

November 2011
REGIONAL CENTER
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2011-12 *and* 2012-13
Governor's Budget



STATE OF CALIFORNIA
DEPARTMENT OF DEVELOPMENTAL SERVICES
JANUARY 5, 2012

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**Comparison of Enacted Budget to November 2011 Estimate
Fiscal Year 2011-12**

	A	B	C
	Enacted Budget	November Estimate	Request (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$425,422,000	\$429,268,000	\$3,846,000
2. Federal Compliance	45,886,000	46,657,000	771,000
3. Projects	23,029,000	22,699,000	-330,000
4. Agnews Ongoing Workload	2,788,000	2,788,000	0
5. Lanterman Development Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	\$500,662,000	\$504,949,000	\$4,287,000
7. ICF-DD SPA Administration Fee	2,089,000	1,459,000	-630,000 1/
8. Total Operations (Items 6 and 7)	\$502,751,000	\$506,408,000	\$3,657,000
B. Purchase of Services (POS)			
1. Community Care Facilities	\$816,805,000	\$832,915,000	\$16,110,000
2. Medical Facilities	27,996,000	29,125,000	1,129,000
3. Day Programs	747,684,000	761,244,000	13,560,000
4. Habilitation Services	133,232,000	133,550,000	318,000
5. Transportation	196,391,000	201,338,000	4,947,000
6. Support Services	686,359,000	694,677,000	8,318,000
7. In-Home Respite	232,627,000	205,392,000	-27,235,000
8. Out-of-Home Respite	51,289,000	51,289,000	0
9. Health Care	84,771,000	79,842,000	-4,929,000
10. Miscellaneous	419,918,000	405,621,000	-14,297,000
11. Revised Major Assumptions:	1,763,000	1,763,000	0
a. FMS for Participant-Directed Services	1,763,000	1,763,000	0
12. POS Subtotal (Items 1 thru 11)	\$3,398,835,000	\$3,396,756,000	-\$2,079,000
13. Quality Assurance Fees (Transfer from DHCS)	\$8,426,000	\$7,738,000	-\$688,000 1/
14. Impacts from Other Departments	\$50,074,000	\$3,086,000	-\$46,988,000
15. Total POS (Items 12 thru 14)	\$3,457,335,000	\$3,407,580,000	-\$49,755,000
C. Early Start/Part C: Other Agency Costs	\$20,095,000	\$20,095,000	\$0
D. Prevention Program	\$4,503,000	\$4,503,000	\$0
E. Trigger Reduction	\$0	-\$100,000,000	-\$100,000,000
F. GRAND TOTAL	\$3,984,684,000	\$3,838,586,000	-\$146,098,000 2/

1/ Reflects the correction of an error in the 2011-12 May Revision.

2/ Reflects \$100 million in GF trigger reductions to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

**Comparison of Enacted Budget to November 2011 Estimate
Fiscal Year 2011-12**

	A	B	C
	Enacted Budget	November Estimate	Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,290,100,000	\$2,163,696,000	-\$126,404,000
1. General Fund Match	1,332,723,000	1,311,771,000	-20,952,000
2. General Fund - Other	957,377,000	851,925,000	-105,452,000
B. Reimbursements	\$1,639,176,000	\$1,616,088,000	-\$23,088,000
1. Home and Community-Based Services (HCBS) Waiver	932,949,000	938,472,000	5,523,000
2. HCBS Waiver Administration	9,725,000	8,369,000	-1,356,000
3. Medicaid Administration	12,236,000	12,359,000	123,000
4. Targeted Case Management (TCM)	135,559,000	131,912,000	-3,647,000
5. TCM Administration	3,647,000	4,000,000	353,000
6. Title XX Block Grant	225,060,000	225,060,000	0
a. Social Services	147,903,000	147,903,000	0
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. ICF-DD SPA	49,106,000	48,338,000	-768,000
8. Quality Assurance Fees	9,781,000	8,778,000	-1,003,000 1/
9. Vocational Rehabilitation	118,000	118,000	0
10. 1915(j) SPA	178,130,000	171,002,000	-7,128,000
11. 1915(k) Medicaid State Plan	1,200,000	1,227,000	27,000
12. Money Follows the Person	15,418,000	15,418,000	0
13. Homeland Security Grant	210,000	35,000	-175,000
14. California First Five Commission	50,000,000	50,000,000	0
15. Impacts from Other Departments FFP	16,037,000	1,000,000	-15,037,000
C. Program Development Fund / Parental Fees	\$2,603,000	\$5,926,000	\$3,323,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$51,915,000	\$51,986,000	\$71,000
1. Early Start/Part C Grant	51,338,000	51,409,000	71,000
2. Foster Grandparent Program	577,000	577,000	0
G. GRAND TOTAL	\$3,984,684,000	\$3,838,586,000	-\$146,098,000 2/

1/ Reflects the correction of an error in the 2011-12 May Revision.

2/ Reflects \$100 million in GF trigger reductions to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

**Comparison of Enacted Budget to November 2011 Estimate
Fiscal Year 2012-13**

	A	B	C
	Enacted Budget	November Estimate	Request (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$425,422,000	\$458,844,000	\$33,422,000
2. Federal Compliance	45,886,000	47,048,000	1,162,000
3. Projects	23,029,000	23,146,000	117,000
4. Agnews Ongoing Workload	2,788,000	2,788,000	0
5. Lanterman Development Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	\$500,662,000	\$535,363,000	\$34,701,000
7. ICF-DD SPA Administration Fee	2,089,000	1,555,000	-534,000 1/
8. Total Operations (Items 6 and 7)	\$502,751,000	\$536,918,000	\$34,167,000
B. Purchase of Services (POS)			
1. Community Care Facilities	\$816,805,000	\$900,570,000	\$83,765,000
2. Medical Facilities	27,996,000	30,976,000	2,980,000
3. Day Programs	747,684,000	811,062,000	63,378,000
4. Habilitation Services	133,232,000	133,277,000	45,000
5. Transportation	196,391,000	213,425,000	17,034,000
6. Support Services	686,359,000	752,187,000	65,828,000
7. In-Home Respite	232,627,000	227,903,000	-4,724,000
8. Out-of-Home Respite	51,289,000	52,641,000	1,352,000
9. Health Care	84,771,000	86,419,000	1,648,000
10. Miscellaneous	419,918,000	446,160,000	26,242,000
11. Revised Major Assumptions:	1,763,000	10,727,000	8,964,000
a. FMS for Participant-Directed Services	1,763,000	10,727,000	8,964,000
12. POS Subtotal (Items 1 thru 11)	\$3,398,835,000	\$3,665,347,000	\$266,512,000
13. Quality Assurance Fees (Transfer from DHCS)	\$8,426,000	\$8,393,000	-\$33,000 1/
14. Impacts from Other Departments	\$50,074,000	\$31,187,000	-\$18,887,000
15. Total POS (Items 12 thru 14)	\$3,457,335,000	\$3,704,927,000	\$247,592,000
C. Early Start/Part C: Other Agency Costs	\$20,095,000	\$20,095,000	\$0
D. Prevention Program	\$4,503,000	\$2,003,000	-\$2,500,000
E. Trigger Reduction	\$0	-\$200,000,000	-\$200,000,000
F. GRAND TOTAL	\$3,984,684,000	\$4,063,943,000	\$79,259,000 2/

1/ Reflects the correction of an error in the 2011-12 May Revision.

2/ Reflects \$200 million in GF trigger reductions to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

**Comparison of Appropriation to November 2011 Estimate
Fiscal Year 2012-13**

	A	B	C
	Enacted Budget	November Estimate	Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,290,100,000	\$2,344,564,000	\$54,464,000
1. General Fund Match	1,332,723,000	1,400,563,000	67,840,000
2. General Fund - Other	957,377,000	944,001,000	-13,376,000
B. Reimbursements	\$1,639,176,000	\$1,656,980,000	\$17,804,000
1. Home and Community-Based Services (HCBS) Waiver	932,949,000	1,003,702,000	70,753,000
2. HCBS Waiver Administration	9,725,000	8,786,000	-939,000
3. Medicaid Administration	12,236,000	12,941,000	705,000
4. Targeted Case Management (TCM)	135,559,000	139,061,000	3,502,000
5. TCM Administration	3,647,000	4,000,000	353,000
6. Title XX Block Grant	225,060,000	225,060,000	0
a. Social Services	147,903,000	147,903,000	0
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. ICF-DD SPA	49,106,000	51,509,000	2,403,000
8. Quality Assurance Fees	9,781,000	9,481,000	-300,000 1/
9. Vocational Rehabilitation	118,000	118,000	0
10. 1915(j) SPA	178,130,000	183,362,000	5,232,000
11. 1915(k) Medicaid State Plan	1,200,000	1,924,000	724,000
12. Money Follows the Person	15,418,000	17,001,000	1,583,000
13. Homeland Security Grant	210,000	35,000	-175,000
14. California First Five Commission	50,000,000	0	-50,000,000
15. Impacts from Other Departments FFP	16,037,000	0	-16,037,000
C. Program Development Fund / Parental Fees	\$2,603,000	\$9,523,000	\$6,920,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$51,915,000	\$51,986,000	\$71,000
1. Early Start/Part C Grant	51,338,000	51,409,000	71,000
2. Foster Grandparent Program	577,000	577,000	0
G. GRAND TOTAL	\$3,984,684,000	\$4,063,943,000	\$79,259,000 2/

1/ Reflects the correction of an error in the 2011-12 May Revision.

2/ Reflects \$200 million in GF trigger reductions to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

Comparision Fiscal Year 2011-12 to Fiscal Year 2012-13

	A Fiscal Year 2011-12	B Fiscal Year 2012-13	C Incremental Increase (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$429,268,000	\$458,844,000	\$29,576,000
2. Federal Compliance	46,657,000	47,048,000	391,000
3. Projects	22,699,000	23,146,000	447,000
4. Agnews Ongoing Workload	2,788,000	2,788,000	0
5. Lanterman Developmental Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	<u>\$504,949,000</u>	<u>\$535,363,000</u>	<u>\$30,414,000</u>
7. ICF-DD SPA Administration Fee	1,459,000	1,555,000	96,000 1/
8. Total Operations (Items 6 and 7)	<u>\$506,408,000</u>	<u>\$536,918,000</u>	<u>\$30,510,000</u>
B. Purchase of Services (POS)			
1. Community Care Facilities	\$832,915,000	\$900,570,000	\$67,655,000
2. Medical Facilities	29,125,000	30,976,000	1,851,000
3. Day Programs	761,244,000	811,062,000	49,818,000
4. Habilitation Services	133,550,000	133,277,000	-273,000
5. Transportation	201,338,000	213,425,000	12,087,000
6. Support Services	694,677,000	752,187,000	57,510,000
7. In-Home Respite	205,392,000	227,903,000	22,511,000
8. Out-of-Home Respite	51,289,000	52,641,000	1,352,000
9. Health Care	79,842,000	86,419,000	6,577,000
10. Miscellaneous	405,621,000	446,160,000	40,539,000
11. Revised Major Assumptions:	1,763,000	10,727,000	8,964,000
a. FMS for Participant-Directed Services	1,763,000	10,727,000	8,964,000
12. POS Subtotal (Items 1 thru 11)	<u>\$3,396,756,000</u>	<u>\$3,665,347,000</u>	<u>\$268,591,000</u>
13. Quality Assurance Fees (Transfer from DHCS)	\$7,738,000	\$8,393,000	\$655,000 1/
14. Impacts from Other Departments	\$3,086,000	\$31,187,000	\$28,101,000
15. Total POS (Items 12 thru 14)	<u>\$3,407,580,000</u>	<u>\$3,704,927,000</u>	<u>\$297,347,000</u>
C. Early Start/Part C: Other Agency Costs	\$20,095,000	\$20,095,000	\$0
D. Prevention Program	\$4,503,000	\$2,003,000	-\$2,500,000
E. Trigger Reduction	-\$100,000,000	-\$200,000,000	-\$100,000,000
F. GRAND TOTAL	<u>\$3,838,586,000</u>	<u>\$4,063,943,000</u>	<u>\$225,357,000</u> 2/

1/ Reflects the correction of an error in the 2011-12 May Revision.

2/ Reflects \$200 million in GF trigger reductions to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

Fiscal Year 2011-12 vs Fiscal Year 2012-13

	A	B	C
	Fiscal Year 2011-12	Fiscal Year 2012-13	Incremental Increase (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,163,696,000	\$2,344,564,000	\$180,868,000
1. General Fund Match	1,311,771,000	1,400,563,000	88,792,000
2. General Fund - Other	851,925,000	944,001,000	92,076,000
B. Reimbursements	\$1,616,088,000	\$1,656,980,000	\$40,892,000
1. Home & Community-Based Services (HCBS) Waiver	938,472,000	1,003,702,000	65,230,000
2. HCBS Waiver Administration	8,369,000	8,786,000	417,000
3. Medicaid Administration	12,359,000	12,941,000	582,000
4. Targeted Case Management (TCM)	131,912,000	139,061,000	7,149,000
5. TCM Administration	4,000,000	4,000,000	0
6. Title XX Block Grant	225,060,000	225,060,000	0
a. Social Services	147,903,000	147,903,000	0
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. ICF-DD SPA	48,338,000	51,509,000	3,171,000
8. Quality Assurance Fees	8,778,000	9,481,000	703,000 1/
9. Vocational Rehabilitation	118,000	118,000	0
10. 1915(i) SPA	171,002,000	183,362,000	12,360,000
11. 1915 (k) Medicaid State Plan	1,227,000	1,924,000	697,000
12. Money Follows the Person	15,418,000	17,001,000	1,583,000
13. Homeland Security Grant	35,000	35,000	0
14. California First Five Commission	50,000,000	0	-50,000,000
15. Impacts from Other Departments FFP	1,000,000	0	-1,000,000
C. Program Development Fund / Parental Fees	\$5,926,000	\$9,523,000	\$3,597,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$51,986,000	\$51,986,000	\$0
1. Early Start/Part C Grant	51,409,000	51,409,000	0
2. Foster Grandparent Program	577,000	577,000	0
G. GRAND TOTAL	\$3,838,586,000	\$4,063,943,000	\$225,357,000 2/

1/ Reflects the correction of an error in the 2011-12 May Revision.

2/ Reflects \$200 million in GF trigger reductions to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

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SECTION B: EXECUTIVE HIGHLIGHTS B-1 to B-12

Executive Highlights

I. FISCAL YEAR 2011-12 COSTS AND FUND SOURCES

A. Overview

Funding for the regional centers in the current year is estimated to decrease by \$146.1 million total funds (TF) and \$126.4 million general fund (GF) compared to the enacted budget.

Fiscal Year 2011-12 Costs and Fund Sources <i>(in thousands)</i>			
	Enacted Budget	Updated 2011-12	Request
Total Costs	\$3,984,684	\$3,838,586	-\$146,098
Operations 1/	502,751	506,408	3,657
Purchase of Services 1/	3,457,335	3,407,580	-49,755
Early Start - Other Agency Costs	20,095	20,095	0
Prevention Program	4,503	4,503	0
Trigger Reduction	0	-100,000	-100,000
Fund Sources	\$3,984,684	\$3,838,586	-\$146,098
General Fund (GF)	2,290,100	2,163,696	-126,404
<i>GF Match</i>	(1,332,723)	(1,311,771)	(-20,952)
<i>GF Other</i>	(957,377)	(851,925)	(-105,452)
Reimbursements	1,639,176	1,616,088	-23,088
Program Development Fund	2,603	5,926	3,323
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	51,915	51,986	71

1/ Expenditures include Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA) Administrative Fees of \$1.5 million in Operations (OPS) and Quality Assurance Fees (QAF), transfer of funds from the Department of Health Care Services (DHCS) of \$7.7 million in Purchase of Services (POS).

The decrease is composed of the following:

- \$2.2 million increase TF and \$5.9 million GF in OPS and POS to reflect updated caseload and expenditure data;
- \$0.6 million decrease TF and \$0.3 million GF in OPS for ICF-DD SPA Administration Fees to reflect updated expenditures;
- \$0.7 million decrease TF and \$0.0 million GF in POS for QAF, transfer of funds from DHCS to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents; and

- \$47.0 million decrease TF and \$32.0 million GF for Impacts from Other Departments in POS to reflect updated expenditures for DHCS' plans for the Adult Day Health Care (ADHC) program and reductions in Medi-Cal Caps and Co-Pays.
- \$100.0 million decrease GF to reflect trigger reductions to be achieved systemwide that may include Department Headquarters, Developmental Centers or Regional Centers Operations.

B. Caseload

The 2011-12 community caseload as of January 31, 2012 is estimated to increase by 153 consumers over the enacted budget caseload estimate of 249,674 to the level of 249,827.

	Fiscal Year 2011-12		
	Enacted Budget	Updated 2011-12	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	218,524	219,552	1,028
Early Start (Birth through 2 Years)	27,624	28,548	924
Prevention (Birth through 2 Years)	3,526	1,727	-1,799
Total Community Caseload	249,674	249,827	153

C. Total Regional Center Costs: \$146.1 Million Decrease TF and \$126.4 Million GF

1. Operations Updated Costs for Regional Center Expenditures: \$3.7 Million Increase TF and \$8.4 Million GF

- Core Staffing: \$3.9 million increase TF and \$8.7 million GF to reflect updated community caseload and reduction targets.
- Federal Compliance: \$0.7 Million increase TF and \$0.3 million GF to reflect an increase in Client Program Coordinator (CPC) positions to meet the Home and Community Based Services (HCBS) Waiver requirement for case management coverage as a result of updated caseload.
- Projects: \$0.3 million decrease TF and \$0.2 million GF to reflect updated expenditure data.
- ICF-DD SPA Administration Fees: \$0.6 million decrease TF and \$0.3 million GF to reflect updated expenditures.

	Fiscal Year 2011-12		
	Enacted Budget	Updated 2011-12	Request
-	(in thousands)		
Operations Total			
Core Staffing	\$425,422	\$429,268	\$3,846
Federal Compliance	45,886	46,657	771
Agnews Ongoing Workload	2,788	2,788	0
Lanterman Developmental Center Closure Projects	3,537	3,537	0
ICF-DD SPA Administration Fee	23,029	22,699	-330
	2,089	1,459	-630
Total Operations	\$502,751	\$506,408	\$3,657

2. Purchase of Services Updated Costs for Regional Center Purchase of Services: \$49.8 million decrease TF and \$34.8 million GF.
 - POS: \$2.1 million decrease TF and \$2.8 million GF to reflect updated caseload, utilization change and expenditure data.
 - QAF: \$0.7 million decrease TF and \$0.0 GF to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents.
 - Impacts from Other Departments: \$47.0 million decrease TF and \$32.0 million GF to reflect costs that will not occur in 2011-12 associated with delays in the DHCS' reduction proposal to eliminate ADHC and Medi-Cal reductions to caps and co-payments. The new implementation date for the elimination of ADHC is February 28, 2012. For the Medi-Cal reductions implementation will be phased in beginning in October 2011. These programs are considered a generic resource with regional centers being the payor of last resort when services are available from a generic resource.
3. Trigger Reduction: \$100.0 million decrease TF and GF to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

D. Fund Sources**1. GF: \$126.4 Million Decrease:** This decrease is composed of:

- \$5.9 million increase to reflect updated caseload and expenditure data;
- \$0.3 million decrease for ICF-DD SPA Administration Fees to reflect updated expenditures; and
- \$32.0 million decrease for Impacts from Other Departments as previously discussed; and
- \$100.0 million decrease to reflect trigger reductions to be achieved systemwide as previously discussed.

2. Reimbursements: \$23.1 Million Decrease

Fiscal Year 2011-12 Reimbursements (in thousands)			
	Enacted Budget	Updated 2011-12	Request
Home and Community-Based Services (HCBS) Waiver	\$932,949	\$938,472	\$5,523
HCBS Waiver Administration	9,725	8,369	-1,356
Medicaid Administration	12,236	12,359	123
Targeted Case Management (TCM)	135,559	131,912	-3,647
TCM Administration	3,647	4,000	353
Title XX Block Grant	225,060	225,060	0
(1) Social Services	(147,903)	(147,903)	0
(2) Temporary Assistance for Needy Families	(77,157)	(77,157)	0
ICF-DD State Plan Amendment (SPA)	49,106	48,338	-768
Quality Assurance Fees (Transfer from DHCS)	9,781	8,778	-1,003
Vocational Rehabilitation	118	118	0
1915(i) SPA	178,130	171,002	-7,128
1915(k) Medicaid State Plan	1,200	1,227	27
Money Follows the Person	15,418	15,418	0
Homeland Security Grant	210	35	-175
California First Five Commission	50,000	50,000	0
Impacts from Other Departments FFP	16,037	1,000	-15,037
TOTAL	\$1,639,176	\$1,616,088	-\$23,088

1/ The amount reflect a non-add and is displayed for information only.

- HCBS Waiver: The \$5.5 million increase in HCBS Waiver reflects updated expenditures and an additional 2,516 consumers added to the Waiver.

- HCBS Waiver Administration: The \$1.4 million decrease in HCBS Waiver Administration reflects updated regional center expenditures.
 - Medicaid Administration: The \$0.1 million increase in Medicaid Administration reflects updated regional center expenditures.
 - Targeted Case Management (TCM): The \$3.6 million decrease in TCM reflects updated data on billable units.
 - TCM Administration: The \$0.4 million increase in TCM reflects updated expenditure data.
 - ICF-DD SPA: The \$0.8 million decrease in ICF-DD SPA reflects updated regional center expenditures.
 - QAF, transfer of funds from DHCS: The \$1.0 million decrease in QAF reflects updated regional center expenditures.
 - 1915(i) SPA: The \$7.1 million decrease reflects updated regional center expenditures.
 - Homeland Security Grant: The \$0.2 million decrease reflects updated data on grant allocation between regional centers and developmental centers.
 - Impact from Other Departments, Federal Financial Participation (FFP): The \$15.0 million decrease as previously discussed.
2. Program Development Fund: The \$3.3 million increase reflects updated data on parental fees collections and the addition of revenues from the annual family program fee.
 3. Federal Funds: The \$0.1 million increase reflects updated data on the grant award for Early Start.

II. FISCAL YEAR 2012-13 COSTS AND FUND SOURCES**A. Overview**

Funding for the regional centers in the budget year is estimated to increase by \$79.3 million TF and \$54.5 million GF compared to the enacted budget.

Fiscal Year 2012-13 Costs and Fund Sources <i>(in thousands)</i>			
	Enacted Budget	November Estimate	Request
Total Costs	\$3,984,684	\$4,063,943	\$79,259
Operations 1/	502,751	536,918	34,167
Purchase of Services 1/	3,457,335	3,704,927	247,592
Early Start - Other Agency Costs	20,095	20,095	0
Prevention Program	4,503	2,003	-2,500
Trigger Reduction	0	-200,000	-200,000
Fund Sources	\$3,984,684	\$4,063,943	\$79,259
General Fund (GF)	2,290,100	2,344,564	54,464
<i>GF Match</i>	(1,332,723)	(1,400,563)	(67,840)
<i>GF Other</i>	(957,377)	(944,001)	(-13,376)
Reimbursements	1,639,176	1,656,980	17,804
Program Development Fund	2,603	9,523	6,920
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	51,915	51,986	71

1/ Expenditures include \$1.6 million in ICF-DD administration Fees in OPS and \$8.4 million in QAF, transfer of funds from DHCS in POS.

The increase is composed of the following:

- \$162.6 million increase TF and \$115.2 million GF in OPS and POS to reflect updated caseload and expenditure data;
- \$0.5 million decrease TF and \$0.3 million GF in OPS for ICF-DD SPA Administration Fees and QAF to reflect updated expenditures;
- \$18.9 million decrease TF and \$2.8 million GF for Impacts from Other Departments to reflect updated expenditures for DHCS' elimination of ADHC and reductions in Medi-Cal Caps and Co-Pays;
- \$158.2 million increase TF and \$108.4 million GF in OPS and POS to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012.

- \$9.0 million increase TF and \$4.5 million GF in POS for the Revised Major Assumption Financial Management Services (FMS) for Participant-Directed Services to reflect updated expenditure data; and
- \$31.1 million decrease TF and \$20.5 million GF in OPS, POS and Prevention to reflect a technical adjustment to annualize the cost containment proposals specified in Assembly Bill (AB) 104, Chapter (CH) 37, and Statutes of 2011.
- \$50.0 million increase GF to reflect a fund shift from California First Five Commission to GF (Proposition 10).
- \$200.0 million decrease GF to reflect trigger reductions to be achieved systemwide that may include Department Headquarters, Developmental Centers or Regional Centers.

B. Caseload

The 2012-13 community estimated caseload is projected at 256,059 on January 31, 2013 which is 6,385 more than the enacted budget year caseload of 249,674, and reflects an increase of 2.6 percent. The increase in caseload reflects the sunset of the Prevention Program.

	Fiscal Year 2012-13		
	Enacted Budget	November Estimate	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	218,524	226,107	7,583
Early Start (Birth through 2 Years)	27,624	29,952	2,328
Prevention (Birth through 2 Years)	3,526	0	-3,526
Total Community Caseload	249,674	256,059	6,385

C. Total Regional Center Costs: \$79.3 Million Increase TF and \$54.5 Million GF

1. Operations to Reflect Budget Year Costs: \$34.2 Million increase TF and \$30.6 Million GF
 - Core Staffing: \$33.4 million increase TF and \$30.0 million GF to reflect the following:
 - \$12.8 million increase TF and \$17.1 million GF to reflect updated community caseload;
 - \$21.9 million increase TF and \$13.8 million GF to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012; and

- \$1.3 million decrease TF and \$0.9 million GF to annualize the cost containment proposals specified in AB 104, CH 37, and Statutes of 2011.
- Federal Compliance: \$1.2 million increase TF and \$0.6 million GF to reflect an increase in the number of CPC positions to meet the HCBS Waiver requirement for case management coverage as a result of updated caseload.
- Projects: \$0.1 million increase TF and \$0.3 million GF to reflect updated expenditure data.
- ICF-DD SPA Administration Fees: \$0.5 Million decrease TF and \$0.3 million GF to reflect updated expenditures.

	Fiscal Year 2012-13		
	Enacted Budget	November Estimate	Request
	(in thousands)		
<u>Operations Total</u>			
Core Staffing	\$425,422	\$458,844	\$33,422
Federal Compliance	45,886	47,048	1,162
Agnews Ongoing Workload	2,788	2,788	0
Lanterman Developmental Center Closure	3,537	3,537	0
Projects	23,029	23,146	117
ICF-DD SPA Administration Fee	2,089	1,555	-534

2. Purchase of Service to Reflect Budget Year Costs: \$247.6 million increase TF and \$226.4 million GF to reflect the following:
- \$148.5 million increase TF and \$97.2 million GF to reflect updated caseload, utilization change and expenditure data;
 - \$136.3 million increase TF and \$94.6 million GF to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012;
 - \$27.3 million decrease TF and \$17.1 million GF to reflect a technical adjustment to annualize the cost containment proposals specified in AB 104, CH 37, and Statutes of 2011; and
 - \$9.0 million increase TF and \$4.5 million GF to implement the Revised Major Assumption FMS for Participant-Directed Services. The increase reflects updated caseload, utilization and expenditure data;
 - \$50.0 million increase GF to reflect a fund shift from California First Five Commission to GF (Proposition 10);

- \$18.9 million decrease TF and \$2.8 million GF to reflect updated expenditures for Impacts from Other Departments as previously discussed.
3. Prevention Program: \$2.5 million decrease TF and GF to reflect a technical adjustment to annualize the cost containment proposals specified in AB 104, CH 37, and Statutes of 2011.
 4. Trigger Reduction: \$200.0 million decrease TF and GF to be achieved systemwide through a variety of measures that may include Department Headquarters, Developmental Centers or Regional Centers.

D. Fund Sources

1. GF: \$54.5 million increase to reflect the following:
 - \$108.4 million increase to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012;
 - \$2.8 million decrease to reflect the updated costs associated with DHCS' elimination of ADHC and reductions in Medi-Cal Caps and Co-Pays;
 - \$4.5 million increase to implement the Revised Major Assumption FMS for Participant-Directed Services;
 - \$20.5 million decrease to reflect a technical adjustment to annualize the cost containment proposals specified in AB 104, CH 37, and statutes of 2011;
 - \$0.3 million decrease for ICF-DD SPA Administration Fees to reflect updated expenditures;
 - \$115.2 million increase to reflect updated caseload, utilization changes and expenditure data; and
 - \$50.0 million increase to reflect a fund shift from California First Five Commission to GF (Proposition 10).
 - \$200.0 million decrease to reflect trigger reductions to be achieved systemwide as previously discussed.

2. Reimbursements: \$17.8 million increase to reflect the following:

Fiscal Year 2012-13			
Reimbursements			
<i>(in thousands)</i>			
	Enacted	November	
	Budget	Estimate	Request
Home and Community-Based Services (HCBS) Waiver	\$932,949	\$1,003,702	\$70,753
HCBS Waiver Administration	9,725	8,786	-939
Medicaid Administration	12,236	12,941	705
Targeted Case Management (TCM)	135,559	139,061	3,502
TCM Administration	3,647	4,000	353
Title XX Block Grant	225,060	225,060	0
(1) Social Services	(147,903)	(147,903)	0
(2) Temporary Assistance for Needy Families	(77,157)	(77,157)	0
ICF-DD State Plan Amendment (SPA)	49,106	51,509	2,403
Quality Assurance Fees (Transfer from DHCS)	9,781	9,481	-300
Vocational Rehabilitation	118	118	0
1915(i) SPA	178,130	183,362	5,232
1915(k) Medicaid State Plan	1,200	1,924	724
Money Follows the Person	15,418	17,001	1,583
Homeland Security Grant	210	35	-175
California First Five Commission	50,000	0	-50,000
Impacts from Other Departments FFP	16,037	0	-16,037
TOTAL	\$1,639,176	\$1,656,980	\$17,804

1/ This amount reflect a non-add and is displayed for information only.

- HCBS Waiver: \$70.8 million increase in HCBS Waiver reimbursements includes:
 - \$25.8 million increase to reflect updated expenditures and an additional 4,106 consumers added to the waiver;
 - \$41.6 million increase to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012; and
 - \$3.4 million increase to implement the Revised Major Assumption FMS for Participant-Directed Services;
- HCBS Waiver Administration: \$1.0 million decrease in HCBS Waiver Administration includes:
 - \$0.5 million increase to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012; and

- \$0.5 million decrease to reflect updated regional center expenditures.
- Medicaid Administration: \$0.7 million increase includes:
 - \$0.1 million increase to reflect updated regional center expenditures; and
 - \$0.6 million increase to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012.
- TCM: \$3.5 million increase includes:
 - \$3.6 million decrease due to updated data on billable units; and
 - \$7.1 million increase to reflect the sunset of the 4.25 percent payment reduction on June 30, 2012.
- TCM Administration: \$0.4 million increase due to reflect the most current expenditure data.
- ICF-DD SPA: \$2.4 million increase reflects the most current expenditure data.
- QAF, transfer of funds from DHCS: \$0.3 million decrease reflects the most current expenditure data.
- 1915(i): \$5.2 million increase includes:
 - \$1.1 million increase to implement the Revised Major Assumption FMS for Participant-Directed Services; and
 - \$4.1 million increase to reflect the most current expenditure data.
- 1915(k) Medicaid State Plan: \$0.7 million increase to reflect the most current expenditure data.
- Money Follows the Person: \$1.6 million increase to reflect the most current expenditure data.
- Homeland Security Grant: \$0.2 million decrease to reflect updated data on grant allocation between regional centers and developmental centers.
- California First Five Commission: \$50.0 million decrease to reflect the unavailability of these funds.

