

REGIONAL CENTER  
2012 May Revision

*for*  
FISCAL YEARS  
2011-12 *and* 2012-13



STATE OF CALIFORNIA  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
May 14, 2012

## Table of Contents

### SECTION A: EXECUTIVE SUMMARY TABLES

FY 2011-12 .....	A-1 to A-1.1
FY 2012-13 .....	A-2 to A-2.1
FY 2011-12 vs. FY 2012-13 .....	A-3 to A-3.1

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

### SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONS ..... C-1 to C-2

### SECTION D: POPULATION

FY 2011-12 .....	D-1
FY 2012-13 .....	D-1.1
FY 2012-13 vs. FY 2012-13 .....	D-1.2
Active Status (over 3) Caseload Graph .....	D-2
Early Start (birth through 2) Caseload Graph .....	D-3
Community Caseload Bar Chart .....	D-4

### SECTION E: ESTIMATE METHODOLOGIES

#### *OPERATIONS*

FY 2011-12 Summary .....	E-1.1
FY 2012-13 Summary .....	E-1.2
Staffing .....	E-2.1 to E-2.13
Agnews Ongoing Workload .....	E-2.14
Lanterman Developmental Center Closure .....	E-2.15
Federal Compliance .....	E-3.1 to E-3.7
Projects .....	E-4.1 to E-4.7

#### *INTERMEDIATE CARE FACILITIES – DEVELOPMENTALLY DISABLED*

<i>ADMINISTRATIVE FEES</i> .....	E-4.8
----------------------------------	-------

## Table of Contents (continued)

Page

### **SECTION E: ESTIMATE METHODOLOGIES (continued)**

#### *PURCHASE OF SERVICES*

Community Care Facilities .....	E-5.1 to E-5.4
Medical Facilities .....	E-6.1 to E-6.3
Day Programs .....	E-7.1 to E-7.4
Habilitation Services Program .....	E-8.1 to E-8.3
Transportation .....	E-9.1 to E-9.3
Support Services .....	E-10.1 to E-10.3
In-Home Respite .....	E-11.1 to E-11.3
Out-of-Home Respite .....	E-12.1 to E-12.3
Health Care .....	E-13.1 to E-13.3
Miscellaneous .....	E-14.1 to E-14.3

<i>QUALITY ASSURANCE FEES</i> .....	E-15
-------------------------------------	------

<i>PREVENTION PROGRAM</i> .....	E-16
---------------------------------	------

<i>COMMUNITY PLACEMENT PLAN</i> .....	E-17.1 to E-17.11
---------------------------------------	-------------------

## Table of Contents (continued)

### SECTION E: ESTIMATE METHODOLOGIES (continued)

#### FUND SOURCES

General Fund .....	E-18.1 to 18.2
Reimbursements	
Summary Table .....	E-19.1 to E-19.2
Home and Community-Based Services (HCBS) Waiver .....	E-20.1 to E-20.6
HCBS Waiver Administration .....	E-21.1 to E-21.4
Medicaid Administration .....	E-22.1 to E-22.4
Targeted Case Management (TCM).....	E-23.1 to E-23.2
TCM Administration.....	E-24.1 to E-24.2
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-31.1 to E-31.2
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

### SECTION F: IMPACT FROM OTHER DEPARTMENTS

<i>IMPACT FROM OTHER DEPARTMENTS</i> .....	F-1.1 to F-1.2
--	----------------

### SECTION G: TRIGGER REDUCTION

FY 2011-12 .....	G-1 to G-1.2
FY 2012-13 .....	G-2 to G-2.8

## Table of Contents (continued)

### SECTION H: 4.25% REDUCTION

4.25% REDUCTION.....	H-1
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## Table of Contents

### SECTION A: EXECUTIVE SUMMARY TABLES

FY 2011-12 .....	A-1 to A-1.1
FY 2012-13 .....	A-2 to A-2.1
FY 2011-12 vs. FY 2012-13 .....	A-3 to A-3.1

**Comparison of November 2011 Estimate to 2012 May Revision  
Fiscal Year 2011-12**

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Governor's Budget</b>	<b>May Revision</b>	<b>Request (B - A)</b>
<b>I. BUDGET ITEMS:</b>			
<b>A. Operations</b>			
1. Staffing	\$429,268,000	\$429,268,000	\$0
2. Federal Compliance	46,657,000	46,657,000	0
3. Projects	22,699,000	22,699,000	0
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)	\$504,949,000	\$504,949,000	\$0
7. ICF-DD SPA Administration Fee	1,459,000	1,523,000	64,000
8. Total Operations (Items 6 and 7)	\$506,408,000	\$506,472,000	\$64,000
<b>B. Purchase of Services (POS)</b>			
1. Community Care Facilities	\$832,915,000	\$864,187,000	\$31,272,000
2. Medical Facilities	29,125,000	32,989,000	3,864,000
3. Day Programs	761,244,000	760,861,000	-383,000
4. Habilitation Services	133,550,000	139,166,000	5,616,000
5. Transportation	201,338,000	212,068,000	10,730,000
6. Support Services	694,677,000	707,189,000	12,512,000
7. In-Home Respite	205,392,000	193,746,000	-11,646,000
8. Out-of-Home Respite	51,289,000	48,125,000	-3,164,000
9. Health Care	79,842,000	80,453,000	611,000
10. Miscellaneous	405,621,000	402,743,000	-2,878,000
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. Trigger Reduction	-25,600,000	-25,600,000	0
12. POS Subtotal (Items 1 thru 11)	\$3,371,156,000	\$3,417,690,000	\$46,534,000
13. Quality Assurance Fees (Transfer from DHCS)	\$7,738,000	\$8,075,000	\$337,000
14. Impacts from Other Departments	\$3,086,000	\$3,086,000	\$0
15. Total POS (Items 12 thru 14)	\$3,381,980,000	\$3,428,851,000	\$46,871,000
<b>C. Early Start/Part C: Other Agency Costs</b>	\$20,095,000	\$20,095,000	\$0
<b>D. Prevention Program</b>	\$4,503,000	\$4,503,000	\$0
<b>E. GRAND TOTAL</b>	<b>\$3,912,986,000</b>	<b>\$3,959,921,000</b>	<b>\$46,935,000</b>

1. The \$100 million General Fund (GF) trigger reduction will be achieved through a reversion of \$74.4 million GF from Fiscal Years 2009-10 and 2010-11. The balance of \$25.6 million GF will come from current year one-time savings as a result of caseload and expenditure adjustments, unexpended contract funds and administrative savings.

**Comparison of November 2011 Estimate to 2012 May Revision  
Fiscal Year 2011-12**

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Governor's Budget</b>	<b>May Revision</b>	<b>Request (B - A)</b>
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$2,238,096,000	\$2,222,720,000	-\$15,376,000
1. General Fund Match	1,311,771,000	1,378,012,000	66,241,000
2. General Fund - Other	926,325,000	844,708,000	-81,617,000
<b>B. Reimbursements</b>	\$1,616,088,000	\$1,678,399,000	\$62,311,000
1. Home and Community-Based Services (HCBS) Waiver	938,472,000	1,008,603,000	70,131,000
2. HCBS Waiver Administration	8,369,000	8,369,000	0
3. Medicaid Administration	12,359,000	12,359,000	0
4. Targeted Case Management (TCM)	131,912,000	131,916,000	4,000
5. TCM Administration	4,000,000	3,668,000	-332,000
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	48,338,000	49,650,000	1,312,000
8. Quality Assurance Fees	8,778,000	8,837,000	59,000
9. Vocational Rehabilitation	118,000	118,000	0
10. 1915(i) SPA	171,002,000	165,500,000	-5,502,000
11. 1915(k) Medicaid State Plan	1,227,000	0	-1,227,000
12. Money Follows the Person	15,418,000	13,284,000	-2,134,000
13. Homeland Security Grant	35,000	35,000	0
14. California First Five Commission	50,000,000	50,000,000	0
15. Impacts from Other Departments FFP	1,000,000	1,000,000	0
<b>C. Program Development Fund / Parental Fees</b>	\$5,926,000	\$5,926,000	\$0
<b>D. Developmental Disabilities Services Account</b>	\$150,000	\$150,000	\$0
<b>E. Mental Health Services Fund</b>	\$740,000	\$740,000	\$0
<b>F. Federal Funds</b>	\$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
<b>G. GRAND TOTAL</b>	<b>\$3,912,986,000</b>	<b>\$3,959,921,000</b>	<b>\$46,935,000</b>

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

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Governor's Budget</b>	<b>May Revision</b>	<b>Request (B - A)</b>
<b>I. BUDGET ITEMS:</b>			
<b>A. Operations</b>			
1. Staffing	\$458,844,000	\$463,662,000	\$4,818,000
2. Federal Compliance	47,048,000	47,173,000	125,000
3. Projects	23,146,000	23,166,000	20,000
4. Agnews Ongoing Workload	2,788,000	2,788,000	0
5. Lanterman Development Center Closure	3,537,000	3,537,000	0
6. Redistribution of Savings Solutions*	0	-7,000,000	-7,000,000
7. Operations Subtotal (Items 1 thru 6)	\$535,363,000	\$533,326,000	-\$2,037,000
8. ICF-DD SPA Administration Fee	1,555,000	1,631,000	76,000
9. Total Operations (Items 7 and 8)	\$536,918,000	\$534,957,000	-\$1,961,000
<b>B. Purchase of Services (POS)</b>			
1. Community Care Facilities	\$900,570,000	\$927,617,000	\$27,047,000
2. Medical Facilities	30,976,000	35,133,000	4,157,000
3. Day Programs	811,062,000	810,809,000	-253,000
4. Habilitation Services	133,277,000	139,023,000	5,746,000
5. Transportation	213,425,000	224,637,000	11,212,000
6. Support Services	752,187,000	765,349,000	13,162,000
7. In-Home Respite	227,903,000	206,469,000	-21,434,000
8. Out-of-Home Respite	52,641,000	50,048,000	-2,593,000
9. Health Care	86,419,000	87,056,000	637,000
10. Miscellaneous	446,160,000	434,427,000	-11,733,000
11. Revised Major Assumptions:	10,727,000	10,727,000	0
a. FMS for Participant-Directed Services	10,727,000	10,727,000	0
12. Proposed Savings Solutions*	-200,000,000	-142,450,000	57,550,000
13. POS Subtotal (Items 1 thru 11)	\$3,465,347,000	\$3,548,845,000	\$83,498,000
14. Quality Assurance Fees (Transfer from DHCS)	\$8,393,000	\$8,804,000	\$411,000
15. Impacts from Other Departments	\$31,187,000	\$31,187,000	\$0
16. Total POS (Items 12 thru 14)	\$3,504,927,000	\$3,588,836,000	\$83,909,000
<b>C. Early Start/Part C: Other Agency Costs</b>	\$20,095,000	\$20,381,000	\$286,000
<b>D. Prevention Program</b>	\$2,003,000	\$2,003,000	\$0
<b>E. GRAND TOTAL</b>	<b>\$4,063,943,000</b>	<b>\$4,146,177,000</b>	<b>\$82,234,000</b>

\* The Governor's Budget reflected the entire \$200 million systemwide reduction in the Regional Center Estimate. The May Revision redistributes the amount to appropriately reflect the actual savings solutions, as shown below.

