll a client as an emergency enrollment.

The Department also believes that trends in the Colorado housing market have impacted the number of emergency enrollments into the HCBS-DD waiver. A common cause of an emergency enrollment is impending homelessness. Many individuals have lost housing due to rent increases, homes being sold after elderly care givers and parents pass away, and limited access to Section 8 housing. The Department has received feedback from stakeholders that there has been an increase in the age of caregivers. As caregivers age, some become less willing or able to provide the level

of care needed by the client, leaving them neglected and more likely to qualify as an emergency enrollment.

Clients authorized as emergency enrollments, who may or may not be on the HCBS-DD waitlist, are allowed to enroll in the HCBS-DD waiver prior to clients on the waitlist. Without additional enrollments allocated for these clients, they will continue to take priority over clients on the HCBS-DD waitlist thereby increasing the size of the waitlist and waiting period for clients on the waitlist. If there are no allocated enrollments available, clients meeting the emergency criteria may find themselves in settings that do not meet their needs, leave them open to abuse or neglect, or leave them vulnerable to homelessness.

Using updated data through June 2016, the Department estimates that 46 clients are likely to transition to HCBS-DD as foster care transitions in FY 2016-17, which represents a reduction of 9 clients from expected enrollment forecasted in the in the FY 2016-17 S-5. This estimate is based on lower than anticipated foster care transitions in FY 2015-16 and program feedback.

Additionally, the Department is now predicting that 18 CCT clients will transition from institutions to the HCBS-DD waiver in FY 2016-17, which represents a reduction of 12 clients from expected enrollment forecasted in the S-5. The Department has revised its CCT forecast downward based on lower than expected utilization of CCT services in FY 2015-16. CCT enrollments are forecasted in exhibit R of the Department's S-1 "Medical Services Premiums Request", see this exhibit for more information on the Department's revised CCT forecast.

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

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

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

then uses this metric to convert the average monthly enrollment forecast to projected FPE in Exhibit D.3.

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

The HCBS-CES and HCBS-SLS waivers are expected to continue to experience rapid enrollment as a result of cap removal in FY 2013-14 and FY 2014-15 respectively. The Department believes that the volume of services used by clients will be artificially low in the HCBS-CES and HCBS-SLS waiver until all clients previously on the waitlists are receiving services. In HCBS-SLS the Department expects rapid enrollment to continue through the request year, and therefore chose to hold the conversion factor constant at the FY 2015-16 level in the current, request, and out year. The Department expects enrollment growth to slow in the HCBS-CES waiver, and chose a progressively higher conversion factor in the current, request, and out year that approaches a natural rate. The natural conversion factor is assumed to be the conversion factor seen in FY 2012-13, the year before the removal of the HCBS-CES waiver cap.

The Department assumes that the conversion factor for HCBS-SLS and TCM Buy-In services will match those of non-Buy-In HCBS-SLS and TCM services because Buy-In clients will exist in the same provider environment, with the same barriers to access, as non-Buy-In clients. Furthermore, the Department expects Buy-In clients to exhibit fluctuations in service demand similar to those of non-Buy-In clients based on their similar medical conditions that qualify them for the service, though varying due to their unique physical, psychological, and social states. The Department will reassess this assumption after the program begins and adequate data is collected.

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

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

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

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

Maximum Appropriated Enrollment for the HCBS-DD Waiver

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

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

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

All clients previously on the HCBS-SLS and HCBS-CES waiting list have been authorized by the Department to enroll in the waiver for which they were waiting. These clients are either enrolled and receiving services or are working with CCBs to connect with service providers and begin receiving services. Previously waitlisted clients who are not yet receiving services are referred to here as pending clients or pending enrollments and are managed internally by each CCB. The Department has requested that CCBs with pending enrollments submit a comprehensive plan to the Department by October 31, 2016 detailing how they plan to enroll all clients by the end of FY 2016-17.

Maximum assumed enrollment for the HCBS-SLS and HCBS-CES waiver are based on linear enrollment projections from FY 2015-16. The Department assumes that growth in these waivers will continue at a similar pace until all pending clients are enrolled. Once all pending clients are enrolled, the Department assumes that enrollment on these waivers will return to a natural rate of growth. This natural rate of growth was estimated based on the growth of the waitlist before cap removal in both of these waivers.

In the HCBS-SLS waiver, the pace of enrollment of pending clients slowed significantly in FY 2015-16. Assuming that the rate of reduction remains constant, all pending clients would not be enrolled until March 2019. The Department believes that an average of approximately 27 clients will enroll in the waiver each month until all pending clients are enrolled. After March 2019, the Department reduces enrollment expectations to 19 enrollments per-month based on growth in the waitlist prior to waitlist elimination.

Nearly all clients previously on the HCBS-CES waitlist have been enrolled in the waiver. The Department assumes that all pending enrollments for HCBS-CES services will be enrolled by August 2016, and that after August 2016 the pace of enrollment will return to a slower natural rate. The Department believes that approximately 29 clients will enroll in the waiver each month until all pending clients are enrolled. After August 2016 the Department expects growth in this waiver to return to a normal rate based on the growth rate of the waitlist in the year before HCBS-CES cap removal.

Enrollment in HCBS-SLS and TCM Buy-In programs was calculated in the Department's fiscal note for HB 16-1321 "Medicaid Buy-In Certain Waivers", and the Department assumes that these enrollment assumptions still hold. The fiscal note assumed that the majority of clients that will use the HCBS-SLS Buy-In option are already enrolled in the HCBS-SLS waiver. To account for this, the Department subtracted the number clients expected to move from standard HCBS-SLS and TCM to Buy-In from average monthly enrollment in standard HCBS-SLS and TCM. Detailed enrollment predictions can be found in Exhibit D.3.

Exhibit D.5.1: Regional Center Information

This exhibit details the historical average enrollment and costs for clients receiving HCBS-DD services in Regional Centers. Regional Center claims are paid for from an appropriation within the Department via a transfer to the Department of Human Services (CDHS) who manages Regional Center programs. The cost of these clients is not forecasted in this request. Clients in Regional Centers do however receive TCM services as well as Quality Assurance and Utilization Reviews (QA/UR) which are managed and paid for by HCPF, so Regional Center enrollment information is included in this request to fully account for these costs. To determine utilization of these services the Department predicts that enrollment will remain constant over the request period.

Exhibit E: Calculation of Per-FPE Expenditure

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

The Department's methodology begins with per FPE expenditure calculated using final FY 2015-16 expenditure per-FPE. The calculation of per FPE expenditure for the current year and request years includes three components. The first component is a base trend adjustment which accounts

for factors including shifts in the service-level mix, changes in billing patterns or utilization, and other factors.

The Department performed a service level trend analysis within each waiver and TCM to identify possible justification for base trends. In HCBS-DD, HCBS-SLS, and HCBS-CES most services displayed no trend in utilization per-FPE. A small trend was applied to HCBS-DD to account for increasing utilization of In Home Residential Services and Supports, and other low dollar services. HCBS-SLS cost per-FPE was trended upwards driven primarily by increasing utilization of Non-Medical Transportation and Personal Care services. HCBS-CES cost per-FPE was trended downwards primarily as a result of decreasing utilization of Movement Therapy services. No trend was identified within TCM utilization per-FPE.

The Department implemented a 1.7% across the board provider rate increase in July 2015 for the HCBS-DD, HCBS-SLS, and HCBS-CES waivers. The 1.7% rate increase was implemented in September 2015 for TCM. The Department anticipates that the 1.7% rate increase will not be fully realized until July, 2016 for waivers and September, 2016 for TCM because of the lag between the date that services are provided and the date that claims are paid. A fraction of this rate increase is therefore included in FY 2016-17. The Department does not anticipate any additional rate increases in FY 2016-17 or FY 2017-18 at this time.

Bottom line adjustments account for the expected effect of approved policy in the Long Bill and any special bills. A bottom line adjustment was added to account for increased costs in the HCBS-SLS waiver due to the expansion of access to Consumer Directed Attendant Support Services (CDASS) as requested in the Departments FY 2015-16 R-7: "Participant Directed Programs Expansion". The Department has revised the expected implementation date from April, 2016 to January, 2017 pending the Centers for Medicare and Medicaid Services (CMS) approval. Using the assumption that CDASS will take a one year ramp up period to reach full utilization, the increase in costs for the HCBS-SLS waiver were annualized for FY 2016-17 and FY 2017-18 with full utilization expected to be reached in January, 2018.