- Impacts from Other Departments: \$16.0 million decrease to reflect updated expenditure data for DHCS' elimination of ADHC and reductions in Medi-Caps and Co-Pays.
- 3. Program Development Fund/Parental Fees: \$6.9 million increase reflects updated data on parental fees collections and the addition of revenues from the annual family fee program.
- 4. Federal Funds: \$0.1 million increase reflects updated data on the grant award for Early Start.

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SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONSC-1 to C-2

FUTURE FISCAL ISSUES AND MAJOR ASSUMPTIONS

FUTURE FISCAL ISSUES

Extension of the Home and Community Based Services Waiver (HCBS) Renewal:

The HCBS Waiver extension of the current Waiver has been approved by the Centers for Medicare and Medicaid (CMS). The Waiver extension is valid for 90 days, while the renewal is being negotiated with CMS. Until such time as CMS approves the renewal application, the statutory authority for implementation of the community-based training service is not in place. This means regional centers may not begin purchasing services using service code 475, "Participant-Directed Community-Based Training Service for Adults", as described in Title 17, California Code of Regulations, Section 58886 (e)(5). The Department of Developmental Services will advise regional centers when implementation of this new service can begin, upon CMS approval of the Waiver renewal.

Proposed Expenditures: The fiscal impact is undetermined.

Targeted Case Management (TCM):

CMS has requested that the State submit a new TCM State Plan Amendment on the Department's rate methodology by March 2012. The results could require that the State change its rate methodology with a potential impact on Federal Financial Participation (FFP) for regional center case management services.

Proposed Expenditures: The fiscal impact is undetermined.

REVISED MAJOR ASSUMPTIONS

Financial Management Services (FMS) for Participant-Directed Services

The Enacted Budget includes \$1.8 million to provide FMS for Participant-Directed Services based on the assumption that the service would be charged a flat rate of \$95 per month and only 60 percent of 31,000 monthly vouchers would be managed by a FMS. Subsequently, the Department issued emergency regulations which established a tiered fee from \$45 to \$95 per month depending on the number of vouchered services utilized by the consumer. CMS has informed the Department that 100 percent participation is mandated. Further the Department found an error in the prior calculation and determined there will be 175,000 monthly vouchers instead of the first assumption of 31,000.

The Department is revising the assumptions for 2012-13 and requesting \$10.7 million to provide FMS for Participant-Directed Services. This will reflect the implementation of FMS for Participant-Directed Services to display the costs of funding the service as mandated by CMS in the renewal of the HCBS Waiver. When the consumer receives participant-directed services CMS requires the participant use FMS to assist them in functions such as processing payroll, withholding Federal, State, and Local taxes, performing fiscal accounting and producing expenditure reports for the participant or family and State authorities. CMS is requiring all HCBS Waiver and 1915(i) participants, including their family members who are the vendor for vouchered services use a FMS. Vouchered services that fall within the CMS definition of participant-directed services are respite, transportation, day care, nursing and vouchered community-based training services. The current HCBS Waiver expired on September 30, 2011 and the HCBS Waiver renewal is pending approval by CMS.

Proposed Expenditures: Expenditures for 2012-13 estimated funding is now calculated to be \$10.7 million (\$5.3 million FFP). The Enacted Budget includes \$1.8 million (\$0.9 million FFP) and we are requesting the incremental increase of \$8.9 million (\$4.4 million FFP).

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Early Start (birth through 2) Caseload Graph	D-3
Community Caseload Bar Chart	D-4

CASELOAD*Fiscal Year 2011-12 vs. Fiscal Year 2012-13*

	Fiscal Year 2011-12	Fiscal Year 2012-13		
	<i>Estimated Caseload as of 1/31/12</i>	<i>Estimated Caseload as of 1/31/13</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Caseload (Age 3 & Older)	219,552	226,107	6,555	3.0%
B. Early Start (Birth through 2 Years)	28,548	29,952	1,404	4.9%
C. Prevention (Birth through 2 Years)	1,727	0	-1,727	N/A
D. Total Community Caseload	249,827	256,059	6,232	2.5% *
E. Developmental Center (DC) Average Population	1,774	1,548	-226	-12.7%
F. On Leave	-15	-15	0	0%
G. Total Avg. In Center DC Population	1,759	1,533	-226	-12.8%
H. Total Regional Center (RC) Caseload (D + G)	251,586	257,592	6,006	2.4%

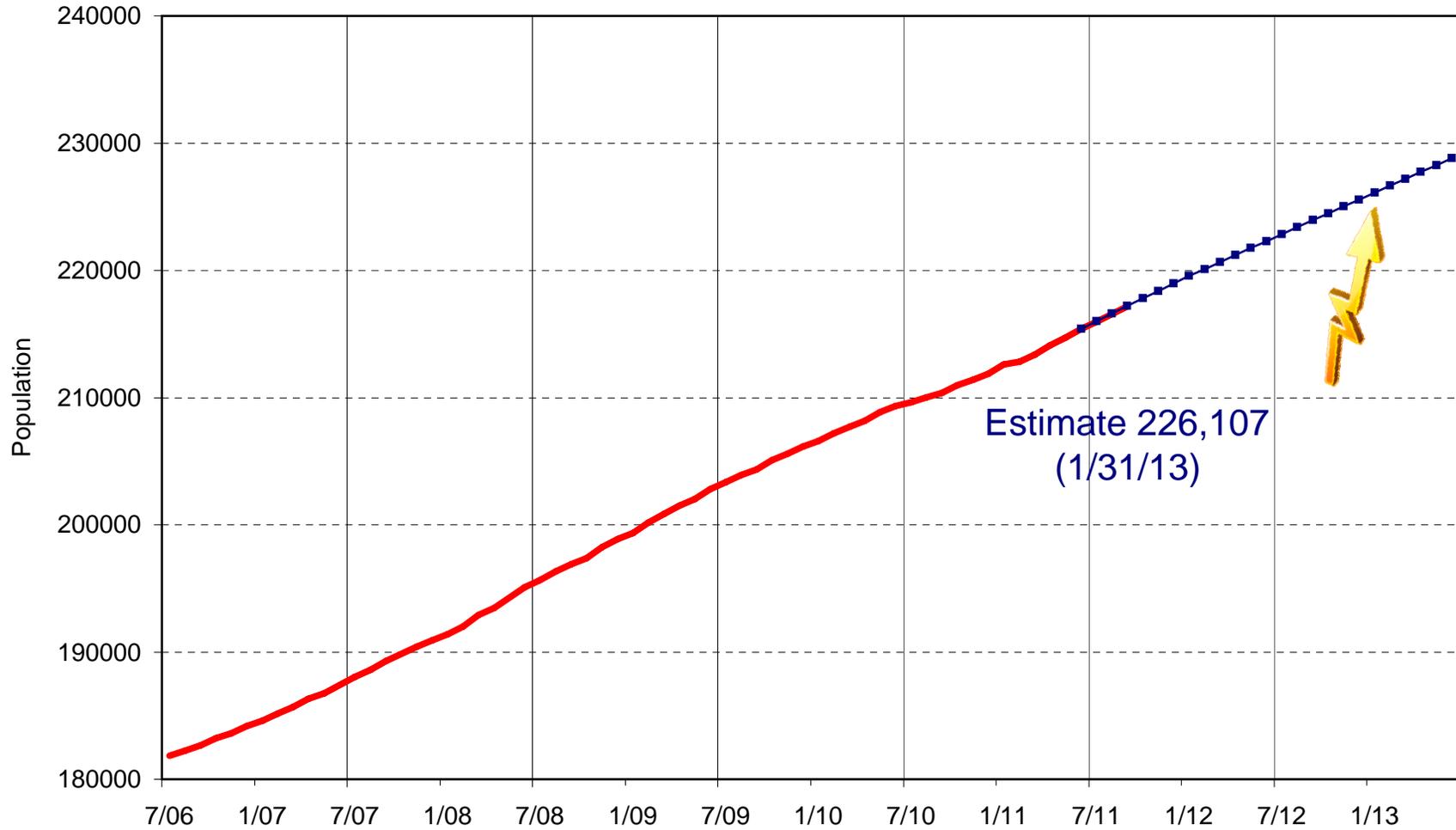
Note:

*The Prevention Program is scheduled to sunset June 30, 2012. As of July 1, 2011, RC's are no longer adding cases to the Prevention Program and referring those infants/toddlers to Family Resource centers for prevention services.

Active Status Caseload

(Age 3 & Older)

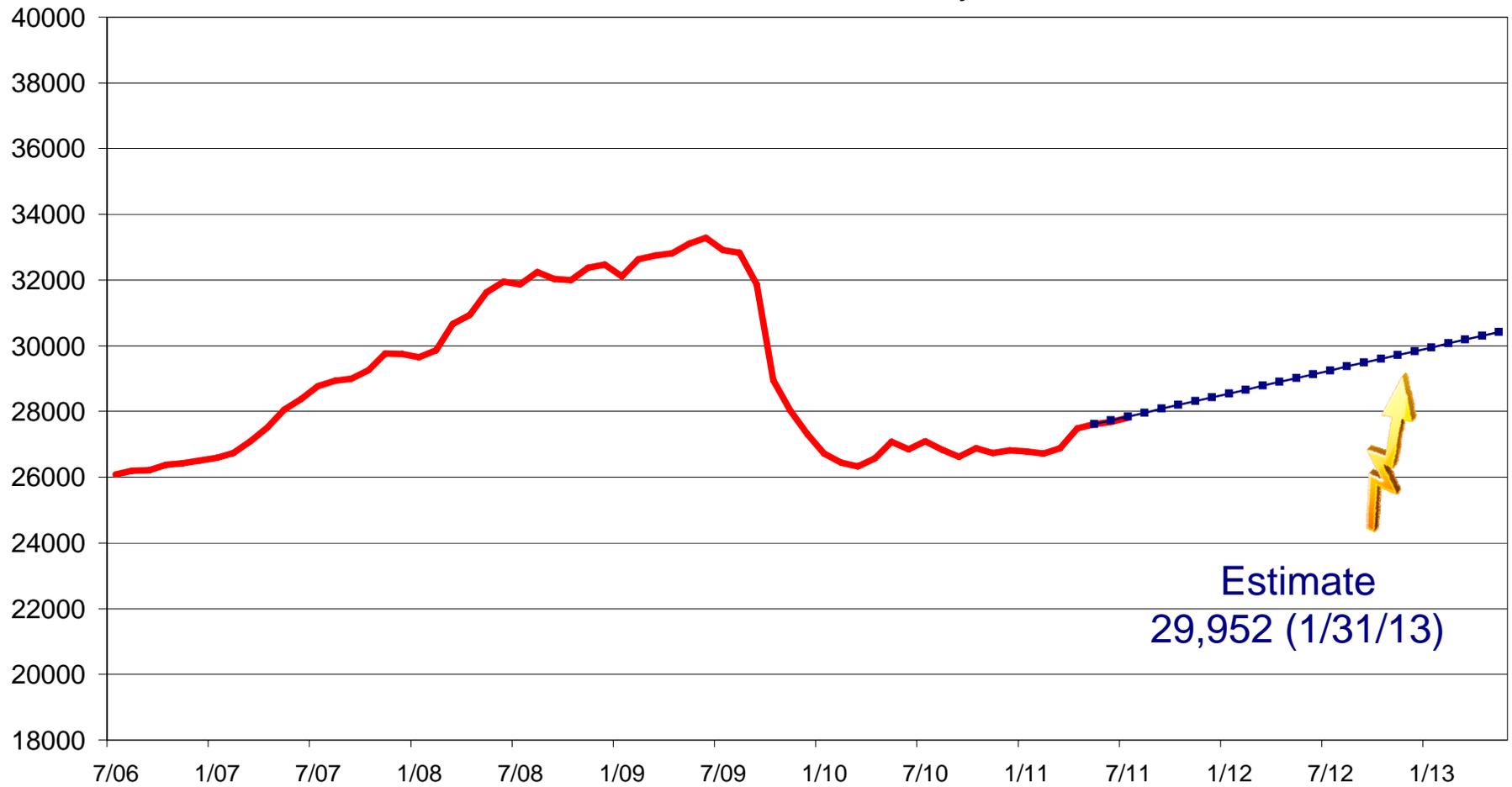
Client Master File Trend Analysis



Early Start Caseload

Birth through 2 Years

Client Master File Trend Analysis



Community Caseload

(Active Status, Early Start & Prevention)

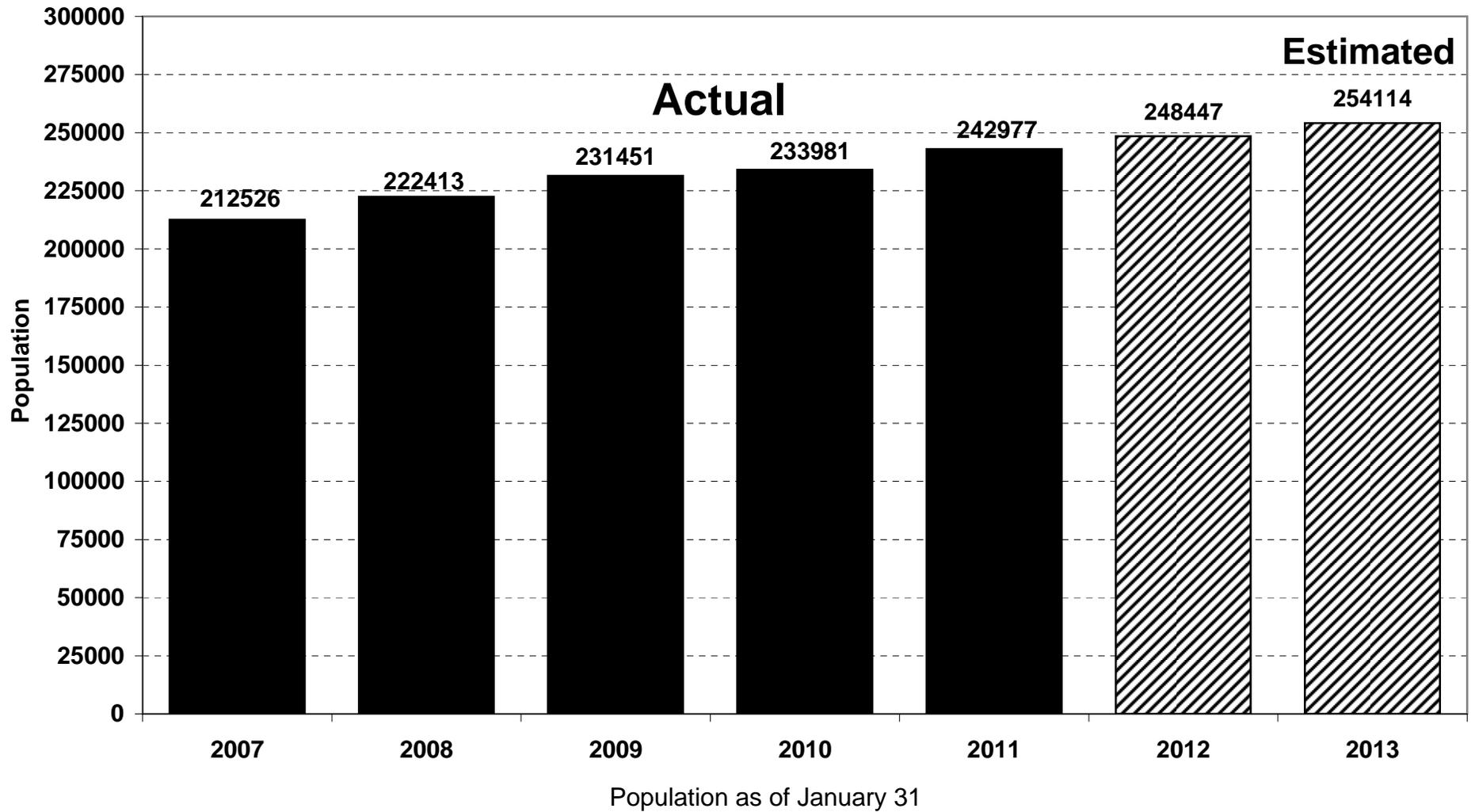


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Operations
POPULATION AND OPERATIONS SUMMARY
Comparison of Enacted Budget to November 2011 Estimate
Fiscal Year 2011-12

	Enacted Budget	November Estimate	Difference
POPULATION			
Active (Age 3 & Older)	218,524	219,552	1,028
Early Start (Birth through 2 Years)	27,624	28,548	924
Total Population	246,148	248,100	1,952
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$477,259,000	\$480,522,000	\$3,263,000
B. Community Placement Plan	12,472,000	12,472,000	0
C. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	0
D. Less: Intake and Assessment	-4,465,000	-4,465,000	0
E. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	0
F. Less: Cost Containment	-5,968,000	-5,968,000	0
G. Less: Savings Target	-14,145,000	-14,145,000	0
H. Less: 4.25% Payment Reduction (2009-10)	-22,514,000	-21,931,000	583,000
I. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
J. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
K. Total Staffing	\$425,422,000	\$429,268,000	\$3,846,000
II.			
A. Agnews Ongoing Workload	2,788,000	2,788,000	0
B. Lanterman Development Center Closure	3,537,000	3,537,000	0
C. Total Developmental Centers Closure	\$6,325,000	\$6,325,000	\$0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	\$21,135,000	\$21,135,000	0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	9,965,000	10,736,000	771,000
D. Targeted Case Management	4,129,000	4,129,000	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473,000	473,000	0
F. Federal Medicaid Requirement for RC HCBS Services	\$984,000	\$984,000	0
G. Total Federal Compliance	\$45,886,000	\$46,657,000	\$771,000
IV. PROJECTS			
A. Information Technology Costs:	\$3,972,000	\$3,972,000	\$0
1. <i>Regional Center Application Support</i>	2,622,000	2,622,000	0
2. <i>Data Processing</i>	1,350,000	1,350,000	0
B. Clients' Rights Advocacy Contract	5,170,000	5,170,000	0
C. Quality Assessment Contract	3,235,000	3,235,000	0
D. Direct Support Professional Training	3,442,000	3,442,000	0
E. Office of Administrative Hearings Contract	3,150,000	3,150,000	0
F. Wellness Projects	200,000	200,000	0
G. Foster Grandparent / Senior Companion Programs	1,719,000	1,719,000	0
H. Special Incident Reporting/Risk Assessment Contract	840,000	840,000	0
I. Increased Access to Mental Health Services:	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	534,000	379,000	-155,000
K. Enhancing FFP, Phase II, Proposal C, Consultant	500,000	500,000	0
L. University Enterprises, Inc	113,000	113,000	0
M. Affordable Housing	94,000	94,000	0
N. Review of SB 1175 Housing Proposals	150,000	150,000	0
O. Denti-Cal Infrastructure for RC Dental Services	750,000	750,000	0
P. Homeland Security Grant Program	210,000	35,000	-175,000
Q. Less: Cost Containment	-490,000	-490,000	0
R. Less: Savings Target	-1,300,000	-1,300,000	0
S. Total Projects	\$23,029,000	\$22,699,000	-\$330,000
V. ICF-DD SPA Administration Fee	\$2,089,000	\$1,459,000	-\$630,000
VI. GRAND TOTAL	\$502,751,000	\$506,408,000	\$3,657,000

Operations
POPULATION AND OPERATIONS SUMMARY
Comparison of Enacted Budget to November 2011 Estimate
Fiscal Year 2012-13

	Enacted Budget	November Estimate	Difference
POPULATION			
Active (Age 3 & Older)	218,524	226,107	7,583
Early Start (Birth through 2 Years)	27,624	29,952	2,328
Total Population	246,148	256,059	9,911
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$477,259,000	\$488,750,000	\$11,491,000
B. Community Placement Plan	12,472,000	12,472,000	0
C. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	0
D. Less: Intake and Assessment	-4,465,000	-4,465,000	0
E. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	0
F. Less: Cost Containment	-5,968,000	-5,968,000	0
G. Less: Savings Target	-14,145,000	-14,145,000	0
H. Less: 4.25% Payment Reduction (2009-10)	-22,514,000	-583,000	21,931,000
I. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
J. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
K. Total Staffing	\$425,422,000	\$458,844,000	\$33,422,000
II. A. Agnews Ongoing Workload			
	2,788,000	2,788,000	0
B. Lanterman Development Center Closure			
	3,537,000	3,537,000	0
C. Total Developmental Centers Closure	\$6,325,000	\$6,325,000	\$0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	\$21,135,000	\$21,135,000	0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	9,965,000	11,127,000	1,162,000
D. Targeted Case Management	4,129,000	4,129,000	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473,000	473,000	0
F. Federal Medicaid Requirement for RC HCBS Services	\$984,000	\$984,000	0
G. Total Federal Compliance	\$45,886,000	\$47,048,000	\$1,162,000
IV. PROJECTS			
A. Information Technology Costs:	\$3,972,000	\$3,972,000	\$0
1. <i>Regional Center Application Support</i>	2,622,000	2,622,000	0
2. <i>Data Processing</i>	1,350,000	1,350,000	0
B. Clients' Rights Advocacy Contract	5,170,000	5,170,000	0
C. Quality Assessment Contract	3,235,000	3,235,000	0
D. Direct Support Professional Training	3,442,000	3,442,000	0
E. Office of Administrative Hearings Contract	3,150,000	3,150,000	0
F. Wellness Projects	200,000	200,000	0
G. Foster Grandparent / Senior Companion Programs	1,719,000	1,719,000	0
H. Special Incident Reporting/Risk Assessment Contract	840,000	840,000	0
I. Increased Access to Mental Health Services	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	534,000	379,000	-155,000
K. Enhancing FFP, Phase II, Proposal C, Consultant	500,000	500,000	0
L. University Enterprises, Inc	113,000	113,000	0
M. Affordable Housing	94,000	94,000	0
N. Review of SB 1175 Housing Proposals	150,000	150,000	0
O. Denti-Cal Infrastructure for RC Dental Services	750,000	1,197,000	447,000
P. Homeland Security Grant Program	210,000	35,000	-175,000
Q. Less: Cost Containment	-490,000	-490,000	0
R. Less: Savings Target	-1,300,000	-1,300,000	0
S. Total Projects	\$23,029,000	\$23,146,000	\$117,000
V. ICF-DD SPA Administration Fee	\$2,089,000	\$1,555,000	-\$534,000
VI. GRAND TOTAL	\$502,751,000	\$536,918,000	\$34,167,000

Staffing

DESCRIPTION:

Staffing includes personal services and operating expenses for Core Staffing, Community Placement Plan (CPP), and Placement Continuation (PC) staff.

ASSUMPTIONS:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
• Caseload data is from the Client Master File.						
• Caseload Projections: (See Section D, Population, for detail)						
• Active Caseload (Age 3 and Over)	218,524	219,552	1,028	226,107	6,555	7,583
• Early Start (Birth through 2 Years and Active)	27,624	28,548	924	29,952	1,404	2,328
Subtotal	246,148	248,100	1,952	256,059	7,959	9,911
• Developmental Center Population	1,752	1,752	0	1,525	-227	-227
Total Caseload	247,900	249,852		257,584	7,732	9,684
Informational:						
• Community Care Facility Consumers (including PC)	25,089	25,258	169	25,809	551	720
• Home and Community-Based Services (HCBS) Waiver-Enrolled Consumers	91,947	94,463	2,516	98,569	4,106	6,622
• Early Start (Assessment and Active)	31,523	32,691	1,168	33,725	1,034	2,202
• PC Consumers	203	197	-6	197	0	-6
• Intake cases per month	4,981	4,981	0	4,981	0	0
• Vendors	51,674	45,658	-6,016	42,919	-2,739	-8,755
• Mediations per year	400	400	0	400	0	0

METHODOLOGY:

CORE STAFFING

PERSONAL SERVICES:

• Direct Services and Administration:	\$326,195,000	\$328,651,000	\$2,456,000	\$335,421,000	\$6,770,000	\$9,226,000
Total Estimated Number of Positions:						
Enacted Budget:	9,353.00					
2011-12:	9,404.00					
2012-13:	9,639.00					
See Attachment A for Core Staffing Expenditure Detail. See Attachment B for Core Staffing Formulas.						
• Fringe Benefits:	77,620,000	77,521,000	-99,000	79,320,000	1,799,000	1,700,000
Based on 23.7% per position.						

Staffing

METHODOLOGY (continued):

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Salary Savings: <i>Client Program Coordinators:</i> 1.0% Per Position -1,939,000 -1,946,000 -7,000 -2,000,000 -54,000 -61,000 <i>All Other Staff:</i> 5.5% Per Position -11,617,000 -11,550,000 67,000 -11,769,000 -219,000 -152,000 	-13,556,000	-13,496,000	60,000	-13,769,000	-273,000	-213,000
<ul style="list-style-type: none"> Early Start /Part C Administrative and Clinical Support: Includes salaries, fringe benefits and salary savings. 	694,000	694,000	0	694,000	0	0
TOTAL PERSONAL SERVICES	<u>\$390,953,000</u>	<u>\$393,370,000</u>	<u>\$2,417,000</u>	<u>\$401,666,000</u>	<u>\$8,296,000</u>	<u>\$10,713,000</u>
OPERATING EXPENSES:						
<ul style="list-style-type: none"> Operating Expenses: Base amount plus the following adjustments: Professional Positions: \$3,400 Per New Position Clerical Positions: \$2,400 Per New Position 	\$37,323,000	\$38,169,000	\$846,000	\$38,101,000	-\$68,000	\$778,000
<ul style="list-style-type: none"> Rent: Base amount plus \$8,086 per new position 	48,983,000	48,983,000	0	48,983,000	0	0
TOTAL OPERATING EXPENSES	<u>\$86,306,000</u>	<u>\$87,152,000</u>	<u>\$846,000</u>	<u>\$87,084,000</u>	<u>-\$68,000</u>	<u>\$778,000</u>
TOTAL CORE STAFFING	<u>\$477,259,000</u>	<u>\$480,522,000</u>	<u>\$3,263,000</u>	<u>\$488,750,000</u>	<u>\$8,228,000</u>	<u>\$11,491,000</u>
CPP:						
<ul style="list-style-type: none"> See CPP for the methodology detail. 	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$0	\$0
STAFFING FOR COLLECTION OF FEDERAL FINANCIAL PARTICIPATION (FFP) FOR CONTRACTED SERVICES						
<ul style="list-style-type: none"> Funding provides one Community Program Specialist I and one Account Clerk II for each RC. This funding will be required until the RC have a billing system that allows the processing of vendor invoices that do not include the individual consumer data required to support HCBS Waiver billing. 	2,228,000	2,228,000	0	2,228,000	0	0

Staffing

METHODOLOGY (continued):

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
LESS INTAKE AND ASSESSMENT (2003-04)						
• Expenditures reflect savings as a result of extending the amount of time allowable for regional center (RC) to perform intakes and assessments from 60 to 120 days.	-4,465,000	-4,465,000	0	-4,465,000	0	0
LESS UNALLOCATED REDUCTION (2001-02)	-10,559,000	-10,559,000	0	-10,559,000	0	0
LESS COST CONTAINMENT (2004-05)	-5,968,000	-5,968,000	0	-5,968,000	0	0
LESS SAVINGS TARGET (2009-10)	-14,145,000	-14,145,000	0	-14,145,000	0	0
LESS 4.25% PAYMENT REDUCTION (2009-10)	-22,514,000	-21,931,000	583,000	-583,000	21,348,000	21,931,000
LESS COST CONTAINMENT (2011-12)	-3,486,000	-3,486,000	0	-3,486,000	0	0
LESS UNALLOCATED REDUCTION (2011-12)	-5,400,000	-5,400,000	0	-5,400,000	0	0
EXPENDITURES	<u>\$425,422,000</u>	<u>\$429,268,000</u>	<u>\$3,846,000</u>	<u>\$458,844,000</u>	<u>\$29,576,000</u>	<u>\$33,422,000</u>

Staffing

FUNDING:

The funding for Staffing expenditures is comprised of reimbursements from: Medicaid Administration (MA) (75% Federal Financial Participation (FFP) 25% General Fund (GF) Match), Home and Community-Based Services (HCBS) Waiver Administration (50% FFP/50% GF Match), Targeted Case Management (TCM) (50% FFP/50% GF Match), TCM Administration (50% FFP/50% GF Match), TCM State Plan Amendment (SPA) (50% FFP/50% GF Match), and Money Follows the Person (MFP) (100% FFP). The State GF portion is that which is non-FFP.