<b>Proposed Savings Solutions</b>	<b>Line #</b>	<b>Total Funds</b>	<b>General Funds</b>
Maximize the use of Federal Funds	Fund Shift	\$ -	\$ (61,000,000)
Implementation of SB 946	B. 12.	\$ (79,800,000)	\$ (79,800,000)
Redesign svcs for individuals with challenging service needs - RC	B. 12.	\$ (11,700,000)	\$ (10,000,000)
Redesign svcs for individuals with challenging service needs - DC	DC Estimate	\$ (8,700,000)	\$ (10,000,000)
Continuation of 1.25% payment reduction	A. 6. and B. 12.	\$ (45,500,000)	\$ (30,700,000)
Redesign supported living assessment	B. 12.	\$ (7,600,000)	\$ (4,200,000)
Additional cost savings and efficiencies - RC	A. 6. and B. 12.	\$ (4,800,000)	\$ (3,900,000)
Additional cost savings and efficiencies - DC	DC Estimate	\$ (400,000)	\$ (400,000)
<b>Total</b>		<b>\$ (158,500,000)</b>	<b>\$ (200,000,000)</b>

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

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Governor's Budget</b>	<b>May Revision</b>	<b>Request (B - A)</b>
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$2,344,564,000	\$2,314,964,000	-\$29,600,000 (a)
1. General Fund Match	1,400,563,000	1,475,950,000	75,387,000
2. General Fund - Other	944,001,000	839,014,000	-104,987,000
<b>B. Reimbursements</b>	\$1,656,980,000	\$1,768,794,000	\$111,814,000
1. Home and Community-Based Services (HCBS) Waiver	1,003,702,000	1,078,771,000	75,069,000 (b)
2. HCBS Waiver Administration	8,786,000	6,279,000	-2,507,000
3. Medicaid Administration	12,941,000	12,941,000	0
4. Targeted Case Management (TCM)	139,061,000	139,065,000	4,000
5. TCM Administration	4,000,000	3,668,000	-332,000
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	51,509,000	52,798,000	1,289,000
8. Quality Assurance Fees	9,481,000	9,620,000	139,000
9. Vocational Rehabilitation	118,000	118,000	0
10. 1915(j) SPA	183,362,000	183,362,000	0
11. 1915(k) Medicaid State Plan	1,924,000	1,924,000	0
12. Money Follows the Person	17,001,000	14,867,000	-2,134,000
13. Homeland Security Grant	35,000	35,000	0
14. California First Five Commission	0	40,000,000	40,000,000
15. Impacts from Other Departments FFP	0	0	0
16. Race to the Top	0	286,000	286,000
<b>C. Program Development Fund / Parental Fees</b>	\$9,523,000	\$9,523,000	\$0
<b>D. Developmental Disabilities Services Account</b>	\$150,000	\$150,000	\$0
<b>E. Mental Health Services Fund</b>	\$740,000	\$740,000	\$0
<b>F. Federal Funds</b>	\$51,986,000	\$52,006,000	\$20,000
1. Early Start/Part C Grant	51,409,000	51,409,000	0
2. Foster Grandparent Program	577,000	597,000	20,000
<b>G. GRAND TOTAL</b>	<b>\$4,063,943,000</b>	<b>\$4,146,177,000</b>	<b>\$82,234,000</b>

(a) Includes an increase of \$10.4 million GF to reflect savings associated with the Developmental Centers and therefore is added back to the Regional Center Estimate (see below), and a reduction of \$40.0 million GF to reflect the fund shift for California First Five Commission funding.

(b) Includes \$61 million in FFP due to accelerated enrollment of consumers on the HCBS waiver (see below).

<b>Proposed Savings Solutions</b>	<b>Line #</b>	<b>Total Funds</b>	<b>General Funds</b>
Maximize the use of Federal Funds	Fund Shift	\$ -	\$ (61,000,000) (b)
Implementation of SB 946	B. 12.	\$ (79,800,000)	\$ (79,800,000)
Redesign svcs for individuals with challenging service needs - RC	B. 12.	\$ (11,700,000)	\$ (10,000,000)
Redesign svcs for individuals with challenging service needs - DC	DC Estimate	\$ (8,700,000)	\$ (10,000,000) (a)
Continuation of 1.25% payment reduction	A. 6. and B. 12.	\$ (45,500,000)	\$ (30,700,000)
Redesign supported living assessment	B. 12.	\$ (7,600,000)	\$ (4,200,000)
Additional cost savings and efficiencies - RC	A. 6. and B. 12.	\$ (4,800,000)	\$ (3,900,000)
Additional cost savings and efficiencies - DC	DC Estimate	\$ (400,000)	\$ (400,000) (a)
<b>Total</b>		<b>\$ (158,500,000)</b>	<b>\$ (200,000,000)</b>

## Comparison Fiscal Year 2011-12 to Fiscal Year 2012-13

	A Fiscal Year 2011-12	B Fiscal Year 2012-13	C Incremental Increase (B - A)
<b>I. BUDGET ITEMS:</b>			
<b>A. Operations</b>			
1. Staffing	\$429,268,000	\$463,662,000	\$34,394,000
2. Federal Compliance	46,657,000	47,173,000	516,000
3. Projects	22,699,000	23,166,000	467,000
4. Agnews Ongoing Workload	2,788,000	2,788,000	0
5. Lanterman Developmental Center Closure	3,537,000	3,537,000	0
6. Savings Solutions	0	-7,000,000	-7,000,000
7. Operations Subtotal (Items 1 thru 5)	<u>\$504,949,000</u>	<u>\$533,326,000</u>	<u>\$28,377,000</u>
8. ICF-DD SPA Administration Fee	1,523,000	1,631,000	108,000
9. Total Operations (Items 6 and 7)	<u>\$506,472,000</u>	<u>\$534,957,000</u>	<u>\$28,485,000</u>
<b>B. Purchase of Services (POS)</b>			
1. Community Care Facilities	\$864,187,000	\$927,617,000	\$63,430,000
2. Medical Facilities	32,989,000	35,133,000	2,144,000
3. Day Programs	760,861,000	810,809,000	49,948,000
4. Habilitation Services	139,166,000	139,023,000	-143,000
5. Transportation	212,068,000	224,637,000	12,569,000
6. Support Services	707,189,000	765,349,000	58,160,000
7. In-Home Respite	193,746,000	206,469,000	12,723,000
8. Out-of-Home Respite	48,125,000	50,048,000	1,923,000
9. Health Care	80,453,000	87,056,000	6,603,000
10. Miscellaneous	402,743,000	434,427,000	31,684,000
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. Trigger Reduction/Savings Solutions	-25,600,000	-142,450,000	-116,850,000
13. POS Subtotal (Items 1 thru 12)	<u>\$3,417,690,000</u>	<u>\$3,548,845,000</u>	<u>\$131,155,000</u>
14. Quality Assurance Fees (Transfer from DHCS)	\$8,075,000	\$8,804,000	\$729,000
15. Impacts from Other Departments	\$3,086,000	\$31,187,000	\$28,101,000
16. Total POS (Items 13 thru 15)	<u>\$3,428,851,000</u>	<u>\$3,588,836,000</u>	<u>\$159,985,000</u>
<b>C. Early Start/Part C: Other Agency Costs</b>	\$20,095,000	\$20,381,000	\$286,000
<b>D. Prevention Program</b>	\$4,503,000	\$2,003,000	-\$2,500,000
<b>F. GRAND TOTAL</b>	<b><u>\$3,959,921,000</u></b>	<b><u>\$4,146,177,000</u></b>	<b><u>\$186,256,000</u></b>

1. Refer to pages A-1 and A-2 for specifics regarding current year trigger reduction and budget year savings solutions.

## Fiscal Year 2011-12 vs Fiscal Year 2012-13

	A	B	C
	Fiscal Year 2011-12	Fiscal Year 2012-13	Incremental Increase (B - A)
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$2,222,720,000	\$2,314,964,000	\$92,244,000 1.
1. General Fund Match	1,378,012,000	1,475,950,000	97,938,000
2. General Fund - Other	844,708,000	839,014,000	-5,694,000
<b>B. Reimbursements</b>	\$1,678,399,000	\$1,768,794,000	\$90,395,000
1. Home & Community-Based Services (HCBS) Waiver	1,008,603,000	1,078,771,000	70,168,000 1.
2. HCBS Waiver Administration	8,369,000	6,279,000	-2,090,000
3. Medicaid Administration	12,359,000	12,941,000	582,000
4. Targeted Case Management (TCM)	131,916,000	139,065,000	7,149,000
5. TCM Administration	3,668,000	3,668,000	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	49,650,000	52,798,000	3,148,000
8. Quality Assurance Fees	8,837,000	9,620,000	783,000
9. Vocational Rehabilitation	118,000	118,000	0
10. 1915(i) SPA	165,500,000	183,362,000	17,862,000
11. 1915 (k) Medicaid State Plan	0	1,924,000	1,924,000
12. Money Follows the Person	13,284,000	14,867,000	1,583,000
13. Homeland Security Grant	35,000	35,000	0
14. California First Five Commission	50,000,000	40,000,000	-10,000,000
15. Impacts from Other Departments FFP	1,000,000	0	-1,000,000
16. Race to the Top	0	286,000	286,000
<b>C. Program Development Fund / Parental Fees</b>	\$5,926,000	\$9,523,000	\$3,597,000
<b>D. Developmental Disabilities Services Account</b>	\$150,000	\$150,000	\$0
<b>E. Mental Health Services Fund</b>	\$740,000	\$740,000	\$0
<b>F. Federal Funds</b>	\$51,986,000	\$52,006,000	\$20,000
1. Early Start/Part C Grant	51,409,000	51,409,000	0
2. Foster Grandparent Program	577,000	597,000	20,000
<b>G. GRAND TOTAL</b>	<b>\$3,959,921,000</b>	<b>\$4,146,177,000</b>	<b>\$186,256,000</b>

1. Refer to pages A-1 and A-2 for specifics regarding current year trigger reduction and budget year savings solutions.

## Table of Contents

**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 increase by \$46.9 million total funds (TF) and decrease by \$15.4 million GF compared to the Governor's Budget.

<b>Fiscal Year 2011-12 Costs and Fund Sources</b> <i>(in thousands)</i>			
	<b>Governor's Budget</b>	<b>Updated 2011-12</b>	<b>Request</b>
<b>Total Costs</b>	<b>\$3,912,986</b>	<b>\$3,959,921</b>	<b>\$46,935</b>
Operations	506,408	506,472	64
Purchase of Services	3,381,980	3,428,851	46,871
Early Start - Other Agency Costs	20,095	20,095	0
Prevention Program	4,503	4,503	0
<b>Fund Sources</b>	<b>\$3,912,986</b>	<b>\$3,959,921</b>	<b>\$46,935</b>
General Fund (GF)	2,238,096	2,222,720	-15,376
<i>GF Match</i>	(1,311,771)	(1,378,012)	(+66,241)
<i>GF Other</i>	(926,325)	(844,708)	(-81,879)
Reimbursements	1,616,088	1,678,399	62,311
Program Development Fund	5,926	5,926	0
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	51,986	51,986	0

1/ Purchase of Services expenditures include the GF Trigger Reduction of -\$25.6 million for FY 2011-12.

The increase is composed of the following:

- \$46.5 million increase TF and \$18.1 million decrease GF in Operations (OPS) and Purchase of Services (POS) to reflect updated caseload and expenditure data, including Home and Community Based Services (HCBS) waiver enrollment above budgeted levels;
- \$0.1 million increase TF and \$0.3 million increase GF in OPS for Intermediate Care Facility –Developmentally Disabled (ICF-DD) State Plan Amendment (SPA) Administration Fees to reflect updated expenditures. These expenditures are funded by reimbursements from Quality Assurance Fees (QAF) (Transfer from Department of Health Care Services (DHCS));

- \$0.3 million increase 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. These expenditures are funded by reimbursements from QAF (Transfer from DHCS);
- Fund shift of \$2.1 million to reflect the new federal restriction on the amount of Money Follows the Person (MFP) expenditures that may be reimbursed at 100 percent which alters the Federal Medical Assistance Percentage from 100 percent federal financial participation (FFP) to 75 percent FFP and 25 percent GF; and
- Fund shift of \$0.3 million to reflect decrease in Medicaid federal matching funds for Targeted Case Management (TCM) Administration as a result of a decrease in the cost allocation related to DDS' headquarters administrative case management assistance to the regional centers resulting in increased GF costs. The decrease in cost allocation is a result of reduced personnel services expenditures for Fiscal Year 2010-11.