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

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

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

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

The Department pays UR costs on a monthly basis for each client. UR activities include the implementation of processes to ensure that waiver services have been authorized in conformance to waiver requirements and monitoring service utilization to ensure that the amount of services is within the levels authorized in the service plan. This also includes identifying instances when individuals are not receiving services authorized in the service plan or the amount of services utilized is substantially less than the amount authorized to identify potential problems in service access. For UR the exhibit multiplies monthly enrollment and the current rate and then by 12 months for the year.

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

Exhibit G.1 through G.3: Appropriation Build

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

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

Table A.1.1 - Calculation of Request					
FY 2016-17					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services (HCBS-DD)					
Total Request	\$349,681,912	\$174,141,591	\$1	\$0	\$175,540,320
Adjusted Spending Authority	\$362,346,433	\$180,448,523	\$1	\$0	\$181,897,909
Incremental Request	(\$12,664,521)	(\$6,306,932)	\$0	\$0	(\$6,357,589)
Adult Supported Living Services (HCBS-SLS)					
Total Request	\$65,572,176	\$36,630,645	\$0	\$0	\$28,941,531
Adjusted Spending Authority	\$69,681,391	\$38,677,034	\$0	\$0	\$31,004,357
Incremental Request	(\$4,109,215)	(\$2,046,389)	\$0	\$0	(\$2,062,826)
Children's Extensive Support Services (HCBS-CES)					
Total Request	\$25,716,019	\$12,806,577	\$0	\$0	\$12,909,442
Adjusted Spending Authority	\$26,310,826	\$13,102,791	\$0	\$0	\$13,208,035
Incremental Request	(\$594,807)	(\$296,214)	\$0	\$0	(\$298,593)
Case Management					
Total Request	\$30,997,230	\$16,546,908	\$0	\$0	\$14,450,322
Adjusted Spending Authority	\$32,255,501	\$16,605,002	\$0	\$0	\$15,650,499
Incremental Request	(\$1,258,271)	(\$58,094)	\$0	\$0	(\$1,200,177)
Family Support Services					
Total Request	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Adjusted Spending Authority	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Preventive Dental Hygiene					
Total Request	\$63,311	\$63,311	\$0	\$0	\$0
Adjusted Spending Authority	\$63,311	\$63,311	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Eligibility Determination and Waiting List Management					
Total Request	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Adjusted Spending Authority	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Incremental Request	\$0	\$0	\$0	\$0	\$0
Office of Community Living Total					
Total Request	\$482,112,302	\$250,250,048	\$1	\$0	\$231,862,253
Adjusted Spending Authority	\$500,739,116	\$258,957,677	\$1	\$0	\$241,781,438
Incremental Request	(\$18,626,814)	(\$8,707,629)	\$0	\$0	(\$9,919,185)

Table A.1.2 - Calculation of Request					
FY 2017-18					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services (HCBS-DD)					
Total Request	\$369,815,964	\$176,446,775	\$8,461,207	\$0	\$184,907,982
Adjusted Spending Authority	\$362,346,433	\$180,448,523	\$1	\$0	\$181,897,909
Incremental Request	\$7,469,531	(\$4,001,748)	\$8,461,206	\$0	\$3,010,073
Adult Supported Living Services (HCBS-SLS)					
Total Request	\$72,557,722	\$40,028,908	\$209,815	\$0	\$32,318,999
Adjusted Spending Authority	\$70,996,599	\$39,100,102	\$234,405	\$0	\$31,662,092
Incremental Request	\$1,561,123	\$928,806	(\$24,590)	\$0	\$656,907
Children's Extensive Support Services (HCBS-CES)					
Total Request	\$26,774,458	\$13,387,229	\$0	\$0	\$13,387,229
Adjusted Spending Authority	\$26,310,826	\$13,102,791	\$0	\$0	\$13,208,035
Incremental Request	\$463,632	\$284,438	\$0	\$0	\$179,194
Case Management					
Total Request	\$32,642,384	\$17,323,666	\$40,924	\$0	\$15,277,794
Adjusted Spending Authority	\$32,266,998	\$16,560,458	\$50,292	\$0	\$15,656,248
Incremental Request	\$375,386	\$763,208	(\$9,368)	\$0	(\$378,454)
Family Support Services					
Total Request	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Adjusted Spending Authority	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Preventive Dental Hygiene					
Total Request	\$63,311	\$63,311	\$0	\$0	\$0
Adjusted Spending Authority	\$63,311	\$63,311	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Eligibility Determination and Waiting List Management					
Total Request	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Adjusted Spending Authority	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Incremental Request	\$0	\$0	\$0	\$0	\$0
Office of Community Living Total					
Total Request	\$511,935,493	\$257,310,905	\$8,711,946	\$0	\$245,912,642
Adjusted Spending Authority	\$502,065,821	\$259,336,201	\$284,698	\$0	\$242,444,922
Incremental Request	\$9,869,672	(\$2,025,296)	\$8,427,248	\$0	\$3,467,720

Table A.1.3 - Calculation of Request					
FY 2018-19					
Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services (HCBS-DD)					
Total Request	\$386,819,150	\$193,409,574	\$1	\$0	\$193,409,575
Adjusted Spending Authority	\$362,346,433	\$180,448,523	\$1	\$0	\$181,897,909
Incremental Request	\$24,472,717	\$12,961,051	\$0	\$0	\$11,511,666
Adult Supported Living Services (HCBS-SLS)					
Total Request	\$78,287,314	\$42,858,290	\$245,229	\$0	\$35,183,795
Adjusted Spending Authority	\$71,016,086	\$39,073,875	\$270,381	\$0	\$31,671,830
Incremental Request	\$7,271,228	\$3,784,415	(\$25,152)	\$0	\$3,511,965
Children's Extensive Support Services (HCBS-CES)					
Total Request	\$27,490,264	\$13,745,132	\$0	\$0	\$13,745,132
Adjusted Spending Authority	\$26,310,826	\$13,102,791	\$0	\$0	\$13,208,035
Incremental Request	\$1,179,438	\$642,341	\$0	\$0	\$537,097
Case Management					
Total Request	\$34,247,707	\$18,120,964	\$46,288	\$0	\$16,080,455
Adjusted Spending Authority	\$32,414,073	\$16,626,278	\$58,011	\$0	\$15,729,784
Incremental Request	\$1,833,634	\$1,494,686	(\$11,723)	\$0	\$350,671
Family Support Services					
Total Request	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Adjusted Spending Authority	\$6,960,460	\$6,960,460	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Preventive Dental Hygiene					
Total Request	\$63,311	\$63,311	\$0	\$0	\$0
Adjusted Spending Authority	\$63,311	\$63,311	\$0	\$0	\$0
Incremental Request	\$0	\$0	\$0	\$0	\$0
Eligibility Determination and Waiting List Management					
Total Request	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Adjusted Spending Authority	\$3,121,194	\$3,100,556	\$0	\$0	\$20,638
Incremental Request	\$0	\$0	\$0	\$0	\$0
Office of Community Living Total					
Total Request	\$536,989,400	\$278,258,287	\$291,518	\$0	\$258,439,595
Adjusted Spending Authority	\$502,232,383	\$259,375,794	\$328,393	\$0	\$242,528,196
Incremental Request	\$34,757,017	\$18,882,493	(\$36,875)	\$0	\$15,911,399