EXPENDITURES:	<u>Enacted Budget</u>	<u>Updated 2011-12</u>	<u>2011-12 Request</u>	<u>2012-13</u>	<u>2012-13 over 2011-12</u>	<u>2012-13 over Enacted Budget</u>
TOTAL	\$425,422,000	\$429,268,000	\$3,846,000	\$458,844,000	\$29,576,000	\$33,422,000
GF	\$275,942,000	\$284,388,000	\$8,446,000	\$306,012,000	\$21,624,000	\$30,070,000
<i>GF Match</i>	140,426,000	135,739,000	-4,687,000	143,832,000	8,093,000	3,406,000
<i>GF Other</i>	135,516,000	148,649,000	13,133,000	162,180,000	13,531,000	26,664,000
Reimbursements	\$149,480,000	\$144,880,000	-\$4,600,000	\$152,832,000	\$7,952,000	\$3,352,000
<i>MA</i>	8,663,000	8,786,000	123,000	9,368,000	582,000	705,000
<i>HCBS Waiver Administration</i>	5,206,000	3,850,000	-1,356,000	4,267,000	417,000	-939,000
<i>TCM</i>	126,964,000	123,244,000	-3,720,000	130,197,000	6,953,000	3,233,000
<i>TCM Administration</i>	3,647,000	4,000,000	353,000	4,000,000	0	353,000
<i>MFP</i>	5,000,000	5,000,000	0	5,000,000	0	0

Attachment A
CORE STAFFING - CY 2011-12
Comparison of Enacted Budget to the November 2011 Estimate

I. CORE STAFFING FORMULA A. PERSONAL SERVICES 1. DIRECT SERVICES	Enacted Budget	November Estimate 2011-12			
		Positions	Budgeted Salary	Cost	Request
a. Clinical					
(1) Intake and Assessment					
(a) Physician	\$9,827,226	124.93	\$79,271	\$9,903,326	\$76,100
(b) Psychologist	10,352,487	249.85	41,754	10,432,237	79,750
(c) Nurse	4,608,089	124.93	37,171	4,643,773	35,684
(d) Nutritionist	3,487,276	124.93	28,130	3,514,281	27,005
(2) Clinical Support Teams					
(a) Physician/Psychiatrist	6,074,244	65.00	92,034	5,982,210	-92,034
(b) Consulting Pharmacist	3,989,700	65.00	60,450	3,929,250	-60,450
(c) Behavioral Psychologist	3,628,152	65.00	54,972	3,573,180	-54,972
(d) Nurse	3,331,548	65.00	50,478	3,281,070	-50,478
(3) SB 1038 Health Reviews					
(a) Physician	1,929,953	21.92	92,034	2,017,385	87,432
(b) Nurse	4,939,777	102.29	50,478	5,163,395	223,618
b. Intake / Case Management					
(1) Supervising Counselor (Intake) (1:10 Intake Workers in Item (2) below)	2,706,642	71.16	38,036	2,706,642	0
(2) Intake Worker	22,437,225	711.57	31,532	22,437,225	0
(3) Supervising Counselor (Case Management) (1:10 CPCs in Items (6) and (7) below)	20,389,395	392.52	52,392	20,564,908	175,513
(4) Supervising Counselor (Capitol People First) (DC Case Management 1:10 CPCs)	249,984	3.66	67,200	245,952	-4,032
(5) Client Program Coordinator (CPC), 1:66 DC Consumers Capitol People First	1,795,185	37.55	47,019	1,765,563	-29,622
(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES)	65,200,548	1,893.50	34,032	64,439,592	-760,956
(7) CPC (Waiver, Early Start only), 1:62 Consumers	65,632,754	1,984.05	34,032	67,521,190	1,888,436
(8) CPC, Quality Assurance for ARM	1,609,373	47.61	34,032	1,620,264	10,891
(9) Supervising Counselor, DSS Incidental Medical Care Regulations (1:10 CPCs)	73,349	1.25	52,392	65,490	-7,859
(10) CPC, DSS Incidental Medical Care Regs	528,401	12.46	37,824	471,287	-57,114
c. Quality Assurance / Quarterly Monitoring					
(1) Supervising Counselor	2,001,898	38.21	52,392	2,001,898	0
(2) CPC	13,003,627	382.10	34,032	13,003,627	0
d. Early Intervention					
(1) General					
(a) Prevention Coordinator	876,792	21.00	41,752	876,792	0
(b) High-Risk Infant Case Manager	856,905	21.00	40,805	856,905	0
(c) Genetics Associate	798,714	21.00	38,034	798,714	0
(2) Early Start / Part C					
(a) Supervising Counselor	1,006,450	19.92	52,392	1,043,649	37,199
(b) CPC	6,536,526	199.20	34,032	6,779,174	242,648
(c) Administrative and Clinical Support					
e. Community Services					
(1) Special Incident Coordinator	1,100,232	21.00	52,392	1,100,232	0
(2) Vendor Fiscal Monitor	1,370,754	25.04	50,844	1,273,134	-97,620
(3) Program Evaluator	898,653	21.00	42,793	898,653	0
(4) Resource Developer	898,653	21.00	42,793	898,653	0
(5) Transportation Coordinator	898,653	21.00	42,793	898,653	0
(6) Administrative Services Analyst (SB 1039 Consumer Complaints)	449,327	10.50	42,793	449,327	0
(7) Developmental Center Liaison	170,782	4.38	38,036	166,598	-4,184
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation:					
(a) Supervising Counselor	6,287	0.12	52,392	6,287	0
(b) CPC (Supplement at 1:45 Consumers)	42,200	1.24	34,032	42,200	0
f. Special Incident Reporting (SIR)					
(1) Supervising Counselor	367,792	7.06	52,392	369,888	2,096
(2) QA/CPC	2,390,067	70.62	34,032	2,403,340	13,273
(3) Nurses	1,772,283	35.31	50,478	1,782,378	10,095
g. Mediation					
(1) Clinical Staff	7,093	0.11	64,484	7,093	0
(2) Supervising Counselor	52,916	1.01	52,392	52,916	0
(3) CPC	17,356	0.51	34,032	17,356	0
h. Expansion of Autism Spectrum Disorders (ASD) Initiative					
(1) ASD Clinical Specialist	1,371,888	21.00	65,328	1,371,888	0
(2) ASD Program Coordinator	1,318,464	21.00	62,784	1,318,464	0
i. SUBTOTAL DIRECT SERVICES	\$271,132,204	7,152.51	\$272,822,623	\$1,690,419	

Attachment A
CORE STAFFING, CY 2011-12 (continued)

	2011-12 Enacted Budget	November Estimate 2011-12			
		Positions	Budgeted Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	3,667,610	94.46	39,887	3,767,726	100,116
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	875,232	25.27	36,468	921,546	46,314
(5) Revenue Clerk	1,353,094	66.15	20,617	1,363,815	10,721
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	6,286,128	342.59	18,397	6,695,566	409,438
c. Information Systems and Human Resources					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
d. Clerical Support					
(1) Office Supervisor	489,867	21.00	23,327	489,867	0
(2) PBX/Mail/File Clerk	1,378,188	63.00	21,876	1,378,188	0
(3) Executive Secretary	1,148,490	52.50	21,876	1,148,490	0
(4) MD/Psychologist Secretary II	245,340	10.96	23,388	256,332	10,992
(5) MD/Psychologist Secretary I	4,068,061	187.39	21,876	4,099,344	31,283
(6) Secretary II	3,740,911	160.61	23,388	3,756,347	15,436
(7) Secretary I	17,642,647	948.33	18,757	17,787,826	145,179
(8) Secretary I (DC Case Management - Capitol People First)	224,528	6.94	31,848	221,025	-3,503
e. SUBTOTAL ADMINISTRATION	<u>\$55,062,878</u>	<u>2,252.20</u>		<u>\$55,828,854</u>	<u>\$765,976</u>
3. TOTAL POSITIONS AND SALARIES (Item A.1.i. + Item A.2.e.)	<u>\$326,195,082</u>	<u>9,404.71</u>		<u>\$328,651,477</u>	<u>\$2,456,395</u>
a. CPCs	156,756,037			157,329,522	573,485
b. All Other Staff	170,755,293			169,763,063	-992,230
4. Fringe Benefits					
a. CPCs 23.7%	\$37,151,181			\$37,287,097	\$135,916
b. All Other Staff 23.7%	40,469,004			40,233,846	-235,158
c. Total Fringe Benefits	<u>\$77,620,185</u>			<u>\$77,520,943</u>	<u>-\$99,242</u>
5. Salary Savings					
a. CPCs 1.0%	-\$1,939,072			-\$1,946,166	-\$7,094
b. All Other Staff 5.5%	-11,617,336			-11,549,830	67,506
c. Total Salary Savings	<u>-\$13,556,408</u>			<u>-\$13,495,996</u>	<u>\$60,412</u>
6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)	<u>\$694,000</u>			<u>\$694,000</u>	<u>\$0</u>
7. TOTAL PERSONAL SERVICES (Items A.3. + A.4. + A.5. + A.6.)	<u>\$390,952,859</u>			<u>\$393,370,424</u>	<u>\$2,417,565</u>
ROUNDED	<u>\$390,953,000</u>	<u>9,405.00</u>		<u>\$393,370,000</u>	<u>\$2,417,000</u>
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$37,323,000			\$38,169,000	\$846,000
2. Rent	\$48,983,000			\$48,983,000	\$0
a. Rent	51,983,000			51,983,000	
b. Elimination of one-time costs for Office Relocation and Modifications	-3,000,000			-3,000,000	
3. Subtotal Operating Expenses and Rent	<u>\$86,306,000</u>			<u>\$87,152,000</u>	<u>\$846,000</u>
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	<u>\$477,259,000</u>			<u>\$480,522,000</u>	<u>\$3,263,000</u>

Attachment A
CORE STAFFING - BY 2012-13
Comparison of Enacted Budget to the November 2011 Estimate

I. CORE STAFFING FORMULA**A. PERSONAL SERVICES****1. DIRECT SERVICES****a. Clinical****(1) Intake and Assessment**

	Enacted Budget	Positions	November Estimate 2012-13		Difference
			Budgeted Salary	Cost	
(a) Physician	\$9,827,226	128.79	\$79,271	\$10,209,312	\$382,086
(b) Psychologist	10,352,487	257.58	41,754	10,754,995	402,508
(c) Nurse	4,608,089	128.79	37,171	4,787,253	179,164
(d) Nutritionist	3,487,276	128.79	28,130	3,622,863	135,587

(2) Clinical Support Teams

(a) Physician/Psychiatrist	6,074,244	66.00	92,034	6,074,244	0
(b) Consulting Pharmacist	3,989,700	66.00	60,450	3,989,700	0
(c) Behavioral Psychologist	3,628,152	66.00	54,972	3,628,152	0
(d) Nurse	3,331,548	66.00	50,478	3,331,548	0

(3) SB 1038 Health Reviews

(a) Physician	1,929,953	23.60	92,034	2,172,002	242,049
(b) Nurse	4,939,777	110.13	50,478	5,559,142	619,365

b. Intake / Case Management

(1) Supervising Counselor (Intake) (1:10 Intake Workers in Item (2) below)	2,706,642	71.16	38,036	2,706,642	0
(2) Intake Worker	22,437,225	711.57	31,532	22,437,225	0
(3) Supervising Counselor (Case Management) (1:10 CPCs in Items (6) and (7) below)	20,389,395	405.09	52,392	21,223,475	834,080
(4) Supervising Counselor (Capitol People First) (DC Case Management 1:10 CPCs)	249,984	3.31	67,200	222,432	-27,552
(5) Client Program Coordinator (CPC), 1:66 DC Consumers Capitol People First	1,795,185	34.11	47,019	1,603,818	-191,367
(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES)	65,200,548	1,930.65	34,032	65,703,881	503,333
(7) CPC (Waiver, Early Start only), 1:62 Consumers	65,632,754	2,072.92	34,032	70,545,613	4,912,859
(8) CPC, Quality Assurance for ARM	1,609,373	47.29	34,032	1,609,373	0
(9) Supervising Counselor, DSS Incidental Medical Care Regulations (1:10 CPCs)	73,349	1.25	52,392	65,490	-7,859
(10) CPC, DSS Incidental Medical Care Regs	528,401	12.46	37,824	471,287	-57,114

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,001,898	39.08	52,392	2,047,479	45,581
(2) CPC	13,003,627	390.84	34,032	13,301,067	297,440

d. Early Intervention**(1) General**

(a) Prevention Coordinator	876,792	21.00	41,752	876,792	0
(b) High-Risk Infant Case Manager	856,905	21.00	40,805	856,905	0
(c) Genetics Associate	798,714	21.00	38,034	798,714	0

(2) Early Start / Part C

(a) Supervising Counselor	1,006,450	20.55	52,392	1,076,656	70,206
(b) CPC	6,536,526	205.49	34,032	6,993,236	456,710

(c) Administrative and Clinical Support**e. Community Services**

(1) Special Incident Coordinator	1,100,232	21.00	52,392	1,100,232	0
(2) Vendor Fiscal Monitor	1,370,754	24.17	50,844	1,228,899	-141,855
(3) Program Evaluator	898,653	21.00	42,793	898,653	0
(4) Resource Developer	898,653	21.00	42,793	898,653	0
(5) Transportation Coordinator	898,653	21.00	42,793	898,653	0
(6) Administrative Services Analyst (SB 1039 Consumer Complaints)	449,327	10.50	42,793	449,327	0
(7) Developmental Center Liaison	170,782	3.81	38,036	144,917	-25,865
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation: (a) Supervising Counselor	6,287	0.12	52,392	6,287	0
(b) CPC (Supplement at 1:45 Consumers)	42,200	1.20	34,032	40,838	-1,362

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	367,792	7.22	52,392	378,270	10,478
(2) QA/CPC	2,390,067	72.21	34,032	2,457,451	67,384
(3) Nurses	1,772,283	36.11	50,478	1,822,761	50,478

g. Mediation

(1) Clinical Staff	7,093	0.11	64,484	7,093	0
(2) Supervising Counselor	52,916	1.01	52,392	52,916	0
(3) CPC	17,356	0.51	34,032	17,356	0

h. Expansion of Autism Spectrum Disorders (ASD) Initiative

(1) ASD Clinical Specialist	1,371,888	21.00	65,328	1,371,888	0
(2) ASD Program Coordinator	1,318,464	21.00	62,784	1,318,464	0

i. SUBTOTAL DIRECT SERVICES

	<u>\$271,132,204</u>	<u>7,337.42</u>		<u>\$279,888,538</u>	<u>\$8,756,334</u>
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Attachment A
CORE STAFFING, BY (continued)

	Enacted Budget	November Estimate 2012-13			Difference
		Positions	Budgeted Salary	Cost	
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	3,667,610	98.57	39,887	3,931,662	264,052
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	875,232	24.00	36,468	875,232	0
(5) Revenue Clerk	1,353,094	65.63	20,617	1,353,094	0
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	6,286,128	354.54	18,397	5,599,410	-686,718
c. Information Systems and Human Resources					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
d. Clerical Support					
(1) Office Supervisor	489,867	21.00	23,327	489,867	0
(2) PBX/Mail/File Clerk	1,378,188	63.00	21,876	1,378,188	0
(3) Executive Secretary	1,148,490	52.50	21,876	1,148,490	0
(4) MD/Psychologist Secretary II	245,340	11.80	23,388	275,978	30,638
(5) MD/Psychologist Secretary I	4,068,061	193.19	21,876	4,226,224	158,163
(6) Secretary II	3,740,911	164.46	23,388	3,846,390	105,479
(7) Secretary I	17,642,647	973.74	18,757	18,264,441	621,794
(8) Secretary I (DC Case Management - Capitol People First)	224,528	6.31	31,848	200,961	-23,567
e. SUBTOTAL ADMINISTRATION	\$55,062,878	2,301.74		\$55,532,719	\$469,841
3. TOTAL POSITIONS AND SALARIES					
(Item A.1.i. + Item A.2.e.)	\$326,195,082	9,639.16		\$335,421,257	\$9,226,175
a. CPCs	156,756,037			161,696,755	4,940,718
b. All Other Staff	170,755,293			172,988,782	2,233,489
4. Fringe Benefits					
a. CPCs 23.7%	\$37,151,181			\$38,322,131	\$1,170,950
b. All Other Staff 23.7%	40,469,004			40,998,341	529,337
c. Total Fringe Benefits	\$77,620,185			\$79,320,472	\$1,700,287
5. Salary Savings					
a. CPCs 1.0%	-\$1,939,072			-\$2,000,189	-\$61,117
b. All Other Staff 5.5%	-11,617,336			-11,769,292	-151,956
c. Total Salary Savings	-\$13,556,408			-\$13,769,481	-\$213,073
6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)	\$694,000			\$694,000	\$0
7. TOTAL PERSONAL SERVICES					
(Items A.3. + A.4. + A.5. + A.6.)	\$390,952,859			\$401,666,248	\$10,713,389
ROUNDED	\$390,953,000	9,639.00		\$401,666,000	\$10,713,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$37,323,000			\$38,101,000	\$778,000
2. Rent	\$48,983,000			\$48,983,000	\$0
a. Rent	51,983,000			51,983,000	
b. Elimination of Office Relocation and Modifications	-3,000,000			-3,000,000	
3. Subtotal Operating Expenses and Rent	\$86,306,000			\$87,084,000	\$778,000
C. SUBTOTAL CORE STAFFING (Items A.7. + B.3.)	\$477,259,000			\$488,750,000	\$11,491,000

Attachment B
CORE STAFFING FORMULAS

CORE STAFFING CLASSIFICATION	STAFFING FORMULA
A. <u>PERSONAL SERVICES</u>	
1. DIRECT SERVICES	
a. <u>Clinical</u>	
(1) <u>Intake and Assessment</u>	
(a) Physician (minimum of 1)	1.0 position : 2,000 total consumers
(b) Psychologist	1.0 position : 1,000 total consumers
(c) Nurse (minimum of 1)	1.0 position : 2,000 total consumers
(d) Nutritionist (minimum of 1)	1.0 position : 2,000 total consumers
(2) <u>Clinical Support Teams</u>	
(a) Physician/Psychiatrist	1.0 position : 1,700 consumers in community care facilities (CCF) and supported living and those with severe behavior and/or medical problems
(b) Consulting Pharmacist	1.0 position : 1,700 " "
(c) Behavioral Psychologist	1.0 position : 1,700 " "
(d) Nurse	1.0 position : 1,700 " "
(3) <u>SB 1038 Health Reviews</u>	
(a) Physician	1.5 hours : Referral/1,778 hrs./ full-time equivalent (FTE) position
(b) Nurse	1.75 hours : Individual program plan (IPP) review/1,778 hrs./FTE position
b. <u>Intake/Case Management</u>	
(1) Supervising Counselor: Intake	1.0 position : 10 Intake Workers
(2) Intake Worker	1.0 position : 14 monthly intake cases (assume average intake case lasts 2 mos.)
(3) Supervising Counselor: Case Management	1.0 position : 10 CPCs in Items b.(4 and 5) below
(4) Client Program Coordinator (CPC)	1.0 position : 62 Waiver and Early Start consumers (excluding CPP placements)
(5) CPC	1.0 position : 66 consumers (all other consumers, excluding CPP placements)
(6) Supervising Counselor: Capitol People First	1.0 position : 10 CPCs in Items b.(7) below
(7) CPC Capitol People First	1.0 position : 66 consumers (Developmental Center residents)
(8) CPC, Quality Assurance for Alternative Residential Model	1.0 position : 527 CCF consumers
(9) Supervising Counselor: DSS Incidental Medical Care Regulations	1.0 position : 10 CPCs in item b.(10) below
(10) CPC, DSS Incidental Medical Care Regulations	1.0 position : 2.5 hrs x 8 visits per year to CCF consumers who rely on others to perform activities of daily living

CORE STAFFING CLASSIFICATION**STAFFING FORMULA****A. PERSONAL SERVICES (continued)****1. DIRECT SERVICES (continued)****c. Quality Assurance/Quarterly Monitoring**

(1) Supervising Counselor	1.0 position	10 CPCs in Item c.(2) below
(2) CPC	10 hrs/yr.	: CCF consumer/1,778 hrs./FTE
	14 hrs./yr.	: Supported/Independent Living consumer/1,778 hrs./FTE
	10 hrs/yr.	: Skilled Nursing Facility and Intermediate Care Facility consumer/1,778 hrs./FTE
	10 hrs/yr.	: Family Home Agency consumer/1,778 hrs./FTE

d. Early Intervention

(1) <u>General</u>		
(a) Prevention Coordinator	1.0 position	: RC
(b) High-Risk Infant Case Mgr.	1.0 position	: RC
(c) Genetics Associate	1.0 position	: RC
(2) <u>Early Start/Part C</u>		
(a) Supervising Counselor	1.0 position	: 10 CPCs in Item d.(2)(b) below
(b) CPC:		
Marginal positions from:	1.0 position	: 62 children<age 3yrs.
to:	1.0 position	: 45 children<age 3yrs.*

e. Community Services

(1) Special Incident Coordinator	1.0 position	: RC
(2) Vendor Fiscal Monitor	0.5 position	: RC plus 1: every 3,140 vendors
(3) Program Evaluator	1.0 position	: RC
(4) Resource Developer	1.0 position	: RC
(5) Transportation Coordinator	1.0 position	: RC
(6) Administrative Services Analyst (SB 1039, Chapter 414, Statutes of 1997) Consumer Complaints	0.5 position	: RC
(7) Developmental Center Liaison	1.0 position	: 400 DC consumers
(8) Diversion	4.0 positions	: 21 RCs
(9) Placement Continuation		
(a) Supervising Counselor	1.0 position	: 10 CPCs in Item e.(9)(b) below
(b) CPC:		
1. Marginal positions from:	1.0 position	: 62 CPP Placements
2. to:	1.0 position	: 45 CPP Placements

* Note: This 1:45 staffing ratio is a funding methodology, not a required caseload ratio.

CORE STAFFING CLASSIFICATION	STAFFING FORMULA	
A. PERSONAL SERVICES (continued)		
1. DIRECT SERVICES (continued)		
f. Special Incident Reporting (SIR)		
(1) Supervising Counselor	1.0 position	10 CPCs in Item f. (2) below
(2) QA/CPC	1.0 position	: RC plus 1: every 5,000 consumers
(3) Nurse	0.5 position	: RC plus 0.5: every 5,000 consumers
g. Mediation		
(1) Clinical Staff	2.0 hours	: 25% of annual mediations/ 1,778 hrs /FTE position
(2) Supervising Counselor	4.5 hours	: mediation/1,778 hrs./FTE position
(3) CPC	4.5 hours	: 50% of annual mediations/ 1,778 hrs./FTE position
h. Expansion of Autism Spectrum Disorders (ASD) Initiative		
(1) ASD Clinical Specialist (effective January 1, 2007)	1.0 position	: RC
(2) ASD Program Coordinator (effective January 1, 2007)	1.0 position	: RC
2. ADMINISTRATION		
a. Executive Staff		
(1) Director	1.0 position	: RC
(2) Administrator	1.0 position	: RC
(3) Chief Counselor	1.0 position	: RC
b. Fiscal		
(1) Federal Program Coordinator (Enhancing FFP, Phase I)	1.0 position	: RC
(2) Federal Compliance Specialist (Enhancing FFP, Phase II)	1.0 position	: 1,000 HCBS Waiver consumers
(3) Fiscal Manager	1.0 position	: RC
(4) Program Technician II, FCPP	0.5 position	: RC
	1.0 position	: 1,778 hours of FCPP determinations
(5) Revenue Clerk	1.0 position	: 400 consumers for whom RCs are representative payee
(6) Account Clerk (Enhancing FFP, Phase II)	1.0 position	: RC
(7) Account Clerk	1.0 position	: 800 total consumers
c. Information Systems and Human Resources		
(1) Information Systems Manager	1.0 position	: RC
(2) Information Systems Assistant	1.0 position	: RC
(3) Information Systems Assistant, SIR	0.5 position	: RC
(4) Privacy Officer, HIPAA	1.0 position	: RC
(5) Personal Computer Systems Manager	1.0 position	: RC
(6) Training Officer	1.0 position	: RC
(7) Training Officer, SIR	0.5 position	: RC
(8) Human Resources Manager	1.0 position	: RC

CORE STAFFING CLASSIFICATION	STAFFING FORMULA
A. PERSONAL SERVICES (continued)	
2. ADMINISTRATION (continued)	
d. Clerical Support	
(1) Office Supervisor	1.0 position : RC
(2) PBX/Mail/File Clerk	3.0 positions : RC
(3) Executive Secretary	2.5 positions : RC
(4) MD/Psychologist Secretary II	1.0 position : 2 Physicians in Item 1.a.(3)(a), SB 1038 Health Reviews
(5) MD/Psychologist Secretary I	1.0 position : 2 Physicians/Psychologists in Items 1.a.(1)(a) and (b), Clinical Intake and Assessment
(6) Secretary II	1.0 position : 6 professionals in Items: 1.a.(3)(b), SB 1038 Health Reviews 1.b.(9) and (10), DDS Incidental Medical Care Regulations 1.c., Quality Assurance/ Quarterly Monitoring 1.e.(1), (2) and (9)(a) and (b) Community Services 1.e.(9)2., Community Services (see Secty I, line 1.e.(9)1., below) 1.f.(1) thru (3), Special Incident Reporting 2.b.(1), Federal Program Coordinators (FFP Phase I) 2.b.(2), Federal Compliance Coordinators (FFP Phase II) 2.c., Information Systems and Human Resources
(7) Secretary I	1.0 position : 6 professionals in Items: 1.a.(1)(c) and (d), Clinical Intake and Assessment 1.b.(1) to (5) and (8), Intake/Case Mgt. 1.b.(6) and(7) Capitol People First 1.d., Early Intervention 1.e.(3), (4), (6) to (8), Community Services 1.e.(9)1., Community Services (see Secty II, line 1.e.(9)2., above)

Staffing for Collection of FFP for Contracted Services (Operations)

STAFFING:			2011-12	2012-13
PERSONAL SERVICES:	<u>Positions</u>	<u>Salary</u>		
● Positions and Salaries				
Community Program Specialist I	21.00	\$42,948	\$901,908	\$901,908
Account Clerk II	21.00	29,220	613,620	613,620
Total, Positions and Salaries	42.00		\$1,515,528	\$1,515,528
● Fringe Benefits (@ 23.7%):			359,180	359,180
● Salary Savings (@ -5.5%):			-103,109	-103,109
Total Personal Services			\$1,771,599	\$1,771,599
OPERATING EXPENSES:				
● Operating Expenses:				
Professional Positions: \$3,400	Per Position		\$71,400	\$71,400
Clerical Positions: 2,400	Per Position		50,400	50,400
● Rent Factor: 7,968	Per Position		334,656	334,656
Total Operating Expenses			\$456,456	\$456,456
TOTAL STAFFING			\$2,228,055	\$2,228,055
(Rounded)			\$2,228,000	\$2,228,000

FUNDING:

General Fund (GF) and Home and Community-Based Services (HCBS) Waiver Administration.

EXPENDITURES:

TOTAL	\$2,228,000	\$2,228,000
GF	\$1,816,000	\$1,816,000
GF Match	412,000	412,000
GF Other	1,404,000	1,404,000
Reimbursements	\$412,000	\$412,000
HCBS Waiver Administration	412,000	412,000

Agnews Ongoing Workload (Operations)

	2011-12		2012-13	
	Positions	Cost	Positions	Cost
A. Community Placement Plan (CPP) Staffing				
1. Unified Operations Costs				
a. Personal Services				
Quality Assurance/Management	6.50	503,488	6.50	503,488
Health Care Community Specialists	4.00	503,000	4.00	503,000
Total Personal Services	10.50	\$1,006,488	10.50	\$1,006,488
b. Operating Expenses				
Operating Expenses		\$27,718		\$27,718
Rent		51,800		51,800
Total Operating Expenses		\$79,518		\$79,518
c. Subtotal Unified Operational Costs (a+b) (Rounded)		\$1,086,006 \$1,086,000		\$1,086,006 \$1,086,000
2. State Employees in the Community				
Personal Services	13.40	\$1,016,167	13.40	\$1,016,167
Operating Expenses		93,526		93,526
Total State Employees in the Community (Rounded)	13.40	\$1,109,693 \$1,110,000	13.40	\$1,109,693 \$1,110,000
3. Total CPP Staffing		\$2,196,000		\$2,196,000
B. Placement Continuation Staffing				
Nurse Consultants	3.00	356,000	3.00	356,000
Oral Health Care	3.00	236,000	3.00	236,000
Subtotal Placement Continuation Staffing	6.00	\$592,000	6.00	\$592,000
C. Total (A + B) (Rounded)	29.90	\$2,788,000 \$2,788,000	29.90	\$2,788,000 \$2,788,000
EXPENDITURES:				
TOTAL		\$2,788,000		\$2,788,000
General Fund		\$977,000		\$977,000
General Fund Match		728,000		728,000
General Fund Other		249,000		249,000
Reimbursements		\$1,811,000		\$1,811,000
HCBS Waiver Administration		188,000		188,000
Medicaid Administration		1,623,000		1,623,000

Lanterman Developmental Center Closure (Operations)

	2011-12		2012-13	
	Positions	Cost	Positions	Cost
1. Personal Services				
Resource Developer	5.00	\$425,000	5.00	\$425,000
Quality Assurance/Management	3.00	255,000	3.00	255,000
Placement	5.50	467,500	5.50	467,500
Oral Health Care Consultant	8.00	624,000	8.00	624,000
Nurse Consultants	4.50	382,500	4.50	382,500
Health Care Community Specialists	8.00	1,006,000	8.00	1,006,000
Total Personal Services	34.00	\$3,160,000	34.00	\$3,160,000
2. Operating Expenses				
Operating Expenses		\$115,600		\$115,600
Rent		261,630		261,630
Total Operating Expenses		\$377,230		\$377,230
3. Grand Total (1+ 2) (Rounded)		\$3,537,230		\$3,537,230
		\$3,537,000		\$3,537,000

EXPENDITURES:

TOTAL	\$3,537,000	\$3,537,000
Reimbursements	\$3,537,000	\$3,537,000
<i>Money Follows the Person Grant</i>	3,537,000	3,537,000

Federal Compliance

DESCRIPTION:

With the support of the Department of Health Care Services (the federally-recognized single state agency for Medicaid), the Department of Developmental Services utilizes federal funding combined with state General Fund (GF) expenditures to meet the mandate established by the Lanterman Developmental Disabilities Services Act. Services are provided to persons with developmental disabilities through a system of 21 not-for-profit agencies called regional centers (RC). Federal financial participation (FFP) in state programs is provided through the Home and Community-Based Services (HCBS) Waiver, and the Targeted Case Management (TCM), Nursing Home Reform (NHR), and Medicaid Administration (MA) programs.

There are both fiscal and program requirements placed on the RC that enable the State to receive federal funding. This workload includes ongoing tasks, such as reviewing choice statements, handling complex notice of action issues related to the HCBS Waiver, completing annual HCBS Waiver certification/recertification forms, preparing for program audits, determining billable services, reconciling data, ensuring records are maintained in accordance with applicable federal requirements for accuracy and completeness, reviewing case records, participating in training on HCBS Waiver policies and procedures, resolving eligibility/compliance issues, etc. In addition, the RC receive HCBS Waiver funding through the State Medicaid Plan for case management services and service coordination provided under the TCM and NHR programs. Both of these programs require documentation of services provided.