Trigger Reduction: Due to lower than anticipated revenue projections, the Department of Finance announced on December 13, 2011, that the DDS Budget would be reduced by \$100 Million GF in accordance with Assembly Bill 121, Chapter 41, Statutes of 2011. In addition, Senate Bill 73, Chapter 34, Statutes of 2011 directed the Department of Developmental Services (DDS) to consider a variety of strategies including savings attributable to caseload and expenditure adjustments, unexpended contract funds, or other administrative savings to meet this target. A complete description of the \$100 million reductions can be found on the DDS website at [www.dds.ca.gov](http://www.dds.ca.gov).

#### B. Caseload

The 2011-12 community caseload as of January 31, 2012 is estimated to decrease by 295 consumers over the Governor's Budget caseload estimate of 249,827 to the level of 249,532.

	Fiscal Year 2011-12		
	Governor's Budget	Updated 2011-12	Difference
<b><u>CASELOAD</u></b>			
Active (Age 3 & Older)	219,552	219,552	0
Early Start (Birth through 2 Years)	28,548	28,522	-26
Prevention (Birth through 2 Years)	1,727	1,458	-269
Total Community Caseload	249,827	249,532	-295

C. Total Regional Center Costs: \$46.9 Million Increase TF and \$15.4 Million Decrease GF

1. Operations Updated Costs for Regional Center Expenditures: \$0.1 Million Increase TF and \$2.7 increase GF.

- ICF-DD SPA Administration Fees: \$0.1 million increase TF and \$0.3 million increase GF to reflect updated expenditures as discussed earlier.
- Fund Shift:
  - MFP fund shift of \$2.1 million to reflect the decrease in FFP as discussed earlier.
  - TCM Administration fund shift of \$0.3 million to reflect decrease in Medicaid federal matching funds as a result of a reduction in cost allocation as discussed earlier.

	Fiscal Year 2011-12		
	Governor's Budget	Updated 2011-12	Request
	(in thousands)		
<b><u>Operations Total</u></b>			
Core Staffing	\$429,268	\$429,268	\$0
Federal Compliance	46,657	46,657	0
Agnews Ongoing Workload	2,788	2,788	0
Lanterman Developmental Center Closure	3,537	3,537	0
Projects	22,699	22,699	0
ICF-DD SPA Administration Fee	1,459	1,523	64
<b>Total Operations</b>	<b>\$506,408</b>	<b>\$506,472</b>	<b>\$64</b>

2. Purchase of Services Updated Costs for Regional Center Purchase of Services: \$46.8 million increase TF and \$18.1 million decrease GF.

- POS: \$46.5 million increase TF and \$18.1 million decrease GF to reflect updated caseload, utilization change and expenditure data, including HCBS waiver enrollment above budgeted levels.
- QAF: \$0.3 million increase TF and \$0.0 GF to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents as discussed earlier.

**D. Fund Sources****1. GF: \$15.4 Million Decrease: This decrease is composed of:**

- \$18.1 million decrease to reflect updated caseload, expenditure and HCBS waiver enrollment data;
- \$0.3 million increase for ICF-DD SPA Administration Fees to reflect updated expenditures as discussed earlier;
- Fund Shift:
  - MFP: Increase \$2.1 million to reflect the decrease in FFP as discussed earlier.
  - TCM Administration: Increase \$0.3 million to reflect decrease in Medicaid federal matching funds as a result of a reduction in cost allocation as discussed earlier.

**2. Reimbursements: \$62.3 Million Increase**

<b>Fiscal Year 2011-12 Reimbursements (in thousands)</b>			
	<b>Governor's Budget</b>	<b>Updated 2011-12</b>	<b>Request</b>
Home and Community-Based Services (HCBS) Waiver	\$938,472	\$1,008,603	\$70,131
HCBS Waiver Administration	8,369	8,369	0
Medicaid Administration	12,359	12,359	0
Targeted Case Management (TCM)	131,912	131,916	4
TCM Administration	4,000	3,668	-332
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)	48,338	49,650	1,312
Quality Assurance Fees (Transfer from DHCS)	8,778	8,837	59
Vocational Rehabilitation	118	118	0
1915(i) SPA	171,002	165,500	-5,502
1915(k) Medicaid State Plan	1,227	0	-1,227
Money Follows the Person	15,418	13,284	-2,134
Homeland Security Grant	35	35	0
California First Five Commission	50,000	50,000	0
Impacts from Other Departments FFP	1,000	1,000	0
<b>TOTAL</b>	<b>\$1,616,088</b>	<b>\$1,678,399</b>	<b>\$62,311</b>

- Caseload: \$64.7 million Increase
  - HCBS Waiver: The \$70.1 million increase in HCBS Waiver reflects additional FFP from enrollment above budgeted levels and updated services costs for consumers under the Waiver.
  - 1915(i) SPA: The \$5.5 million decrease reflects updated regional center expenditures.
  - ICF-DD SPA: The \$1.3 million increase in ICF-DD SPA reflects updated regional center expenditures.
  - 1915(k) Medicaid State Plan: The \$1.2 million decrease reflects the delay in obtaining Centers for Medicare and Medicaid Services approval of the State Plan Amendment.
  
- Fund Shift: \$2.4 million decrease
  - MFP: Decrease \$2.1 million to reflect the change in FFP as discussed earlier.
  - TCM Administration: Decrease \$0.3 million to reflect decrease in Medicaid federal matching funds as a result of a reduction in cost allocation as discussed earlier.
  
- Quality Assurance Fees (QAF): \$0.1 million increase
  - QAF (ICF-DD SPA Administration Fees), OPS: \$0.2 million decrease reflects updated regional center expenditures as discussed earlier.
  - QAF, POS: \$0.3 million increase reflects updated regional center expenditures as discussed earlier.

**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 \$82.2 million TF and decrease by \$29.6 million GF compared to the Governor's Budget.

<b>Fiscal Year 2012-13 Costs and Fund Sources</b> <i>(in thousands)</i>			
	<b>Governor's Budget</b>	<b>Updated 2012-13</b>	<b>Request</b>
<b>Total Costs</b>	<b>\$4,063,943</b>	<b>\$4,146,177</b>	<b>\$82,234</b>
Operations	536,918	534,957	-1,961
Purchase of Services	3,504,927	3,588,836	83,909
Early Start - Other Agency Costs	20,095	20,381	286
Prevention Program	2,003	2,003	0
<b>Fund Sources</b>	<b>\$4,063,943</b>	<b>\$4,146,177</b>	<b>\$82,234</b>
General Fund (GF)	2,344,564	2,314,964	-29,600
<i>GF Match</i>	(1,400,563)	(1,475,950)	(75,387)
<i>GF Other</i>	(944,001)	(839,014)	(104,987)
Reimbursements	1,656,980	1,768,794	111,814
Program Development Fund	9,523	9,523	0
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	51,986	52,006	20

1/ Expenditures include proposed Savings Solutions of -\$7.0 million in Operations (OPS) and -\$142.5 million in Purchase of Services (POS).

The increase is composed of the following:

- \$29.3 million increase TF and \$63.3 million decrease GF in OPS and POS to reflect updated caseload and expenditure data, including \$61 million in GF savings achieved through aggressive HCBS waiver enrollment, a component of the 2012-13 savings solutions;
- \$0.1 million increase TF and \$0.3 million increase GF in OPS for ICF-DD SPA Administration Fees to reflect updated expenditures as discussed earlier for Current Year;
- \$0.4 million increase TF and \$0.0 million increase GF in POS to reflect updated expenditure data for QAF, transfer of funds from DHCS as discussed earlier for Current Year;

- \$1.6 million increase TF and \$0.4 million decrease GF in POS to update the amount associated with the sunset of the 4.25 percent payment reduction on June 30, 2012.
- \$0.3 million increase TF and \$0.0 million increase GF in Early Start to reflect implementation of a federal early start Race-to-the-Top grant that will fund activities focused on the early intervention system; participation in statewide efforts at the regional center, local education agency and family resource center level; and coordination of best practices in developmental and health screening at the local level.
- Fund shift of \$40.0 million to reflect California First Five Commission grant funding.
- Fund shift of \$2.1 million to reflect the decrease in FFP for MFP as discussed earlier for Current Year.
- Fund shift of \$0.3 million to reflect the decrease in Medicaid federal matching funds for TCM Administration as a result of a reduction in cost allocation as discussed earlier for Current Year.
- \$50.5 million increase TF and \$71.4 million increase GF to reflect the proposed savings solutions associated with the full year reduction from lower than anticipated revenue projections, as described earlier for Current Year. The Regional Center Estimate in January reflected the \$200 million GF savings as a systemwide reduction. The Regional Center Estimate is adjusted for the following:
  - Reduction in reimbursements associated with the savings solutions of \$20.8 million;
  - A fund shift of \$61.0 million achieved through aggressive HCBS Waiver enrollments that restores the prior GF reduction; and
  - An increase of \$10.4 million GF due to savings now reflected in the developmental centers' budget.

The primary components of the reduction impacting the regional center budget include:

- Maximization of federal funding through aggressive HCBS Waiver enrollment and participation in the Community Choice Options funding – 1915(k).
- Implementation of Senate Bill 946 - Insurance coverage of certain behavioral services for individuals with a diagnosis of autism.
- Redesign services for individuals with challenging service needs, including reduced utilization and long-term reliance on Developmental Centers; reduced utilization of facilities not eligible for federal participation and out-of-state facilities; and realignment of resources to meet the needs of changing population and address health and safety concerns.

- Continuation of a 1.25 percent regional center and provider payment reduction.
- Redesign supported living assessments to eliminate the requirement for an independent assessment and require use of a standardized form for all consumers receiving Supported Living services for a net increase in savings.
- Additional cost savings and efficiencies including reduced “Downsizing” and “Gap” funds based on the decreased need and expanded use of technology in the Developmental Disability System to achieve efficiencies.

A complete list of proposals can be found on the DDS website at [www.dds.ca.gov](http://www.dds.ca.gov) .

## B. Caseload

The 2012-13 community estimated caseload is projected at 255,972 on January 31, 2013 which is 87 less than the Governor’s Budget budget year caseload of 256,059.

	Fiscal Year 2012-13		
	Governor’s Budget	Updated 2012-13	Difference
<b><u>CASELOAD</u></b>			
Active (Age 3 & Older)	226,107	226,107	0
Early Start (Birth through 2 Years)	29,952	29,865	-87
Prevention (Birth through 2 Years)	0	0	0
Total Community Caseload	256,059	255,972	-87

## C. Total Regional Center Costs: \$82.2 Million Increase TF and \$29.6 Million Decrease GF

1. Operations to Reflect Budget Year Costs: \$1.9 Million decrease TF and \$3.2 Million increase GF.
  - \$5.0 million increase TF and \$5.0 million increase GF primarily for increased intake projections.
  - ICF-DD SPA Administration Fees: \$0.1 million increase TF and \$0.3 million increase GF to reflect updated expenditures as discussed earlier for Current Year.
  - \$7.0 million decrease TF and \$4.5 million decrease GF to reflect OPS portion of the proposed savings solutions. Initially, the Governor’s Budget reflected the entire \$200.0 million amount in the Regional Center Estimate as a systemwide reduction. This estimate

appropriately reflects the portion of the solutions associated with regional center operations.