Table A.2 - Calculation of Fund Splits						
FY 2016-17						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
Adult Comprehensive Services (HCBS-DD)						
Subtotal⁽¹⁾	\$349,681,912	\$174,141,591	\$1	\$175,540,320	50.20%	Table B.1 Row J
Adult Supported Livings Services (HCBS-SLS)						
Medicaid Services	\$57,652,453	\$28,710,922	\$0	\$28,941,531	50.20%	Table B.1 Row J
State Only Services	\$7,919,723	\$7,919,723	\$0	\$0	0.00%	Table G.1 Row J
Subtotal	\$65,572,176	\$36,630,645	\$0	\$28,941,531		
Children's Extensive Support Services (HCBS-CES)						
Subtotal	\$25,716,019	\$12,806,577	\$0	\$12,909,442	50.20%	Table B.1 Row I
Case Management						
Medicaid Services	\$23,957,892	\$11,931,030	\$0	\$12,026,862	50.20%	Table B.1 Row J
State Only Services	\$2,192,419	\$2,192,419	\$0	\$0	0.00%	Table G.1 Row M + Correction for Technical Error in 2016-17 S-5
Quality Assurance, Utilization Review, Support Intensity Scale	\$4,846,919	\$2,423,459	\$0	\$2,423,460	50.00%	Table F.1 Row J
Subtotal	\$30,997,230	\$16,546,908	\$0	\$14,450,322		
Eligibility Determination and Waiting List Management						
Medical Eligibility Determination	\$3,093,677	\$3,093,677	\$0	\$0	0.00%	Table G.1 Row V
PASRR	\$27,517	\$6,879	\$0	\$20,638	75.00%	Table G.1 Row U
Subtotal	\$3,121,194	\$3,100,556	\$0	\$20,638		
Other Programs						
Family Support Services	\$6,960,460	\$6,960,460	\$0	\$0	0.00%	Table G.1 Row N
Preventive Dental Hygiene	\$63,311	\$63,311	\$0	\$0	0.00%	Table G.1 Row R
Subtotal	\$7,023,771	\$7,023,771	\$0	\$0		
Grand Total	\$482,112,302	\$250,250,048	\$1	\$231,862,253		
<i>Definitions:</i> FFP: Federal financial participation rate						
(1) Cash funds sourced from the Health Care Expansion Fund.						

Table A.3 - Calculation of Fund Splits						
FY 2017-18						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
Adult Comprehensive Services (HCBS-DD)						
Medicaid Services ⁽¹⁾	\$369,815,964	\$184,907,981	\$1	\$184,907,982	50.00%	Table B.1 Row K
Cash Fund Financing ⁽²⁾	\$0	(\$8,461,206)	\$8,461,206	\$0	0.00%	FY 2015-16 Reversion to IDD Cash Fund
Subtotal	\$369,815,964	\$176,446,775	\$8,461,207	\$184,907,982	0.00%	
Adult Supported Livings Services (HCBS-SLS)						
Medicaid Services (Standard)	\$64,218,369	\$32,109,185	\$0	\$32,109,184	50.00%	Table B.1 Row K
Medicaid Services (Buy-In) ⁽³⁾	\$419,630	\$0	\$209,815	\$209,815	50.00%	Table B.1 Row K
State Only Services	\$7,919,723	\$7,919,723	\$0	\$0	0.00%	Table G.2 Row H
Subtotal	\$72,557,722	\$40,028,908	\$209,815	\$32,318,999		
Children's Extensive Support Services (HCBS-CES)						
Subtotal	\$26,774,458	\$13,387,229	\$0	\$13,387,229	50.00%	Table B.1 Row K
Case Management						
Medicaid Services (Standard)	\$25,380,355	\$12,690,178	\$0	\$12,690,177	50.00%	Table B.1 Row K
Medicaid Services (Buy-In) ⁽³⁾	\$66,632	\$0	\$33,316	\$33,316	50.00%	Table B.1 Row K
State Only Services	\$2,086,794	\$2,086,794	\$0	\$0	0.00%	Table G.2 Row P + Correction for Technical Error in 2016-17 S-5
Quality Assurance, Utilization Review, Support Intensity Scale (Standard)	\$5,093,388	\$2,546,694	\$0	\$2,546,694	50.00%	Table F.2 Row J
Quality Assurance, Utilization Review, Support Intensity Scale (Buy-In) ⁽³⁾	\$15,215	\$0	\$7,608	\$7,607	50.00%	Table F.2 Row J
Subtotal	\$32,642,384	\$17,323,666	\$40,924	\$15,277,794		
Eligibility Determination and Waiting List Management						
Medical Eligibility Determination	\$3,093,677	\$3,093,677	\$0	\$0	0.00%	Table G.2 Row X
PASRR	\$27,517	\$6,879	\$0	\$20,638	75.00%	Table G.2 Row W
Subtotal	\$3,121,194	\$3,100,556	\$0	\$20,638		
Other Programs						
Family Support Services	\$6,960,460	\$6,960,460	\$0	\$0	0.00%	Table G.2 Row R
Preventive Dental Hygiene	\$63,311	\$63,311	\$0	\$0	0.00%	Table G.2 Row T
Subtotal	\$7,023,771	\$7,023,771	\$0	\$0		
Grand Total	\$511,935,493	\$257,310,905	\$8,711,946	\$245,912,642		

Definitions: FFP: Federal financial participation rate
 (1) Cash funds sourced from the Health Care Expansion Fund.
 (2) Cash funds sourced from the Intellectual and Developmental Disabilities Cash Fund.
 (3) Cash funds sourced from the Hospital Provider Fee Cash Fund. Premiums from clients in Buy-In programs are credited to the Medical Services Premiums line item, and as such are excluded from this request.

Table A.4 - Calculation of Fund Splits						
FY 2018-19						
Item	Total Request	General Fund	Cash Funds	Federal Funds	FFP	Source
Adult Comprehensive Services (HCBS-DD)						
Subtotal⁽¹⁾	\$386,819,150	\$193,409,574	\$1	\$193,409,575	50.00%	Table B.1.1 Row L
Adult Supported Livings Services (HCBS-SLS)						
Medicaid Services (Standard)	\$69,877,134	\$34,938,567	\$0	\$34,938,567	50.00%	Table B.1.1 Row L
Medicaid Services (Buy-In) ⁽³⁾	\$490,457	\$0	\$245,229	\$245,228	50.00%	Table B.1.1 Row L
State Only Services	\$7,919,723	\$7,919,723	\$0	\$0	0.00%	Table G.3 Row G
Subtotal	\$78,287,314	\$42,858,290	\$245,229	\$35,183,795		
Children's Extensive Support Services (HCBS-CES)						
Subtotal	\$27,490,264	\$13,745,132	\$0	\$13,745,132	50.00%	Table B.1.1 Row L
Case Management						
Medicaid Services (Standard)	\$26,719,773	\$13,359,887	\$0	\$13,359,886	50.00%	Table B.1.1 Row L
Medicaid Services (Buy-In) ⁽³⁾	\$76,841	\$0	\$38,421	\$38,420	50.00%	Table B.1.1 Row L
State Only Services	\$2,086,794	\$2,086,794	\$0	\$0	0.00%	Table G.3 Row P + Correction for Technical Error in 2016-17 S-5
Quality Assurance, Utilization Review, Support Intensity Scale (Standard)	\$5,348,566	\$2,674,283	\$0	\$2,674,283	50.00%	Table F.3 Row J
Quality Assurance, Utilization Review, Support Intensity Scale (Buy-In) ⁽³⁾	\$15,733	\$0	\$7,867	\$7,866	50.00%	Table F.3 Row J
Subtotal	\$34,247,707	\$18,120,964	\$46,288	\$16,080,455		
Eligibility Determination and Waiting List Management						
Medical Eligibility Determination	\$3,093,677	\$3,093,677	\$0	\$0	0.00%	Table G.3 Row X
PASRR	\$27,517	\$6,879	\$0	\$20,638	75.00%	Table G.3 Row W
Subtotal	\$3,121,194	\$3,100,556	\$0	\$20,638		
Other Programs						
Family Support Services	\$6,960,460	\$6,960,460	\$0	\$0	0.00%	Table G.3 Row Q
Preventive Dental Hygiene	\$63,311	\$63,311	\$0	\$0	0.00%	Table G.3 Row T
Subtotal	\$7,023,771	\$7,023,771	\$0	\$0		
Grand Total	\$536,989,400	\$278,258,287	\$291,518	\$258,439,595		
<i>Definitions:</i> FFP: Federal financial participation rate						
(1) Cash funds sourced from the Health Care Expansion Fund						
(2) Cash funds sourced from the Hospital Provider Fee Cash Fund. Premiums from clients in Buy-In programs are credited to the Medical Services Premiums line item, and as such are excluded from this request.						