ASSUMPTIONS/METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13 2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> ● HCBS Waiver Operations costs for HCBS Waiver activities in 2011-12 and 2012-13 are based upon 6.5% of 1995-96 HCBS Waiver reimbursements of \$325,148,000. (100% GF) 	\$21,135,000	\$21,135,000	\$0	\$21,135,000	\$0	\$0
<ul style="list-style-type: none"> ● Compliance with HCBS Waiver Requirements Provides funding to ensure the RC system maintains compliance with the HCBS Waiver. Functions include maintaining service coordinator-to-consumer caseload ratios at not more than 1:62; performing quarterly face-to-face monitoring of consumers residing in out-of-home living arrangements; clinical consultation, monitoring, and review of consumers' medications; and developing and annually reviewing Waiver consumers' individual program plans and Client Developmental Evaluation Reports. See the attachment on page E-3.5 for fiscal detail. Funding: \$3,950,000 GF Match, \$3,300,000 TCM, \$1,950,000 MA. 	\$9,200,000	\$9,200,000	\$0	\$9,200,000	\$0	\$0

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> ● Case Managers to Meet HCBS Waiver Requirements An April 21, 2006 letter from the Centers for Medicare and Medicaid Services (CMS) indicated that the State must "review and revise, as needed, its policies to assure that the waiver participant to case manager ratio of 62:1 is consistently met." This augmentation by the California Legislature is intended to ensure further compliance. See the attachment on page E-3.6 for fiscal detail. Enacted Budget: \$4,982,000 GF Match, \$4,983,000 TCM. 2011-12: \$5,368,000 GF Match, \$5,368,000 TCM. 2012-13: \$5,563,000 GF Match, \$5,564,000 TCM. Change from Prior Estimate and Reason for Year-to-Year Change: Reflects increase in the number of case manager positions to meet the ratio of 62:1. 	\$9,965,000	\$10,736,000	\$771,000	\$11,127,000	\$391,000	\$1,162,000
<ul style="list-style-type: none"> ● TCM Operations costs for TCM activities in 2011-12 and 2012-13 are based upon 5.8% of 1995-96 TCM reimbursements of \$71,181,000. (100% GF) 	\$4,129,000	\$4,129,000	\$0	\$4,129,000	\$0	\$0
<ul style="list-style-type: none"> ● NHR/Pre-Admission Screening and Resident Review (PASRR) Operations costs for RC to perform activities associated with NHR and to handle the increased workload of processing PASRR Levels I and II screening and evaluation activities. Persons determined to be eligible for services under the Lanterman Act will result in an increase in the number of consumers who require RC case management and other specialized services. RC, through clinical assessments, will identify individuals who meet the expanded federal definition of developmental disability. (100% GF) 	\$473,000	\$473,000	\$0	\$473,000	\$0	\$0

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):	Enacted	Updated	2011-12		2012-13	2012-13
	Budget	2011-12	Request	2012-13	over 2011-12	over Enacted Budget
<ul style="list-style-type: none"> Federal Medicaid Requirement for RC HCBS Services <p>Pursuant to federal law and mandated by the Centers for Medicare and Medicaid Services (CMS), regional centers (RC) will be required to gather and review business ownership, control and relationship information from prospective and current vendors. Additionally, RC will be required to determine that all vendors are eligible to participate as Medicaid service providers. Furthermore, on a periodic basis, RC will be required to verify that vendors continue to meet all applicable vendorization requirements (e.g. professional licensure), in order for the State to comply with federal law and meet the CMS mandated Home and Community-Based Waiver (HCBS Waiver) assurance that only qualified providers deliver Medicaid funded services. (Funding is 50% HCBS Wavier Administration, 50% GF)</p> <p>Funding: \$492,000 GF Match, \$492,000 HCBS.</p>	\$984,000	\$984,000	\$0	\$984,000	\$0	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$45,886,000	\$46,657,000	\$771,000	\$47,048,000	\$391,000	\$1,162,000

Federal Compliance

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13	2012-13
					over 2011-12	over Enacted Budget
TOTAL	\$45,886,000	\$46,657,000	\$771,000	\$47,048,000	\$391,000	\$1,162,000
GF	\$35,161,000	\$35,547,000	\$386,000	\$35,742,000	\$195,000	\$581,000
<i>GF Match</i>	9,424,000	9,810,000	386,000	10,005,000	195,000	581,000
<i>GF Other</i>	25,737,000	25,737,000	0	25,737,000	0	0
Reimbursements	\$10,725,000	\$11,110,000	\$385,000	\$11,306,000	\$196,000	\$581,000
<i>HCBS Waiver Administration</i>	492,000	492,000	0	492,000	0	0
<i>MA</i>	1,950,000	1,950,000	0	1,950,000	0	0
<i>TCM</i>	8,283,000	8,668,000	385,000	8,864,000	196,000	581,000

Attachment

**Compliance with Home and Community-Based Services Waiver Requirements
(Operations)**

Service	<u>Positions</u>	<u>Monthly Salary</u>	<u>Annual Salary</u>	<u>Annual Salary Cost</u>	<u>Benefit %</u>	<u>Annual Benefit Cost</u>	<u>Operating Expenses (OE) Annually PP</u>	<u>Rent Annually PP</u>	<u>Annual OE Total</u>	<u>Total Annual Salaries & OE (rounded)</u>
Coordinators	103.1	\$3,512	\$42,144	\$4,345,046	32.2%	\$1,399,105	\$4,248	\$4,200	\$870,989	\$6,600,000
Physicians	9.0	9,443	113,316	1,019,844	29.5%	300,854	7,632	5,388	117,180	1,400,000
Psychologists	13.7	4,824	57,888	793,066	28.4%	225,231	5,688	4,416	138,425	1,200,000
Totals	125.8			\$6,157,956		\$1,925,190			\$1,126,594	\$9,200,000
TOTAL EXPENDITURES:										\$9,200,000

FUNDING:

These positions are eligible for the following reimbursements: Targeted Case Management (TCM) 50% Federal Financial Participation (FFP), Medicaid Administration 75% FFP. The State General Fund (GF) portion is that which is non-FFP.

EXPENDITURES:

	<u>2011-12</u>	<u>2012-13</u>
TOTAL	\$9,200,000	\$9,200,000
General Fund	\$3,950,000	\$3,950,000
<i>GF Match</i>	<i>3,950,000</i>	<i>3,950,000</i>
<i>GF Other</i>	<i>0</i>	<i>0</i>
Reimbursements	\$5,250,000	\$5,250,000
<i>Medicaid Administration</i>	<i>1,950,000</i>	<i>1,950,000</i>
<i>TCM</i>	<i>3,300,000</i>	<i>3,300,000</i>

Increase in Case Managers to Meet Federal Audit Requirements

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
A. Total Number of Budgeted HCBS Waiver-related Client Program Coordinator (CPC) Positions	1,859.39	1,893.14	33.75	1,964.06	70.92	104.67
B. Case Management Coverage Factor (e.g., immediate coverage for CPC vacancies) ^{a/}	7.0%	7.4%	0.4%	7.4%	0.0%	0.4%
C. Number of CPC Vacancies Related to HCBS Waiver Consumers (Item A x Item B) ^{b/}	130.16	140.09	9.94	145.34	5.25	15.18
D. CPC Salary	\$39,606	\$39,606	\$0.00	\$39,606	\$0.00	\$0.00
E. Total CPC Salary Expenditures (Item C x Item D)	\$5,155,010	\$5,548,498	\$393,488	\$5,756,353	\$207,855	\$601,343
F. Supervising Counselors (at 1:10 CPCs)						
Enacted Budget	130.16	13.02				
2011-12	140.09	14.01	0.99			
2012-13	145.34	14.53		14.53	0.52	1.51
G. Supervising Counselor Salary	\$62,784	\$62,784	\$0	\$62,784	\$0.00	\$0.00
H. Total Supervising Counselor Salary Expenditures (Item F x Item G)	\$817,448	\$879,604	\$62,156	\$912,252	\$32,648	\$94,804
I. Secretary II (at 1:6 CPCs and Supervising Counselors)						
Enacted Budget	130.16	143.18				
2011-12	140.09	154.10	23.86			
2012-13	145.34	159.87	26.00	26.65	0.65	-21.72
J. Secretary II Salary	\$28,736	\$28,736	\$0	\$28,736	\$0	\$0
Total Secretary II Salary Expenditures (Item I x Item J)	\$685,641	\$747,136	\$61,495	\$765,814	\$18,678	\$80,173

Increase in Case Managers to Meet Federal Audit Requirements

		Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
K. Fringe Benefits							
	23.7%						
CPC's and All Other Staff		\$1,577,995	\$1,700,509	\$122,514	\$1,761,954	\$61,445	\$183,959
		\$1,577,995	\$1,700,509	\$122,514	\$1,761,954	\$61,445	\$183,959
L. Salary Savings							
	1.0%						
CPCs		-\$63,769	-\$68,634	-4,865	-\$71,206	-2,572	-7,437
	5.5%						
All Other Staff		-102,263	-110,675	-8,412	-114,167	-3,492	-11,904
		-166,032	-179,309	-13,277	-185,373	-6,064	-19,341
M. Total Personal Services (Item E + Item G + Item J + Item I + Item K)		\$8,070,062	\$8,696,438	\$626,376	\$9,011,000	\$314,562	\$940,938
N. Operating Expenses							
Professional Positions	\$3,400	\$486,812	\$523,940	\$37,128	\$543,558	\$19,618	\$56,746
Clerical Positions	\$2,400	57,264	61,632	4,368	63,960	2,328	6,696
Rent	\$8,086	1,350,685	1,453,701	103,016	1,508,201	54,500	157,516
Total Operating Expenses		\$1,894,761	\$2,039,273	\$144,512	\$2,115,719	\$76,446	\$220,958
O. Total Costs (Item L + Item M)		\$9,964,823	\$10,735,711	770,888	\$11,126,719	391,008	1,161,896
Rounded		\$9,965,000	\$10,736,000	\$771,000	\$11,127,000	\$391,000	\$1,162,000
	TOTAL	\$9,965,000	\$10,736,000	\$771,000	\$11,127,000	\$391,000	\$1,162,000
	General Fund (GF)	\$4,982,000	\$5,368,000	\$386,000	\$5,563,000	\$195,000	\$581,000
	<i>GF Match</i>	4,982,000	5,368,000	386,000	5,563,000	195,000	581,000
	<i>GF Other</i>	0	0	0	0	0	0
	Reimbursements	\$4,983,000	\$5,368,000	\$385,000	\$5,564,000	\$196,000	\$581,000
	<i>Targeted Case Management</i>	4,983,000	5,368,000	385,000	5,564,000	196,000	581,000

a/ Assume the vacancy percentage related to all CPCs applies to HCBS Waiver-related CPCs.

b/ Need to cover these vacancies to meet the CMS compliance audit recommendation.

Projects

DESCRIPTION:

This category of the regional center (RC) operating expenses includes various contracts, programs, and projects as described below:

ASSUMPTIONS/METHODOLOGY:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> ● Information Technology Costs <ul style="list-style-type: none"> ● RC Application Support ● Data Processing 	\$3,972,000	\$3,972,000	\$0	\$3,972,000	\$0	\$0
<ul style="list-style-type: none"> ● RC Application Support ● Data Processing 	2,622,000	2,622,000	0	2,622,000	0	0
100% General Fund (GF)	1,350,000	1,350,000	0	1,350,000	0	0
<ul style="list-style-type: none"> ● Clients' Rights Advocacy 	\$5,170,000	\$5,170,000	\$0	\$5,170,000	\$0	\$0
<p>The Department of Developmental Services (DDS) contracts with Disability Rights California for clients' rights advocacy services for RC consumers. 40% of costs are eligible for Home and Community-Based Services (HCBS) Waiver Administration: 50% GF Match/50% federal financial participation (FFP).</p> <p>Funding: \$3,102,000 GF Other, \$1,034,000 GF Match, \$1,034,000 HCBS Waiver Administration</p>						
<ul style="list-style-type: none"> ● Quality Assessment Contract 	\$3,235,000	\$3,235,000	\$0	\$3,235,000	\$0	\$0
<p>Assembly Bill (AB) X4 9, Welfare and Institutions Code (WIC) 4571 consolidates the Life Quality Assessment and the Movers Study which sunset on June 30, 2009 into one improved quality assurance survey to measure consumer and family satisfaction, provision of services and personal outcomes. 40% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP.</p> <p>Funding: \$1,941,000 GF Other, \$647,000 GF Match, \$647,000 HCBS Waiver Administration</p>						

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Direct Support Professional Training WIC Section 4695.2, Statutes of 1998, mandates all direct support service professionals working in licensed community care facilities to complete two 35-hour competency-based training courses or pass challenge tests within the first two years of employment. DDS contracts with the Department of Education which in turn administers the training through the Regional Occupational Centers and Programs. 79% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. Funding: \$722,000 GF Other, \$1,360,000 GF Match, \$1,360,000 HCBS Waiver Administration 	\$3,442,000	\$3,442,000	\$0	\$3,442,000	\$0	\$0
<ul style="list-style-type: none"> Office of Administrative Hearings Federal law requires DDS to have a process to adjudicate disputes involving Medicaid beneficiaries; both the fair hearing and mediation processes satisfy this requirement. DDS contracts with the Office of Administrative Hearings to: (1) conduct fair hearings to resolve conflicts between RC and their consumers. Section 4700 et seq. of the Lanterman Act requires RC to offer mediation to consumers whose services are proposed to be terminated, reduced, or suspended, and (2) provide mediation services. 40% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. Funding: \$1,890,000 GF Other, \$630,000 GF Match, \$630,000 HCBS Waiver Administration 	\$3,150,000	\$3,150,000	\$0	\$3,150,000	\$0	\$0

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Wellness Projects WIC Sections 4696 and 4646.5 contain requirements that are fulfilled through the Wellness Initiative. Project priorities are determined annually by a selection committee comprised of legislative staff, advocacy groups, consumers, RC representatives and the Community Services and Supports Division within DDS. The types of projects generally fall into the following categories: health professional training programs, medication reviews, health assessments, specialty clinics, telemedicine, resource development for persons with a dual diagnosis, training programs for parents and consumers, and dental health programs and services. This represents budget savings and funding to update the Autism Spectrum Disorder Guidelines. (100% GF) 	\$200,000	\$200,000	\$0	\$200,000	\$0	\$0
<ul style="list-style-type: none"> Foster Grandparent/Senior Companion Through these programs, men and women, 60 years of age and older, devote up to 20 hours a week to help people with developmental disabilities lead more independent and productive lives. Funding: \$1,142,000 GF, \$577,000 Federal Funds 	\$1,719,000	\$1,719,000	\$0	\$1,719,000	\$0	\$0
<ul style="list-style-type: none"> Special Incident Reporting/Risk Assessment DDS contracts for the services of an independent specialized risk-assessment and mitigation contractor, possessing a multidisciplinary capacity, to conduct key activities such as data analysis, training, mortality reviews, site reviews, and to provide services related to protecting the health, safety and well-being of consumers. 40% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. Funding: \$504,000 GF Other, \$168,000 GF Match, \$168,000 HCBS Waiver Administration 	\$840,000	\$840,000	\$0	\$840,000	\$0	\$0

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> ● Increased Access to Mental Health Services <ul style="list-style-type: none"> ● Regional Best Practice Training ● Statewide Training for Families, Service Providers, Service Coordinators, and Consumers ● RC Technical Assistance and Liaison Support ● Regional Planning Projects <p>100% Mental Health Services Fund (MHSF)</p>	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0
	270,000	675,000	405,000	675,000	0	405,000
	270,000	0	-270,000	0	0	-270,000
	65,000	65,000	0	65,000	0	0
	135,000	0	-135,000	0	0	-135,000
<ul style="list-style-type: none"> ● Sherry S. Court Case <p>In 1981 the Supreme Court ruled In Re Hop that before an adult is admitted to a developmental center, he/she must be afforded due process through a court hearing to determine if such a placement is warranted. Subsequently, in the Sherry S. case, the court ruled that a conservator or parent of an adult has authority to admit that adult through the Hop process. This estimate reflects the RC costs of processing Hop actions for RC consumers. (100% GF)</p>	\$534,000	\$379,000	-\$155,000	\$379,000	\$0	-\$155,000
<ul style="list-style-type: none"> ● 2003-04 FFP Enhancement, Phase II <p>These costs are associated with legal support for federal program activities. (100% GF)</p>	\$500,000	\$500,000	\$0	\$500,000	\$0	\$0
<ul style="list-style-type: none"> ● University Enterprises, Inc. <p>DDS contracts with University Enterprises, Inc. for statistical forecasting assistance in estimating RC costs. (100% GF)</p>	\$113,000	\$113,000	\$0	\$113,000	\$0	\$0

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Affordable Housing In 1994, pursuant to the court decision commonly referred to as the Coffelt Settlement Agreement, funds were allocated to create affordable housing for persons with developmental disabilities. Funding was allocated on a per capita basis to four geographic regions throughout California to provide affordable housing to very low-income individuals receiving services from the RC. Annual loan forgiveness for the term of twenty years was stipulated to occur based on each project's compliance with the Standard and Regulatory Agreement. Fiscal review and site monitoring activities are required annually. Technical assistance on additional housing-related issues is obtained through an interagency agreement with the Department of Housing and Community Development as needed. (100% GF) 	\$94,000	\$94,000	\$0	\$94,000	\$0	\$0
<ul style="list-style-type: none"> Review of Senate Bill (SB) 1175 Housing Proposals Chapter 617, Statutes of 2008, (SB 1175) permits DDS to approve RC housing proposals for consumers with special health care needs. This legislation requires a nonrefundable fee to be paid by housing developers to reimburse DDS' costs for review and approval of the proposals. (Developmental Disabilities Services Account 100%). 	\$150,000	\$150,000	\$0	\$150,000	\$0	\$0
<ul style="list-style-type: none"> Extension of Denti-Cal Infrastructure for RC Funded Dental This project will result in the ability of RC to use the expertise and Department of Health Care Services (DHCS) system for reviewing treatment plans and approving claims for dental services consistent with the DHCS Denti-Cal program. (100% GF). 	\$750,000	\$750,000	\$0	\$1,197,000	\$447,000	\$447,000

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Homeland Security Grant Program (HSGP) The RC portion of the HSGP award will fund projects at specific RC's that will include such things as equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events. (100% Homeland Security Grant) 	\$210,000	\$35,000	-\$175,000	\$35,000	\$0	-\$175,000
<ul style="list-style-type: none"> Cost Containment 2004-05 May Revision: This reflects savings that will be achieved through cost containment of RC Operations expenditures. (100% GF) 	-\$490,000	-\$490,000	\$0	-\$490,000	\$0	\$0
<ul style="list-style-type: none"> Savings Target (2009-10) 	-\$1,300,000	-\$1,300,000	\$0	-\$1,300,000	\$0	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$23,029,000	\$22,699,000	-\$330,000	\$23,146,000	\$447,000	\$117,000

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in 2012-13 over 2011-12 reflects updated expenditure data .

Projects

EXPENDITURES:	Enacted Budget	2011-12	2011-12 Request	2012-13	2012-13	2012-13
					over 2011-12	over Enacted Budget
TOTAL	\$23,029,000	\$22,699,000	-\$330,000	\$23,146,000	\$447,000	\$117,000
GF	\$17,513,000	\$17,358,000	-\$155,000	\$17,805,000	\$447,000	\$292,000
<i>GF Match</i>	4,416,000	4,416,000	0	4,416,000	0	0
<i>GF Other</i>	13,097,000	12,942,000	-155,000	13,389,000	447,000	292,000
Reimbursements	\$4,579,000	\$4,579,000	\$0	\$4,579,000	\$0	\$0
<i>HCBS Waiver Administration</i>	3,839,000	3,839,000	0	3,839,000	0	0
<i>MHSF</i>	740,000	740,000	0	740,000	0	0
DDSA	\$150,000	\$150,000	\$0	\$150,000	\$0	\$0
<i>SB 1175 Housing Proposals</i>	150,000	150,000	0	150,000	0	0
Federal Funds	\$787,000	\$612,000	-\$175,000	\$612,000	\$0	-\$175,000
<i>Foster Grandparent Program</i>	577,000	577,000	0	577,000	0	0
<i>HSGP</i>	210,000	35,000	-175,000	35,000	0	-175,000

Intermediate Care Facility-Developmentally Disabled State Plan Amendment Administrative Fees

DESCRIPTION:

To realize the federal financial participation (FFP) associated with the Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA), there are administrative costs for Regional Centers (RCs) billing on behalf of the ICF-DD.

ASSUMPTIONS/METHODOLOGY:

Billing costs are 1.5% of the cost of day treatment and transportation.

2011-12: Total billing costs are \$1.5 million for RC administration .

- POS costs for day treatment and transportation for 2011-12 totals \$98.8 million. RC administration costs are 1.5% of the total or \$1.5 million.

2012-13: Total billing costs are \$1.6 million for RC administration .

- POS costs for day treatment and transportation for 2012-13 totals \$105.2 million. RC administration costs are 1.5% of the total or \$1.6 million.

FUNDING:

The Federal Medical Assistance Percentages establishes the Federal Financial Participation (FFP) for expenditures associated with Operations, which is 50 percent for 2011-12 and 2012-13.

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects the most current expenditures available.

REASON FOR YEAR-TO-YEAR CHANGE:

The estimate reflects the most current data available.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$2,089,000	\$1,459,000	-\$630,000	\$1,555,000	\$96,000	-\$534,000
<i>General Fund Match</i>	<i>734,000</i>	<i>419,000</i>	<i>-315,000</i>	<i>467,000</i>	<i>\$48,000</i>	<i>-\$267,000</i>
<i>FFP (Quality Assurance Fees)</i>	<i>1,355,000</i>	<i>1,040,000</i>	<i>-315,000</i>	<i>1,088,000</i>	<i>\$48,000</i>	<i>-\$267,000</i>

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Community Care Facilities

DESCRIPTION:

Pursuant to Health and Safety Code Section 1502 (a)(1), (4), (5), or (6) and Section 1569.2(k), Regional Centers (RC) contract with Community Care Facilities (CCFs). CCFs are licensed by the Department of Social Services (DSS) to provide 24-hour non-medical residential care to children and adults with developmental disabilities who are in need of personal services, supervision, and/or assistance essential for self-protection or sustenance of daily living activities.

ASSUMPTIONS:

- CCF Population and Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated September 1, 2011. Data were adjusted for lag based on historical data.
- Supplemental Security Income/State Supplementary Program (SSI/SSP) payment is a grant received by persons in CCFs from the Social Security Administration (the "SSI" portion), along with a supplemental payment from the State (the "SSP" portion). For individuals who receive SSI/SSP (an estimated 94.9 percent of persons in CCFs), the RCs fund only the portion of the facility costs that is above the SSI/SSP level of payment (i.e., the "net" costs). Funds for the SSI/SSP grants are in the DSS budget. This factor is incorporated in the CCF estimate.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
• Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base:	\$767,666,000	\$776,563,000	\$8,897,000	\$808,024,000	-\$4,597,000	\$40,358,000
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	818,095,000	826,992,000	8,897,000	863,050,000	[35,497,000] Info Only	44,955,000
• <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i>	-653,000	-653,000	0	-653,000	0	0
• <i>Cost Containment Measures, Assembly Bill (AB) 104, Ch 37, Statutes of 2011</i>	-3,277,000	-3,277,000	0	-7,874,000	-4,597,000	-4,597,000
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-46,499,000	-46,499,000	0	-46,499,000	0	0

Community Care Facilities

METHODOLOGY (continued):	Enacted	Updated	2011-12	2012-13		2012-13
	Budget	2011-12	Request	2012-13	Over 2011-12	Over Enacted Budget
<ul style="list-style-type: none"> Utilization Change/Growth: 						
Total Utilization Change/Growth for 2011-12	\$28,284,000	\$35,497,000	\$7,213,000	<i>In Base</i>	<i>In Base</i>	
Total Utilization Change/Growth for 2012-13				\$37,394,000	\$37,394,000	\$9,110,000
<ul style="list-style-type: none"> Caseload Growth 						
<i>Estimate for 2011-12</i>	13,740,000	15,751,000	2,011,000			
<i>Estimate for 2012-13</i>				17,998,000	17,998,000	4,258,000
<p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p> <p>Estimated Caseload Growth: Enacted Budget: 4,813 Person Months Est. for 2011-12 : 5,533 Person Months Est. for 2012-13 : 6,556 Person Months</p>						
<ul style="list-style-type: none"> Average Cost Increase: 						
<i>Estimate for 2011-12</i>	14,544,000	19,746,000	5,202,000			
<i>Estimate for 2012-13</i>				19,396,000	19,396,000	4,852,000
<p>Reflects the costs of consumers needing higher levels of CCF care than in the past.</p>						

Community Care Facilities

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13	2012-13
					Over 2011-12	Over Enacted Budget
• 4.25% Payment Reduction/ Restoration in 2012-13	-\$155,000	-\$155,000	\$0	\$34,142,000	\$34,297,000	\$34,297,000
• Subtotal Base, Growth and Payment Reduction	\$795,795,000	\$811,905,000	\$16,110,000	\$879,560,000	\$67,655,000	\$83,765,000
• CPP: See CPP methodology for detail.	\$21,153,000	\$21,153,000	\$0	\$21,153,000	\$0	\$0
• SSI/SSP Increases Effective January 1, 2012 The SSI/SSP rate is estimated to increase from \$961 to \$982 in January 2012 and to \$986 January 2013	-\$143,000	-\$143,000	\$0	-\$143,000	\$0	\$0
• TOTAL EXPENDITURES	\$816,805,000	\$832,915,000	\$16,110,000	\$900,570,000	\$67,655,000	\$83,765,000

Community Care Facilities

FUNDING:

CCF expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, 1915 (i) State Plan Amendment (SPA), and the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), and Money Follows the Person. Based on actual 2010-11 billing data, approximately 75 percent of CCF expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). Of the Money Follows the Person eligible amount, 75 percent is FFP. The State GF portion is that which is non-FFP.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
TOTAL	\$816,805,000	\$832,915,000	\$16,110,000	\$900,570,000	\$67,655,000	\$83,765,000
GF	\$459,735,000	\$493,825,000	\$34,090,000	\$538,508,000	\$44,683,000	\$78,773,000
<i>GF Match</i>	342,332,000	321,194,000	-21,138,000	342,519,000	21,325,000	187,000
<i>GF Other</i>	117,403,000	172,631,000	55,228,000	195,989,000	23,358,000	78,586,000
Reimbursements	\$357,070,000	\$339,090,000	-\$17,980,000	\$362,062,000	\$22,972,000	\$4,992,000
<i>HCBS Waiver</i>	306,371,000	295,704,000	-10,667,000	315,028,000	19,324,000	8,657,000
<i>1915 (i) SPA</i>	33,647,000	25,427,000	-8,220,000	27,492,000	2,065,000	-6,155,000
<i>Title XX TANF</i>	10,171,000	11,078,000	907,000	11,078,000	0	907,000
<i>Money Follows the Person</i>	6,881,000	6,881,000	0	8,464,000	1,583,000	1,583,000

Medical Facilities

DESCRIPTION:

Pursuant to the Health and Safety Code, Sections 1250, 1255.6, and 1255.7, among others, the regional centers (RCs) vendor Intermediate Care Facilities (ICFs) and Developmentally Disabled Continuous Nursing Care (DD/CNC) formerly known as ICF/DD-CN for consumers not eligible for Medi-Cal. ICFs are health facilities licensed by the Licensing and Certification Division of the State Department of Public Health (CDPH) to provide 24-hour-per-day services and certified for Medi-Cal reimbursement for services by State Department of Health Care Services (DHCS). The types of ICFs providing services for Californians with developmental disabilities are: ICF/DD (Developmentally Disabled), ICF/DD-H (Habilitative), ICF/DD-N (Nursing), and DD/CNC.

ASSUMPTIONS:

- Assumptions regarding caseload and facility growth for 2011-12 and 2012-13 assumptions are based on 2011 May Survey with updated assumptions.
- The daily rates for 4 to 6 bed and 7 to 15 bed ICFs for 2011-12 and 2012-13 are provided by the DHCS and are effective August 1, 2010, as follows: \$185.68 for DD-Hs, \$211.87 for DD-Ns, \$424.92 for ventilator Dependent DD/CNC and \$385.42 for Non-ventilator dependent.

- Estimated New Consumers:

	2011-12 <u>Enacted Budget</u>	<u>2011-12</u>	<u>2012-13</u>
DD-H	58	14	14
DD-N	117	22	22
DD/CNC	8	0	0

- For 2011-12 and 2012-13 it is assumed that 2.0 percent of the consumers in Medical Facilities will not be funded by Medi-Cal; therefore, Department of Developmental Services (DDS) will pay their Medical Facility costs.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> • <i>Prior Year Estimate/Updated Costs Without CPP or Gap Resource Development</i> • <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i> • <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i> 	\$27,121,000	\$28,188,000	\$1,067,000	\$28,835,000	\$0	\$1,714,000
• <i>Prior Year Estimate/Updated Costs Without CPP or Gap Resource Development</i>	28,078,000	29,145,000	1,067,000	29,196,000	[51,000] Info Only	1,118,000
• <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i>	-19,000	-19,000	0	-19,000	0	0
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-938,000	-938,000	0	-938,000	0	0

Medical Facilities

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> ● Utilization Change/Growth: 						
Total Utilization Change/Growth for 2011-12	\$259,000	\$51,000	-\$208,000	<i>In Base</i>	<i>In Base</i>	
Total Utilization Change/Growth for 2012-13				\$51,000	\$51,000	-\$208,000
<ul style="list-style-type: none"> ● Caseload Growth 	<i>259,000</i>	<i>51,000</i>	<i>-208,000</i>			
It is assumed that in 2011-12 and in 2012-13 that 2.0 percent of the persons in medical facilities will not be funded by Medi-Cal; therefore, DDS will pay their Medical Facility costs.				<i>51,000</i>	<i>51,000</i>	<i>-208,000</i>
<ul style="list-style-type: none"> ● 4.25% Payment Reduction/ Restoration in 2012-13 	\$0	\$0	\$0	\$1,204,000	\$1,204,000	\$1,204,000
● Subtotal Base, Growth and Payment Reduction	\$27,380,000	\$28,239,000	\$859,000	\$30,090,000	\$1,851,000	\$2,710,000
● Gap Resource Development (New Facilities)	\$452,000	\$722,000	\$270,000	\$722,000	\$0	\$270,000
Gap is the time period between licensure and certification of small health facilities when Medi-Cal does not cover any person's facility costs.						
In 2011-12 and 2012-13 it is assumed that 7 DD-H facilities will need gap funding for 2 consumers each for not more than 60 days, and 11 DD-N facilities will need gap funding for 2 consumers each for not more than 60 days.						

Medical Facilities

METHODOLOGY (continued):	2011-12 Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
• CPP:	\$164,000	\$164,000	\$0	\$164,000	\$0	\$0
• TOTAL EXPENDITURES	\$27,996,000	\$29,125,000	\$1,129,000	\$30,976,000	\$1,851,000	\$2,980,000

FUNDING:

Medical Facility expenditures are funded by the General Fund (GF).

EXPENDITURES:

TOTAL	\$27,996,000	\$29,125,000	\$1,129,000	\$30,976,000	\$1,851,000	\$2,980,000
GF	\$27,996,000	\$29,125,000	\$1,129,000	\$30,976,000	\$1,851,000	\$2,980,000
GF Other	27,996,000	29,125,000	1,129,000	30,976,000	1,851,000	2,980,000

Day Programs

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC) Section 4648, among others, of the Lanterman Act, Day Programs are community-based programs for individuals served by a regional center (RC). Day Programs are available when those services are included in that person's Individual Program Plan or an infant's Individualized Family Service Plan. Day Program services may be at a fixed location or out in the community.

Types of services available through a Day Program include:

- Developing and maintaining self-help and self-care skills.
- Developing the ability to interact with others, making one's needs known and responding to instructions.
- Developing self-advocacy and employment skills.
- Developing community integration skills such as accessing community services.
- Improving behaviors through behavior management.
- Developing social and recreational skills.