- Fund Shift:
  - MFP fund shift of \$2.1 million to reflect the decrease in FFP as discussed earlier for Current Year.
  - TCM Administration fund shift of \$0.3 million to reflect decrease in Medicaid federal matching funds as a result of a reduction in cost allocation as discussed earlier for Current Year.

	Fiscal Year 2012-13		
	Governor's Budget	Updated 2012-13	Request
	(in thousands)		
<b>Operations Total</b>			
Core Staffing	\$458,844	\$463,662	\$4,818
Federal Compliance	47,048	47,173	125
Projects	23,146	23,166	20
Agnews Ongoing Workload	2,788	2,788	0
Lanterman Developmental Center Closure	3,537	3,537	0
Savings Solutions	0	-7,000	-7,000
ICF-DD SPA Administration Fee	1,555	1,631	76
<b>Total Operations</b>	<b>\$536,918</b>	<b>\$534,957</b>	<b>-\$1,961</b>

2. Purchase of Service to Reflect Budget Year Costs: \$83.9 million increase TF and \$32.8 million decrease GF to reflect the following:

- \$24.3 million increase TF and \$68.3 million decrease GF to reflect updated caseload, utilization change, expenditure and HCBS waiver enrollment data, including \$61 million in GF savings achieved through aggressive HCBS Waiver enrollment, a component of the 2012-13 savings solutions;
- \$1.6 million increase TF and \$0.4 million decrease GF to update the amount associated with 4.25 percent payment reduction on June 30, 2012;
- \$0.4 million increase TF and \$0.0 million increase GF for QAF, transfer of funds from DHCS to reflect updated expenditures as discussed earlier for Current Year.
- \$57.6 million increase TF and \$75.9 million increase GF to appropriately reflect the portion of the proposed savings solutions associated with regional center POS. Initially, the Governor's Budget reflected the entire \$200.0 million systemwide reduction in the Regional Center Estimate. POS was adjusted for the following:
  - Reduction in reimbursements associated with the POS savings solutions of \$18.3 million;

- A fund shift of \$61.0 million associated with aggressive HCBS Waiver enrollment that restores the prior GF reduction;
  - An increase of \$10.4 million GF due to savings now reflected in the developmental centers' budget; and
  - A shift of \$4.5 million GF of the reduction from POS to OPS, as noted above.
- Fund shift of \$40.0 million to reflect California First Five Commission grant funding.
3. Early Start – Other Agency Costs: \$0.3 million increase TF and \$0.0 million increase GF to reflect implementation of a federal early start Race-to-the-Top grant as discussed earlier.

D. Fund Sources

1. GF \$29.6 million decrease: This decrease is composed of:
- \$63.3 million decrease to reflect updated caseload and expenditure data, including \$61 million in GF savings achieved through aggressive HCBS Waiver enrollment, a component of the 2012-13 savings solutions;
  - \$0.3 million increase for ICF-DD SPA Administration Fees to reflect updated expenditures as discussed earlier for Current Year;
  - \$0.4 million decrease to update the amount associated with the sunset of the 4.25 percent payment reduction on June 30, 2012.
  - Fund Shift:
    - MFP fund shift of \$2.1 million to reflect the decrease in FFP as discussed earlier for Current Year.
    - TCM Administration fund shift of \$0.3 million to reflect decrease in Medicaid federal matching funds as a result of a reduction in cost allocation as discussed earlier for Current Year.
    - California First Five Commission grant fund shift of \$40.0 million.
  - \$71.4 million increase to appropriately reflect the proposed savings solutions. The GF is adjusted for the following:
    - A fund shift of \$61.0 million achieved through aggressive HCBS Waiver enrollment that restores the prior GF reduction; and
    - An increase of \$10.4 million GF due to savings now reflected in the developmental centers' budget.

2. Reimbursements: \$111.8 million increase to reflect the following:

<b>Fiscal Year 2012-13 Reimbursements</b> <i>(in thousands)</i>			
	<b>Governor's Budget</b>	<b>Updated 2012-13</b>	<b>Request</b>
Home and Community-Based Services (HCBS) Waiver	\$1,003,702	\$1,078,771	\$75,069
HCBS Waiver Administration	8,786	6,279	-2,507
Medicaid Administration	12,941	12,941	0
Targeted Case Management (TCM)	139,061	139,065	4
TCM Administration	4,000	3,668	-332
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)	51,509	52,798	1,289
Quality Assurance Fees (Transfer from DHCS)	9,481	9,620	139
Vocational Rehabilitation	118	118	0
1915(i) SPA	183,362	183,362	0
1915(k) Medicaid State Plan	1,924	1,924	0
Money Follows the Person	17,001	14,867	-2,134
Homeland Security Grant	35	35	0
California First Five Commission	0	40,000	40,000
Impacts from Other Departments FFP	0	0	0
Race to the Top	0	286	286
<b>TOTAL</b>	<b>\$1,656,980</b>	<b>\$1,768,794</b>	<b>\$111,814</b>

- Caseload: \$92.6 million increase
  - HCBS Waiver: \$91.3 million increase reflects additional FFP associated with aggressive HCBS waiver enrollment to meet the 2012-13 savings solutions and updated service costs for consumers under the HCBS Waiver.
  - ICF-DD SPA: \$1.3 million increase reflects the most current expenditure data.
- Fund Shift: \$37.6 million increase
  - MFP: \$2.1 million decrease to reflect the decrease in FFP as discussed earlier for Current Year.
  - TCM Administration: \$0.3 million decrease to reflect decrease in Medicaid federal matching funds as a result of a reduction in cost allocation as discussed earlier for Current Year.

- California First Five Commission: \$40.0 million increase to reflect increase of grant funding.
- Quality Assurance Fees (QAF): \$0.1 million increase
  - QAF (ICF-DD SPA Administration Fees), OPS: \$0.3 million decrease reflects updated regional center expenditures as discussed earlier for Current Year.
  - QAF, POS: \$0.4 million increase reflects updated regional center expenditures as discussed earlier for Current Year.
- 4.25 Percent Payment Restoration: \$2.0 million increase in HCBS Waiver to update the amount associated with the sunset of the 4.25 percent payment reduction on June 30, 2012.
- Savings Solutions: \$20.8 million decrease
  - HCBS Waiver: \$18.3 million decrease to reflect the associated reimbursement funding of proposed solutions to achieve the reduction.
  - HCBS Waiver Administration: \$2.5 million decrease to reflect the associated reimbursement funding of proposed solutions to achieve the reduction.
- Early Start: \$0.3 million increase in Early Start to reflect implementation of a federal early start Race-to-the-Top grant as discussed earlier. These funds will be expended in Early Start Other Agency Costs.

## Table of Contents

**SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONS** ..... C-1 to C-2

## **FUTURE FISCAL ISSUES AND MAJOR ASSUMPTIONS**

### **FUTURE FISCAL ISSUES**

#### **New Early Start Part C Federal Regulations:**

The Individuals with Disabilities Education Act (IDEA) Part C, known in California as the Early Start Program, is a federal program administered by states that serves infants and toddlers ages 0 - 3 with developmental delays or who have diagnosed physical or mental conditions resulting in developmental delays. The grant for 2011 provided \$53.5 million in federal funds for the Early Start Program.

On September 28, 2011, the federal Office of Special Education Programs (OSEP) released new regulations that became effective October 28, 2011. The regulations are highly complex and make major changes. DDS as the lead agency is working with OSEP and national consultants to understand and interpret the federal regulations and how they will impact California. At a minimum, implementation will require changes in state regulations, policy directions, Interagency Agreements/contracts, data collection methodologies and other system changes. DDS must collaborate with the California Department of Education (CDE) to accomplish implementation activities, since CDE serves a segment of the Early Start population.

Areas that have been identified to date as having potential fiscal impact in 2012-13 include:

System of Payments (SOP) and Use of Public and Private Insurance - Under the SOP requirements, unless specific legislative protections are in place, states must have parental authorization to access their private medical insurance, and any revenue generated from insurance must be returned to the Part C program. DDS could experience an increase in program costs if the parent chooses to opt out and not authorize the use of their private insurance. There are also unknown costs associated with administering the consent process and accounting for any funds collected specifically for the Part C program.

DDS will continue to work with OSEP to explore options and flexibility within our current program structure.

**Proposed Expenditures:** The fiscal impact is undetermined.

## **REVISED MAJOR ASSUMPTION**

### **Money Follows the Person Federal Grant:**

The Budget Act of 2011 includes \$8.5 million in Money Follows the Person (MFP) Grant reimbursement authority as a partial funding source for the Regional Center Operations (OPS) component of the Lanterman Developmental Center Closure and Community Placement Plan). The federal MFP Grant (also known as California Community Transitions, administered by the California Department of Health Care Services (CDHCS)) provides federal funding for eligible administrative activities needed to assist consumers in transitioning to the community from institutions (state-operated Developmental Centers).

The MFP Grant reimbursement is 100 percent federal financial participation (FFP) for the costs associated with specified Regional Center administrative positions. These positions provide the pre-transition activities necessary to ensure consumers' successful relocation into the community.

However, based on federal policy released in September 2011, a cap has been set for administrative costs which may be reimbursed at 100 percent under the MFP Grant. As a result of this new policy, only \$1.7 million of the \$8.5 million budgeted may potentially be accessed at 100 percent reimbursement, leaving a funding gap of at least \$6.8 million. To minimize the General Fund (GF) impact the Department is working with CDHCS to obtain Centers for Medicare and Medicaid Services approval for 75 percent reimbursement for these expenditures.

**Proposed Expenditures:** There is a fund shift of \$2.1 million GF to reflect federal restrictions on the amount of MFP expenditures for OPS that may be reimbursed at the 100 percent Federal Medical Assistance Percentage. Total MFP expenditures for OPS are \$8.5 million of which \$6.4 million may be reimbursed at 75 percent FFP and \$2.1 million with GF.

## Table of Contents

### SECTION D: POPULATION

FY 2011-12 .....	D-1
FY 2012-13 .....	D-1.1
FY 2012-13 vs. FY 2012-13 .....	D-1.2
Active Status (over 3) Caseload Graph .....	D-2
Early Start (birth through 2) Caseload Graph .....	D-3
Community Caseload Bar Chart .....	D-4

## CASELOAD

### Fiscal Year 2011-12

<i>Estimated Caseload as of 1/31/12</i>				
	<i>GOVERNOR'S BUDGET</i>	<i>MAY REVISION</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Caseload (Age 3 & Older)	219,552	219,552	0	0.0%
B. Early Start (Birth through 2 Years)	28,548	28,522	-26	-0.1%
C. Prevention (Birth through 2 Years)	1,727	1,458	-269	-15.6%
<b>D. Total Community Caseload</b>	<b>249,827</b>	<b>249,532</b>	-295	-0.1%
E. Developmental Center (DC) Average Population	1,774	1,774	0	0.0%
F. On Leave	-15	-15	0	0%
<b>G. Total Avg. In Center DC Population</b>	<b>1,759</b>	<b>1,759</b>	0	0.0%
<b>H. Total Regional Center (RC) Caseload (D + G)</b>	<b>251,586</b>	<b>251,291</b>	-295	-0.1%

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.