Table A.5 - Office of Community Living Cash Funds Report									
Cash Fund	FY 2016-17			FY 2017-18			FY 2018-19		
	Spending Authority	Estimate	Change	Base Spending Authority	Estimate	Change	Base Spending Authority	Estimate	Change
<i>Cash Funds</i>									
Health Care Expansion Fund	\$1	\$1	\$0	\$1	\$1	\$0	\$1	\$1	\$0
Intellectual and Developmental Disabilities Cash Fund	\$0	\$0	\$0	\$0	\$8,461,206	\$8,461,206	\$0	\$0	\$0
Hospital Provider Fee Cash Fund	\$0	\$0	\$0	\$284,697	\$250,739	(\$33,958)	\$328,392	\$291,517	(\$36,875)
Total Cash Funds	\$1	\$1	\$0	\$284,698	\$8,711,946	\$8,427,248	\$328,393	\$291,518	(\$36,875)

Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Total
A	FY 2007-08	\$202,943,588	\$39,607,629	\$0	\$5,894,263	\$13,661,560	\$0	\$262,107,040
B	FY 2008-09	\$223,362,025	\$46,391,718	\$0	\$6,913,410	\$13,848,967	\$0	\$290,516,120
C	FY 2009-10	\$253,798,612	\$37,399,799	\$0	\$7,158,025	\$16,484,735	\$0	\$314,841,171
D	FY 2010-11	\$273,096,876	\$37,579,497	\$0	\$7,956,073	\$19,114,672	\$0	\$337,747,118
E	FY 2011-12	\$264,899,518	\$37,030,578	\$0	\$7,361,601	\$16,875,522	\$0	\$326,167,219
F	FY 2012-13	\$261,817,957	\$37,273,663	\$0	\$7,015,707	\$16,117,073	\$0	\$322,224,400
G	FY 2013-14	\$282,475,249	\$39,288,448	\$0	\$9,125,302	\$17,441,960	\$0	\$348,330,959
H	FY 2014-15	\$314,878,204	\$44,654,327	\$0	\$14,967,843	\$20,230,023	\$0	\$394,730,397
I	FY 2015-16	\$330,217,987	\$53,275,897	\$0	\$21,074,423	\$22,103,255	\$0	\$426,671,562
J	Estimated FY 2016-17	\$349,681,912	\$57,652,453	\$0	\$25,716,019	\$23,957,892	\$0	\$457,008,276
K	Estimated FY 2017-18	\$369,815,964	\$64,218,369	\$419,630	\$26,774,458	\$25,380,355	\$66,632	\$486,675,408
L	Estimated FY 2018-19	\$386,819,150	\$69,877,134	\$490,457	\$27,490,264	\$26,719,773	\$76,841	\$511,473,619

Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Total
A	FY 2007-08							
B	FY 2008-09	10.06%	17.13%	0.00%	17.29%	1.37%	0.00%	10.84%
C	FY 2009-10	13.63%	-19.38%	0.00%	3.54%	19.03%	0.00%	8.37%
D	FY 2010-11	7.60%	0.48%	0.00%	11.15%	15.95%	0.00%	7.28%
E	FY 2011-12	-3.00%	-1.46%	0.00%	-7.47%	-11.71%	0.00%	-3.43%
F	FY 2012-13	-1.16%	0.66%	0.00%	-4.70%	-4.49%	0.00%	-1.21%
G	FY 2013-14	7.89%	5.41%	0.00%	30.07%	8.22%	0.00%	8.10%
H	FY 2014-15	11.47%	13.66%	0.00%	64.03%	15.98%	0.00%	13.32%
I	FY 2015-16	4.87%	19.31%	0.00%	40.80%	9.26%	0.00%	8.09%
J	Estimated FY 2016-17	5.89%	8.21%	0.00%	22.02%	8.39%	0.00%	7.11%
K	Estimated FY 2017-18	5.76%	11.39%	100.00%	4.12%	5.94%	100.00%	6.49%
L	Estimated FY 2018-19	4.60%	8.81%	16.88%	2.67%	5.28%	15.32%	5.10%

Table C.1 - FY 2016-17 Projected Expenditure							
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	Adjusted Appropriation	\$362,346,433	\$61,761,668	\$26,310,826	\$26,586,856	\$477,005,783	See Footnote (1)
B	Projected FPE	5,111.79	4,188.65	1,465.92	9,693.39	N/A	Table D.3.3, Row E
C	Projected Per FPE Expenditure	\$68,406.94	\$13,763.97	\$17,542.58	\$2,471.57	N/A	Table E.1, Row I.
D	Total Projected Expenditure	\$349,681,912	\$57,652,453	\$25,716,019	\$23,957,892	\$457,008,276	Row B * Row C
E	Estimated Over/(Under-expenditure)	(\$12,664,521)	(\$4,109,215)	(\$594,807)	(\$2,628,964)	(\$19,997,507)	Row D - Row A

Table C.2 - FY 2017-18 Projected Expenditure							
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	FY 2016-17 Base Request	\$362,346,433	\$63,076,876	\$26,310,826	\$26,410,817	\$478,144,952	See Footnote (1)
B	Projected FPE	5,400.54	4,483.26	1,532.47	10,298.33	N/A	Table D.3.4, Row E. See Footnote (2)
C	Projected Per FPE Expenditure	\$68,477.59	\$14,417.63	\$17,471.44	\$2,470.98	N/A	Table E.1 Row J, SLS and TCM are the weighted average of Buy-In and Standard cost Per-FPE.
D	Total Projected Expenditure	\$369,815,964	\$64,637,999	\$26,774,458	\$25,446,987	\$486,675,408	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$7,469,531	\$1,561,123	\$463,632	(\$963,830)	\$8,530,456	Row D - Row A

Table C.3 - FY 2018-19 Projected Expenditure							
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	Total	Source/Calculation
A	FY 2017-18 Base Request	\$362,346,433	\$63,096,363	\$26,310,826	\$26,414,545	\$478,168,167	See Footnote (1)
B	Projected FPE	5,645.93	4,797.75	1,576.65	10,841.94	N/A	Table D.3.5, Row E
C	Projected Per FPE Expenditure	\$68,512.92	\$14,666.79	\$17,435.87	\$2,471.57	N/A	Table E.1 Row K.
D	Total Projected Expenditure	\$386,819,150	\$70,367,591	\$27,490,264	\$26,796,614	\$511,473,619	Row B * Row C
E	Estimated Over/(Under-expenditure)	\$24,472,717	\$7,271,228	\$1,179,438	\$382,069	\$33,305,452	Row D - Row A

(1) An appropriation amounts above are for Medicaid funded individuals only and do not include state-only funded individuals, services provided to individuals in the Early Intervention program, payments made through client cash sources, or administrative costs.
 (2) HCBS-SLS and TCM cost per-capita as shown in this table are the weighted average of cost per-capita for the buy-in and the standard options in these programs.

Table D.1.1 - FY 2016-17 HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) Maximum Enrollment Forecast		
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)
A	FY 2015-16 Maximum Enrollment	5,100
B	Base Trend Increase	0.00%
C	Initial Estimated FY 2016-17 Enrollment	5,100
	<i>Bottom Line Adjustments</i>	
D	Colorado Choice Transitions (CCT)	18
E	Emergency Enrollments	150
F	Foster Care Transitions	46
G	Youth Transitions	32
H	Total Bottom Line Adjustments	246
I	Estimated FY 2016-17 Maximum Enrollment	5,346
Table D.1.2 - FY 2017-18 HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) Maximum Enrollment Forecast		
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)
A	Estimated FY 2016-17 Maximum Enrollment	5,346
B	Base Trend Increase	0.00%
C	Initial Estimated FY 2017-18 Enrollment	5,346

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	<i>Bottom Line Adjustments</i>	
D	Colorado Choice Transitions (CCT)	20
E	Emergency Enrollments	150
F	Foster Care Transitions	46
G	Youth Transitions	32
H	Total Bottom Line Adjustments	248
I	Estimated FY 2017-18 Maximum Enrollment	5,594

Table D.1.3 - FY 2018-19 HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) Maximum Enrollment Forecast		
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)
A	Estimated FY 2017-18 Maximum Enrollment	5,594
B	Base Trend Increase	0.00%
C	Initial Estimated FY 2017-18 Enrollment	5,594
	<i>Bottom Line Adjustments</i>	
D	Colorado Choice Transitions (CCT)	21
E	Emergency Enrollments	150
F	Foster Care Transitions	46
G	Youth Transitions	32
H	Total Bottom Line Adjustments	249
I	Estimated FY 2018-19 Maximum Enrollment	5,843