ASSUMPTIONS:

- Day Program Consumer and Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated June 1, 2011. Data was adjusted for lag based on historical data.

METHODOLOGY:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
• Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base:	\$719,407,000	\$731,345,000	\$11,938,000	\$748,498,000	-\$5,698,000	\$29,091,000
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	754,217,000	766,155,000	11,938,000	789,006,000	[25,953,000] Info Only	34,789,000
• <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i>	-625,000	-625,000	0	-625,000	0	0
• <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i>	-18,600,000	-18,600,000	0	-24,298,000	-5,698,000	-5,698,000
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-15,585,000	-15,585,000	0	-15,585,000	0	0

Day Programs

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> ● Utilization Change/Growth: ● Total Utilization Change/Growth for 2011-12 ● Total Utilization Change/Growth for 2012-13 <ul style="list-style-type: none"> ● Caseload Growth 						
	\$24,331,000	\$25,953,000	\$1,622,000	<i>In Base</i>	<i>In Base</i>	
				\$27,272,000	\$27,272,000	\$2,941,000
<i>Estimate for 2011-12</i>	19,839,000	19,110,000	-729,000			
<i>Estimate for 2012-13</i>				20,505,000	20,505,000	666,000
<p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p>						
<p>Estimated Caseload Growth:</p> <p style="padding-left: 40px;">Enacted Budget: 18,047 Person Months</p> <p style="padding-left: 40px;">Est. for 2011-12 : 17,160 Person Months</p> <p style="padding-left: 40px;">Est. for 2012-13 : 19,184 Person Months</p>						
<ul style="list-style-type: none"> ● Average Cost Increase: 						
<i>Estimate for 2011-12</i>	4,492,000	6,843,000	2,351,000			
<i>Estimate for 2012-13</i>				6,767,000	6,767,000	2,275,000
<p>Reflects the cost of new community-based day programs</p>						

Day Programs

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
• 4.25% Payment Reduction/Restoration in 2012-13	-\$2,000	-\$2,000	\$0	\$31,344,000	\$31,346,000	\$31,346,000
• Subtotal Base, Growth and Payment Reduction	\$743,736,000	\$757,296,000	\$13,560,000	\$807,114,000	\$52,920,000	\$63,378,000
• CPP: See CPP methodology for detail.	\$3,948,000	\$3,948,000	\$0	\$3,948,000	\$0	\$0
• TOTAL EXPENDITURES:	\$747,684,000	\$761,244,000	\$13,560,000	\$811,062,000	\$49,818,000	\$63,378,000

FUNDING:

Day Program expenditures are funded by the General Fund (GF), Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA), Home and Community Based Services (HCBS) Waiver, 1915(i) SPA, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), and the Early Start Grant. Based on actual 2010-11 billing data, approximately 52 percent of Day Program expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount and 1915(i) SPA amount, 50 percent is federal financial participation (FFP). The ICF-DD SPA eligible amount is 50 percent FFP. The State GF portion is that which is non-FFP.

Day Programs

METHODOLOGY (continued):		Enacted		2011-12		2012-13	2012-13	2012-13
EXPENDITURES:		Budget	2011-12	Request	2012-13	Request	Request	vs
								2011-12
	TOTAL	\$747,684,000	\$761,244,000	\$13,560,000	\$811,062,000	\$49,818,000		\$63,378,000
	GF	\$384,039,000	\$419,341,000	\$35,302,000	\$451,255,000	\$31,914,000		\$67,216,000
	<i>GF Match</i>	296,225,000	274,265,000	-21,960,000	292,169,000	17,904,000		-4,056,000
	<i>GF Other</i>	87,814,000	145,076,000	57,262,000	159,086,000	14,010,000		71,272,000
	Reimbursements	\$346,774,000	\$324,130,000	-\$22,644,000	\$342,034,000	\$17,904,000		-\$4,740,000
	<i>HCBS Waiver</i>	184,456,000	188,380,000	3,924,000	200,690,000	12,310,000		16,234,000
	<i>1915 (i) SPA</i>	72,125,000	47,208,000	-24,917,000	50,297,000	3,089,000		-21,828,000
	<i>Title XX Social Services</i>	48,497,000	48,616,000	119,000	48,616,000	0		119,000
	<i>Title XX TANF</i>	2,064,000	1,739,000	-325,000	1,739,000	0		-325,000
	<i>ICF-DD SPA</i>	39,632,000	38,187,000	-1,445,000	40,692,000	2,505,000		1,060,000
	Federal Funds	\$16,871,000	\$17,773,000	\$902,000	\$17,773,000	\$0		\$902,000
	<i>Early Start Grant</i>	16,871,000	17,773,000	902,000	17,773,000	0		902,000

Habilitation

DESCRIPTION:

Pursuant to Welfare and Institution Code (WIC) Section 2, Chapter 13 (commencing with Section 4850) of Division 4.5, these services currently are provided chiefly by the regional centers under the authorization of the Lanterman Act (WIC 19350[b]).

Types of Services available through Habilitation include:

Work Activity Program (WAP):

WAP is provided, for the most part, in a sheltered setting. Services can include work experiences in integrated group settings within the community.

Supported Employment Program (SEP) group and individual:

SEP provides opportunities for persons with developmental disabilities to work, through integrated settings and with support services provided by community rehabilitation programs. These services enable consumers to learn necessary job skills and maintain

ASSUMPTIONS:

- Habilitation Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated March 1, 2011. Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Prior Year Estimate/Updated Costs Without CPP</i> <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i> <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i> <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i> 	\$134,214,000	\$133,786,000	-\$428,000	\$131,266,000	-\$2,122,000	-\$2,948,000
	144,835,000	144,421,000	-414,000	144,009,000	[-412,000] Info Only	-826,000
	7,000	-7,000	-14,000	-7,000	0	-14,000
	-6,471,000	-6,471,000	0	-8,593,000	-2,122,000	-2,122,000
	-4,157,000	-4,157,000	0	-4,157,000	0	0

Habilitation

METHODODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> ● Utilization Change/Growth: <ul style="list-style-type: none"> ● Total Utilization Change/Growth 2011-12 ● Total Utilization Change/Growth 2012-13 <p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends for the 72-month period of April 2005 through March 2011. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p>	-\$1,158,000	-\$412,000	\$746,000	<i>In Base</i>	<i>In Base</i>	\$898,000
<ul style="list-style-type: none"> ● 4.25% Payment Reduction/Restoration in 2012-13 	\$0	\$0	\$0	\$2,095,000	\$2,095,000	\$2,095,000
● Subtotal Base, Growth and Payment Reduction	\$133,056,000	\$133,374,000	\$318,000	\$133,101,000	-\$273,000	\$45,000
● CPP: See CPP methodology for detail.	\$176,000	\$176,000	\$0	\$176,000	\$0	\$0
● TOTAL EXPENDITURES:	\$133,232,000	\$133,550,000	\$318,000	\$133,277,000	-\$273,000	\$45,000

FUNDING:

Habilitation Services expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Temporary Assistance for Needy Families (TANF), and the 1915(i) State Plan Amendment (SPA). Based on actual 2010-11 billing data, approximately 60 percent, 37 percent, and 22 percent of WAP, SEP Group, and SEP Individual Placement expenditures, respectively, are eligible for the HCBS Waiver reimbursement. Of the HCBS Waiver and 1915(i) eligible amount, 50 percent is federal financial participation (FFP). The State GF portion is that which is non-FFP.

Habilitation

METHODOLOGY (continued):		Enacted	Updated	2011-12	2012-13	2012-13	2012-13
EXPENDITURES:		Budget	2011-12	Request	2012-13	over	over
						2011-12	Enacted
							Budget
TOTAL		\$133,232,000	\$133,550,000	\$318,000	\$133,277,000	-\$273,000	\$45,000
GF		\$86,086,000	\$83,752,000	-\$2,334,000	\$81,557,000	-\$2,195,000	-\$4,529,000
<i>GF Match</i>		\$47,148,000	49,793,000	\$2,645,000	51,715,000	1,922,000	\$4,567,000
<i>GF Other</i>		38,938,000	33,959,000	-\$4,979,000	29,842,000	-4,117,000	-\$9,096,000
Reimbursements		\$47,146,000	\$49,798,000	\$2,652,000	\$51,720,000	\$1,922,000	\$4,574,000
<i>HCBS Waiver</i>		31,131,000	30,021,000	-1,110,000	31,983,000	1,962,000	\$852,000
<i>1915 (i) SPA</i>		16,014,000	19,772,000	3,758,000	19,732,000	-40,000	\$3,718,000
<i>Title XX TANF</i>		1,000	5,000	4,000	5,000	0	\$4,000

Transportation

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC), Sections 4501, 4502, 4512, and 4646, (Lanterman Act), regional centers (RC) contract with vendors to provide services and supports to all qualifying regional center consumers.

Transportation services are provided so persons with a developmental disability may participate in programs and/or other activities identified in their Individual Program Plan. A variety of sources may be used to provide transportation including: public transit and other providers: specialized transportation companies; day programs and/or residential vendors; and family members, friends, and others. Transportation services may include help in boarding and exiting a vehicle as well as assistance and monitoring while being transported.

ASSUMPTIONS:

- Transportation Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated June, 2011. Data were adjusted for lag based on historical data.

METHODOLOGY:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
• Base: Actual 2010-11 expenditures were used to develop the 2011-12 base. For the 2012-13, the prior year estimate, with the following adjustments, was used as the base:	\$189,008,000	\$194,169,000	\$5,161,000	\$197,773,000	-\$1,988,000	\$8,765,000
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	214,924,000	220,085,000	5,161,000	225,644,000	[6,427,000] Info Only	10,720,000
• <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i>	-179,000	-179,000	0	-179,000	0	0
• <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i>	-3,015,000	-3,015,000	0	-5,003,000	-1,988,000	-1,988,000
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-22,722,000	-22,722,000	0	-22,722,000	0	0

Transportation

METHODOLOGY (continued):	Enacted	Updated	2011-12	2012-13	2012-13	2012-13
	Budget	2011-12	Request	2011-12	over	over
					2011-12	Enacted
						Budget
• Utilization Change/Growth:						
• Total Utilization Change/Growth for 2011-12	\$6,641,000	\$6,427,000	-\$214,000	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>
• Total Utilization Change/Growth for 2012-13				\$6,619,000	\$6,619,000	-\$22,000
<p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p>						
• 4.25% Payment Reduction/ Restoration in 2012-13	-\$2,000	-\$2,000	\$0	\$8,289,000	\$8,291,000	\$8,291,000
• Subtotal Base, Growth and Payment Reduction	\$195,647,000	\$200,594,000	\$4,947,000	\$212,681,000	\$12,922,000	\$17,034,000
• CPP: See CPP methodology for detail.	\$744,000	\$744,000	\$0	\$744,000	\$0	\$0
• TOTAL EXPENDITURES:	\$196,391,000	\$201,338,000	\$4,947,000	\$213,425,000	\$12,087,000	\$17,034,000

FUNDING:

Transportation expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, 1915(i) State Plan Amendment (SPA), the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families, Vocational Rehabilitation and Intermediate Care Facility - Developmentally Disabled (ICF-DD) SPA. Based on actual 2010-11 billing data, approximately 54 percent of Transportation expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount 50 percent is federal financial participation (FFP). The State GF portion is that which is non FFP.

Transportation

METHODOLOGY (continued):		Enacted	Updated	2011-12	2012-13	2012-13	2012-13
EXPENDITURES:		Budget	2011-12	Request	2012-13	over	over
						2011-12	Enacted
							Budget
	TOTAL	\$196,391,000	\$201,338,000	\$4,947,000	\$213,425,000	\$12,087,000	\$17,034,000
	GF	\$122,099,000	\$115,450,000	-\$6,649,000	\$122,383,000	\$6,933,000	\$284,000
	<i>GF Match</i>	58,818,000	79,765,000	\$20,947,000	84,983,000	\$5,218,000	\$26,165,000
	<i>GF Other</i>	63,281,000	35,685,000	-\$27,596,000	37,400,000	\$1,715,000	-\$25,881,000
	Reimbursements	\$74,292,000	\$85,888,000	\$11,596,000	\$91,042,000	\$5,154,000	\$16,750,000
	<i>HCBS Waiver FFP</i>	58,813,000	59,010,000	\$197,000	62,866,000	\$3,856,000	\$4,053,000
	<i>1915 (i) SPA</i>	0	10,538,000	\$10,538,000	11,170,000	\$11,170,000	\$11,170,000
	<i>Title XX TANF</i>	785,000	673,000	-\$112,000	673,000	\$0	-\$112,000
	<i>Title XX Social Services</i>	5,280,000	5,398,000	\$118,000	5,398,000	\$0	\$118,000
	<i>Vocational Rehabilitation</i>	118,000	118,000	\$0	118,000	\$0	\$0
	<i>ICF-DD</i>	9,296,000	10,151,000	\$855,000	10,817,000	\$666,000	\$1,521,000

Support Services

DESCRIPTION:

Pursuant to Welfare and Institution Code (WIC) Sections 4501, 4502, 4512, 4646, 4648 and 4689, among others, of the Lanterman Act, regional centers (RC) contract with vendors to provide services and supports to all qualifying RC consumers. Support Services include a broad range of services to adults who choose to live in homes they themselves own or lease in the community.

Included in the Support Services expenditures are Independent Living Supplement (ILS) payments to adults who are in supported/independent living (SL/IL) settings and receiving Supplementary Security Income/State Supplementary Portion (SSI/SSP) grant payments. RC's supplement the reduction in the SSP portion of the SSI/SSP grant to assure that consumers will be able to remain in these settings instead of having to move into community care facilities.

ASSUMPTIONS:

Support Services Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated June 1, 2011.
Data were adjusted for lag based on 2008-09 expenditures.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Prior Year Estimate/Updated Costs Without CPP</i> <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i> <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i> <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i> 	\$636,407,000	\$649,372,000	\$12,965,000	\$675,837,000	-\$11,882,000	\$39,430,000
					<i>[40,795,000]</i> <i>Info Only</i>	
	699,047,000	712,012,000	12,965,000	750,359,000		51,312,000
	-813,000	-813,000	0	-813,000	0	0
	-10,687,000	-10,687,000	0	-22,569,000	-11,882,000	-11,882,000
	-51,140,000	-51,140,000	0	-51,140,000	0	0

Support Services

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	over Enacted Budget									
<ul style="list-style-type: none"> • Utilization Change/Growth: <ul style="list-style-type: none"> • Total Utilization Change/Growth for 2011-12 • Total Utilization Change/Growth for 2012-13 <p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p> • 4.25% Payment Reduction/Restoration in 2012-13 • Subtotal Base, Growth and Payment Reduction • CPP: See CPP methodology for detail. • Independent Living Supplement <p>Based on Client Master File data as of August 4, 2011, it is estimated the following consumers will live in SL/IL arrangements. Of these totals, based on the 2011-12 May Revision RC Survey (March 2011), estimated persons who are part of a couple, who will receive their monthly supplemental payment of \$53.14, as well as the remainder who will receive their monthly payments of \$41.60 as individuals, are also displayed. All consumers are assumed to receive their payments in each month of the fiscal year. Prior year costs remain in the base, therefore only the incremental costs are added.</p> <table style="margin-left: 40px; border-collapse: collapse;"> <tr> <td style="padding-right: 20px;">Total SL/IL Consumers</td> <td style="text-align: right; padding-right: 20px;">22,800</td> <td style="text-align: right;">23,410</td> </tr> <tr> <td>Part of a Couple</td> <td style="text-align: right;">- 1,316</td> <td style="text-align: right;">- 1,351</td> </tr> <tr> <td>Individuals</td> <td style="text-align: right; border-top: 1px solid black;">21,484</td> <td style="text-align: right; border-top: 1px solid black;">22,059</td> </tr> </table>	Total SL/IL Consumers	22,800	23,410	Part of a Couple	- 1,316	- 1,351	Individuals	21,484	22,059	\$45,204,000	\$40,795,000	-\$4,409,000	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>
Total SL/IL Consumers	22,800	23,410													
Part of a Couple	- 1,316	- 1,351													
Individuals	21,484	22,059													
				\$42,996,000	\$42,996,000	-\$2,208,000									
	-\$170,000	-\$170,000	\$0	\$28,435,000	\$28,605,000	\$28,605,000									
	\$681,441,000	\$689,997,000	\$8,556,000	\$747,268,000	\$59,719,000	\$65,827,000									
	\$4,610,000	\$4,610,000	\$0	\$4,610,000	\$0	\$0									
	\$308,000	\$70,000	-\$238,000	\$309,000	\$239,000	\$1,000									
• TOTAL EXPENDITURES	\$686,359,000	\$694,677,000	\$8,318,000	\$752,187,000	\$60,506,000	\$65,828,000									

Support Services

FUNDING:

Support Services expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), 1915(i) State Plan Amendment (SPA), 1915(k) SPA, and the Early Start Grant. Based on actual 2009-10 billing data, approximately 68 percent of Support Services expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount, 50 percent in 2011-12 and 50 percent in 2012-13, is federal financial participation (FFP). The State GF portion is that which is non-FFP.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13 2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
TOTAL	\$686,359,000	\$694,677,000	\$8,318,000	\$752,187,000	\$60,506,000	\$65,828,000
GF	\$354,612,000	\$355,537,000	\$925,000	\$394,660,000	\$39,123,000	\$40,048,000
GF Match	260,762,000	266,084,000	5,322,000	284,470,000	18,386,000	23,708,000
GF Other	93,850,000	89,453,000	-4,397,000	110,190,000	20,737,000	16,340,000
Reimbursements	\$331,216,000	\$338,639,000	\$7,423,000	\$357,026,000	\$18,387,000	\$25,810,000
HCBS Waiver	219,688,000	232,098,000	12,410,000	247,265,000	15,167,000	27,577,000
1915 (i) SPA	40,240,000	33,149,000	-7,091,000	35,893,000	2,744,000	-4,347,000
1915 (k) SPA	819,000	837,000	18,000	1,313,000	476,000	494,000
Title XX Social Services	56,632,000	58,614,000	1,982,000	58,614,000	0	1,982,000
Title XX TANF	13,837,000	13,941,000	104,000	13,941,000	0	104,000
Federal Funds	\$531,000	\$501,000	-\$30,000	\$501,000	\$0	-\$30,000
Early Start Grant	531,000	501,000	-30,000	501,000	0	-30,000

In Home Respite

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC) Section 4648, among others, of the Lanterman Act, regional centers (RC) contract with vendors to provide services and supports to all qualifying RC consumers. In-Home Respite includes those services that are intermittent or regularly scheduled temporary non-medical care and/or supervision services provided in the consumer's home, except for the provision of incidental medical services as expressly allowed in statute.

ASSUMPTIONS:

- In-Home Respite Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated June 1, 2011.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Prior Year Estimate/Updated Costs Without CPP</i> <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i> <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i> 	\$215,948,000	\$188,713,000	-\$27,235,000	\$202,769,000	\$0	-\$13,179,000
	221,831,000	194,596,000	-27,235,000	208,652,000	[16,690,000] Info Only	-13,179,000
	-297,000	-297,000	0	-297,000	0	0
	-5,586,000	-5,586,000	0	-5,586,000	0	0

In Home Respite

METHODOLOGY (continued):	<u>Enacted Budget</u>	<u>Updated 2011-12</u>	<u>2011-12 Request</u>	<u>2012-13</u>	<u>2012-13 Over 2011-12</u>	<u>2012-13 Over Enacted Budget</u>
<ul style="list-style-type: none"> • Utilization Change/Growth: <ul style="list-style-type: none"> • Total Utilization Change/Growth for 2011-12 • Total Utilization Change/Growth for 2012-13 <p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p> 	\$16,690,000	\$16,690,000	\$0	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>
				\$16,690,000	\$16,690,000	\$0
<ul style="list-style-type: none"> • 4.25% Payment Reduction/Restoration in 2012-13 	-\$35,000	-\$35,000	\$0	\$8,420,000	\$8,385,000	\$8,455,000
<ul style="list-style-type: none"> • Subtotal Base, Growth and Payment Reduction 	\$232,603,000	\$205,368,000	-\$27,235,000	\$227,879,000	\$25,075,000	-\$4,724,000
<ul style="list-style-type: none"> • CPP: See CPP methodology for detail. 	\$24,000	\$24,000	\$0	\$24,000	\$0	\$0
<ul style="list-style-type: none"> • TOTAL EXPENDITURES: 	\$232,627,000	\$205,392,000	-\$27,235,000	\$227,903,000	\$22,511,000	-\$4,724,000

In Home Respite

FUNDING:

In Home Respite expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families (TANF), 1915(i) State Plan Amendment (SPA), and the Early Start Grant. Based on actual 2010-11 billing data, approximately 64 percent percent In-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). The State General Fund portion is that which is non-FFP.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$232,627,000	\$205,392,000	-\$27,235,000	\$227,903,000	\$22,511,000	-\$4,724,000
GF	\$121,659,000	\$98,732,000	-\$22,927,000	\$116,206,000	\$17,474,000	-\$5,453,000
<i>GF Match</i>	70,789,000	69,369,000	-1,420,000	74,407,000	5,038,000	3,618,000
<i>GF Other</i>	50,870,000	29,363,000	-21,507,000	41,799,000	12,436,000	-9,071,000
Reimbursements	\$110,531,000	\$106,481,000	-\$4,050,000	\$111,518,000	\$5,037,000	\$987,000
<i>HCBS Waiver</i>	61,237,000	57,978,000	-3,259,000	61,766,000	3,788,000	529,000
<i>1915 (i) SPA</i>	9,548,000	11,392,000	1,844,000	12,641,000	1,249,000	3,093,000
<i>Title XX Social Services</i>	24,019,000	22,378,000	-1,641,000	22,378,000	0	-1,641,000
<i>Title XX TANF</i>	15,727,000	14,733,000	-994,000	14,733,000	0	-994,000
Federal Funds	\$437,000	\$179,000	-\$258,000	\$179,000	\$0	-\$258,000
<i>Early Start Grant</i>	437,000	179,000	-258,000	179,000	0	-258,000

Out of Home Respite

DESCRIPTION:

Pursuant to Welfare and Institution Code (WIC) Section 4648, among others, of the Lanterman Act, regional centers (RC) contract with vendors to provide services and supports to all qualifying RC consumers. Out-of-Home Respite includes supervision services that are provided in licensed residential and day care facilities.

ASSUMPTIONS:

- Out-of-Home Respite Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated June 1, 2011.
Data were adjusted for lag based on historical data.

METHODOLOGY:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
• Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base:	\$47,960,000	\$47,960,000	\$0	\$47,337,000	-\$352,000	-\$623,000
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	52,271,000	52,271,000	0	51,990,000	[6,787,000] Info Only	-281,000
• <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i>	-51,000	-51,000	0	-51,000	0	0
• <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i>	-135,000	-135,000	0	-487,000	-352,000	-352,000
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-4,125,000	-4,125,000	0	-4,125,000	0	0

Out of Home Respite

METHODOLOGY (continued):	<u>Enacted Budget</u>	<u>Updated 2011-12</u>	<u>2011-12 Request</u>	<u>2012-13</u>	<u>2012-13 Over 2011-12</u>	<u>2012-13 Over Enacted Budget</u>
<ul style="list-style-type: none"> ● Utilization Change/Growth: <ul style="list-style-type: none"> ● Total Utilization Change/Growth for 2011-12 ● Total Utilization Change/Growth for 2012-13 <p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p> 	\$3,253,000	\$3,253,000	\$0	<i>In Base</i>	<i>In Base</i>	
				\$3,253,000	\$3,253,000	\$0
<ul style="list-style-type: none"> ● 4.25% Payment Reduction 	\$0	\$0	\$0	\$1,975,000	\$1,975,000	\$1,975,000
<ul style="list-style-type: none"> ● Subtotal Base, Growth and Payment Reduction 	\$51,213,000	\$51,213,000	\$0	\$52,565,000	\$4,876,000	\$1,352,000
<ul style="list-style-type: none"> ● CPP: See CPP methodology for detail. 	\$76,000	\$76,000	\$0	\$76,000	\$0	\$0
<ul style="list-style-type: none"> ● TOTAL EXPENDITURES: 	\$51,289,000	\$51,289,000	\$0	\$52,641,000	\$1,352,000	\$1,352,000

Out of Home Respite

FUNDING:

Out-of-Home Respite expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families (TANF), 1915(i) State Plan Amendment (SPA), and the Early Start Grant. Based on actual 2010-11 billing data, approximately 57 percent Out-of-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). The State General Fund portion is that which is non-FFP.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$51,289,000	\$51,289,000	\$0	\$52,641,000	\$1,352,000	\$1,352,000
GF	\$28,424,000	\$26,946,000	-\$1,478,000	\$27,382,000	\$436,000	-\$1,042,000
<i>GF Match</i>	13,394,000	15,447,000	2,053,000	16,362,000	915,000	2,968,000
<i>GF Other</i>	15,030,000	11,499,000	-3,531,000	11,020,000	-479,000	-4,010,000
Reimbursements	\$22,709,000	\$24,218,000	\$1,509,000	\$25,134,000	\$916,000	\$2,425,000
<i>HCBS Waiver</i>	12,769,000	13,040,000	271,000	13,892,000	852,000	1,123,000
<i>1915 (i) SPA</i>	624,000	2,406,000	1,782,000	2,470,000	64,000	1,846,000
<i>Title XX Social Services</i>	5,384,000	5,058,000	-326,000	5,058,000	0	-326,000
<i>Title XX TANF</i>	3,932,000	3,714,000	-218,000	3,714,000	0	-218,000
Federal Funds	\$156,000	\$125,000	-\$31,000	\$125,000	\$0	-\$31,000
<i>Early Start Grant</i>	156,000	125,000	-31,000	125,000	0	-31,000

Health Care

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC) Sections 4646 and 4648, among others, of the Lanterman Act, regional centers (RC) contract with vendors to provide services and supports to all qualifying RC consumers. Health Care services include those that are medical/health care-related.

ASSUMPTIONS:

Health Care Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated June 1, 2011.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> • Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base: 	\$81,799,000	\$76,500,000	-\$5,299,000	\$79,301,000	-\$150,000	-\$2,498,000
<ul style="list-style-type: none"> • <i>Prior Year Estimate/Updated Costs Without CPP</i> 	87,428,000	82,129,000	-5,299,000	85,048,000	[2,919,000] Info Only	-2,380,000
<ul style="list-style-type: none"> • <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i> 	-205,000	-205,000	0	-205,000	0	0
<ul style="list-style-type: none"> • <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i> 	-58,000	-58,000	0	-208,000	-150,000	-150,000
<ul style="list-style-type: none"> • <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i> 	-5,366,000	-5,366,000	0	-5,366,000	0	0

Health Care

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> • Utilization Change/Growth: <ul style="list-style-type: none"> • Total Utilization Change/Growth for 2011-12 \$2,549,000 \$2,919,000 \$370,000 <i>In Base</i> <i>In Base</i> • Total Utilization Change/Growth for 2012-13 \$2,899,000 \$2,899,000 \$350,000 <p style="margin-left: 20px;">The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost contain</p> • 4.25% Payment Reduction/Restoration in 2012-13 -\$247,000 -\$247,000 \$0 \$3,549,000 \$3,302,000 \$3,302,000 • Subtotal Base, Growth and Payment Reduction \$84,101,000 \$79,172,000 -\$4,929,000 \$85,749,000 \$6,051,000 \$1,648,000 • CPP: See CPP methodology for detail. \$670,000 \$670,000 \$0 \$670,000 \$0 \$0 • TOTAL EXPENDITURES \$84,771,000 \$79,842,000 -\$4,929,000 \$86,419,000 \$6,577,000 \$1,648,000 						

Health Care

FUNDING:

Health Care expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families (TANF), 1915(i) State Plan Amendment (SPA), and the Early Start Grant. Based on actual 2010-11 billing data, approximately 13 percent of Health Care expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915(i) SPA eligible amount, 50 percent is federal financial participation (FFP). The State GF portion is that which is non-FFP.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$84,771,000	\$79,842,000	-\$4,929,000	\$86,419,000	\$6,577,000	\$1,648,000
GF	\$75,781,000	\$68,755,000	-\$7,026,000	\$74,787,000	\$6,032,000	-\$994,000
<i>GF Match</i>	4,503,000	7,522,000	3,019,000	8,066,000	544,000	3,563,000
<i>GF Other</i>	71,278,000	61,233,000	-10,045,000	66,721,000	5,488,000	-4,557,000
Reimbursements	\$5,459,000	\$8,333,000	\$2,874,000	\$8,878,000	\$545,000	\$3,419,000
<i>HCBS Waiver</i>	3,915,000	4,409,000	494,000	4,697,000	288,000	782,000
<i>1915 (i) SPA</i>	588,000	3,112,000	2,524,000	3,369,000	257,000	2,781,000
<i>Title XX TANF</i>	956,000	812,000	-144,000	812,000	0	-144,000
Federal Funds	\$3,531,000	\$2,754,000	-\$777,000	\$2,754,000	\$0	-\$777,000
<i>Early Start Grant</i>	3,531,000	2,754,000	-777,000	2,754,000	0	-777,000

Miscellaneous Services

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC) Section 4648, among others, of the Lanterman Act, regional centers (RC) contract with vendors to provide services and supports to all qualifying RC consumers. Miscellaneous Services comprise those services which cannot be otherwise classified in the other Purchase of Services (POS) budget categories. They include, among others: tutors, special education teachers aides, recreational therapists, speech pathologists, mobility training specialists, and counseling.