## CASELOAD

### Fiscal Year 2012-13

<i>Estimated Caseload as of 1/31/13</i>				
	<i>GOVERNOR'S BUDGET</i>	<i>MAY REVISION</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Caseload (Age 3 & Older)	226,107	226,107	0	0.0%
B. Early Start (Birth through 2 Years)	29,952	29,865	-87	-0.3%
C. Prevention (Birth through 2 Years)	0	0	0	0.0%
<b>D. Total Community Caseload</b>	<b>256,059</b>	<b>255,972</b>	-87	0.0% *
E. Developmental Center (DC) Average Population	1,548	1,559	11	0.7%
F. On Leave	-15	-15	0	0%
<b>G. Total Avg. In Center DC Population</b>	<b>1,533</b>	<b>1,544</b>	11	0.7%
<b>H. Total Regional Center (RC) Caseload (D + G)</b>	<b>257,592</b>	<b>257,516</b>	-76	0.0%

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.

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

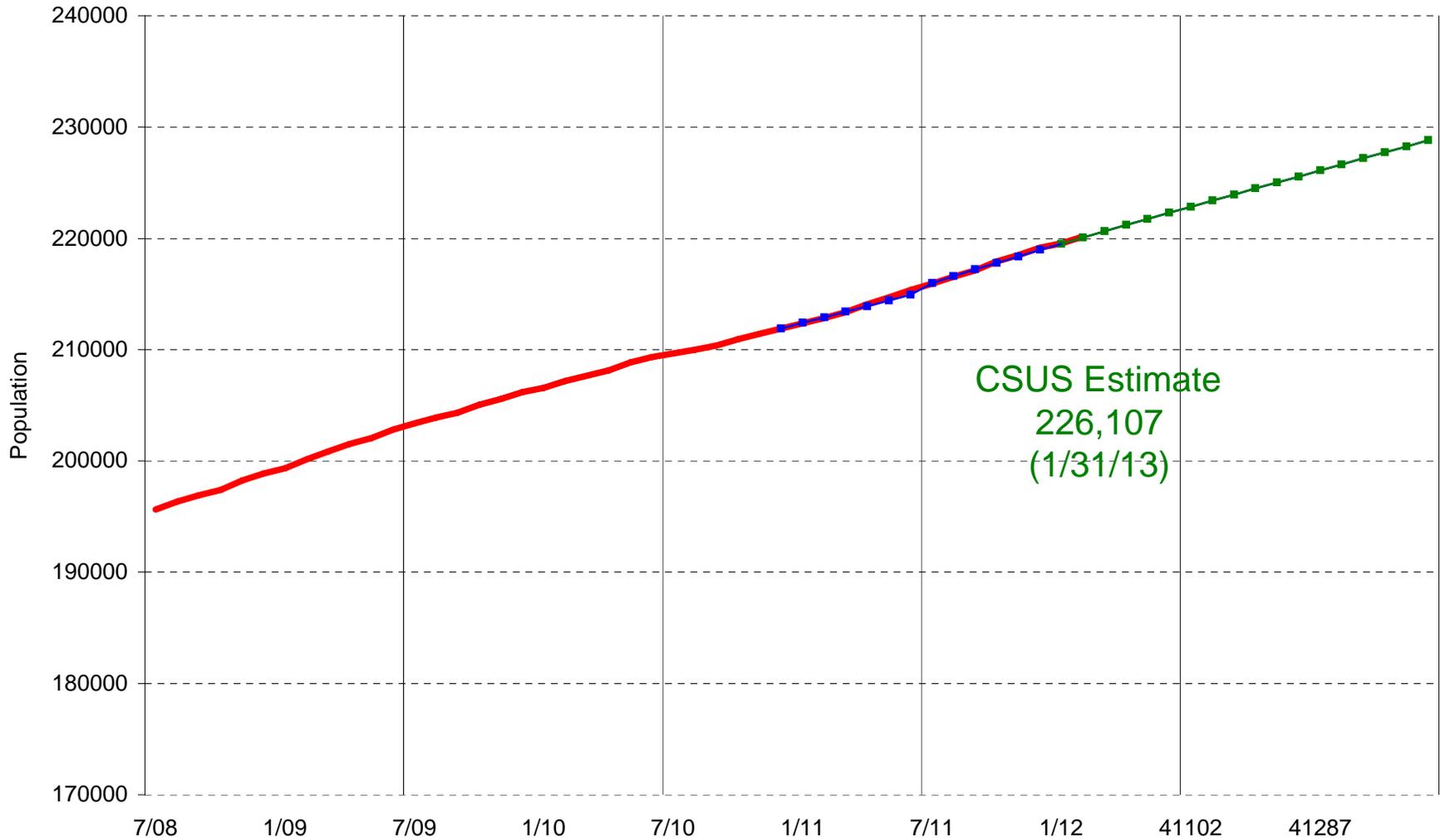
	<b>Fiscal Year 2011-12</b>	<b>Fiscal Year 2012-13</b>		
	<i>Estimated Caseload as of 1/31/12</i>	<i>Estimated Caseload as of 1/31/13</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Caseload (Age 3 & Older)	219,552	226,107	6,555	3.0%
B. Early Start (Birth through 2 Years)	28,522	29,865	1,343	4.7%
C. Prevention (Birth through 2 Years)	1,458	0	-1,458	N/A
<b>D. Total Community Caseload</b>	<b>249,532</b>	<b>255,972</b>	6,440	2.6% *
E. Developmental Center (DC) Average Population	1,774	1,559	-215	-12.1%
F. On Leave	-15	-15	0	0%
<b>G. Total Avg. In Center DC Population</b>	<b>1,759</b>	<b>1,544</b>	-215	-12.2%
<b>H. Total Regional Center (RC) Caseload (D + G)</b>	<b>251,291</b>	<b>257,516</b>	6,225	2.5%

**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 services. The 2012 May Revision caseload for Prevention represent actuals as of January 31, 2012.

# ACTIVE STATUS CASELOAD

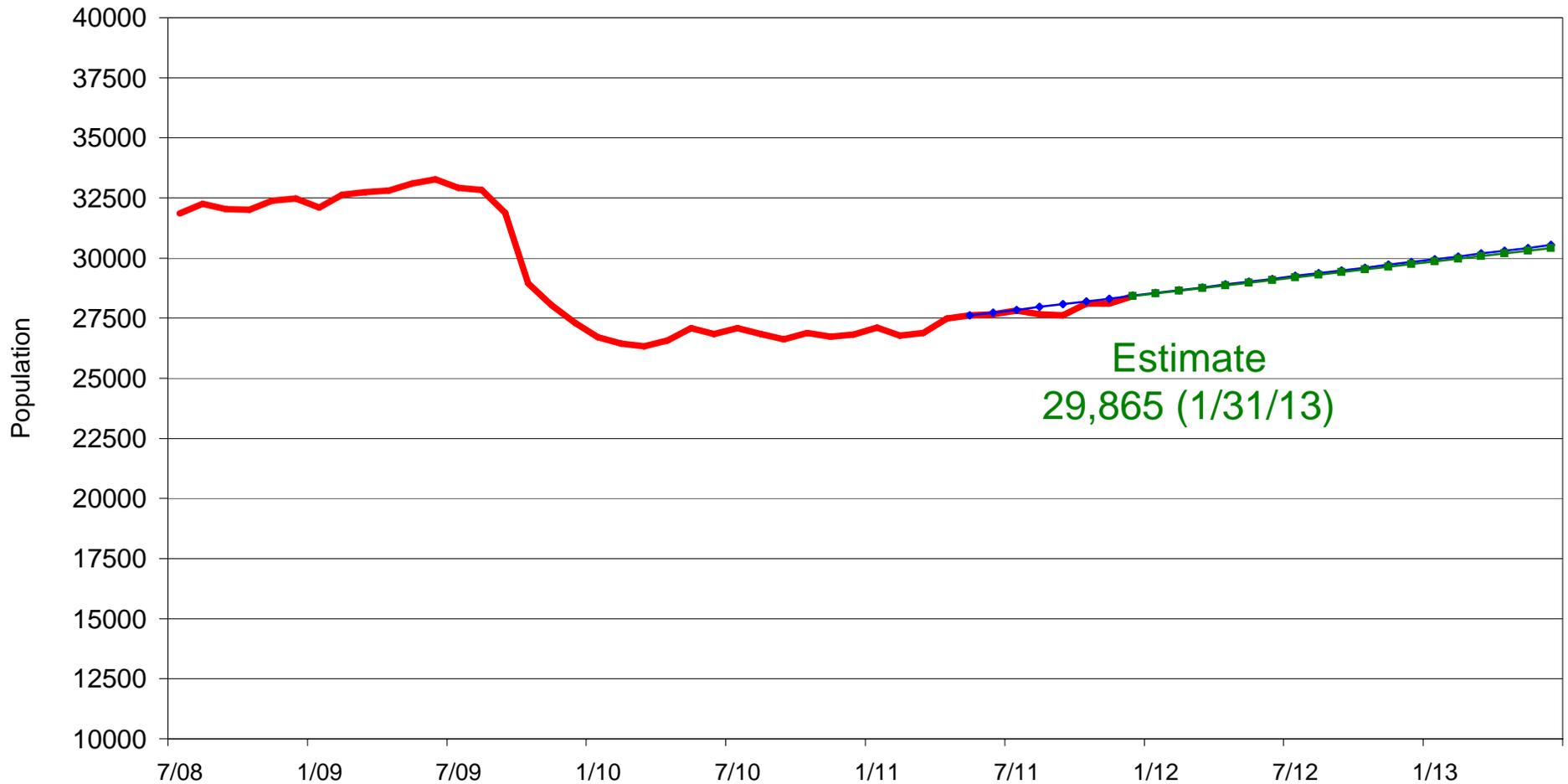
Client Master File Trend Analysis  
(Ages 3 & older)