Table D.2 - DIDD Average Monthly Enrollment vs. Full Program Equivalent (FPE)							
Row	Fiscal Year	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In
A	FY 2007-08	Average Monthly Enrollment	4,399	2,871	0	383	7,773
B		FPE	3,654.00	2,287.00	0.00	291.00	6,165.00
C		FPE as a Percentage of Average Monthly Enrollment	83.06%	79.66%	N/A	75.98%	79.31%
D	FY 2008-09	Average Monthly Enrollment	4,390	2,992	0	400	7,911
E		FPE	3,854.00	2,369.00	0.00	328.00	6,420.00
F		FPE as a Percentage of Average Monthly Enrollment	87.79%	79.18%	N/A	82.00%	81.15%
G	FY 2009-10	Average Monthly Enrollment	4,401	3,104	0	404	8,027
H		FPE	4,063.00	2,625.00	0.00	325.00	6,049.00
I		FPE as a Percentage of Average Monthly Enrollment	92.32%	84.57%	N/A	80.45%	75.36%
J	FY 2010-11	Average Monthly Enrollment	4,397	3,116	0	385	8,020
K		FPE	4,123.00	2,848.00	0.00	358.00	7,045.00
L		FPE as a Percentage of Average Monthly Enrollment	93.77%	91.40%	N/A	92.99%	87.84%
M	FY 2011-12	Average Monthly Enrollment	4,397	3,140	0	373	8,032
N		FPE	4,113.00	2,860.00	0.00	338.00	6,578.00
O		FPE as a Percentage of Average Monthly Enrollment	93.54%	91.08%	N/A	90.62%	81.90%
P	FY 2012-13	Average Monthly Enrollment	4,384	3,178	0	377	8,074
Q		FPE	4,156.00	3,021.00	0.00	347.00	6,760.00
R		FPE as a Percentage of Average Monthly Enrollment	94.80%	95.06%	N/A	92.04%	83.73%
S	FY 2013-14	Average Monthly Enrollment	4,392	3,183	0	607	8,309
T		FPE	4,339.00	3,015.00	0.00	498.00	6,795.00
U		FPE as a Percentage of Average Monthly Enrollment	98.79%	94.72%	N/A	82.04%	81.78%
V	FY 2014-15	Average Monthly Enrollment	4,685	3,678	0	971	9,458
W		FPE	4,617.00	3,381.00	0.00	836.00	7,812.00
X		FPE as a Percentage of Average Monthly Enrollment	98.55%	91.92%	N/A	86.10%	82.60%
V	FY 2015-16	Average Monthly Enrollment	4,903	4,311	0	1,373	10,704
W		FPE	4,832	3,896	0.00	1,200	8,994
X		FPE as a Percentage of Average Monthly Enrollment	98.55%	90.37%	N/A	87.40%	84.02%
Y	FY 2016-17 Selected FPE Conversion Factor ⁽¹⁾		98.55%	90.37%	90.37%	91.68%	84.02%
Z	FY 2017-18 and FY 2018-19 Selected FPE Conversion Factor ⁽¹⁾		98.55%	90.37%	90.37%	92.04%	84.02%

(1) The selected FPE Conversion Factor for HCBS-DD and TCM are the Conversion Factor from FY 2015-16 in these waivers. The Department believes that as the HCBS-CES and HCBS-SLS waiver continue to experience rapid enrollment as a result of cap removal in FY 2013-14 and FY 2014-15 respectively, the volume of services used by clients, and consequentially the FPE Conversion Factor, will be artificially low. To compensate for this, a lower conversion factor is used in the current year that approaches a natural rate based on the rate prior to cap removal in the request and out years. The Department assumes a 100% conversion factor for Buy-in clients due to the small number of clients, this will be adjusted based on actuals.

Table D.3.1 - Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment Forecast							
Row	Fiscal Year	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In
A	FY 2007-08	4,399	2,871	0	383	7,773	0
B	FY 2008-09	4,390	2,992	0	400	7,911	0
C	FY 2009-10	4,401	3,104	0	404	8,027	0
D	FY 2010-11	4,397	3,116	0	385	8,020	0
E	FY 2011-12	4,397	3,140	0	373	8,032	0
F	FY 2012-13	4,384	3,178	0	377	8,074	0
G	FY 2013-14	4,392	3,183	0	607	8,309	0
H	FY 2014-15	4,685	3,678	0	971	9,458	0
I	FY 2015-16	4,903	4,311	0	1,373	10,704	0
J	Estimated FY 2016-17	5,187	4,635	0	1,599	11,537	0
K	Estimated FY 2017-18	5,480	4,926	35	1,665	12,222	35
L	Estimated FY 2018-19	5,729	5,272	37	1,713	12,867	37

Table D.3.2 - Percent Change in Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment							
Row	Fiscal Year	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In
A	FY 2007-08						
B	FY 2008-09	-0.20%	4.21%	0.00%	4.44%	1.78%	0.00%
C	FY 2009-10	0.25%	3.74%	0.00%	1.00%	1.47%	0.00%
D	FY 2010-11	-0.09%	0.39%	0.00%	-4.70%	-0.09%	0.00%
E	FY 2011-12	0.00%	0.77%	0.00%	-3.12%	0.15%	0.00%
F	FY 2012-13	-0.30%	1.21%	0.00%	1.07%	0.52%	0.00%
G	FY 2013-14	0.18%	0.16%	0.00%	61.01%	2.91%	0.00%
H	FY 2014-15	6.67%	15.55%	0.00%	59.97%	13.83%	0.00%
I	FY 2015-16	4.65%	17.21%	0.00%	41.40%	13.17%	0.00%
J	Estimated FY 2016-17	5.79%	7.52%	0.00%	16.46%	7.78%	0.00%
K	Estimated FY 2017-18	5.65%	6.28%	100.00%	4.13%	5.94%	100.00%
L	Estimated FY 2018-19	4.54%	7.02%	5.71%	2.88%	5.28%	5.71%

Table D.3.3 - Calculation of FY 2016-17 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)								
Row	FY 2016-17	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Source/Calculation
A	FY 2015-16 Year-End Enrollment; June 2016	5,000	4,470	0	1,511	11,097	0	Actuals
B	Additional Enrollments Adjusted for Linear Enrollment Ramp-up	187	165	0	88	440	0	See narrative
C	Final Estimated FY 2016-17 Average Monthly Enrollment	5,187	4,635	0	1,599	11,537	0	Row A + Row B
D	FPE Adjustment Factor	98.55%	90.37%	90.37%	91.68%	84.02%	84.02%	Table D.2, Row Z
E	Estimated FY 2016-17 FPE	5,111.79	4,188.65	0.00	1,465.92	9,693.39	0.00	Row C * Row D
Table D.3.4 - Calculation of FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)								
Row	FY 2017-18	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Source/Calculation
A	Estimated FY 2016-17 Year-End Enrollment; June 2017	5,346	4,783	0	1,639	11,884	0	
B	Additional Enrollments Adjusted for Linear Enrollment Ramp-up	134	174	35	26	369	35	See narrative
C	Adjustments from HB-16-1321: Medicaid Buy-In Certain Medicaid Waivers	0	(31)	35	0	(31)	35	See narrative
D	Total Bottom Line Adjustments	134	143	35	26	338	35	Row B
E	Final Estimated FY 2017-18 Average Monthly Enrollment	5,480	4,926	35	1,665	12,222	35	Row A + Row E
F	FPE Adjustment Factor	98.55%	90.37%	90.37%	92.04%	84.02%	84.02%	Table D.2, Row Z
G	Estimated FY 2017-18 FPE	5,400.54	4,451.63	31.63	1,532.47	10,268.92	29.41	Row C * Row D
Table D.3.5 - Calculation of FY 2018-19 Division for Intellectual and Developmental Disabilities (DIDD) Average Monthly Enrollment and Full Program Equivalent (FPE)								
Row	FY 2017-18	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Source/Calculation
A	Estimated FY 2017-18 Year-End Enrollment; June 2018	5,594	5,105	35	1,687	12,537	35	
B	Additional Enrollments Adjusted for Linear Enrollment Ramp-up	135	167	2	26	330	2	See narrative
C	Adjustments from HB-16-1321: Medicaid Buy-In Certain Medicaid Waivers	0	(32)	37	0	(32)	37	See narrative
D	Total Bottom Line Adjustments	135	167	2	26	330	2	Row B
E	Final Estimated FY 2017-18 Average Monthly Enrollment	5,729	5,272	37	1,713	12,867	37	Row A + Row B
F	FPE Adjustment Factor	98.55%	90.37%	90.37%	92.04%	84.02%	84.02%	Table D.2, Row Z
G	Estimated FY 2017-18 FPE	5,645.93	4,764.31	33.44	1,576.65	10,810.85	31.09	Row C * Row D