ASSUMPTIONS:

Miscellaneous Services Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated June 1, 2011.
Data were adjusted for lag based on 2008-09 expenditures.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2010-11 expenditures were used to develop the 2011-12 base. For 2012-13 the prior-year estimate, with the following adjustments, was used as the base: 	\$354,123,000	\$354,803,000	\$680,000	\$377,230,000	-\$507,000	\$23,107,000
<ul style="list-style-type: none"> <i>Prior Year Estimate/Updated Costs Without CPF</i> 	396,456,000	393,536,000	-2,920,000	416,470,000	[22,852,000] Info Only	20,014,000
<ul style="list-style-type: none"> <i>Less Incremental Adjustment for the 1.25% Payment Reduction effective July 1, 2010</i> 	-372,000	-372,000	0	-372,000	0	0
<ul style="list-style-type: none"> <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i> 	-6,688,000	-6,688,000	0	-10,795,000	-4,107,000	-4,107,000
<ul style="list-style-type: none"> <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i> 	-31,673,000	-31,673,000	0	-31,673,000	0	0
<ul style="list-style-type: none"> <i>Annual Family Fee Program</i> 	-3,600,000	0	3,600,000	3,600,000	3,600,000	7,200,000

Miscellaneous Services

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> ● Utilization Change/Growth: <ul style="list-style-type: none"> ● Total Utilization Change/Growth for 2011-12 \$37,829,000 \$22,852,000 -\$14,977,000 <i>In Base</i> <i>In Base</i> <i>In Base</i> ● Total Utilization Change/Growth for 2012-13 \$24,189,000 \$24,189,000 -\$13,640,000 <p>The 2011-12 and 2012-13 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, implementation of cost containment in July 2009 and the Prevention Program in October 2009.</p> ● 4.25% Payment Reduction/Restoration in 2012-13 -\$414,000 -\$414,000 \$0 \$16,361,000 \$16,775,000 \$16,775,000 ● Reduce SSP to the Maintenance of Effort Floor (MOE): \$5,008,000 \$5,008,000 \$0 \$5,008,000 \$0 \$0 <p>This increase reflects the reduction of the maximum monthly DSS SSP grant to aged/disabled individuals to the MOE floor effective July 1, 2011. Existing policy requires DDS to supplement any reductions to the SSP payment rate so consumers may remain in an independent/supported living setting.</p> ● Subtotal Base, Growth, Payment Reduction and SSP \$396,546,000 \$382,249,000 -\$14,297,000 \$422,788,000 \$40,457,000 \$26,242,000 ● CPP: See CPP methodology for detail. \$23,372,000 \$23,372,000 \$0 \$23,372,000 \$0 \$0 ● TOTAL EXPENDITURES \$419,918,000 \$405,621,000 -\$14,297,000 \$446,160,000 \$40,539,000 \$26,242,000 						

Miscellaneous Services

FUNDING:

Miscellaneous Services expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), 1915(i) State Plan Amendment (SPA), 1915(k) SPA, the Early Start Grant, Program Development Funds, and California Children and Families First Trust Fund. Based on actual 2009-10 billing data, approximately 28 percent of Miscellaneous Services expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount, 50 percent in 2011-12 and 50 percent in 2012-13 is federal financial participation (FFP). The GF portion is that which is non-FFP.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
EXPENDITURES:						
TOTAL	\$419,918,000	\$405,621,000	-\$14,297,000	\$446,160,000	\$40,539,000	\$26,242,000
GF	\$260,411,000	\$226,074,000	-\$34,337,000	\$307,294,000	\$81,220,000	-\$46,883,000
<i>GF Match</i>	59,416,000	75,339,000	15,923,000	81,061,000	5,722,000	21,645,000
<i>GF Other</i>	200,995,000	150,735,000	-50,260,000	226,233,000	75,498,000	25,238,000
Reimbursements	\$147,187,000	\$163,639,000	\$16,452,000	\$119,361,000	-\$44,278,000	-\$27,826,000
<i>HCBS Waiver</i>	53,687,000	57,508,000	3,821,000	61,266,000	3,758,000	7,579,000
<i>1915 (i) SPA</i>	5,344,000	17,440,000	12,096,000	19,183,000	1,743,000	13,839,000
<i>1915 (k) SPA</i>	381,000	390,000	9,000	611,000	221,000	230,000
<i>Title XX Social Services</i>	8,091,000	7,839,000	-252,000	7,839,000	0	-252,000
<i>Title XX TANF</i>	29,684,000	30,462,000	778,000	30,462,000	0	778,000
<i>California First Five Commission</i>	50,000,000	50,000,000	0	0	-50,000,000	-50,000,000
Federal Funds	\$9,717,000	\$9,982,000	\$265,000	\$9,982,000	\$0	265,000
<i>Early Start Grant</i>	9,717,000	9,982,000	265,000	9,982,000	0	265,000
Program Development Fund	\$2,603,000	\$5,926,000	\$3,323,000	\$9,523,000	\$3,597,000	\$6,920,000

Quality Assurance Fees (Intermediate Care Facility-Developmentally Disabled Costs)

DESCRIPTION:

To realize the federal financial participation (FFP) associated with the Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA), there are administrative costs for the ICF-DD, and Quality Assurance Fees (QAF) the ICF-DD must remit to the Department of Health Care Services (DHCS) for these supplemental payments.

ASSUMPTIONS/METHODOLOGY:

Billing costs are 1.5% of the cost of day treatment, transportation, and regional center administration fees for ICF-DD. QAF are set by DHCS.

2011-12: Total billing costs are \$1.5 million ICF-DD administration and \$7.7 million QAF.

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2011-12 totals \$98.8 million. ICF-DD administration costs are 1.5% of the total or \$1.5 million. QAF set by DHCS are \$7.7 million.

2012-13: Total billing costs are \$1.6 million ICF-DD administration and \$8.4 million QAF.

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2012-13 totals \$105.2 million. ICF-DD administration costs are 1.5% of the total or \$1.6 million. QAF set by DHCS are \$8.4 million.

FUNDING:

100 percent reimbursement to the Department of Developmental Services transferred from DHCS.

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects the most current data available.

REASON FOR YEAR-TO-YEAR CHANGE:

The estimate reflects the most current expenditures

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$8,426,000	\$7,738,000	-\$688,000	\$8,393,000	\$655,000	-\$33,000
<i>QAF Admin Fees (Transfer from DHCS)</i>	<i>8,426,000</i>	<i>7,738,000</i>	<i>-688,000</i>	<i>8,393,000</i>	<i>655,000</i>	<i>-33,000</i>

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PREVENTION PROGRAME-16

Prevention Program

DESCRIPTION:

The Prevention Program provides safety net services (intake, assessment, case management, and referral to generic agencies) for eligible children from birth through 35 months. These are children who are at substantially greater risk for a developmental disability than the general population but who would otherwise be ineligible for services through the California Early Intervention Services Act pursuant to Title 14 (commencing with Government Code, Section 95000) or services provided under the Lanterman Developmental Disabilities Services Act (Lanterman Act - commencing with Welfare and Institution Code, Section 4500) due to prior cost saving measures. Per Assembly Bill (AB) 104 Chapter 37, Statutes of 2011), the Prevention Program is scheduled to sunset June 30, 2012. Beginning July 1, 2011, Regional Centers no longer add cases to the Prevention Program and refer those infants/toddlers to Family Resource Centers (FRCs) for Prevention Resource and Referral Services (PRRS).

ASSUMPTIONS:

This estimate assumes 1,727 infant/toddlers will be served in 2011-12 by Regional Centers.

CHANGE FROM PRIOR ESTIMATE:

The Prevention Program becomes inoperative on July 1, 2012, and Welfare Institution Code Section (4435) is repealed as of January 1, 2013, unless there is a re-enactment or extension of the Program prior to that date.

REASON FOR YEAR-TO-YEAR CHANGE:

To conform with AB 104, Chapter 37, Statutes of 2011.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
General Fund	12,003,000	4,500,000	-7,503,000	2,000,000	-2,500,000	-10,003,000
Prevention Program	<i>12,003,000</i>	<i>4,500,000</i>	<i>-7,503,000</i>	<i>2,000,000</i>	<i>-2,500,000</i>	<i>-10,003,000</i>

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COMMUNITY PLACEMENT PLAN..... E-17.1 to E-17.10

Community Placement Plan

DESCRIPTION:

Community Placement Plan efforts have been refocused in 2011-12 and 2012-13 to achieve a safe and successful transition of individuals with developmental disabilities from Lanterman Developmental Center (DC) to other appropriate living arrangements as determined through the individualized planning process. A summary of the CPP funds associated with Lanterman DC closure is available on page E - 17.10. This estimate is based on projected costs and historical experience derived from individualized assessments of community services and supports needs, and reflects what is actually needed to place an individual from a DC into the community and to deflect individuals who have been referred to a DC for potential admission. Community Placement Plans (CPPs) are developed through negotiations with each regional center (RC) and are based on individualized planning efforts. It should be noted that due to the late budget in 2011-12, RC's were delayed in the implementation of their CPP plans. It is possible this delay in implementation could affect CPP placement activities.

This estimate reflects Operations and Purchase of Service (POS) resources needed to:

- Work with the DCs and families in identifying individuals for movement
- Facilitate movement from a DC.
- Deflect the admission of individuals to a DC.
- Stabilize current community living arrangements.

Regular CPP funding covers these Operations and POS categories:

OPERATIONS:

Personal Services:

- **Resource Development:** Positions needed to develop community living arrangements for consumers moving from DCs into the community. These positions are critical to developing living arrangements that will safely meet the challenges of people moving into th
- **Assessment:** Positions needed to identify DC residents ready for placement in community living arrangements. Proper comprehensive assessment is critical to safe and successful community placement and should minimize re-admission to a DC and/or unstable a
- **Placement:** Positions for placement activities. Individuals in the DCs have, on average, more complex "unique" placement needs that will be addressed by these staff.
- **Crisis Service Teams:** Positions for crisis services which include a behavioral team, a clinical team and an emergency response team.

Operating Expenses:

Costs for office space, furniture, computers, travel, training and rent are included.

Community Placement Plan

DESCRIPTION (continued):

PURCHASE OF SERVICES:

- **Start-Up:** These costs are related to development of new facilities/programs and program expansion.
- **Assessment:** Individualized and comprehensive identification of consumer supports and services needed for stabilized community living.
- **Placement:** Funds cost of Consumers' move into community settings based on consumer-specific information.
- **Deflection:** Placement POS for residential costs of facilities developed with 2011-12 CPP start-up to deflect admission from a DC. These facilities are developed based on a comprehensive analysis of DC admission data, current trends in needed services specific to the RC, and other local issues.

ASSUMPTIONS:

- Department of Health Care Services approved rates used for:
 - Intermediate Care Facilities/Developmentally Disabled – Nursing Facilities
 - Intermediate Care Facilities/Developmentally Disabled – Habilitation Facilities

METHODOLOGY:

	Enacted Budget	2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
• OPERATIONS TOTAL	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$0	\$0
• PURCHASE OF SERVICES TOTAL	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$0	\$0
• TOTAL EXPENDITURES	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0	\$0

See Pages E-17.4 to E-17.10

FUNDING:

CPP expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver and Money Follows the Person Grant. Of the HCBS Waiver eligible amount, 50 percent is federal financial participation (FFP). The State General Fund portion is that which is non-FFP.

Community Placement Plan

EXPENDITURES:	Enacted Budget	2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget	
TOTAL	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0	\$0	
RC Operations	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$0	\$0	
RC Purchase of Services	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$0	\$0	
<i>Community Care Facilities</i>	<i>21,153,000</i>	<i>21,153,000</i>	<i>0</i>	<i>21,153,000</i>	<i>0</i>	<i>0</i>	
<i>Medical Facilities</i>	<i>164,000</i>	<i>164,000</i>	<i>0</i>	<i>164,000</i>	<i>0</i>	<i>0</i>	
<i>Day Programs</i>	<i>3,948,000</i>	<i>3,948,000</i>	<i>0</i>	<i>3,948,000</i>	<i>0</i>	<i>0</i>	
<i>Work Activity Program</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<i>Supported Employment Program: Group Placement</i>	<i>176,000</i>	<i>176,000</i>	<i>0</i>	<i>176,000</i>	<i>0</i>	<i>0</i>	
<i>Supported Employment Program: Individual Placement</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<i>Transportation</i>	<i>744,000</i>	<i>744,000</i>	<i>0</i>	<i>744,000</i>	<i>0</i>	<i>0</i>	
<i>Support Services</i>	<i>4,610,000</i>	<i>4,610,000</i>	<i>0</i>	<i>4,610,000</i>	<i>0</i>	<i>0</i>	
<i>In-Home Respite</i>	<i>24,000</i>	<i>24,000</i>	<i>0</i>	<i>24,000</i>	<i>0</i>	<i>0</i>	
<i>Out-of-Home Respite</i>	<i>76,000</i>	<i>76,000</i>	<i>0</i>	<i>76,000</i>	<i>0</i>	<i>0</i>	
<i>Health Care</i>	<i>670,000</i>	<i>670,000</i>	<i>0</i>	<i>670,000</i>	<i>0</i>	<i>0</i>	
<i>Miscellaneous Services</i>	<i>23,372,000</i>	<i>23,372,000</i>	<i>0</i>	<i>23,372,000</i>	<i>0</i>	<i>0</i>	
FUND SOURCES:	TOTAL	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0	\$0
	GF	\$43,175,000	\$43,175,000	\$0	\$43,175,000	\$0	\$0
	<i>GFMATCH</i>	<i>15,900,000</i>	<i>15,900,000</i>	<i>0</i>	<i>15,900,000</i>	<i>0</i>	<i>0</i>
	<i>GF Other</i>	<i>27,275,000</i>	<i>27,275,000</i>	<i>0</i>	<i>27,275,000</i>	<i>0</i>	<i>0</i>
	Reimbursements	\$24,234,000	\$24,234,000	\$0	\$24,234,000	\$0	\$0
	<i>HCBS Waiver FFP</i>	<i>14,234,000</i>	<i>14,234,000</i>	<i>0</i>	<i>14,234,000</i>	<i>0</i>	<i>0</i>
	<i>Money Follows the Person Grant</i>	<i>10,000,000</i>	<i>10,000,000</i>	<i>0</i>	<i>10,000,000</i>	<i>0</i>	<i>0</i>

**COMMUNITY PLACEMENT PLAN
OPERATIONS AND PURCHASE OF SERVICES
2011-12 and 2012-13**

	2011-12 Enacted Budget	November 2011 Est. for 2011-12	2011-12 Request	November 2011 Est. for 2012-13	2012-13 Incremental Increase Over 2011-12
I. OPERATIONS	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$0
II. PURCHASE OF SERVICES					
A. Start-Up	\$22,075,000	\$22,075,000	\$0	\$22,075,000	\$0
B. Assessment	501,000 186 consumers	501,000 186 consumers	\$0 -55 consumers	501,000 186 consumers	\$0 -0consumers
C. Placement	24,145,000 197 consumers	24,145,000 197 consumers	\$0 0 consumers	24,145,000 197 consumers	\$0 0 consumers *1
D. Deflection	8,216,000 93 consumers	8,216,000 93 consumers	\$0 -32 consumers	8,216,000 93 consumers	\$0 -0consumers
E. SUBTOTAL POS (A + B + C + D)	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$0
III. TOTAL CPP (I. + II.E.)	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0

*1 - of the 197 consumers in placement, 100 are from LDC

COMMUNITY PLACEMENT PLAN
Operations

	2011-12 Enacted Budget		November 2011 Est. for 2011-12		2011-12 Request		November 2011 Est. for 2012-13		2012-13 Incremental Increase Over 2011-12	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
A. STAFFING										
1. PERSONAL SERVICES										
a. Resource Development	50.83	\$4,391,000	50.83	\$4,391,000	0.00	\$0	50.83	\$4,391,000	0	\$0
b. Quality Assurance/ Management	12.51	1,213,000	12.51	1,213,000	0.00	0	12.51	1,213,000	0	0
c. Assessment	13.88	1,494,000	13.88	1,494,000	0.00	0	13.88	1,494,000	0	0
d. Placement	55.46	4,442,000	55.46	4,442,000	0.00	0	55.46	4,442,000	0	0
e. Crisis Services Teams	6.13	1,137,999	6.13	1,137,999	0.00	0	6.13	1,137,999	0	0
f. Total Personal Services	138.81	\$12,677,999	138.81	\$12,677,999	0.00	\$0	138.81	\$12,677,999	0	\$0
2. OPERATING EXPENSES										
a. Operating Expenses		\$467,000		\$467,000		\$0		\$467,000		\$0
b. Rent		1,074,000		1,074,000		\$0		1,074,000		0
c. Training, Travel, Consultants		155,000		155,000		\$0		155,000		0
d. Total Operating Expenses		\$1,696,000		\$1,696,000		\$0		\$1,696,000		\$0
3. SUBTOTAL STAFFING (Rounded)		\$14,373,999		\$14,373,999	0.00	\$0		\$14,373,999	0	\$0
		\$14,374,000		\$14,374,000	0.00	\$0		\$14,374,000	0	\$0
B. Budget Balancing Reduction 2009-10 Reduce CPP Operations		-\$1,902,000		-\$1,902,000	0.00	\$0		-\$1,902,000	0	\$0
C. Total (A+B)		\$12,472,000		\$12,472,000	0.00	\$0		\$12,472,000	0	\$0

Community Placement Plan
Purchase of Services
Summary of Costs by POS Category
2011-12

CPP Activity	# of Consumers	Living Arrangement				Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	CY 2011-12 Total POS
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,075,000	\$22,075,000
B. Assessment	186	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$501,000	\$501,000
C. Placement	197	\$13,676,000	\$0	\$164,000	\$2,544,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$796,000	\$24,145,000
D. Deflection b/	93	\$7,477,000	\$0	\$0	\$739,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,216,000
E. 2011 NOV EST 2012-13 TOTAL		\$21,153,000	\$0	\$164,000	\$3,283,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$23,372,000	\$54,937,000
F. 2011-12 MAY REV 2011-12 TOTAL		\$25,557,000	\$0	\$181,000	\$3,829,000	\$4,364,000	\$0	\$195,000	\$0	\$822,000	\$1,467,000	\$27,000	\$84,000	\$740,000	\$27,356,000	\$64,622,000
G. DIFFERENCE		-\$4,404,000	\$0	-\$17,000	-\$546,000	-\$416,000	\$0	-\$19,000	\$0	-\$78,000	-\$140,000	-\$3,000	-\$8,000	-\$70,000	-\$3,984,000	-\$9,685,000

a/ Start-Up Cost: This is related to start-up funds needed for new facilities/programs, program expansion, and program continuations.

b/ A "deflection" is defined as a person who is in a community setting and who is deflected away from placement in a developmental center.

Community Placement Plan
Purchase of Services
Summary of Costs by POS Category
2012-13

CPP Activity	# of Consumers	Living Arrangement				Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	CY 2010-11 Total POS
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,075,000	\$22,075,000
B. Assessment	186	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$501,000	\$501,000
C. Placement	197	\$13,676,000	\$0	\$164,000	\$2,544,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$796,000	\$24,145,000
D. Deflection b/	93	\$7,477,000	\$0	\$0	\$739,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,216,000
E. 2011 NOV EST 2012-13 TOTAL		\$21,153,000	\$0	\$164,000	\$3,283,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$23,372,000	\$54,937,000
F. 2011-12 MAY REV 2011-12 TOTAL		\$25,557,000	\$0	\$181,000	\$3,829,000	\$4,364,000	\$0	\$195,000	\$0	\$822,000	\$1,467,000	\$27,000	\$84,000	\$740,000	\$27,356,000	\$64,622,000
G. DIFFERENCE		-\$4,404,000	\$0	-\$17,000	-\$546,000	-\$416,000	\$0	-\$19,000	\$0	-\$78,000	-\$140,000	-\$3,000	-\$8,000	-\$70,000	-\$3,984,000	-\$9,685,000

a/ Start-Up Cost: This is related to start-up funds needed for new facilities/programs, program expansion, and program continuations.

b/ A "deflection" is defined as a person who is in a community setting and who is deflected away from placement in a developmental center.

Community Placement Plan
Purchase of Services
Cost and Service Utilization Assumptions for Placements
2011-12

For the November 2011 Estimate, Regular CPP costs are assumed to be the following.

Living Arrangement	# of Consumers	% of Total	Consumer Months	Living Arrangement				Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
				CCF	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
Regular CPP																		
● Community Care Facilities (CCF)																		
● Residential Facilities	27	14%	231	\$1,872,000				\$700,000			\$94,000	\$316,000		\$6,000	\$24,000	\$159,000	\$3,171,000	
● Specialized Residential Facilities (SRF)	130	66%	1,021	\$11,465,000				\$2,663,000	\$176,000	\$520,000	\$893,000		\$34,000	\$579,000	\$394,000	\$16,724,000		
● Intermediate Care Facilities (ICF)	12	6%	60			\$164,000		\$158,000		\$20,000	\$73,000		\$9,000	\$15,000	\$87,000	\$526,000		
● Supported Living Avg Cost/Consumer Mo	21	11%	154				\$2,544,000 \$16,519	\$378,000 \$2,455			\$94,000 \$610	\$44,000 \$286		\$4,000 \$26	\$51,000 \$331	\$156,000 \$1,013	\$3,271,000 \$21,239	
● Other (Own Home, etc.)	7	3%	24	\$339,000				\$49,000			\$16,000	\$1,000	\$24,000	\$23,000	\$1,000	\$0	\$453,000	
TOTAL	197	100%	1,490	\$13,676,000	\$0	\$164,000	\$2,544,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$796,000	\$24,145,000

Community Placement Plan
Purchase of Services
Cost and Service Utilization Assumptions for Placements
2012-13

For the November 2011 Estimate, Regular CPP costs are assumed to be the following.

Living Arrangement	# of Consumers	% of Total	Consumer Months	Living Arrangement				Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
				CCF	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
Regular CPP																		
● Community Care Facilities (CCF)																		
● Residential Facilities	27	14%	231	\$1,872,000				\$700,000				\$94,000	\$316,000		\$6,000	\$24,000	\$159,000	\$3,171,000
● Specialized Residential Facilities (SRF)	130	66%	1,021	\$11,465,000				\$2,663,000		\$176,000		\$520,000	\$893,000		\$34,000	\$579,000	\$394,000	\$16,724,000
● Intermediate Care Facilities (ICF)	12	6%	60			\$164,000		\$158,000				\$20,000	\$73,000		\$9,000	\$15,000	\$87,000	\$526,000
● Supported Living	21	11%	154				\$2,544,000	\$378,000				\$94,000	\$44,000		\$4,000	\$51,000	\$156,000	\$3,271,000
Avg Cost/Consumer Mo							\$16,519	\$2,455				\$610	\$286		\$26	\$331	\$1,013	\$21,239
● Other (Own Home, etc.)	7	3%	24	\$339,000				\$49,000				\$16,000	\$1,000	\$24,000	\$23,000	\$1,000	\$0	\$453,000
TOTAL	197	100%	1,490	\$13,676,000	\$0	\$164,000	\$2,544,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$796,000	\$24,145,000

COMMUNITY PLACEMENT PLAN

Lanterman Developmental Center Closure Share of Funds

DESCRIPTION:

This chart reflects CPP and Money Follows the Person funding, allocated to the 10 regional centers in Southern California involved in the development of resources for Lanterman Developmental Center (LDC) residents.

	Estimate for 2011-12	Estimate for 2012-13
I. OPERATIONS	\$11,192,000 *	\$11,192,000 *
II. PURCHASE OF SERVICES		
A. Start-Up	\$15,196,000	\$15,196,000
B. Assessment	576,000	576,000
C. Placement	14,168,000	14,168,000
D. Deflection	1,936,000	1,936,000
E. SUBTOTAL POS (A + B + C + D)	\$31,876,000	\$31,876,000
III. TOTAL CPP (I. + II)	\$43,068,000 *	\$43,068,000 *

* This chart reflects the impact of the \$10 million reduction in the 2011-12 CPP Budget that was not reflected in the 2011-12 May Revision chart for LDC closure

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SECTION E: ESTIMATE METHODOLOGIES (continued)

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Title XX Block Grant.....	E-25.1 to E-25.3
ICF-DD State Plan Amendment (SPA).....	E-26.1 to E-26.2
Quality Assurance Fees	E-27.1 to E-27.2
Vocational Rehabilitation.....	E-28
1915(i) SPA.....	E-29.1 to E-29.3
1915(k) SPA.....	E-30
Money Follows the Person Grant	E-31
Homeland Security Grant Program	E-32
California First Five Commission.....	E-33
Program Development Fund/Parental Fees	E-34
Developmental Disabilities Services Account.....	E-35
Mental Health Services Fund	E-36
Federal Funds:	
<i>Early Start Grant</i>	E-37.1 to E-37.3
<i>Foster Grandparent Program</i>	E-38

General Fund

DESCRIPTION:

The General Fund (GF) is the main operating fund of the State.

ASSUMPTIONS/METHODOLOGY:

		Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget	
● GF Match:		\$1,332,723,000	\$1,311,771,000	-\$20,952,000	\$1,400,563,000	\$88,792,000	\$67,840,000	
	This portion of GF is required to use as a match to reimbursements received from the Department of Health Care Services (DHCS). These reimbursements are originally funded by the federal government and passed through DHCS (the federally-recognized single state agency for Medicaid). The federal financial participation (FFP) costs are established by utilizing the Federal Medical Assistance Program (FMAP) percentages. They are as follows:							
	FMAP % of GF Match							
1	Home and Community-Based Services (HCBS) Waiver	50.00%	933,013,000	938,472,000	5,459,000	1,003,701,000	65,229,000	70,688,000
2	HCBS Waiver Administration	50.00%	9,104,000	8,367,000	-737,000	8,784,000	417,000	-320,000
3	Medicaid Administration	25.00%	4,079,000	4,120,000	41,000	4,314,000	194,000	235,000
4	Targeted Case Management (TCM)	50.00%	135,558,000	131,912,000	-3,646,000	139,061,000	7,149,000	3,503,000
5	TCM Administration	50.00%	3,647,000	4,000,000	353,000	4,000,000	0	353,000
6	Intermediate Care Facility/Developmentally Disabled (ICF-DD) State Plan Amendment (SPA)		48,928,000	48,958,000	30,000	52,129,000	3,171,000	3,201,000
7	Quality Assurance Fees		734,000	419,000	-315,000	467,000	48,000	-267,000
8	1915(i) SPA	50.00%	178,130,000	171,002,000	-7,128,000	183,361,000	12,359,000	5,231,000
9	1915(k) SPA	50.00%	1,200,000	1,227,000	27,000	1,924,000	697,000	724,000
10	Money Follows the Person Grant		2,294,000	2,294,000	0	2,822,000	528,000	528,000
11	Impacts from Other Departments FFP	50.00%	16,036,000	1,000,000	-15,036,000	0	-1,000,000	-16,036,000
● GF Other:		\$957,377,000	\$851,925,000	-\$105,452,000	\$944,001,000	\$92,076,000	-\$13,376,000	
	These costs consist of the remainder of total regional center expenditures not included in the GF Match, Reimbursements, Program Development Fund, Developmental Disabilities Services Account, Mental Health Services Fund or Federal Funds.							

General Fund

FUNDING:

These GF are reflected in the Operations and Purchase of Services sections of the estimate.

CHANGE FROM PRIOR ESTIMATE:

The expenditures have been updated using the most current available data.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> • TOTAL EXPENDITURES: 	\$2,290,100,000	\$2,163,696,000	-\$126,404,000	\$2,344,564,000	\$180,868,000	\$54,464,000
Total General Fund	\$2,290,100,000	\$2,163,696,000	-\$126,404,000	\$2,344,564,000	\$180,868,000	\$54,464,000
<i>GF Match</i>	1,332,723,000	1,311,771,000	-20,952,000	1,400,563,000	88,792,000	67,840,000
<i>GF Other</i>	957,377,000	851,925,000	-105,452,000	944,001,000	92,076,000	-13,376,000

Reimbursements
Summary of Reimbursements and General Fund (GF) Match

REIMBURSEMENTS a/	Enacted Budget	Estimate for 2011-12	Estimate for 2012-13
A. Home and Community-Based Services (HCBS) Waiver	\$1,865,962,000	\$1,876,944,000	\$2,007,403,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	932,949,000	938,472,000	1,003,702,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	933,013,000	938,472,000	1,003,701,000
B. HCBS Waiver Administration	\$18,829,000	\$16,736,000	\$17,570,000
1. Reimbursement (from DHCS) = 50%	9,725,000	8,369,000	8,786,000
2. DDS GF Match = 50% (Operations)	9,104,000	8,367,000	8,784,000
C. Medicaid Administration	16,315,000	16,479,000	17,255,000
1. Reimbursement (from DHCS) = 75%	12,236,000	12,359,000	12,941,000
2. DDS GF Match = 25% (Operations)	4,079,000	4,120,000	4,314,000
D. Targeted Case Management (TCM)	\$271,117,000	\$263,824,000	\$278,122,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	135,559,000	131,912,000	139,061,000
2. DDS GF Match =CY 50% and BY 50% (Operations)	135,558,000	131,912,000	139,061,000
E. Targeted Case Management Administration	\$7,294,000	\$8,000,000	\$8,000,000
1. Reimbursement (from DHCS) = 50%	3,647,000	4,000,000	4,000,000
2. DDS GF Match = 50% (Operations)	3,647,000	4,000,000	4,000,000
F. Title XX Block Grant	\$225,060,000	\$225,060,000	\$225,060,000
1a. Social Services (from DSS) = 100%	147,903,000	147,903,000	147,903,000
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157,000	77,157,000	77,157,000
2. DDS GF Match (Purchase of Services)	0	0	0
G. ICF/DD State Plan Amendment	\$97,856,000	\$97,296,000	\$103,638,000
1. Reimbursement (from DHCS)	49,106,000	48,338,000	51,509,000
2. DDS GF Match (Purchase of Services)	48,750,000	48,958,000	52,129,000
H. Quality Assurance Admin Fees(Transfer from DHCS)	\$10,515,000	\$9,197,000	\$9,948,000
1. Reimbursement (from DHCS)	\$9,781,000	8,778,000	9,481,000
2. DDS GF Match (Purchase of Services & Operations)	\$734,000	419,000	467,000
I. Vocational Rehabilitation (VR)	\$118,000	\$118,000	\$118,000
1. VR Reimbursement (from DOR) 100%	118,000	118,000	118,000
2. DDS GF Match (Purchase of Services)	0	0	0
J. 1915 (i) State Plan Amendment	\$356,260,000	\$342,004,000	\$366,723,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	178,130,000	171,002,000	183,362,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	178,130,000	171,002,000	183,361,000
K. Money Follows the Person Grant	\$17,712,000	\$17,712,000	\$19,823,000
1. Reimbursement (from DHCS) = 100%	15,418,000	15,418,000	17,001,000
2. DDS GF Match (Operations / POS)	2,294,000	2,294,000	2,822,000
L. Homeland Security Grant	\$210,000	\$35,000	\$35,000
1. Reimbursement (from DHCS) = 100%	210,000	35,000	35,000
2. DDS GF Match (Operations)	0	0	0
M. California First Five Commission	\$50,000,000	\$50,000,000	\$0
1. Reimbursement = 100%;	50,000,000	50,000,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
N. Impacts from Other Departments FFP	\$32,073,000	\$2,000,000	\$0
1. Reimbursement HCBS and Other(from DHCS)	16,037,000	1,000,000	0
2. DDS GF Match (Purchase of Services)	16,036,000	1,000,000	0
O. 1915(k) Medicaid State Plan	2,400,000	2,454,000	3,848,000
1. Reimbursement (from DHCS)	1,200,000	1,227,000	1,924,000
2. DDS GF Match (Purchase of Services)	1,200,000	1,227,000	1,924,000
P. TOTAL	\$2,971,721,000	\$2,927,859,000	\$3,057,543,000
1. Reimbursements	\$1,639,176,000	\$1,616,088,000	\$1,656,980,000
2. Total GF Match	\$1,332,545,000	\$1,311,771,000	\$1,400,563,000

a/ Reimbursements are funds received via other state agencies.