# EARLY START CASELOAD

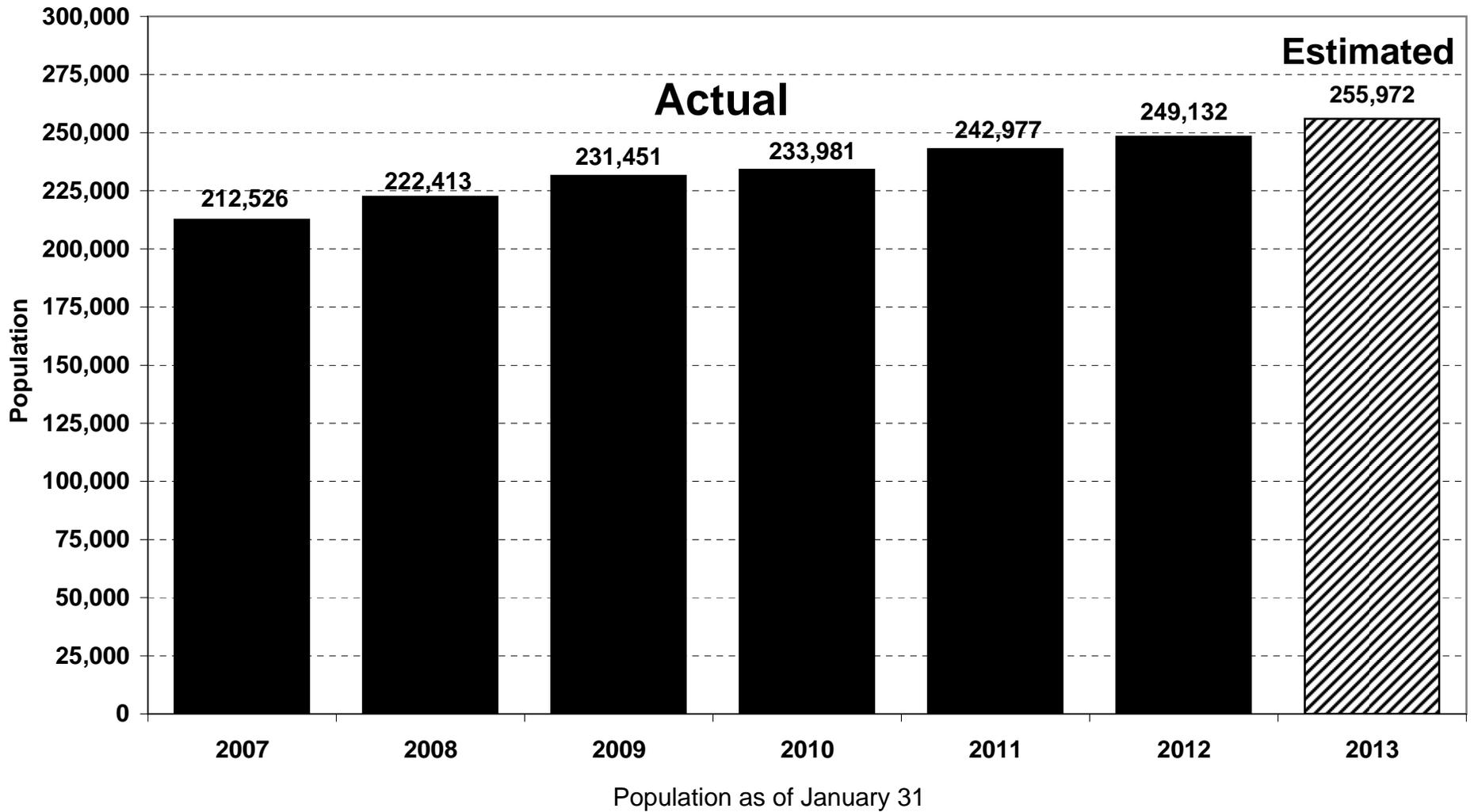
## Client Master File Trend Analysis

(Birth through 2 years)



# Community Caseload

(Active Status, Early Start & Prevention)



## Table of Contents

### SECTION E: ESTIMATE METHODOLOGIES

#### *OPERATIONS*

FY 2011-12 Summary .....	E-1.1
FY 2012-13 Summary .....	E-1.2
Staffing .....	E-2.1 to E-2.13
Agnews Ongoing Workload .....	E-2.14
Lanterman Developmental Center Closure .....	E-2.15
Federal Compliance .....	E-3.1 to E-3.7
Projects .....	E-4.1 to E-4.7

#### *INTERMEDIATE CARE FACILITIES – DEVELOPMENTALLY DISABLED*

<i>ADMINISTRATIVE FEES</i> .....	E-4.8
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1. FOR BUDGET YEAR 2012-13, THE METHODOLOGY PAGES E-1.1 THROUGH E-4.8 DO NOT REFLECT THE \$200 MILLION GF TARGET REDUCTION. PLEASE REFER TO SECTION G. FOR DETAILS OF THE REDUCTION FOR 2012-13.

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**Operations**  
**POPULATION AND OPERATIONS SUMMARY**  
**Comparison of 2012-13 Governor's Budget to 2012 May Revision**  
**Fiscal Year 2011-12**

	Governor's Budget	May Revision	Difference
<b>POPULATION</b>			
Active (Age 3 & Older)	219,552	219,552	0
Early Start (Birth through 2 Years)	28,548	28,522	-26
Total Population	248,100	248,074	-26
<b>OPERATIONS</b>			
<b>I. STAFFING</b>			
A. Core Staffing	\$480,522,000	\$480,522,000	\$0
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)	-21,931,000	-21,931,000	0
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
<b>K. Total Staffing</b>	<b>\$429,268,000</b>	<b>\$429,268,000</b>	<b>\$0</b>
<b>II. A. Agnews Ongoing Workload</b>			
	2,788,000	2,788,000	0
<b>B. Lanterman Development Center Closure</b>			
	3,537,000	3,537,000	0
<b>C. Total Developmental Centers Closure</b>	<b>\$6,325,000</b>	<b>\$6,325,000</b>	<b>\$0</b>
<b>III. FEDERAL COMPLIANCE</b>			
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	10,736,000	10,736,000	0
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
<b>G. Total Federal Compliance</b>	<b>\$46,657,000</b>	<b>\$46,657,000</b>	<b>\$0</b>
<b>IV. PROJECTS</b>			
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	379,000	379,000	0
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	35,000	35,000	0
Q. Less: Cost Containment	-490,000	-490,000	0
R. Less: Savings Target	-1,300,000	-1,300,000	0
<b>S. Total Projects</b>	<b>\$22,699,000</b>	<b>\$22,699,000</b>	<b>\$0</b>
<b>V. ICF-DD SPA Administration Fee</b>	<b>\$1,459,000</b>	<b>\$1,523,000</b>	<b>\$64,000</b>
<b>VI. GRAND TOTAL</b>	<b>\$506,408,000</b>	<b>\$506,472,000</b>	<b>\$64,000</b>

**Operations**  
**POPULATION AND OPERATIONS SUMMARY**  
**Comparison of 2012-13 Governor's Budget to 2012 May Revision**  
**Fiscal Year 2012-13**

	Governor's Budget	May Revision	Difference
<b>POPULATION</b>			
Active (Age 3 & Older)	226,107	226,107	0
Early Start (Birth through 2 Years)	29,952	29,865	-87
Total Population	256,059	255,972	-87
<b>OPERATIONS</b>			
<b>I. STAFFING</b>			
A. Core Staffing	\$488,750,000	\$493,568,000	\$4,818,000
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)	-583,000	-583,000	0
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
<b>K. Total Staffing</b>	<b>\$458,844,000</b>	<b>\$463,662,000</b>	<b>\$4,818,000</b>
<b>II. A. Agnews Ongoing Workload</b>			
	2,788,000	2,788,000	0
<b>B. Lanterman Development Center Closure</b>			
	3,537,000	3,537,000	0
<b>C. Total Developmental Centers Closure</b>	<b>\$6,325,000</b>	<b>\$6,325,000</b>	<b>\$0</b>
<b>III. FEDERAL COMPLIANCE</b>			
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	11,127,000	11,252,000	125,000
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
<b>G. Total Federal Compliance</b>	<b>\$47,048,000</b>	<b>\$47,173,000</b>	<b>\$125,000</b>
<b>IV. PROJECTS</b>			
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	1,739,000	20,000
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	379,000	379,000	0
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	1,197,000	1,197,000	0
P. Homeland Security Grant Program	35,000	35,000	0
Q. Less: Cost Containment	-490,000	-490,000	0
R. Less: Savings Target	-1,300,000	-1,300,000	0
<b>S. Total Projects</b>	<b>\$23,146,000</b>	<b>\$23,166,000</b>	<b>\$20,000</b>
<b>V. Redistribution of Savings Solutions</b>	<b>\$0</b>	<b>-\$7,000,000</b>	<b>-\$7,000,000</b>
<b>VI. ICF-DD SPA Administration Fee</b>	<b>\$1,555,000</b>	<b>\$1,631,000</b>	<b>\$76,000</b>
<b>VII. GRAND TOTAL</b>	<b>\$536,918,000</b>	<b>\$534,957,000</b>	<b>-\$1,961,000</b>

## Staffing

**DESCRIPTION:**

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

**ASSUMPTIONS:**

- Caseload data is from the Client Master File.
- **Caseload Projections:** (See Section D, Population, for detail)

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
• Active Caseload (Age 3 and Over)	219,552	219,552	0	226,107	226,107	6,555	0
• Early Start (Birth through 2 Years and Active)	28,548	28,522	-26	29,952	29,865	1,343	-87
• Subtotal	248,100	248,074	-26	256,059	255,972	7,898	-87
• Developmental Center Population	1,752	1,759	7	1,525	1,544	-215	19
• Total Caseload	249,852	249,833	-19	257,584	257,516	7,683	-68
Informational:							
• Community Care Facility Consumers (including PC)	25,258	25,258	0	25,809	25,809	551	0
• Home and Community-Based Services (HCBS) Waiver-Enrolled Consumers	94,463	94,463	0	98,569	99,622	5,159	1,053
• Early Start (Assessment and Active)	32,691	32,691	0	33,725	34,573	1,882	848
• PC Consumers	197	197	0	197	197	0	0
• Intake cases per month	4,981	4,981	0	4,981	5,413	432	432
• Vendors	45,658	45,658	0	42,919	42,032	-3,626	-887
• Mediations per year	400	400	0	400	400	0	0

**METHODOLOGY:**

**CORE STAFFING  
PERSONAL SERVICES:**

• <b>Direct Services and Administration:</b>	\$328,651,000	\$328,651,000	\$0	\$335,421,000	\$337,923,000	\$9,272,000	\$2,502,000
Total Estimated Number of Positions:							
Governor's Budget:                      May Revision:							
2011-12:	9,404.71	9,404.71					
2012-13:	9,639.16	9,683.66					
See Attachment A for Core Staffing Expenditure Detail.							
See Attachment B for Core Staffing Formulas.							
• <b>Fringe Benefits:</b>	77,521,000	77,521,000	0	79,320,000	80,088,000	2,567,000	768,000
Based on 23.7% per position.							

### Staffing

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li> <b>Salary Savings:</b>  <i>Client Program Coordinators:</i>      1.0%    Per Position  <i>All Other Staff:</i>                        5.5%    Per Position </li> </ul>	-13,496,000	-13,496,000	0	-13,769,000	-13,939,000	-443,000	-170,000
	-1,946,000	-1,946,000	0	-2,000,000	-2,011,000	-65,000	-11,000
	-11,550,000	-11,550,000	0	-11,769,000	-11,928,000	-378,000	-159,000
<ul style="list-style-type: none"> <li> <b>Early Start /Part C Administrative and Clinical Support:</b>                      Includes salaries, fringe benefits and salary savings.                 </li> </ul>	694,000	694,000	0	694,000	694,000	0	0
<b>TOTAL PERSONAL SERVICES</b>	<u>\$393,370,000</u>	<u>\$393,370,000</u>	<u>\$0</u>	<u>\$401,666,000</u>	<u>\$404,766,000</u>	<u>\$11,396,000</u>	<u>\$3,100,000</u>
<b>OPERATING EXPENSES:</b>							
<ul style="list-style-type: none"> <li> <b>Operating Expenses:</b>                      Base amount plus the following adjustments:                      Professional Positions:      \$3,400    Per New Position                      Clerical Positions:            \$2,400    Per New Position                 </li> </ul>	\$38,169,000	\$38,169,000	\$0	\$38,101,000	\$38,279,000	\$110,000	\$178,000
<ul style="list-style-type: none"> <li> <b>Rent:</b>                      Base amount plus \$8,086 per new position                 </li> </ul>	48,983,000	48,983,000	0	48,983,000	50,523,000	1,540,000	1,540,000
<b>TOTAL OPERATING EXPENSES</b>	<u>\$87,152,000</u>	<u>\$87,152,000</u>	<u>\$0</u>	<u>\$87,084,000</u>	<u>\$88,802,000</u>	<u>\$1,650,000</u>	<u>\$1,718,000</u>
<b>TOTAL CORE STAFFING</b>	<u>\$480,522,000</u>	<u>\$480,522,000</u>	<u>\$0</u>	<u>\$488,750,000</u>	<u>\$493,568,000</u>	<u>\$13,046,000</u>	<u>\$4,818,000</u>
<b>CPP:</b>							
<ul style="list-style-type: none"> <li>See CPP for the methodology detail.</li> </ul>	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$12,472,000	\$0	\$0
<b>STAFFING FOR COLLECTION OF FEDERAL FINANCIAL PARTICIPATION (FFP) FOR CONTRACTED SERVICES</b>							
<ul style="list-style-type: none"> <li>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.</li> </ul>	2,228,000	2,228,000	0	2,228,000	2,228,000	0	0