Table D.5.1 - HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD) - Regional Centers							
Row	Fiscal Year	Average Monthly Enrollment	Total Cost	Per Utilizer Cost	Percent Change in Enrollment	Percent Change in Total Cost	Percent Change in Per-Utilizer Cost
A	FY 2007-08	120	\$19,814,222	\$165,119			
B	FY 2008-09	129	\$26,028,730	\$201,773	7.50%	31.36%	22.20%
C	FY 2009-10	118	\$28,360,034	\$240,339	-8.53%	8.96%	19.11%
D	FY 2010-11	122	\$24,142,015	\$197,885	3.39%	-14.87%	-17.66%
E	FY 2011-12	122	\$25,276,720	\$207,186	0.00%	4.70%	4.70%
F	FY 2012-13	135	\$24,167,096	\$179,016	10.66%	-4.39%	-13.60%
G	FY 2013-14	127	\$22,225,364	\$175,003	-5.93%	-8.03%	-2.24%
H	FY 2014-15	124	\$21,454,023	\$173,016	-2.36%	-3.47%	-1.14%
I	FY 2015-16	116	\$19,900,398	\$171,186	-6.25%	-7.24%	-1.06%

Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In
A	FY 2007-08	\$55,540.12	\$17,318.60	\$0.00	\$20,255.20	\$2,215.99	\$0.00
B	FY 2008-09	\$57,955.90	\$19,582.83	\$0.00	\$21,077.47	\$2,157.16	\$0.00
C	FY 2009-10	\$62,465.82	\$14,247.54	\$0.00	\$22,024.69	\$2,725.20	\$0.00
D	FY 2010-11	\$66,237.42	\$13,195.05	\$0.00	\$22,223.67	\$2,713.23	\$0.00
E	FY 2011-12	\$64,405.43	\$12,947.75	\$0.00	\$21,779.88	\$2,565.45	\$0.00
F	FY 2012-13	\$62,997.58	\$12,338.19	\$0.00	\$20,218.18	\$2,384.18	\$0.00
G	FY 2013-14	\$65,101.46	\$13,030.99	\$0.00	\$18,323.90	\$2,566.88	\$0.00
H	FY 2014-15	\$68,199.74	\$13,207.43	\$0.00	\$17,904.12	\$2,589.61	\$0.00
I	FY 2015-16	\$68,339.82	\$13,674.51	\$0.00	\$17,562.02	\$2,457.56	\$0.00
J	Estimated FY 2016-17	\$68,406.94	\$13,763.97	\$0.00	\$17,542.58	\$2,471.57	\$0.00
K	Estimated FY 2017-18	\$68,477.59	\$14,425.81	\$13,266.85	\$17,471.44	\$2,471.57	\$2,265.61
L	Estimated FY 2018-19	\$68,512.92	\$14,666.79	\$14,666.79	\$17,435.87	\$2,471.57	\$2,471.57

Row	Fiscal Year	HCBS - Waiver for Persons with Developmental Disabilities (HCBS-DD)	HCBS - Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Children's Extensive Support Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In
A	FY 2007-08						
B	FY 2008-09	4.35%	13.07%	0.00%	4.06%	-2.65%	0.00%
C	FY 2009-10	7.78%	-27.24%	0.00%	4.49%	26.33%	0.00%
D	FY 2010-11	6.04%	-7.39%	0.00%	0.90%	-0.44%	0.00%
E	FY 2011-12	-2.77%	-1.87%	0.00%	-2.00%	-5.45%	0.00%
F	FY 2012-13	-2.19%	-4.71%	0.00%	-7.17%	-7.07%	0.00%
G	FY 2013-14	3.34%	5.62%	0.00%	-9.37%	7.66%	0.00%
H	FY 2014-15	4.76%	1.35%	0.00%	-2.29%	0.89%	0.00%
I	FY 2015-16	0.21%	3.54%	0.00%	-1.91%	-5.10%	0.00%
J	Estimated FY 2016-17	0.10%	0.65%	0.00%	-0.11%	0.57%	0.00%
K	Estimated FY 2017-18	0.10%	4.81%	100.00%	-0.41%	0.00%	100.00%
L	Estimated FY 2018-19	0.05%	1.67%	10.55%	-0.20%	0.00%	9.09%

Table E.3 - Calculation of FY 2016-17 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure								
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Source/Calculation
A	FY 2015-16 Per Full Program Equivalent (FPE) Expenditure	\$68,339.82	\$13,674.51	\$0.00	\$17,562.02	\$2,457.56	\$0.00	Table E.1 Row I
B	Base Trend	-0.04%	0.23%	0.00%	-0.25%	0.00%	0.00%	Based on Analysis of Individual Service Trends
C	Estimated Base FY 2016-17 Per FPE Expenditure	\$68,311.30	\$13,705.70	\$0.00	\$17,518.05	\$2,457.56	\$0.00	Row A * (1 + Row B)
	Rate Adjustments ⁽¹⁾							
D	Annualization of FY 2015-16 1.7% Rate Increase	0.14%	0.14%	0.00%	0.14%	0.57%	0.00%	TCM adjusted for delayed rate increase implementation.
E	Estimated Base FY 2016-17 Per FPE after Rate Adjustments	\$68,406.94	\$13,724.89	\$0.00	\$17,542.58	\$2,471.57	\$0.00	Row C * (1 + Row D).
	Bottom Line Adjustments							
F	Annualization of FY 2015-16 R-7 "Participant Directed Programs Expansion" ⁽²⁾	\$0.00	\$39.08	\$0.00	\$0.00	\$0.00	\$0.00	Adjusted for delayed start date.
G	Total Estimated FY 2016-17 Per FPE Expenditure	\$68,406.94	\$13,763.97	\$0.00	\$17,542.58	\$2,471.57	\$0.00	Row E + Row F

(1) A 1.7% Provider Rate increase was added during FY 2015-16. Because of lag between the dates services are provided and the dates claims are paid, the increases are realized gradually (i.e. some claims paid early in each fiscal year were for services provided in the prior year).

(2) The Department expects to begin offering Consumer Directed Attendant Support Services (CDASS) to clients on the HCBS-SLS waiver by January 1, 2017. The Department assumes that participation in the program will ramp-up at a uniform rate over FY 2016-17 and reach full enrollment by July 1, 2017 at 12.65% of the HCBS-SLS waiver population, with each SLS-CDASS client costing an additional \$5,722.06 in waiver services above non-CDASS HCBS-SLS clients.

Table E.4 - Calculation of FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure								
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Source/Calculation
A	FY 2016-17 Per Full Program Equivalent (FPE) Expenditure	\$68,406.94	\$13,763.97	\$0.00	\$17,542.58	\$2,471.57	\$0.00	Table E.3 Row E, Buy-In Set Equal to Respective Non-Buy-In Service
B	Base Trend	0.10%	1.04%	0.00%	-0.41%	0.00%	0.00%	Based on Analysis of Individual Service Trends
C	Estimated Base FY 2017-18 Per FPE Expenditure	\$68,477.59	\$13,907.56	\$0.00	\$17,471.44	\$2,471.57	\$0.00	Row A * (1 + Row B)
	Rate Adjustments ⁽¹⁾							
D	None	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
E	Estimated Base FY 2017-18 Per FPE after Rate Adjustments	\$68,477.59	\$13,907.56	\$12,748.60	\$17,471.44	\$2,471.57	\$2,265.61	Row C * (1 + Row D). Buy-In programs adjusted for expected 8/1/2017 implementation date.
	Bottom Line Adjustments							
F	Annualization of FY 2015-16 R-7 "Participant Directed Programs Expansion" ⁽¹⁾	\$0.00	\$518.25	\$518.25	\$0.00	\$0.00	\$0.00	Adjusted for delayed start date.
G	Total Estimated FY 2017-18 Per FPE Expenditure	\$68,477.59	\$14,425.81	\$13,266.85	\$17,471.44	\$2,471.57	\$2,265.61	Row E + Row F

(1) The Department expects to begin offering Consumer Directed Attendant Support Services (CDASS) to clients on the HCBS-SLS waiver by January 1, 2017. The Department assumes that participation in the program will ramp-up at a uniform rate over FY 2016-17 and reach full enrollment by July 1, 2017 at 12.65% of the HCBS-SLS waiver population, with each SLS-CDASS client costing an additional \$5,722.06 in waiver services above non-CDASS HCBS-SLS clients.