Home and Community-Based Services Waiver

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> ● Increase of Waiver Cap/Base Growth <ul style="list-style-type: none"> ● 2011-12 Increase of Waiver Cap Growth ● 2010-11 Increase of Waiver Cap Growth Continuation ● 2012-13 Increase of Waiver Base Growth Continuation ● 2012-13 Increase of Waiver Base Growth 	\$20,098,000	\$18,403,000	-\$1,695,000	\$15,466,000	-\$2,937,000	-\$4,632,000
		9,276,000				
		9,127,000				
	9,909,000			7,564,000		
	10,189,000			7,902,000		
<ul style="list-style-type: none"> ● CPP The annual cost for the total number of HCBS Waiver-eligible CPP placements in each living arrangement was multiplied by the respective percent of costs eligible for HCBS Waiver for each Purchase of Services (POS) budget category. 	\$23,297,000	\$28,779,000	\$5,482,000	\$28,779,000	\$0	\$5,482,000
<ul style="list-style-type: none"> ● 2011-12 Total HCBS Waiver-billable costs for 162 Waiver-eligible consumers: Deflections and Assessments 	23,297,000	20,624,000				
		8,155,000				
<ul style="list-style-type: none"> ● 2012-13 Total HCBS Waiver-billable costs for 162 new Waiver-eligible Deflections and Assessments 				20,624,000		
				8,155,000		
<ul style="list-style-type: none"> ● Placement/Deflection Continuation: The annual estimated Placement/Deflection Continuation costs for the total number of HCBS Waiver-eligible placements in each living arrangement was multiplied by the respective percent of costs eligible for HCBS Waiver for each POS budget category. 	\$16,650,000	\$19,461,000	\$2,811,000	\$20,624,000	\$1,163,000	\$3,974,000
<ul style="list-style-type: none"> ● 2011-12 and 2012-13 Total HCBS Waiver-billable costs for 167 Waiver-eligible consumers 	16,650,000	19,461,000		20,624,000		
<ul style="list-style-type: none"> ● Social Security Income/State Supplementary Payment Increase/RC Savings 	-\$113,000	-\$113,000	\$0	-\$113,000	\$0	\$0
<ul style="list-style-type: none"> ● Enacted Budget 1.25 Incremental Payment Reduction 	-\$548,000		\$548,000			\$548,000

Home and Community-Based Services Waiver

METHODOLOGY (continued):	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
• Revised Major Assumptions: Fiscal Management Services for Participant-Directed Services	\$1,763,000	\$647,000	-\$1,116,000	\$8,497,000	\$7,850,000	\$6,734,000
• Legislative Changes	-\$161,600,000	-\$161,600,000	\$0	In Base		
• Cost Containment Measures (Senate Bill 74, Chapter 9, Statutes of 2011)	-165,000,000	-165,000,000				
• FFP for Large Residential Facilities(CCFs)	3,400,000	3,400,000				
• Cost Containment Measures (Assembly Bill 104, Chapter 37, Statutes of 2011)	-\$34,196,000	-\$34,196,000	\$0	-\$19,898,000	\$14,298,000	\$14,298,000
• TOTAL EXPENDITURES	\$1,865,962,000	\$1,876,944,000	\$10,982,000	\$2,007,403,000	\$130,459,000	\$141,441,000
• Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%		50.00%		
• Total Federal Financial Participation (FFP)	\$932,949,000	\$938,472,000	\$5,523,000	\$1,003,702,000	\$65,230,000	\$70,753,000
• General Fund (GF) Match	\$933,013,000	\$938,472,000	\$5,459,000	\$1,003,701,000	\$65,229,000	\$70,688,000

FUNDING:

HCBS Waiver reimbursements fund a broad array of Purchase of Services (POS) costs for eligible individuals. The expenditure of HCBS Waiver reimbursements are in all of the POS budget categories, except Medical Facilities.

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditures and additional consumers added to the waiver.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects the additional growth in HCBS Waiver billables, 4.25% payment reduction updated expenditures and additional consumers added to the waiver, and restoration of the 4.25% payment reduction

Home and Community-Based Services Waiver Estimated Distribution in Purchase of Services

EXPENDITURES:

	FYI Only Estimated % of Costs Billable to HCBS Waiver	% of Actual 2010-11 Waiver Expenditures by Budget Category	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
Total Estimated HCBS Waiver-Billable Expenditures			\$1,865,962,000	\$1,876,944,000	\$10,982,000	\$2,007,403,000	\$130,459,000	\$141,441,000
<i>GF Match</i>			933,013,000	938,473,000	5,460,000	1,003,701,000	65,228,000	70,688,000
<i>FFP (from DHCS)</i>			932,949,000	938,471,000	5,522,000	1,003,702,000	65,231,000	70,753,000
<i>FMAP</i>			50.00%	50.00%		50.00%		
Purchase of Services								
Community Care Facilities	75%	31.52%	612,762,000	591,409,000	-21,353,000	630,055,000	38,646,000	17,293,000
<i>GF Match</i>			306,389,000	295,705,000	-10,684,000	315,028,000	19,323,000	8,639,000
<i>FFP</i>			306,371,000	295,704,000	-10,667,000	315,028,000	19,324,000	8,657,000
Day Programs	52%	20.08%	368,925,000	376,760,000	7,835,000	401,380,000	24,620,000	32,455,000
<i>GF Match</i>			184,469,000	188,380,000	3,911,000	200,690,000	12,310,000	16,221,000
<i>FFP</i>			184,456,000	188,380,000	3,924,000	200,690,000	12,310,000	16,234,000
Work Activity Program	60%	1.70%	33,556,000	31,897,000	-1,659,000	33,981,000	2,084,000	425,000
<i>GF Match</i>			16,779,000	15,948,000	-831,000	16,990,000	1,042,000	211,000
<i>FFP</i>			16,777,000	15,949,000	-828,000	16,991,000	1,042,000	214,000
Supported Employment Placement (SEP) / Group	37%	1.28%	24,235,000	24,017,000	-218,000	25,586,000	1,569,000	1,351,000
<i>GF Match</i>			12,118,000	12,009,000	-109,000	12,793,000	784,000	675,000
<i>FFP</i>			12,117,000	12,008,000	-109,000	12,793,000	785,000	676,000
SEP / Individual	22%	0.22%	4,474,000	4,128,000	-346,000	4,398,000	270,000	-76,000
<i>GF Match</i>			2,237,000	2,064,000	-173,000	2,199,000	135,000	-38,000
<i>FFP</i>			2,237,000	2,064,000	-173,000	2,199,000	135,000	-38,000
Transportation	54%	6.29%	117,631,000	118,019,000	388,000	125,731,000	7,712,000	8,100,000
<i>GF Match</i>			58,818,000	59,009,000	191,000	62,865,000	3,856,000	4,047,000
<i>FFP</i>			58,813,000	59,010,000	197,000	62,866,000	3,856,000	4,053,000
Support Services	69%	24.74%	439,392,000	464,196,000	24,804,000	494,529,000	30,333,000	55,137,000
<i>GF Match</i>			219,704,000	232,098,000	12,394,000	247,264,000	15,166,000	27,560,000
<i>FFP</i>			219,688,000	232,098,000	12,410,000	247,265,000	15,167,000	27,577,000

**Home and Community-Based Services Waiver
Estimated Distribution in Purchase of Services**

EXPENDITURES

	FYI Only Estimated % of Costs Billable to <u>HCBS Waiver</u>	% of Actual 2010-11 Waiver Expenditures by <u>Budget Category</u>	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
In-Home Respite	64%	6.18%	122,478,000	115,955,000	-6,523,000	123,532,000	7,577,000	-246,010,000
<i>GF Match</i>			61,241,000	57,977,000	-3,264,000	61,766,000	3,789,000	525,000
<i>FFP</i>			61,237,000	57,978,000	-3,259,000	61,766,000	3,788,000	529,000
Out-of-Home Respite	57%	1.39%	25,540,000	26,081,000	541,000	27,785,000	1,704,000	2,245,000
<i>GF Match</i>			12,771,000	13,041,000	270,000	13,893,000	852,000	1,122,000
<i>FFP</i>			12,769,000	13,040,000	271,000	13,892,000	852,000	1,123,000
Health Care	13%	0.47%	7,830,000	8,819,000	989,000	9,395,000	576,000	1,565,000
<i>GF Match</i>			3,915,000	4,410,000	495,000	4,698,000	288,000	783,000
<i>FFP</i>			3,915,000	4,409,000	494,000	4,697,000	288,000	782,000
Miscellaneous	30%	6.13%	107,378,000	115,017,000	7,639,000	122,533,000	7,516,000	15,155,000
<i>GF Match</i>			53,691,000	57,509,000	3,818,000	61,267,000	3,758,000	7,576,000
<i>FFP</i>			53,687,000	57,508,000	3,821,000	61,266,000	3,758,000	7,579,000
Revised Major Assumptions:								
Fiscal Management Services for Participant-Directed Services			1,763,000	647,000	-1,116,000	8,497,000	7,850,000	6,734,000
<i>GF Match</i>			881,000	323,000	-558,000	4,248,000	3,925,000	3,367,000
<i>FFP</i>			882,000	324,000	-558,000	4,249,000	3,925,000	3,367,000

Home and Community-Based Services Waiver Administration

DESCRIPTION:

The Home and Community-Based Services (HCBS) Waiver enables the Department of Developmental Services (DDS) to provide a broad array of home and community-based services to eligible individuals who, without these services, would require the level of care provided in an intermediate care facility for the developmentally disabled. These HCBS Waiver Administration funds are for the proper and efficient administration of the HCBS Waiver.

ASSUMPTIONS/METHODOLOGY:

Training for Direct Support Professional (DSP) Staff:

Welfare and Institutions Code Section 4695.2, Statutes of 1998, mandates all DSPs working in licensed community care facilities (CCFs) to either pass competency tests or satisfactorily complete each of two consecutive 35-hour training segments within two years of the date of hire. The testing and training program is conducted through an Interagency Agreement (IA) with the Department of Education (DOE). This estimate of Operations costs covers the costs of challenge tests, training and the IA with DOE.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
Training for DSP Staff	\$2,830,000	\$2,801,000	-\$29,000	\$2,801,000	\$0	-\$29,000

- 2011-12 and 2012-13: Total cost of DSP Training is \$3,442,000

- 81% of the consumers residing in CCFs are HCBS Waiver eligible; therefore, it is assumed that 81% of the DSP Training costs are eligible for HCBS Waiver Administration reimbursement.

$$\$3,442,000 \times .81 = \$2,801,000$$

- The Federal Financial Participation (FFP) portion of the HCBS Waiver Administration-eligible costs is 50%.

$$\$2,801,000 \times .50 = \$1,401,000$$

- These costs are reflected in the DSP Training estimate, under Operations, Projects.

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

Collection of Federal Financial Participation (FFP) for Contracted Services

Regional center staff will renegotiate contracts with vendors, liaison with the Department of Developmental Services experts on changes required to expand and enhance existing billing options, train vendors and regional center personnel involved in the billing process to key enter necessary attendance and other required billing data from paper invoices submitted by vendors, and review, adjust and/or correct attendance data after it is uploaded to the Uniform Fiscal System to assure proper payment to vendors. These resources will allow the State to collect HCBS Waiver Administration reimbursements.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
Staffing for Collection of FFP for Contracted Services	\$824,000	\$824,000	\$0	\$824,000	\$0	\$0

- Total cost of Staffing for Collection of FFP for Contracted Services is \$2,228,000.
- 37% of the total community population is HCBS Waiver eligible in 2011-12 and 2012-13.
- Therefore 37% of the total costs would be FFP + General Fund (GF) Match. $\$2,228,000 \times .37 = \$824,000$
- $\$824,000 \times .5 = \$412,000$ FFP

These costs are reflected under Operations, Staffing.

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

Collection of Federal Financial Participation (FFP) for Contracted Services

The Centers for Medicare & Medicaid Services (CMS) approved rate-setting methodology for the Targeted Case Management (TCM) program distributes administrative costs previously included in TCM to other programs.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
FFP Enhancement (related to 2003-04 Enhancing FFP BCP):	\$7,992,000	\$7,627,000	-\$365,000	\$7,627,000	\$0	-\$365,000

- Total RC Administrative Costs are \$7,627,000
- The FFP portion of total HCBS Waiver Administration-eligible costs is 50%.
 $\$7,627,000 \times .50 = \$3,814,000$

2007-08 Legislative Augmentation: Resources for Health Care Community Specialists

Reimbursement related to Agnews Ongoing workload Health Care Community Specialists positions were moved from Medicaid Administration (MA) to HCBS Waiver Administration. 98% of the total personal services and operating expenses for the above positions were eligible for waiver.

2007-08 Legislative Augmentation: Resources for Health Care Community Specialists

	\$1,064,000	\$376,000	-\$688,000	\$376,000	\$0	-\$688,000
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- Total personal services and operating expenses Costs are \$384,000
- 98% of Agnews Consumers are HCBS Waiver eligible
- Therefore 98% of the costs would be \$376,000
- The FFP portion of total costs is 50%.
 $\$376,000 \times .50 = \$188,000$

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
Revised Major Assumptions	\$984,000	\$984,000	\$0	\$984,000	\$0	\$0
Federal Medicaid Requirements for RC Vendored Providers						
• Total Costs \$984,000						
• The FFP portion of total costs is 50%. \$984,000 x .50 = \$492,000						
<u>2011-12 Legislative Augmentation: Additional FFP for Projects</u>	\$6,000,000	\$4,958,000	-\$1,042,000	\$4,958,000	\$0	-\$1,042,000
• Total Costs \$12,395,000						
• Estimated Waiver Eligible portion 40% \$12,395,000 x .40 = \$4,958,000						
• The FFP portion of total costs is 50%. \$4,958,000 x .50 = \$2,479,000						
<u>Less 4.25% Payment Reduction</u>						
• 2011-12 4.25% Payment Reduction	-\$960,000	-\$834,000	\$126,000	\$0	\$834,000	\$960,000

FUNDING:

Funding for HCBS Waiver Administration reimbursement is 50% Federal Financial Participation (FFP) and 50% General Fund (GF).

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditure data

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated expenditure data

EXPENDITURES:

TOTAL	\$18,829,000	\$16,736,000	-\$2,093,000	\$17,570,000	\$834,000	-\$1,259,000
FFP	9,725,000	8,369,000	-1,356,000	8,786,000	417,000	-939,000
GF Match	9,104,000	8,367,000	-737,000	8,784,000	417,000	-320,000

Medicaid Administration

DESCRIPTION:

Clinical Support Teams and Senate Bill (SB) 1038 Health Reviews

Clinical support teams ensure the regional centers' (RC) ability to adequately monitor the health care of consumers with severe behavior and/or medical problems; to provide health-related consultation to these consumers, their families, providers and other community health professionals; to ensure careful and complete mortality reviews for these consumers' deaths; and to ensure health care access and advocacy for these consumers.

In addition, clinical support teams complete yearly reviews of medications, health care plans and behavioral plans for all consumers in community care facilities and in supported and independent living arrangements. Clinical teams also review circumstances leading to all deaths of these consumers.

Pursuant to SB 1038 (Chapter 1043, Statutes of 1998), RC physicians and nurses (with clerical support) provide medical reviews for the remainder of the community consumers who are not getting medical reviews from the clinical support teams. These activities are eligible for federal Medicaid Administration (MA) reimbursement.

Compliance with Home and Community-Based Services (HCBS) Waiver Requirements

RC physicians and psychiatrists perform activities, including clinical consultation, monitoring and review of consumers' medications, to ensure the RC system maintains compliance with the HCBS Waiver.

Agnews Ongoing Workload (AOW)

RC physicians and psychiatrists perform activities, including clinical consultation, monitoring and review of consumers' medications, to ensure the RC system maintains compliance with the HCBS Waiver.

Consistent with passage of Assembly Bill 1378 (Chapter 538, Statutes of 2005) AOW employees will provide clinical support services to ensure the health and well being of Agnews residents as they transition into the community consistent with the Department of Developmental Services' (DDS) Interagency Agreement for MA with the Department of Health Care Services.

Nurse consultants will monitor consumer health care plans and health care for Agnews residents living in SB 962 homes. One dental coordinator at each of the Bay Area RC (RC of the East Bay, San Andreas RC and Golden Gate RC) will promote and coordinate dental resources for Agnews residents that have moved into the community.

State employees in the community may participate in all MA activities, including clinical support teams, SB 1038 health reviews, and compliance with HCBS Waiver requirements.

Medicaid Administration

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
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ASSUMPTIONS:

- The cost of conducting health reviews is based upon Regional Centers (RCs) actual cost.

- Costs for Clinical Support Teams and SB 1038 Health Reviews are based on 2008-09 data collected from the RCs.
 - Of the consumers receiving health reviews, 72% are Medicaid eligible; therefore, it is assumed that 72% of costs are eligible for MA reimbursement .

	\$18,296,000	\$17,726,000	-\$570,000	\$17,726,000	\$0	-\$570,000
	0.72	0.72	0.72	0.72		
Total	\$13,173,120	\$12,762,720	\$0	\$12,762,720	\$0	-\$410,400
Rounded	\$13,173,000	\$12,763,000		\$12,763,000	\$0	-\$410,000

- The Federal Financial Participation (FFP) portion of total MA-eligible costs is 75%.

	0.75	0.75		0.75		
Total	\$9,879,750	\$9,572,250	\$0	\$9,572,250	\$0	-\$307,500
Rounded	\$9,880,000	\$9,572,000		\$9,572,000	\$0	-\$308,000

- Staffing for Compliance with HCBS Waiver Requirements
 - Total personal services and operating costs related to MA are estimated to be \$2,600,000.
 - 100% of these costs are eligible for MA because related staff will be working only with HCBS Waiver consumers.

	\$2,600,000	\$2,600,000	\$0	\$2,600,000	\$0	\$0
	1.00	1.00		1.00		
Total	\$2,600,000	\$2,600,000	\$0	\$2,600,000	\$0	\$0
Rounded	\$2,600,000	\$2,600,000		\$2,600,000	\$0	\$0

- The FFP portion of total MA-eligible costs is 75% .

	0.75	0.75		0.75		
Total	\$1,950,000	\$1,950,000	\$0	\$1,950,000	\$0	\$0
Rounded	\$1,950,000	\$1,950,000		\$1,950,000	\$0	\$0

- Agnews Ongoing Workload

- Nurse Consultants

- Total personal services and operating costs related to MA.
- Consistent with the CPP assumptions, 98% of these cost are eligible for MA

	\$189,000	\$169,000	-\$20,000	\$169,000	-\$209,000	\$0
	0.98	0.98		0.98		
Total	\$185,220	\$165,620	-\$19,600	\$165,620	-\$204,820	\$0
Rounded	\$185,000	\$166,000	-\$20,000	\$166,000		

- The FFP portion of total MA-eligible costs is 75% .

	0.75	0.75	0.00	0.75		
Total	\$138,750	\$124,500	-\$14,250	\$124,500	-\$153,000	\$0
Rounded	\$139,000	\$125,000	-\$14,000	\$125,000		

Medicaid Administration

METHODOLOGY: (continued)

2012-13

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
<ul style="list-style-type: none"> State Employees in the Community <ul style="list-style-type: none"> Total personal services and operating costs related to MA are estimated to be \$1,815,000. Consistent with the Community Placement Plan (CPP) assumptions, 98% of these costs are eligible for MA <ul style="list-style-type: none"> Total Rounded The FFP portion of total MA-eligible costs is 75% . <ul style="list-style-type: none"> Total Rounded 	\$1,016,000 0.98 \$995,680 \$996,000 0.75 \$747,000 \$747,000	\$1,815,000 0.98 \$1,778,700 \$1,779,000 0.75 \$1,334,250 \$1,334,000	\$799,000 0.98 \$783,020 \$783,000 0.75 \$587,250 \$587,000	\$1,815,000 0.98 \$1,778,700 \$1,779,000 0.75 \$1,334,250 \$1,334,000	\$0 \$0 \$0 \$0 \$0	\$799,000 \$783,020 \$783,000 \$587,250 \$587,000
<ul style="list-style-type: none"> Dental Coordinators <ul style="list-style-type: none"> Total personal services and operating costs related to MA are estimated to be \$222,000. Consistent with the CPP assumptions, 98% of these costs are eligible for MA (\$222,000 x .98 = \$218,000). <ul style="list-style-type: none"> Total Rounded The FFP portion of total MA-eligible costs is 75% (\$218,000 x .75 = \$164,000). <ul style="list-style-type: none"> Total Rounded 4.25% Payment Reduction <ul style="list-style-type: none"> Total personal services and operating costs related to this reduction for MA are estimated to be -\$776,000. It is assumed that 100% of these costs are eligible for MA. <ul style="list-style-type: none"> Total Rounded The FFP portion of this reduction for MA-eligible costs is 75% <ul style="list-style-type: none"> Total Rounded 	\$236,000 0.98 \$231,280 \$231,000 0.75 \$173,250 \$173,000 -\$764,000 -\$764,000 -\$764,000 0.75 -\$573,000 -\$573,000	\$222,000 0.98 \$217,560 \$218,000 0.75 \$163,500 \$164,000 -\$776,000 -\$776,000 -\$776,000 0.75 -\$582,000 -\$582,000	-\$14,000 0.98 -\$13,720 -\$14,000 0.75 -\$9,750 -\$10,000 -\$12,000 -\$12,000 -\$12,000 0.75 -\$9,000 -\$9,000	\$222,000 0.98 \$217,560 \$218,000 0.75 \$163,500 \$164,000 -\$776,000 -\$776,000 -\$776,000 0.75 -\$582,000 -\$582,000	\$0 0.00 \$0 0.75 \$0 \$0 0.00 \$0 \$0 \$0 \$0	-\$14,000 \$0 \$0 \$0 \$0 -\$12,000 -\$12,000 -\$12,000 -\$9,000 -\$9,000

Medicaid Administration

METHODOLOGY: (continued)

2012-13

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
• Target Savings of \$270,000 (2009-10)						
• Total personal services and operating costs related to MA are estimated to be -\$270,000.	\$270,000	\$270,000	\$0	\$270,000	\$0	\$0
• It is assumed that 100% of these costs are eligible for MA.	1.00	1.00	1.00	1.00	0.00	0.00
Total	\$270,000	\$270,000	\$0	\$270,000	\$0	\$0
Rounded	\$270,000	\$270,000	\$0	\$270,000	\$0	\$0
• The FFP portion of total MA-eligible costs is 75% (-\$270,000 x .75 = -\$203,000).						
	0.75	0.75	0.75	0.75	0.00	0.00
Total	\$202,500	\$202,500	\$0	\$202,500	\$0	\$0
Rounded	\$203,000	\$203,000	\$0	\$203,000	\$0	\$0

FUNDING:

The MA reimbursement is 75% Federal Financial Participation (FFP) and 25% General Fund (GF). These MA funds are reflected in Operations Core Staffing, Compliance with HCBS Waiver Requirements estimate, and Agnews Ongoing Workload.

CHANGE FROM PRIOR ESTIMATE:

The reimbursement amounts reflect updated RC personal services expenditures.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
TOTAL	\$16,315,000	\$16,479,000	\$164,000	\$17,255,000	\$776,000	\$940,000
FFP	12,236,000	12,359,000	123,000	12,941,000	582,000	705,000
GF Match	4,079,000	4,120,000	41,000	4,314,000	194,000	235,000

Targeted Case Management

DESCRIPTION:

The Targeted Case Management (TCM) program provides Medicaid federal matching funds for case management services provided by regional centers (RC) for specific client groups. There are approximately 152,000 Medi-Cal eligible persons in the RC system. Federal legislation enacted in 1986 defined these case management services as services which "...will assist individuals...in gaining access to needed medical, social, educational, and other services." This means that the cost for most of the RC case manager's time spent on Medi-Cal eligible developmentally disabled persons is eligible for federal financial participation (FFP).

KEY DATA/ASSUMPTIONS:

Source data is from the TCM RC Billed Units report dated August 3, 2011 for the period July 2010 -June 2011.

METHODOLOGY:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted
<ul style="list-style-type: none"> Base: TCM expenditures are based on actual TCM billable units for a 12-month period (July 2010 - June 2011) multiplied by the RC TCM rates effective June 2011 and adjusted for California Price Index for Current Year (CY) and Budget Year (BY). 	\$280,904,000	\$275,031,000	-\$5,873,000	\$275,031,000	\$0	-\$5,873,000
<ul style="list-style-type: none"> RC Service Coordination Enhancement 	2,711,000	3,091,000	380,000	3,091,000	0	380,000
<ul style="list-style-type: none"> 4.25% Payment Reduction 	-12,498,000	-14,298,000	-1,800,000	0	14,298,000	-12,498,000
<ul style="list-style-type: none"> TOTAL TCM-ELIGIBLE COSTS: 	271,117,000	263,824,000	-7,293,000	278,122,000	14,298,000	7,005,000

Targeted Case Management

FUNDING:

TCM reimbursements fund RC Operations costs for: (1) the case management services provided by Client Program Coordinators (CPC), Secretaries for CPCs, Supervising Counselors for CPCs, (2) Health Insurance Portability and Accountability Act Privacy Officers (reflected under Operations, Staffing), (3) the Compliance with Home and Community-Based (HCBS) Waiver Requirements estimate, and (4) the Case Managers to Meet HCBS Waiver Requirements.

CHANGE FROM PRIOR ESTIMATE:

The reimbursement amounts reflect the most current billable units, TCM rates, and RC personnel costs.

REASON FOR YEAR-TO-YEAR CHANGE:

To reflect the restoration of the 4.25% Operations funding reduction.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted
TOTAL	\$271,117,000	\$263,824,000	-\$7,293,000	\$278,122,000	\$14,298,000	\$7,005,000
FFP	135,559,000	131,912,000	-3,647,000	139,061,000	7,149,000	3,502,000
GF Match	135,558,000	131,912,000	-3,646,000	139,061,000	7,149,000	3,503,000

Targeted Case Management Administration

DESCRIPTION:

The Targeted Case Management (TCM) program provides Medicaid federal matching funds for case management services for specific client groups. There are approximately 154,000 Medi-Cal eligible persons in the regional center (RC) system. Federal legislation enacted in 1986 defined case management services as services which "...will assist individuals...in gaining access to needed medical, social, educational, and other services." This means that the cost for most of the RC case manager's time spent on Medi-Cal eligible developmentally disabled persons and the cost of providing administrative support to the case management program are both eligible for federal financial participation (FFP). These TCM Administration funds are for the proper and efficient administration of the TCM.

ASSUMPTIONS:

- TCM Administration reimbursements will be \$4,000,000.
- Source of Data: Department of Developmental Services' (DDS) Fiscal Systems - California State Accounting and Reporting System.

METHODOLOGY:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
Utilizing a time survey, DDS gathers records of time spent by DDS headquarters personnel providing administrative case management assistance to the RC. These surveys are used to allocate headquarters salaries, wages and benefits and a portion of DDS' statewide cost allocation related to administrative case management support.	\$7,294,000	\$8,000,000	\$706,000	\$8,000,000	\$0	\$706,000

FUNDING:

Funding for TCM Administration reimbursement is 50% FFP and 50% General Fund (GF). TCM Administration funds are reflected in the Core Staffing estimate, under Operations.

CHANGE FROM PRIOR ESTIMATE:

This estimate reflects the most current available payroll data.

Targeted Case Management Administration

METHODOLOGY (continued):

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects the most current DDS allocation of costs related to administrative case management and support.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
TOTAL	\$7,294,000	\$8,000,000	\$706,000	\$8,000,000	\$0	\$706,000
<i>FFP</i>	3,647,000	4,000,000	353,000	4,000,000	0	353,000
<i>GF Match</i>	3,647,000	4,000,000	353,000	4,000,000	0	353,000

Title XX Block Grant

DESCRIPTION:

Social Services: The State has received federal Title XX Block Grant funds for social services since 1981. Each state has wide discretion in determining the range of services to be provided and how the funds are to be distributed. There is no state match requirement for these funds.

In California, the program is administered by the California Department of Social Services (DSS). Federal statute establishes five service goals:

1. Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
2. Achieving or maintaining self-sufficiency, including the reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and,
5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

Temporary Assistance for Needy Families (TANF): These Title XX Block Grant funds are available for regional center expenditures for children under age 18 whose family income is less than 200 percent of the income official poverty line (as defined by the federal Office of Management and Budget) applicable to a family of the size involved.

KEY DATA/ASSUMPTIONS:

The Department of Developmental Services portion of the Title XX Block Grant is determined by the DSS.

Title XX Block Grant

ASSUMPTIONS/METHODOLOGY (Cont'd):

FUNDING:

The Title XX Block Grant is determined by the DSS.

CHANGE FROM PRIOR ESTIMATE:

No change in total grant amount.

REASON FOR YEAR-TO-YEAR CHANGE:

No change in total grant amount.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
TOTAL TITLE XX BLOCK GRANT	\$225,060,000	\$225,060,000	\$0	\$225,060,000	\$0	\$0
SOCIAL SERVICES	\$147,903,000	\$147,903,000	\$0	\$147,903,000	\$0	\$0
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES						
<i>Day Programs</i>	48,497,000	48,616,000	119,000	48,616,000	0	119,000
<i>Transportation</i>	5,280,000	5,398,000	118,000	5,398,000	0	118,000
<i>Support Services</i>	56,632,000	58,614,000	1,982,000	58,614,000	0	1,982,000
<i>In-Home Respite</i>	24,019,000	22,378,000	-1,641,000	22,378,000	0	-1,641,000
<i>Out-of-Home Respite</i>	5,384,000	5,058,000	-326,000	5,058,000	0	-326,000
<i>Miscellaneous Services</i>	8,091,000	7,839,000	-252,000	7,839,000	0	-252,000

Title XX Block Grant

EXPENDITURES (Cont'd):	<u>Enacted Budget</u>	<u>Updated 2011-12</u>	<u>2011-12 Request</u>	<u>2012-13</u>	<u>2012-13 over 2011-12</u>	<u>2012-13 over Enacted Budget</u>
TANF	\$77,157,000	\$77,157,000	\$0	\$77,157,000	\$0	\$0
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES						
<i>Community Care Facilities</i>	10,171,000	11,078,000	907,000	11,078,000	0	907,000
<i>Day Programs</i>	2,064,000	1,739,000	-325,000	1,739,000	0	-325,000
<i>Habilitation Services</i>	1,000	5,000	4,000	5,000	0	4,000
<i>Transportation</i>	785,000	673,000	-112,000	673,000	0	-112,000
<i>Support Services</i>	13,837,000	13,941,000	104,000	13,941,000	0	104,000
<i>In-Home Respite</i>	15,727,000	14,733,000	-994,000	14,733,000	0	-994,000
<i>Out-of-Home Respite</i>	3,932,000	3,714,000	-218,000	3,714,000	0	-218,000
<i>Health Care</i>	956,000	812,000	-144,000	812,000	0	-144,000
<i>Miscellaneous Services</i>	29,684,000	30,462,000	778,000	30,462,000	0	778,000

Intermediate Care Facility-Developmentally Disabled State Plan Amendment

DESCRIPTION:

In 2007, the Department of Developmental Services (DDS), in conjunction with the Department of Health Care Services (DHCS), submitted a State Plan Amendment (SPA) seeking federal financial participation (FFP) in the day program and transportation services of Intermediate Care Facility-Developmentally Disabled (ICF-DD) residents. DDS reached agreement with the Centers for Medicare and Medicaid Services (CMS) on the mechanism to achieve the already budgeted FFP for 2007-08 through 2010-11, which was reflected in the 2010-11 Budget Bill Trailer Language. The SPA was approved April 14, 2011 by CMS.