**Staffing****METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>LESS INTAKE AND ASSESSMENT (2003-04)</b>							
• 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	-4,465,000	0	0
<b>LESS UNALLOCATED REDUCTION (2001-02)</b>	-10,559,000	-10,559,000	0	-10,559,000	-10,559,000	0	0
<b>LESS COST CONTAINMENT (2004-05)</b>	-5,968,000	-5,968,000	0	-5,968,000	-5,968,000	0	0
<b>LESS SAVINGS TARGET (2009-10)</b>	-14,145,000	-14,145,000	0	-14,145,000	-14,145,000	0	0
<b>LESS 4.25% PAYMENT REDUCTION (2009-10)</b>	-21,931,000	-21,931,000	0	-583,000	-583,000	21,348,000	0
<b>LESS COST CONTAINMENT (2011-12)</b>	-3,486,000	-3,486,000	0	-3,486,000	-3,486,000	0	0
<b>LESS UNALLOCATED REDUCTION (2011-12)</b>	-5,400,000	-5,400,000	0	-5,400,000	-5,400,000	0	0
<b>EXPENDITURES</b>	<b>\$429,268,000</b>	<b>\$429,268,000</b>	<b>\$0</b>	<b>\$458,844,000</b>	<b>\$463,662,000</b>	<b>\$34,394,000</b>	<b>\$4,818,000</b>

## 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.

### REASON FOR YEAR-TO-YEAR CHANGE:

The change in the MFP grant reflects a federal cap that has been set for administrative costs. The reimbursement amounts for TCM reflect the most current billable units.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>EXPENDITURES:</b>							
TOTAL	\$429,268,000	\$429,268,000	\$0	\$458,844,000	\$463,662,000	\$34,394,000	\$4,818,000
<b>GF</b>	\$284,388,000	\$285,966,000	\$1,578,000	\$306,012,000	\$312,477,000	\$26,511,000	\$6,465,000
<i>GF Match</i>	\$135,739,000	134,943,000	-796,000	143,832,000	142,440,000	7,497,000	-1,392,000
<i>GF Other</i>	\$148,649,000	151,023,000	2,374,000	162,180,000	170,037,000	19,014,000	7,857,000
<b>Reimbursements</b>	\$144,880,000	\$143,302,000	-\$1,578,000	\$152,832,000	\$151,185,000	\$7,883,000	-\$1,647,000
<i>MA</i>	8,786,000	8,786,000	0	9,368,000	9,368,000	582,000	0
<i>HCBS Waiver Administration</i>	3,850,000	3,850,000	0	4,267,000	4,260,000	410,000	-7,000
<i>TCM</i>	123,244,000	123,248,000	4,000	130,197,000	130,139,000	6,891,000	-58,000
<i>TCM Administration</i>	4,000,000	3,668,000	-332,000	4,000,000	3,668,000	0	-332,000
<i>MFP</i>	5,000,000	3,750,000	-1,250,000	5,000,000	3,750,000	0	-1,250,000

**Attachment A**  
**CORE STAFFING - CY 2011-12**  
**Comparison of the 2012-13 Governor's Budget to the 2012 May Revision**

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

	Governor's Budget	May Revision			
		Positions	Budgeted Salary	Cost	Request
(a) Physician	\$9,903,326	124.93	\$79,271	\$9,903,326	\$0
(b) Psychologist	10,432,237	249.85	41,754	10,432,237	0
(c) Nurse	4,643,773	124.93	37,171	4,643,773	0
(d) Nutritionist	3,514,281	124.93	28,130	3,514,281	0

**(2) Clinical Support Teams**

(a) Physician/Psychiatrist	5,982,210	65.00	92,034	5,982,210	0
(b) Consulting Pharmacist	3,929,250	65.00	60,450	3,929,250	0
(c) Behavioral Psychologist	3,573,180	65.00	54,972	3,573,180	0
(d) Nurse	3,281,070	65.00	50,478	3,281,070	0

**(3) SB 1038 Health Reviews**

(a) Physician	2,017,385	21.92	92,034	2,017,385	0
(b) Nurse	5,163,395	102.29	50,478	5,163,395	0

**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)	20,564,908	392.52	52,392	20,564,908	0
(4) Supervising Counselor (Capitol People First) ( DC Case Management 1:10 CPCs)	245,952	3.66	67,200	245,952	0
(5) Client Program Coordinator (CPC), 1:66 DC Consumers Capitol People First	1,765,563	37.55	47,019	1,765,563	0
(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES )	64,439,592	1,893.50	34,032	64,439,592	0
(7) CPC (Waiver, Early Start only), 1:62 Consumers	67,521,190	1,984.05	34,032	67,521,190	0
(8) CPC, Quality Assurance for ARM	1,620,264	47.61	34,032	1,620,264	0
(9) Supervising Counselor, DSS Incidental Medical Care Regulations (1:10 CPCs)	65,490	1.25	52,392	65,490	0
(10) CPC, DSS Incidental Medical Care Regs	471,287	12.46	37,824	471,287	0

**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	1,043,649	19.92	52,392	1,043,649	0
(b) CPC	6,779,174	199.20	34,032	6,779,174	0
(c) Administrative and Clinical Support (see next page)					

**e. Community Services**

(1) Special Incident Coordinator	1,100,232	21.00	52,392	1,100,232	0
(2) Vendor Fiscal Monitor	1,273,134	25.04	50,844	1,273,134	0
(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	166,598	4.38	38,036	166,598	0
(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	369,888	7.06	52,392	369,888	0
(2) QA/CPC	2,403,340	70.62	34,032	2,403,340	0
(3) Nurses	1,782,378	35.31	50,478	1,782,378	0

**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**

	\$272,822,623	7,152.51		\$272,822,623	\$0
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**Attachment A**  
**CORE STAFFING, CY 2011-12 (continued)**

	Governor's Budget	May Revision			Difference
		Positions	Budgeted Salary	Cost	
<b>2. ADMINISTRATION</b>					
<b>a. Executive Staff</b>					
(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>b. Fiscal</b>					
(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)	3,767,726	94.46	39,887	3,767,726	0
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	921,546	25.27	36,468	921,546	0
(5) Revenue Clerk	1,363,815	66.15	20,617	1,363,815	0
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	6,695,566	342.59	18,397	6,695,566	0
<b>c. Information Systems and Human Resources</b>					
(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
<b>d. Clerical Support</b>					
(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	256,332	10.96	23,388	256,332	0
(5) MD/Psychologist Secretary I	4,099,344	187.39	21,876	4,099,344	0
(6) Secretary II	3,756,347	160.61	23,388	3,756,347	0
(7) Secretary I	17,787,826	948.33	18,757	17,787,826	0
(8) Secretary I (DC Case Management - Capitol People First)	221,025	6.94	31,848	221,025	0
<b>e. SUBTOTAL ADMINISTRATION</b>	<u>\$55,828,854</u>	<u>2,252.20</u>		<u>\$55,828,854</u>	<u>\$0</u>
<b>3. TOTAL POSITIONS AND SALARIES</b> (Item A.1.i. + Item A.2.e.)	<u>\$328,651,477</u>	<u>9,404.71</u>		<u>\$328,651,477</u>	<u>\$0</u>
a. CPCs	157,329,522			157,329,522	0
b. All Other Staff	169,763,063			169,763,063	0
<b>4. Fringe Benefits</b>					
a. CPCs 23.7%	\$37,287,097			\$37,287,097	\$0
b. All Other Staff 23.7%	40,233,846			40,233,846	0
<b>c. Total Fringe Benefits</b>	<u>\$77,520,943</u>			<u>\$77,520,943</u>	<u>\$0</u>
<b>5. Salary Savings</b>					
a. CPCs 1.0%	-\$1,946,166			-\$1,946,166	\$0
b. All Other Staff 5.5%	-11,549,830			-11,549,830	0
<b>c. Total Salary Savings</b>	<u>-\$13,495,996</u>			<u>-\$13,495,996</u>	<u>\$0</u>
<b>6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)</b>	<u>\$694,000</u>			<u>\$694,000</u>	<u>\$0</u>
<b>7. TOTAL PERSONAL SERVICES</b> (Items A.3. + A.4. + A.5. + A.6.)	<u>\$393,370,424</u>			<u>\$393,370,424</u>	<u>\$0</u>
<b>ROUNDED</b>	<u>\$393,370,000</u>	<u>9,405.00</u>		<u>\$393,370,000</u>	<u>\$0</u>
<b>B. OPERATING EXPENSES AND RENT</b>					
<b>1. Operating Expenses</b>	<u>\$38,169,000</u>			<u>\$38,169,000</u>	<u>\$0</u>
<b>2. Rent</b>	<u>\$48,983,000</u>			<u>\$48,983,000</u>	<u>\$0</u>
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	
<b>3. Subtotal Operating Expenses and Rent</b>	<u>\$87,152,000</u>			<u>\$87,152,000</u>	<u>\$0</u>
<b>C. TOTAL CORE STAFFING (Items A.7. + B.3.)</b>	<u>\$480,522,000</u>			<u>\$480,522,000</u>	<u>\$0</u>

**Attachment A**  
**CORE STAFFING - BY 2012-13**  
**Comparison of the 2012-13 Governor's Budget to the 2012 May Revision**

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

	Governor's Budget	May Revision			Difference
		Positions	Budgeted Salary	Cost	
(a) Physician	\$10,209,312	128.75	\$79,271	\$10,206,141	-\$3,171
(b) Psychologist	10,754,995	257.50	41,754	10,751,655	-3,340
(c) Nurse	4,787,253	128.75	37,171	4,785,766	-1,487
(d) Nutritionist	3,622,863	128.75	28,130	3,621,738	-1,125

**(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	2,172,002	22.84	92,034	2,102,057	-69,945
(b) Nurse	5,559,142	106.58	50,478	5,379,945	-179,197

**b. Intake / Case Management**

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	2,706,642	77.33	38,036	2,941,324	234,682
(2) Intake Worker	22,437,225	773.29	31,532	24,383,380	1,946,155
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6) and (7) below)	21,223,475	405.22	52,392	21,230,286	6,811
(4) Supervising Counselor (Capitol People First)					
( DC Case Management 1:10 CPCs)	222,432	3.31	67,200	222,432	0
(5) Client Program Coordinator (CPC), 1:66 DC Consumers					
Capitol People First	1,603,818	34.11	47,019	1,603,818	0
(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES )	65,703,881	1,914.70	34,032	65,161,070	-542,811
(7) CPC (Waiver, Early Start only), 1:62 Consumers	70,545,613	2,088.50	34,032	71,075,832	530,219
(8) CPC, Quality Assurance for ARM	1,609,373	48.97	34,032	1,666,547	57,174
(9) Supervising Counselor, DSS Incidental Medical					
Care Regulations (1:10 CPCs)	65,490	1.25	52,392	65,490	0
(10) CPC, DSS Incidental Medical Care Regs	471,287	12.51	37,824	473,178	1,891

**c. Quality Assurance / Quarterly Monitoring**

(1) Supervising Counselor	2,047,479	39.40	52,392	2,064,245	16,766
(2) CPC	13,301,067	394.03	34,032	13,409,629	108,562

**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	1,076,656	21.07	52,392	1,103,899	27,243
(b) CPC	6,993,236	210.66	34,032	7,169,181	175,945
(c) Administrative and Clinical Support (see next page)					