Table E.5 - Calculation of FY 2018-19 Division for Intellectual and Developmental Disabilities (DIDD) Per FPE Expenditure								
Row	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	HCBS - Targeted Case Management (TCM)	HCBS - Targeted Case Management (TCM) Buy-In	Source/Calculation
A	FY 2017-18 Per Full Program Equivalent (FPE) Expenditure	\$68,477.59	\$14,425.81	\$14,425.81	\$17,471.44	\$2,471.57	\$2,471.57	Table E.4 Row E. Buy-in Increased to match corresponding non-buy in service.
B	Base Trend	0.05%	0.52%	0.52%	-0.20%	0.00%	0.00%	Based on Analysis of Individual Service Trends
C	Estimated Base FY 2017-18 Per FPE Expenditure	\$68,512.92	\$14,500.28	\$14,500.28	\$17,435.87	\$2,471.57	\$2,471.57	Row A * (1 + Row B)
	Rate Adjustments ⁽¹⁾							
D	None	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
E	Estimated Base FY 2017-18 Per FPE after Rate Adjustments	\$68,512.92	\$14,500.28	\$14,500.28	\$17,435.87	\$2,471.57	\$2,471.57	Row C * (1 + Row D).
	Bottom Line Adjustments							
F	Annualization of FY 2015-16 R-7 "Participant Directed Programs Expansion" ⁽¹⁾	\$0.00	\$166.51	\$166.51	\$0.00	\$0.00	\$0.00	Adjusted for delayed start date.
G	Total Estimated FY 2018-19 Per FPE Expenditure	\$68,512.92	\$14,666.79	\$14,666.79	\$17,435.87	\$2,471.57	\$2,471.57	Row E + Row F

(1) The Department expects to begin offering Consumer Directed Attendant Support Services (CDASS) to clients on the HCBS-SLS waiver by January 1, 2017. The Department assumes that participation in the program will ramp-up at a uniform rate over FY 2016-17 and reach full enrollment by July 1, 2017 at 12.65% of the HCBS-SLS waiver population, with each SLS-CDASS client costing an additional \$5,722.06 in waiver services above non-CDASS HCBS-SLS clients.

Table F.1 - Division for Intellectual and Developmental Disabilities (DIDD) FY 2016-17 Quality Assurance, Utilization Review and Support Intensity Scale Service Forecast								
Row	Service	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	Total	Source/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	5,187	4,635	0	1,599	11,537	Table D.3.1 Row J
B		Rate	\$25.51	\$25.51	\$25.51	\$25.51		FY 2016-17 Actuals
C		Estimated Total Expenditure	\$1,587,844	\$1,418,866	\$0	\$489,486	\$3,531,706	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	5,187	4,635	0	1,599	11,537	Table D.3.1 Row J
E		Rate	\$81.31	\$81.31	\$81.31	\$81.31		FY 2016-17 Actuals
F		Estimated Total Expenditure	\$421,755	\$376,872	\$0	\$130,015	\$938,074	Row D* Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	846	760	0	0	1,618	Estimated June 2017 Enrollment - June 2016 Enrollment + 10% of June 2016 Enrollment
H		Rate	\$233.09	\$233.09	\$233.09	\$0.00		FY 2016-17 Actuals
I		Estimated Total Expenditure	\$197,194	\$177,148	\$0	\$0	\$377,139	Row G * Row H
J	Estimated Total Expenditure		\$2,206,793	\$1,972,886	\$0	\$619,501	\$4,846,919	Row C + Row F + Row I

Table F.2 - Division for Intellectual and Developmental Disabilities (DIDD) FY 2017-18 Quality Assurance, Utilization Review and Support Intensity Scale Service Forecast								
Row	Service	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	Total	Source/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	5,480	4,926	35	1,665	12,222	Table D.3.1 Row K
B		Rate	\$25.51	\$25.51	\$25.51	\$25.51		FY 2016-17 Actuals
C		Estimated Total Expenditure	\$1,677,538	\$1,507,947	\$10,714	\$509,690	\$3,741,399	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	5,480	4,926	35	1,665	12,222	Table D.3.1 Row K
E		Rate	\$81.31	\$81.31	\$81.31	\$81.31		FY 2016-17 Actuals
F		Estimated Total Expenditure	\$445,579	\$400,533	\$2,846	\$135,381	\$993,771	Row D* Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	783	800	7	0	1,602	Estimated June 2018 Enrollment - Estimated June 2017 Enrollment + 10% of Estimated June 2017 Enrollment
H		Rate	\$233.09	\$233.09	\$233.09	\$0.00		FY 2016-17 Actuals
I		Estimated Total Expenditure	\$182,509	\$186,472	\$1,655	\$0	\$373,433	Row G * Row H
J	Estimated Total Expenditure		\$2,305,626	\$2,094,952	\$15,215	\$645,071	\$5,108,603	Row C + Row F + Row I

Table F.3 - Division for Intellectual and Developmental Disabilities (DIDD) FY 2018-19 Quality Assurance, Utilization Review and Support Intensity Scale Service Forecast								
Row	Service	Item	HCBS - Developmental Disabilities Comprehensive Waiver (HCBS-DD)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS)	HCBS - Developmental Disabilities Supported Living Services Waiver (HCBS-SLS) Buy-In	HCBS - Developmental Disabilities Children's Extensive Services Waiver (HCBS-CES)	Total	Source/Calculation
A	Quality Assurance	Estimated Total Average Monthly Enrollment	5,729	5,272	37	1,713	12,867	Table D.3.1 Row L
B		Rate	\$25.51	\$25.51	\$25.51	\$25.51		FY 2016-17 Actuals
C		Estimated Total Expenditure	\$1,753,761	\$1,613,865	\$11,326	\$524,384	\$3,938,846	Row A * Row B * 12
D	Utilization Review	Estimated Total Average Monthly Enrollment	5,729	5,272	37	1,713	12,867	Table D.3.1 Row L
E		Rate	\$81.31	\$81.31	\$81.31	\$81.31		FY 2016-17 Actuals
F		Estimated Total Expenditure	\$465,825	\$428,666	\$3,008	\$139,284	\$1,046,215	Row D* Row E
G	Support Intensity Scale	Estimated New and Renewal Average Monthly Enrollment	808	801	6	0	1,627	Estimated June 2019 Enrollment - Estimated June 2018 Enrollment + 10% of Estimated June 2018 Enrollment
H		Rate	\$233.09	\$233.09	\$233.09	\$0.00		FY 2016-17 Actuals
I		Estimated Total Expenditure	\$188,337	\$186,705	\$1,399	\$0	\$379,238	Row G * Row H
J	Estimated Total Expenditure		\$2,407,923	\$2,229,236	\$15,733	\$663,668	\$5,364,299	Row C + Row F + Row I

Table G.1 FY 2016-17 Office of Community Living Appropriation Build								
Row	Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services								
A	FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$362,346,433	0.0	\$180,448,523	\$0	\$1	\$0	\$181,897,909
B	Total FY 2016-17 Spending Authority	\$362,346,433	0.0	\$180,448,523	\$0	\$1	\$0	\$181,897,909
Adult Supported Living Services								
C	FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$69,681,391	0.0	\$38,677,034	\$0	\$0	\$0	\$31,004,357
D	Total FY 2016-17 Spending Authority	\$69,681,391	0.0	\$38,677,034	\$0	\$0	\$0	\$31,004,357
E	SLS Services	\$61,761,668	0.0	\$30,757,311	\$0	\$0	\$0	\$31,004,357
F	SLS State-Only	\$7,919,723	0.0	\$7,919,723	\$0	\$0	\$0	\$0
Children's Extensive Support Services								
G	FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$26,310,826	0.0	\$13,102,791	\$0	\$0	\$0	\$13,208,035
H	Total FY 2016-17 Spending Authority	\$26,310,826	0.0	\$13,102,791	\$0	\$0	\$0	\$13,208,035
Case Management								
I	FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$32,255,501	0.0	\$16,605,002	\$0	\$0	\$0	\$15,650,499
J	Total FY 2016-17 Spending Authority	\$32,255,501	0.0	\$16,605,002	\$0	\$0	\$0	\$15,650,499
K	Targeted Case Management	\$26,586,856	0.0	\$13,240,254	\$0	\$0	\$0	\$13,346,602
L	QA, UR and SIS	\$4,607,793	0.0	\$2,303,896	\$0	\$0	\$0	\$2,303,897
M	Case Management - State Only	\$1,060,852	0.0	\$1,060,852	\$0	\$0	\$0	\$0
Family Support Services								
N	FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0
O	Total FY 2016-17 Spending Authority	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0
Preventive Dental Hygiene								
Q	FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$63,311	0.0	\$63,311	\$0	\$0	\$0	\$0
R	Total FY 2016-17 Spending Authority	\$63,311	0.0	\$63,311	\$0	\$0	\$0	\$0
Eligibility Determination and Waitlist Management								
S	FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$3,121,194	0.0	\$3,100,556	\$0	\$0	\$0	\$20,638
T	Total FY 2016-17 Spending Authority	\$3,121,194	0.0	\$3,100,556	\$0	\$0	\$0	\$20,638
U	PASRR	\$27,517	0.0	\$6,879	\$0	\$0	\$0	\$20,638
V	Medicaid Eligibility Determination	\$3,093,677	0.0	\$3,093,677	\$0	\$0	\$0	\$0
W	Grand Total FY 2016-17 Spending Authority	\$500,739,116	0.0	\$258,957,677	\$0	\$1	\$0	\$241,781,438