IMPLEMENTATION DATE:

July 1, 2007.

ASSUMPTIONS/METHODOLOGY:

The total expenditures for adult day treatment and non-medical transportation services received by regional center consumers residing in an ICF are based on estimated expenditures projected from the actual expenditures of FY 2010-11.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
Estimated Day and Transportation Costs.	\$97,856,000	\$97,296,000	-\$560,000	\$103,638,000	\$6,342,000	\$5,782,000
Total Expenditures	\$97,856,000	\$97,296,000	-\$560,000	\$103,638,000	\$6,342,000	\$5,782,000

Intermediate Care Facility-Developmentally Disabled State Plan Amendment

FUNDING:

The Federal Medical Assistance Percentages establishes the percentage, which is 79% for Day Programs and 21% for Transportation. Expenditures related to this reimbursement are reflected under Purchase of Services for Day Programs and Transportation.

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects the most current data available.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated regional center expenditures.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$97,856,000	\$97,296,000	-\$560,000	\$103,638,000	\$6,342,000	\$5,782,000
<i>FFP</i>	49,106,000	48,338,000	-768,000	51,509,000	3,171,000	2,403,000
<i>GF Match</i>	48,750,000	48,958,000	208,000	52,129,000	3,171,000	3,379,000

Quality Assurance Fees (Regional Center Costs and Intermediate Care Facility-Developmentally Disabled Costs)

DESCRIPTION:

To realize the federal financial participation (FFP) associated with the Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA), there are administrative costs for regional centers (RC) billing on behalf of the ICF-DD, administrative costs for the ICF-DD, and Quality Assurance Fees (QAF) the ICF-DD must remit to the Department of Health Care Services (DHCS) for these supplemental payments. .

ASSUMPTIONS/METHODOLOGY:

- Billing costs are 1.5% of the cost of day treatment and transportation for both RC and ICF-DD. QAF are set by DHCS.
- Source of Data: Department of Developmental Services' (DDS) Fiscal Systems - California State Accounting and Reporting System.
- Billing costs are 1.5% of the cost of day treatment and transportation for both RC and ICF-DD. QAF are set by DHCS.

2011-12: Total billing costs: \$1.5 million RC administration, \$1.5 million ICF-DD administration, and \$7.7 million QAF.

- POS costs for day treatment and transportation for 2011-12 totals \$98.8 million. RC and ICF-DD administration costs are each 1.5% or 3.0 million. QAF set by DHCS are \$7.7 million.

2012-13: Total billing costs: \$1.6 million RC administration, \$1.6 million ICF-DD administration, and \$8.4 million QAF.

- POS costs for day treatment and transportation for 2012-13 totals \$105.2 million. RC and ICF-DD administration costs are each 1.5% of the total or \$3.2 million. QAF set by DHCS are \$8.4 million.

FUNDING:

Funding for QAF reimbursement is 50% FFP and 50% General Fund (GF). These reimbursements are reflected in the QAF estimates in Ops and POS.

CHANGE FROM PRIOR ESTIMATE:

This estimate reflects the most current available data.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

**Quality Assurance Fees
(Regional Center Costs and Intermediate Care Facility-Developmentally Disabled Costs)**

EXPENDITURES:

	<u>Enacted Budget</u>	<u>Updated 2011-12</u>	<u>2011-12 Request</u>	<u>2012-13</u>	<u>2012-13 Over 2011-12</u>	<u>2012-13 Over Enacted Budget</u>
TOTAL	\$10,515,000	\$9,197,000	-\$1,318,000	\$9,948,000	\$751,000	-\$567,000
<i>FFP</i>	9,781,000	8,778,000	-1,003,000	9,481,000	703,000	-300,000
<i>GF Match</i>	734,000	419,000	-315,000	467,000	48,000	-267,000

Vocational Rehabilitation/Work Activity Program

DESCRIPTION:

The Vocational Rehabilitation/Work Activity Program (VR/WAP) was started in 1989-90 for consumers enrolled in the Habilitation Services Program (HSP). HSP provides habilitation services identified in the Lanterman Act as an entitlement service for regional center (RC) consumers and is funded by the Home and Community-Based Services Waiver and General Fund (GF). Administration of HSP was transferred from the Department of Rehabilitation (DOR) to the Department of Developmental Services (DDS) on July 1, 2004. HSP has two main service components: sheltered workshop services provided in a WAP and supported employment services provided in an integrated community setting. The rationale of the VR/WAP is that federally funded VR services could assist WAP clients to move out of sheltered workshop environments into community integrated supported employment. DDS provides transportation services to and from VR/WAP.

ASSUMPTIONS:

This program is only open to HSP consumers enrolled in a WAP. The projected VR/WAP caseload for 2011-12 and 2012-13 is estimated to be 359 consumers.

FUNDING:

- VR/WAP is cost neutral to DDS.
- RC transportation dollars are reimbursed from DOR which uses GF to generate federal VR funds. Upon enactment of the State Budget Act, DOR authorizes an advance of VR dollars (75% of the total DDS dollars transferred) back to DDS. DDS then redirects the advance amount to increase the transportation expenditure authority to RC's. RC's continue to purchase transportation throughout the year, except that for VR/WAP participants, invoices are now submitted to DOR for the amount of transportation costs incurred for each participant. These invoices serve as documentation on how VR funds are being used and for DOR to track offsets to the advance until the advance is depleted. Thereafter, DOR makes monthly reimbursements to DDS based on subsequent invoices until the remaining 25% is reimbursed.
- This VR funding is reflected in the Purchase of Service Transportation estimate.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$118,000	\$118,000	\$0	\$118,000	\$0	\$0

1915(i) State Plan Amendment

DESCRIPTION:

Section 6086 of the Deficit Reduction Act of 2005, (Public Law 109-171) established an optional Medicaid benefit giving states a new method for covering Home and Community-Based (HCBS) services for Medicaid beneficiaries beginning in January 2007. To date only a few other states have exercised this option for mental health benefits delivery. The Department of Developmental Services (DDS) in a joint effort with the Department of Health Care Services, submitted a 1915(i) State Plan Amendment (SPA) to be effective October 2009 to cover habilitation, respite, and other services allowable under a 1915(i) SPA. Subsequent changes to federal law have allowed DDS to seek further expansion of the services covered under the 1915(i) SPA in fiscal year 2011-12.

ASSUMPTIONS:

DDS expects \$342.0 million in expenditures in 2011-12 and \$366.7 million in 2012-13.

FUNDING:

1915(i) SPA funds a broad array of purchase of service (POS) costs for eligible individuals. The 1915(i) SPA expenditures are in all of the POS budget categories. 1915(i) SPA expenditures are funded by federal financial participation (FFP) determined by the Federal Medical Assistance Percentage (FMAP) of 50% and General Fund (GF).

CHANGE FROM PRIOR ESTIMATE:

Updated expenditures and additional services have been added to 1915(i) for participant-directed services (effective January 1, 2012) for Status 1 consumers receiving Infant Development Services to conform with Assembly Bill 104, Chapter 37, Statutes of 2011. In addition Financial Management Services for Participant-Directed Services are also reflected in the eligible services.

REASON FOR YEAR-TO-YEAR CHANGE:

2012-13 expenditures will increase incrementally by an estimated \$24.7 million (\$12.4 million FFP) due to inclusion of additional consumers and related expenditures to the 1915(i) SPA currently under review by the Centers for Medicare and Medicaid consistent with recent federal healthcare reforms.

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13	2012-13
					Over 2011-12	Over Enacted Budget
TOTAL EXPENDITURES	\$356,260,000	\$342,004,000	-\$14,256,000	\$366,723,000	\$24,719,000	\$10,463,000
<i>GF Match</i>	\$178,130,000	\$171,002,000	-\$7,128,000	\$183,361,000	\$12,359,000	\$5,231,000
<i>FFP</i>	\$178,130,000	\$171,002,000	-\$7,128,000	\$183,362,000	\$12,360,000	\$5,232,000

1915(i) State Plan Amendment

Estimated Distribution in Purchase of Services

EXPENDITURES:	% of Expenditures by Budget Category 2011-12 & 2012-13		Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
	TOTAL EXPENDITURES			\$356,260,000	\$342,004,000	-\$14,256,000	\$366,723,000	\$24,719,000
<i>GF Match</i>			178,130,000	171,002,000	-7,128,000	183,361,000	12,359,000	5,231,000
<i>FFP</i>			178,130,000	171,002,000	-7,128,000	183,362,000	12,360,000	5,232,000
Community Care Facilities	14.92%	15.09%	\$67,298,000	\$50,853,000	-\$16,445,000	\$54,985,000	\$4,132,000	-\$12,313,000
<i>GF Match</i>			33,649,000	25,426,000	-8,223,000	27,492,000	2,066,000	-6,157,000
<i>FFP</i>			33,649,000	25,427,000	-8,222,000	27,493,000	2,066,000	-6,156,000
Day Programs	27.70%	27.60%	\$144,250,000	\$94,416,000	-\$49,834,000	\$100,594,000	\$6,178,000	-\$43,656,000
<i>GF Match</i>			72,125,000	47,208,000	-24,917,000	50,297,000	3,089,000	-21,828,000
<i>FFP</i>			72,125,000	47,208,000	-24,917,000	50,297,000	3,089,000	-21,828,000
Habilitation-Work Activity Program	11.60%	10.83%	\$32,028,000	\$39,544,000	\$7,516,000	\$39,463,000	-\$81,000	\$7,435,000
<i>GF Match</i>			16,014,000	19,772,000	3,758,000	19,731,000	-41,000	3,717,000
<i>FFP</i>			16,014,000	19,772,000	3,758,000	19,732,000	-40,000	3,718,000
Transportation	6.18%	6.13%	\$0	\$21,076,000	\$21,076,000	\$22,341,000	\$1,265,000	\$22,341,000
<i>GF Match</i>			0	10,538,000	10,538,000	11,170,000	632,000	11,170,000
<i>FFP</i>			0	10,538,000	10,538,000	11,171,000	633,000	11,171,000
Support Services	19.45%	19.69%	\$80,479,000	\$66,298,000	-\$14,181,000	\$71,786,000	\$5,488,000	-\$8,693,000
<i>GF Match</i>			40,239,000	33,149,000	-7,090,000	35,893,000	2,744,000	-4,346,000
<i>FFP</i>			40,240,000	33,149,000	-7,091,000	35,893,000	2,744,000	-4,347,000
In-Home Respite	6.68%	6.94%	\$19,096,000	\$22,785,000	\$3,689,000	\$25,282,000	\$2,497,000	\$6,186,000
<i>GF Match</i>			9,548,000	11,393,000	1,845,000	12,641,000	1,248,000	3,093,000
<i>FFP</i>			9,548,000	11,392,000	1,844,000	12,641,000	1,249,000	3,093,000

1915(i) State Plan Amendment

Estimated Distribution in Purchase of Services

EXPENDITURES:	% of Expenditures by Budget Category 2011-12 & 2012-13		Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
	Out-of-Home Respite	1.41%	1.35%	\$1,247,000	\$4,812,000	\$3,565,000	\$4,939,000	\$127,000
<i>GF Match</i>			623,000	2,406,000	1,783,000	2,469,000	63,000	1,846,000
<i>FFP</i>			624,000	2,406,000	1,782,000	2,470,000	64,000	1,846,000
Health Care	1.83%	1.85%	\$1,176,000	\$6,224,000	\$5,048,000	\$6,737,000	\$513,000	\$5,561,000
<i>GF Match</i>			588,000	3,112,000	2,524,000	3,368,000	256,000	2,780,000
<i>FFP</i>			588,000	3,112,000	2,524,000	3,369,000	257,000	2,781,000
Miscellaneous	10.23%	10.53%	\$10,688,000	\$34,880,000	\$24,192,000	\$38,366,000	\$3,486,000	\$27,678,000
<i>GF Match</i>			5,344,000	17,440,000	12,096,000	19,183,000	1,743,000	13,839,000
<i>FFP</i>			5,344,000	17,440,000	12,096,000	19,183,000	1,743,000	13,839,000
					\$0			
Revised Major Assumptions:								
FMS for Participant Directed Services			\$0	\$1,116,000	\$1,116,000	\$2,230,000	\$1,114,000	\$2,230,000
<i>GF Match</i>			0	558,000	558,000	1,115,000	557,000	1,115,000
<i>FFP</i>			0	558,000	558,000	1,115,000	557,000	1,115,000

1915(k) State Plan Amendment

DESCRIPTION:

Section 1915(k) of the Social Security Act allows States, at their option, to provide home and community-based attendant services and supports under their State Plan Amendment (SPA). This option, available October 1, 2011, allows States to receive a 6 percentage point increase in Federal matching payments for 12 months for expenditures related to this option.

ASSUMPTIONS:

DDS expects \$32 million in eligible expenditures for a twelve month period beginning October 1, 2011. 6% of the expenditures generate \$1.9 million in Federal Financial Participation (FFP) under the 1915(k) SPA. These expenditures are for Medi-Cal Recipients participating in the Home and Community Based Services Waiver who receive purchase of service which include, Personal Assistance, Homemaker Services, and/or Parent-Coordinated Personal Assistance.

FUNDING:

1915(k) SPA funds home and community-based attendant services and supports costs for eligible individuals. The 1915(k) SPA expenditures are in the Support Services, In-Home Respite and Miscellaneous Purchase of Services budget categories. 1915(k) expenditures are funded by FFP determined by the Federal Medical Assistance Percentage (FMAP) and General Fund (GF). In 2011-12 and 2012-13 the FMAP is 50%.

CHANGE FROM PRIOR ESTIMATE:

N/A

REASON FOR YEAR-TO-YEAR CHANGE:

This reimbursement is effective October 1, 2011, and reflect 9 months of expenditures for 2011-12.

EXPENDITURES:	Enacted	Updated	2011-12		2012-13	2012-13
	Budget	2011-12	Request	2012-13	Over 2011-12	Over Enacted
Total Eligible Expenditures	\$2,400,000	\$2,454,000	\$54,000	\$3,848,000	\$1,394,000	\$1,448,000
FFP	1,200,000	1,227,000	27,000	1,924,000	697,000	724,000
GF Match	1,200,000	1,227,000	27,000	1,924,000	697,000	724,000

Money Follows the Person Grant

DESCRIPTION:

The Department of Health Care Services administers California's Money Follows the Person (MFP) Grant. The federal MFP Grant (also known as California Community Transitions) provides federal funding for eligible services needed to assist consumers in transitioning to the community from institutions.

ASSUMPTIONS:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
The MFP Grant will fund the following regional center services:						
• Lanterman Developmental Center Closure Operations (OPS)	\$3,537,000	\$3,537,000	\$0	\$3,537,000	\$0	\$0
• Community Placement Plan (CPP) Purchase of Services (POS)	6,667,000	6,667,000	0	6,667,000	0	0
• CPP Operations (OPS)	5,000,000	5,000,000	0	5,000,000	0	0
• Community Care Facilities (CCF's in POS)	2,508,000	2,508,000	0	4,619,000	2,111,000	2,111,000

FUNDING:

The MFP Grant reimbursement is 100% for specified Centers for Medicare and Medical Services approved administrative positions, for the first twelve months of eligible consumer services following relocation into the community from an institution. Lanterman Developmental Closure is 100% federal financial participation (FFP); CPP in POS is 75% FFP / 25% General Fund (GF); CPP in OPS is 100% FFP; Community Correctional Facilities is 75% FFP / 25% GF.

CHANGE FROM PRIOR ESTIMATE:

Change reflects most current data

REASON FOR YEAR-TO-YEAR CHANGE:

Increase in Federal Funding for POS

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$17,712,000	\$17,712,000	\$0	\$19,823,000	\$2,111,000	\$2,111,000
<i>FFP</i>	15,418,000	15,418,000	0	17,001,000	1,583,000	1,583,000
<i>General Fund Match</i>	2,294,000	2,294,000	0	2,822,000	528,000	528,000

Homeland Security Grant Program

DESCRIPTION:

The Homeland Security Grant Program (HSGP), administered by the California Emergency Management Agency, is comprised of five interconnected grants that support the implementation of State Homeland Security Strategies to address the identified planning, organization, equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events.

ASSUMPTIONS/METHODOLOGY:

The Department of Development Services' (DDS) portion of the HSGP award is determined by the U.S. Department of Homeland Security Federal Emergency Management Agency and will fund equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events at specific regional centers (RC's).

FUNDING:

The HSGP award is 100% federal funds and is reflected under RC Operations, Projects.

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects updated information regarding the allocation of the total grant amount.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
Grant Amount Allocation for RC Operations:	\$210,000	\$35,000	-\$175,000	\$35,000	\$0	-\$175,000

California First Five Commision

DESCRIPTION:

The California First Five Commission, was enacted in 1998. The ultimate goal of this Act is to enhance the health and early growth experiences of children (ages 0-5), enabling them to be more successful in school and to give them a better opportunity to succeed in life. Pursuant to Health and Safety Code Section 130105, the California First Five Commission was established to provide funding for research and development, education, training and other functions specified in the California First Five Commission Act of 1998.

ASSUMPTIONS/METHODOLOGY:

The California First Five Commission will fund regional center services for Purchase of Services (POS).

FUNDING:

For the purpose of this estimate, the costs associated with this funding are reflected in the Miscellaneous Services, under POS.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects the unavailability of funds from the California First Five Commission in 2012-13.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$50,000,000	\$50,000,000	\$0	\$0	-\$50,000,000	-\$50,000,000

Program Development Fund/Parental Fees

DESCRIPTION:

Parents of children under the age of 18 years who receive 24-hour out-of-home services provided by the State or purchased with State funds through a regional center are required to pay a fee depending on their ability to pay. The purpose of the Program Development Fund (PDF) is to provide resources needed to initiate new programs which are consistent with the State Plan (Welfare and Institutions Code Sections 4677, 4782, and 4785).

ASSUMPTIONS/METHODOLOGY:

PDF Parental Fee amounts are based on current information regarding revenue collection.

FUNDING:

Expenditure of PDF Parental Fee funds are reflected in Purchase of Services Miscellaneous Services.

CHANGE FROM PRIOR ESTIMATE:

PDF Parental Fee amounts reflect updated information regarding revenue collection.

REASON FOR YEAR-TO-YEAR CHANGE:

Annual Family Program Fees reflect the annualized amount of revenue to be collected.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
Parental Fees	\$2,603,000	\$2,326,000	-\$277,000	\$2,323,000	-\$3,000	-\$280,000
Annual Family Program Fees	0	3,600,000	3,600,000	7,200,000	3,600,000	\$7,200,000
TOTAL	\$2,603,000	\$5,926,000	\$3,323,000	\$9,523,000	\$3,597,000	\$6,920,000

Developmental Disabilities Services Account

DESCRIPTION:

The Developmental Disabilities Services Account is being used as a depository for application fees collected by the Department of Developmental Services (DDS) related to the review of housing proposals pursuant to Senate Bill (SB) 1175 (Chapter 617, Statutes of 2008).

ASSUMPTIONS:

DDS expects to receive housing proposals totaling \$150,000 in application fees in 2011-12 and 2012-13.

FUNDING:

These costs are reflected in the Review of SB 1175 Housing Proposals, under Operations, Projects.

CHANGE FROM PRIOR ESTIMATE:

No change.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
TOTAL	\$150,000	\$150,000	\$0	\$150,000	\$0	\$0

Mental Health Services Fund

DESCRIPTION:

Initiative Statute (Proposition 63) imposes an additional tax on taxable income over \$1 million to provide funds to counties to expand services and develop innovative programs and integrated service plans for mentally ill children, adults and seniors. Consistent with the requirements of the Mental Health Services Act (MHSA - Proposition 63), the Department of Developmental Services identifies best practice models and provides training to enhance the effectiveness of the regional center and county mental health service systems to better identify and provide a competent response for those consumers who are dually diagnosed (i.e. have a developmental disability and a mental illness).

ASSUMPTIONS/METHODOLOGY:

Funding will be used to implement services and trainings to more effectively address consumers who are dually diagnosed. Specifically, these funds will provide the following ongoing components at the local level:

METHODOLOGY:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
• Regional Best Practice Training	\$270,000	\$675,000	\$405,000	\$675,000	\$0	\$405,000
• Statewide Training for Families, Service Providers, Service Coordinators, and	270,000	0	-270,000	0	\$0	-\$270,000
• Regional Center Technical Assistance and Liaison Support	65,000	65,000	0	65,000	\$0	\$0
• Regional Planning Projects	135,000	0	-135,000	0	\$0	-\$135,000
• TOTAL EXPENDITURES	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0

FUNDING:

These funds are reflected in the Increased Access to Mental Health Services estimate, under Regional Center Operations, Projects.

EXPENDITURES:

TOTAL	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0
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Early Start Part C Grant, Federal Funds

DESCRIPTION:

Part C of the federal Individuals with Disabilities Education Act (IDEA) provides federal grant funding for states to develop and operate early intervention programs for families and their children with developmental delays, disabilities, or conditions, which place them at high risk of disabilities from birth to under age 3 years. The program, known as Early Start in California, is administered according to federal Department of Education (DOE) regulations, found in Title 34 of the Code of Federal Regulations, Sections 303.1 through 303.654. The program is also administered according to State regulations found in Title 17 of the California Code of Regulations, Sections 52000 through 52175. California has designated the Department of Developmental Services (DDS) to act as its lead agency for preparing the annual grant application and for receiving and administering the federal funds. DDS allocates a significant portion of the federal funding to regional centers (RC) for local program operation. Also, DDS has an interagency agreement with DOE to provide funding for local education agency programs and services, in accordance with the California Early Intervention Services contained in Title 14 of the Government Code (GC), Sections 95000 through 95029.

KEY DATA/ASSUMPTIONS:

2011-12 and 2012-13: Federal Office of Special Education Programs (OSEP) grant award letter, dated July 1, 2011.

METHODOLOGY:

The Part C IDEA Grant funds are used to pay costs for the additional federal requirements imposed by the Part C program. Funds are disbursed in this order (1) other agencies, and (2) RC Purchase of Services (POS). Services and costs for this age group are identified below. Costs for POS expenditures are already included in the forecasts for each of the POS budget categories, in the POS section of the estimate.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
• Other Agencies	\$20,095,000	\$20,095,000	\$0	\$20,095,000	\$0	\$0
• DOE: Additional federal requirements include shorter time lines for conducting evaluation, assessment and program plan development, provision of year-round services, service coordination and administrative services, and provision of services to children with solely low incidence disabilities in regions where such services to this age group were not provided prior to Part C implementation.	14,435,000	14,435,000	0	14,435,000	0	0

Early Start Part C Grant, Federal Funds

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
METHODOLOGY (continued):						
<ul style="list-style-type: none"> System Requirements: Funding is required for public awareness and a comprehensive system of personnel development, mediation and due process hearings conducted by the State Office of Administrative Hearings, and collaboration with Department of Health Care Services' Children's Medical Services. 	2,910,000	2,910,000	0	2,910,000	0	0
<ul style="list-style-type: none"> Family Resource Centers (FRC): Funds pay for services that are provided by 33 contractors. Services, which are specified in GC 95024(d)(2), include parent-to-parent support, information dissemination, public awareness and family professional collaboration activities. 	2,750,000	2,750,000	0	2,750,000	0	0
<ul style="list-style-type: none"> RC POS <p>The remaining Part C Grant funds, after funding DOE and FRC system requirements, are used for POS. The following estimates are based on the proportion of total POS expenditures in 2010-11 by budget category.</p>	\$31,243,000	\$31,314,000	\$71,000	\$31,314,000	\$0	\$71,000
Day Programs	16,871,000	17,773,000	902,000	17,773,000	0	902,000
Support Services	531,000	501,000	-30,000	501,000	0	-30,000
In-Home Respite	437,000	179,000	-258,000	179,000	0	-258,000
Out-of-Home Respite	156,000	125,000	-31,000	125,000	0	-31,000
Health Care	3,531,000	2,754,000	-777,000	2,754,000	0	-777,000
Miscellaneous Services	9,717,000	9,982,000	265,000	9,982,000	0	265,000
<ul style="list-style-type: none"> TOTAL DISBURSEMENTS 	\$51,338,000	\$51,409,000	\$71,000	\$51,409,000	\$0	\$71,000

Early Start Part C Grant, Federal Funds

REASON FOR CHANGE FROM PRIOR ESTIMATE:

The grant amount and disbursements reflect the most current available data and information.

FUNDING:

The annual Part C Grant is independently determined by OSEP. It is 100% federal funds and requires a Maintenance of Effort from the state.

EXPENDITURES:

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$51,338,000	\$51,409,000	\$71,000	\$51,409,000	\$0	\$71,000
Grant	51,338,000	51,409,000	71,000	51,409,000	0	71,000

Foster Grandparent Program Federal Funds

DESCRIPTION:

The Foster Grandparent Program (FGP) is a federal grant gives men and women, 60 years of age and older, the opportunity to serve their community by sharing their time and attention with children under the age of 22 years who have developmental disabilities. Foster grandparents volunteer in community schools, developmental centers, Head Start centers, foster homes and pre-schools (see Regional Center (RC) Operations, Projects, for more detail on the total RC costs for this program).

ASSUMPTIONS/METHODOLOGY:

The FGP grant is used as a fund source for specified RC operations costs in five RC's: Valley Mountain, Tri-Counties, Kern, Central Valley and San Andreas.

FUNDING:

These federal funds are reflected in the Foster Grandparent/Senior Companion Programs estimate, under RC Operations, Projects.

	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 over 2011-12	2012-13 over Enacted Budget
Grant Amount Allocation for RC Operations:	\$577,000	\$577,000	\$0	\$577,000	\$0	\$0

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SECTION F: IMPACT FROM OTHER DEPARTMENTS

IMPACT FROM OTHER DEPARTMENTSF-1.1 to F- 1.2

Impact from Other Departments

DESCRIPTION:

Reductions to the Department of Health Care Services (DHCS) and the Department of Social Services (DSS) programs that directly impact the Department of Developmental Services (DDS) include: DHCS' Adult Day Health Care Program (ADHC) and Medi-Cal services, and DSS' In-Home Support Services (IHSS). With the funding reductions of these services from DHCS and DSS, regional centers (RC) will become the payer of these services for DDS consumers, and will see an increase to their Purchase of Services (POS) expenditures commensurate with the elimination of these services previously provided by DHCS and DSS.

Additional funding is required to ensure necessary services are available to the DDS consumers impacted by the reduction of these services.

ASSUMPTIONS:

METHODOLOGY:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
<ul style="list-style-type: none"> Elimination of ADHC Services: This estimate identifies costs for reductions in ADHC that would be paid for by RC's effective December 1, 2011. It is assumed that consumers will transition to Community-Based Adult Services on March 1, 2012. 	\$32,074,000	\$2,000,000	-\$30,074,000	\$0	-\$2,000,000	-\$32,074,000
<ul style="list-style-type: none"> 20 Percent Reduction in IHSS Hours: Pending the state budget revenue forecast in December 2011, Senate Bill 93, Chapter 143, Statutes of 2011, mandates that DSS shall implement a 20 percent reduction in IHSS recipients' total authorized monthly service hours, effective January 1, 2012. 		TBD		TBD		
<ul style="list-style-type: none"> Elimination of IHSS Domestic and Related Services for Recipients in Shared Living Arrangements: This proposal has an October 1, 2012 implementation date and would eliminate domestic and related service hours for recipients with shared living arrangements. DDS will work closely with DSS to determine the fiscal impact of this proposal. 		TBD		TBD		
<ul style="list-style-type: none"> Medi-Cal Caps & Co-pays: This increase represents costs associated with DHCS' Medi-Cal reductions to the following services: enteral nutrition (tube feeding) beginning October 1, 2011; hearing aid caps beginning May 1, 2012; and co-payments beginning October 1, 2012. The 2012-13 estimate assumes a full-year of costs. 	18,000,000	1,086,000	-16,914,000	31,187,000	30,101,000	13,187,000
<ul style="list-style-type: none"> TOTAL EXPENDITURES: 	\$50,074,000	\$3,086,000	-\$46,988,000	\$31,187,000	\$28,101,000	-\$18,887,000

Impact from Other Departments

EXPENDITURES:	Enacted Budget	Updated 2011-12	2011-12 Request	2012-13	2012-13 Over 2011-12	2012-13 Over Enacted Budget
TOTAL	\$50,074,000	\$3,086,000	-\$46,988,000	\$31,187,000	\$28,101,000	-\$18,887,000
GF	\$34,037,000	\$2,086,000	-\$31,951,000	\$31,187,000	\$29,101,000	-\$2,850,000
<i>GF Match</i>	<i>16,037,000</i>	<i>1,000,000</i>	<i>-15,037,000</i>	<i>0</i>	<i>-1,000,000</i>	<i>-16,037,000</i>
<i>GF Other</i>	<i>18,000,000</i>	<i>1,086,000</i>	<i>-16,914,000</i>	<i>31,187,000</i>	<i>30,101,000</i>	<i>13,187,000</i>
Reimbursements	\$16,037,000	\$1,000,000	-\$15,037,000	\$0	-\$1,000,000	-\$16,037,000
<i>Impact From Other Departments FFP</i>	<i>16,037,000</i>	<i>1,000,000</i>	<i>-15,037,000</i>	<i>0</i>	<i>-1,000,000</i>	<i>-16,037,000</i>

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SECTION G: 4.25% PAYMENT REDUCTION

<i>4.25% PAYMENT REDUCTION</i>	G-1
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4.25% Payment Reduction in Regional Centers

	Enacted Budget		2012-13 Update		Request	
Total 4.25%	-\$168,195,000		-\$9,989,000		\$158,206,000	
GF	-105,565,000	62.8%	2,838,000	-28.4%	108,403,000	68.5%
Reimb	-62,630,000	37.2%	-12,827,000	128.4%	49,803,000	31.5%
OPS:	-\$22,514,000		-\$583,000		\$21,931,000	
GF	-15,212,000	67.6%	-1,429,000	245.1%	13,783,000	62.8%
Reimb	-7,302,000	32.4%	846,000	-145.1%	8,148,000	37.2%
POS	-\$145,681,000		-\$9,406,000		\$136,275,000	
GF	-90,353,000	62.0%	4,267,000	-45.4%	94,620,000	69.4%
Reimb	-55,328,000	38.0%	-13,673,000	145.4%	41,655,000	30.6%