Table G.2 FY 2017-18 Office of Community Living Appropriation Build								
Row	Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services								
A	FY 2016-17 Final Spending Authority	\$362,346,433	\$0	\$180,448,523	\$0	\$1	\$0	\$181,897,909
B	Total FY 2017-18 Spending Authority	\$362,346,433	\$0	\$180,448,523	\$0	\$1	\$0	\$181,897,909
Adult Supported Living Services								
C	FY 2016-17 Final Spending Authority	\$69,681,391	\$0	\$38,677,034	\$0	\$0	\$0	\$31,004,357
D	HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$53,589	\$0	(\$207,615)	\$0	\$234,405	\$0	\$26,799
E	Annualization of FY 2015-16 R#7 "Participant Directed Programs Expansion"	\$1,261,619	\$0	\$630,683	\$0	\$0	\$0	\$630,936
F	Total FY 2017-18 Spending Authority	\$70,996,599	\$0	\$39,100,102	\$0	\$234,405	\$0	\$31,662,092
G	SLS Services	\$63,076,876	\$0	\$31,180,379	\$0	\$234,405	\$0	\$31,662,092
H	SLS State-Only	\$7,919,723	\$0	\$7,919,723	\$0	\$0	\$0	\$0
Children's Extensive Support Services								
I	FY 2016-17 Final Spending Authority	\$26,310,826	\$0	\$13,102,791	\$0	\$0	\$0	\$13,208,035
J	Total FY 2017-18 Spending Authority	\$26,310,826	\$0	\$13,102,791	\$0	\$0	\$0	\$13,208,035
Case Management								
K	FY 2016-17 Final Spending Authority	\$32,255,501	\$0	\$16,605,002	\$0	\$0	\$0	\$15,650,499
L	HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$11,497	\$0	(\$44,544)	\$0	\$50,292	\$0	\$5,749
M	Total FY 2017-18 Spending Authority	\$32,266,998	\$0	\$16,560,458	\$0	\$50,292	\$0	\$15,656,248
N	Targeted Case Management	\$26,410,817	\$0	\$13,107,394	\$0	\$44,840	\$0	\$13,258,583
O	QA, UR and SIS	\$4,795,329	\$0	\$2,392,212	\$0	\$5,452	\$0	\$2,397,665
P	Case Management - State Only	\$1,060,852	\$0	\$1,060,852	\$0	\$0	\$0	\$0
Family Support Services								
Q	FY 2016-17 Final Spending Authority	\$6,960,460	\$0	\$6,960,460	\$0	\$0	\$0	\$0
R	Total FY 2017-18 Spending Authority	\$6,960,460	\$0	\$6,960,460	\$0	\$0	\$0	\$0
Preventive Dental Hygiene								
S	FY 2016-17 Final Spending Authority	\$63,311	\$0	\$63,311	\$0	\$0	\$0	\$0
T	Total FY 2017-18 Spending Authority	\$63,311	\$0	\$63,311	\$0	\$0	\$0	\$0
Eligibility Determination and Waitlist Management								
U	FY 2016-17 Final Spending Authority	\$3,121,194	\$0	\$3,100,556	\$0	\$0	\$0	\$20,638
V	Total FY 2017-18 Spending Authority	\$3,121,194	\$0	\$3,100,556	\$0	\$0	\$0	\$20,638
W	PASRR	\$27,517	\$0	\$6,879	\$0	\$0	\$0	\$20,638
X	Medicaid Eligibility Determination	\$3,093,677	\$0	\$3,093,677	\$0	\$0	\$0	\$0
Y	Total FY 2017-18 Spending Authority	\$502,065,821	\$0	\$259,336,201	\$0	\$284,698	\$0	\$242,444,922

Table G.3 FY 2018-19 Office of Community Living Appropriation Build								
Row	Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Adult Comprehensive Services								
A	FY 2017-18 Final Spending Authority	\$362,346,433	0.0	\$180,448,523	\$0	\$1	\$0	\$181,897,909
B	Total FY 2018-19 Spending Authority	\$362,346,433	0.0	\$180,448,523	\$0	\$1	\$0	\$181,897,909
Adult Supported Living Services								
C	FY 2017-18 Final Spending Authority	\$70,996,599	0.0	\$39,100,102	\$0	\$234,405	\$0	\$31,662,092
D	Annualization of HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$19,487	0.0	(\$26,227)	\$0	\$35,976	\$0	\$9,738
E	Total FY 2018-19 Spending Authority	\$71,016,086	0.0	\$39,073,875	\$0	\$270,381	\$0	\$31,671,830
F	SLS Services	\$63,096,363	0.0	\$31,154,152	\$0	\$270,381	\$0	\$31,671,830
G	SLS State-Only	\$7,919,723	0.0	\$7,919,723	\$0	\$0	\$0	\$0
Children's Extensive Support Services								
H	FY 2017-18 Final Spending Authority	\$26,310,826	0.0	\$13,102,791	\$0	\$0	\$0	\$13,208,035
I	Total FY 2018-19 Spending Authority	\$26,310,826	0.0	\$13,102,791	\$0	\$0	\$0	\$13,208,035
Case Management								
J	FY 2017-18 Final Spending Authority	\$32,266,998	0.0	\$16,560,458	\$0	\$50,292	\$0	\$15,656,248
K	Annualization of HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$4,181	0.0	(\$5,627)	\$0	\$7,719	\$0	\$2,089
L	SB 16-192 Single Assessment	\$142,894	0.0	\$71,447	\$0	\$0	\$0	\$71,447
M	Total FY 2018-19 Spending Authority	\$32,414,073	0.0	\$16,626,278	\$0	\$58,011	\$0	\$15,729,784
N	Targeted Case Management	\$26,414,545	0.0	\$13,102,377	\$0	\$51,722	\$0	\$13,260,446
O	QA, UR and SIS	\$4,938,676	0.0	\$2,463,049	\$0	\$6,289	\$0	\$2,469,338
P	Case Management - State Only	\$1,060,852	0.0	\$1,060,852	\$0	\$0	\$0	\$0
Family Support Services								
Q	FY 2017-18 Final Spending Authority	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0
R	Total FY 2018-19 Spending Authority	\$6,960,460	0.0	\$6,960,460	\$0	\$0	\$0	\$0
Preventive Dental Hygiene								
S	FY 2017-18 Final Spending Authority	\$63,311	0.0	\$63,311	\$0	\$0	\$0	\$0
T	Total FY 2018-19 Spending Authority	\$63,311	0.0	\$63,311	\$0	\$0	\$0	\$0
Eligibility Determination and Waitlist Management								
U	FY 2017-18 Final Spending Authority	\$3,121,194	0.0	\$3,100,556	\$0	\$0	\$0	\$20,638
V	Total FY 2018-19 Spending Authority	\$3,121,194	0.0	\$3,100,556	\$0	\$0	\$0	\$20,638
W	PASRR	\$27,517	0.0	\$6,879	\$0	\$0	\$0	\$20,638
X	Medicaid Eligibility Determination	\$3,093,677	0.0	\$3,093,677	\$0	\$0	\$0	\$0
Y	Grand Total FY 2018-19 Spending Authority	\$502,232,383	0.0	\$259,375,794	\$0	\$328,393	\$0	\$242,528,196