**e. Community Services**

(1) Special Incident Coordinator	1,100,232	21.00	52,392	1,100,232	0
(2) Vendor Fiscal Monitor	1,228,899	23.89	50,844	1,214,663	-14,236
(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	144,917	3.81	38,036	144,917	0
(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)	40,838	1.20	34,032	40,838	0

**f. Special Incident Reporting (SIR)**

(1) Supervising Counselor	378,270	7.22	52,392	378,270	0
(2) QA/CPC	2,457,451	72.19	34,032	2,456,770	-681
(3) Nurses	1,822,761	36.10	50,478	1,822,256	-505

**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**

<b>Governor's Budget</b>	<b>\$279,888,538</b>	<b>7,407.18</b>		<b>\$281,919,554</b>	<b>\$2,031,016</b>
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**Attachment A**  
**CORE STAFFING, BY (continued)**

	Governor's Budget	May Revision			Difference
		Positions	Budgeted Salary	Cost	
<b>2. ADMINISTRATION</b>					
<b>a. Executive Staff</b>					
(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>b. Fiscal</b>					
(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)	3,931,662	99.62	39,887	3,973,543	41,881
(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	59.82	20,617	1,233,309	-119,785
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	5,599,410	321.87	18,397	5,921,442	322,032
<b>c. Information Systems and Human Resources</b>					
(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
<b>d. Clerical Support</b>					
(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	275,978	11.42	23,388	267,091	-8,887
(5) MD/Psychologist Secretary I	4,226,224	193.13	21,876	4,224,912	-1,312
(6) Secretary II	3,846,390	164.58	23,388	3,849,197	2,807
(7) Secretary I	18,264,441	986.23	18,757	18,498,716	234,275
(8) Secretary I (DC Case Management - Capitol People First)	200,961	6.31	31,848	200,961	0
<b>e. SUBTOTAL ADMINISTRATION</b>	<b>\$55,532,719</b>	<b>2,276.48</b>		<b>\$56,003,730</b>	<b>\$471,011</b>
<b>3. TOTAL POSITIONS AND SALARIES</b>					
(Item A.1.i. + Item A.2.e.)	\$335,421,257	9,683.66		\$337,923,284	\$2,502,027
a. CPCs	161,696,755			162,601,041	904,286
b. All Other Staff	172,988,782			175,322,243	2,333,461
<b>4. Fringe Benefits</b>					
a. CPCs 23.7%	\$38,322,131			\$38,536,447	\$214,316
b. All Other Staff 23.7%	40,998,341			41,551,372	553,031
<b>c. Total Fringe Benefits</b>	<b>\$79,320,472</b>			<b>\$80,087,819</b>	<b>\$767,347</b>
<b>5. Salary Savings</b>					
a. CPCs 1.0%	-\$2,000,189			-\$2,011,375	-\$11,186
b. All Other Staff 5.5%	-11,769,292			-11,928,049	-158,757
<b>c. Total Salary Savings</b>	<b>-\$13,769,481</b>			<b>-\$13,939,424</b>	<b>-\$169,943</b>
<b>6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)</b>	\$694,000			\$694,000	\$0
<b>7. TOTAL PERSONAL SERVICES</b> (Items A.3. + A.4. + A.5. + A.6.) ROUNDED	<b>\$401,666,248</b>	<b>9,684.00</b>		<b>\$404,765,679</b>	<b>\$3,099,431</b>
<b>B. OPERATING EXPENSES AND RENT</b>					
<b>1. Operating Expenses</b>	<b>\$38,101,000</b>			<b>\$38,279,000</b>	<b>\$178,000</b>
<b>2. Rent</b>	<b>\$48,983,000</b>			<b>\$50,523,000</b>	<b>\$1,540,000</b>
a. Rent	51,983,000			53,523,000	1,540,000
b. Elimination of Office Relocation and Modifications	-3,000,000			-3,000,000	0
<b>3. Subtotal Operating Expenses and Rent</b>	<b>\$87,084,000</b>			<b>\$88,802,000</b>	<b>\$1,718,000</b>
<b>C. SUBTOTAL CORE STAFFING (Items A.7. + B.3.)</b>	<b>\$488,750,000</b>			<b>\$493,568,000</b>	<b>\$4,818,000</b>

**Attachment B**  
**CORE STAFFING FORMULAS**

<b>CORE STAFFING CLASSIFICATION</b>	<b>STAFFING FORMULA</b>
<b>A. <u>PERSONAL SERVICES</u></b>	
<b>1. DIRECT SERVICES</b>	
<b>a. <u>Clinical</u></b>	
(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>b. <u>Intake/Case Management</u></b>	
(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	
<b>A. PERSONAL SERVICES (continued)</b>		
<b>1. DIRECT SERVICES (continued)</b>		
<b>f. Special Incident Reporting (SIR)</b>		
(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
<b>g. Mediation</b>		
(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
<b>h. Expansion of Autism Spectrum Disorders (ASD) Initiative</b>		
(1) ASD Clinical Specialist (effective January 1, 2007)	1.0 position	: RC
(2) ASD Program Coordinator (effective January 1, 2007)	1.0 position	: RC
<b>2. ADMINISTRATION</b>		
<b>a. Executive Staff</b>		
(1) Director	1.0 position	: RC
(2) Administrator	1.0 position	: RC
(3) Chief Counselor	1.0 position	: RC
<b>b. Fiscal</b>		
(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
<b>c. Information Systems and Human Resources</b>		
(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
<b>A. <u>PERSONAL SERVICES (continued)</u></b>	
<b>2. <u>ADMINISTRATION (continued)</u></b>	
<b>d. <u>Clerical Support</u></b>	
(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)

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

### FUNDING:

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

### EXPENDITURES:

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

## Agnews Ongoing Workload (Operations)

	2011-12		2012-13	
	Positions	Cost	Positions	Cost
<b>A. Community Placement Plan (CPP) Staffing</b>				
<b>1. Unified Operations Costs</b>				
<b>a. Personal Services</b>				
Quality Assurance/Management	6.50	503,488	6.50	503,488
Health Care Community Specialists	4.00	503,000	4.00	503,000
<b>Total Personal Services</b>	<b>10.50</b>	<b>\$1,006,488</b>	<b>10.50</b>	<b>\$1,006,488</b>
<b>b. Operating Expenses</b>				
Operating Expenses		\$27,718		\$27,718
Rent		51,800		51,800
<b>Total Operating Expenses</b>		<b>\$79,518</b>		<b>\$79,518</b>
<b>c. Subtotal Unified Operational Costs (a+b) (Rounded)</b>		<b>\$1,086,006</b>		<b>\$1,086,006</b>
		<b>\$1,086,000</b>		<b>\$1,086,000</b>
<b>2. State Employees in the Community</b>				
Personal Services	13.40	\$1,016,167	13.40	\$1,016,167
Operating Expenses		93,526		93,526
<b>Total State Employees in the Community (Rounded)</b>	<b>13.40</b>	<b>\$1,109,693</b>	<b>13.40</b>	<b>\$1,109,693</b>
		<b>\$1,110,000</b>		<b>\$1,110,000</b>
<b>3. Total CPP Staffing</b>		<b>\$2,196,000</b>		<b>\$2,196,000</b>
<b>B. Placement Continuation Staffing</b>				
Nurse Consultants	3.00	356,000	3.00	356,000
Oral Health Care	3.00	236,000	3.00	236,000
<b>Subtotal Placement Continuation Staffing</b>	<b>6.00</b>	<b>\$592,000</b>	<b>6.00</b>	<b>\$592,000</b>
<b>C. Total (A + B) (Rounded)</b>	<b>29.90</b>	<b>\$2,788,000</b>	<b>29.90</b>	<b>\$2,788,000</b>
		<b>\$2,788,000</b>		<b>\$2,788,000</b>
<b>EXPENDITURES:</b>				
TOTAL		\$2,788,000		\$2,788,000
<b>General Fund</b>		\$977,000		\$977,000
General Fund Match		728,000		728,000
General Fund Other		249,000		249,000
<b>Reimbursements</b>		\$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
<b>1. Personal Services</b>				
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
<b>Total Personal Services</b>	<b>34.00</b>	<b>\$3,160,000</b>	<b>34.00</b>	<b>\$3,160,000</b>
<b>2. Operating Expenses</b>				
Operating Expenses		\$115,600		\$115,600
Rent		261,630		261,630
<b>Total Operating Expenses</b>		<b>\$377,230</b>		<b>\$377,230</b>
<b>3. Grand Total (1+ 2) (Rounded)</b>		<b>\$3,537,230</b>		<b>\$3,537,230</b>
		<b>\$3,537,000</b>		<b>\$3,537,000</b>

### EXPENDITURES:

TOTAL	\$3,537,000	\$3,537,000
<b>General Fund</b>	\$884,000	\$884,000
<i>General Fund Match</i>	884,000	884,000
<i>General Fund Other</i>	0	0
<b>Reimbursements</b>	\$2,653,000	\$2,653,000
<i>Money Follows the Person Grant</i>	2,653,000	2,653,000

## 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:

	Governor's			Governor's			2012-13	
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request	
<ul style="list-style-type: none"> <li> <b>HCBS Waiver</b>                      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)                 </li> </ul>	\$21,135,000	\$21,135,000	\$0	\$21,135,000	\$21,135,000	\$0	\$0	
<ul style="list-style-type: none"> <li> <b>Compliance with HCBS Waiver Requirements</b>                      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.                 </li> </ul>	\$9,200,000	\$9,200,000	\$0	\$9,200,000	\$9,200,000	\$0	\$0	

**Federal Compliance**

**ASSUMPTIONS/METHODOLOGY (continued):**

	Governor's			Governor's			2012-13	2012-13
	Budget	Updated	2011-12	Budget	Updated	Over	2012-13	2012-13
	2011-12	2011-12	Request	2012-13	2012-13	2011-12	Request	Request
<p>● <b>Case Managers to Meet HCBS Waiver Requirements</b></p> <p>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.</p> <p>Governor's Budget:</p> <p>2011-12: \$5,368,000 GF Match, \$5,368,000 TCM.</p> <p>2012-13: \$5,563,000 GF Match, \$5,564,000 TCM.</p> <p>May Revision</p> <p>2011-12: \$5,368,000 GF Match, \$5,368,000 TCM.</p> <p>2012-13: \$5,626,000 GF Match, \$5,626,000 TCM.</p> <p>Change from Prior Estimate and Reason for Year-to-Year Change:</p> <p>Reflects increase in the number of case manager positions to meet the ratio of 62:1.</p>	\$10,736,000	\$10,736,000	\$0	\$11,127,000	\$11,252,000	\$516,000		\$125,000
<p>● <b>TCM</b></p> <p>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)</p>	\$4,129,000	\$4,129,000	\$0	\$4,129,000	\$4,129,000	\$0		\$0
<p>● <b>NHR/Pre-Admission Screening and Resident Review (PASRR)</b></p> <p>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)</p>	\$473,000	\$473,000	\$0	\$473,000	\$473,000	\$0		\$0

**Federal Compliance**

**ASSUMPTIONS/METHODOLOGY (continued):**

	Governor's			Governor's		2012-13	2012-13
	Budget	Updated	2011-12	Budget	Updated	Over	2012-13
	2011-12	2011-12	Request	2012-13	2012-13	2011-12	Request
<ul style="list-style-type: none"> <li> <b>Federal Medicaid Requirement for RC HCBS Services</b>                      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)                       Funding: \$492,000 GF Match, \$492,000 HCBS Waiver Administration.                 </li> </ul>	\$984,000	\$984,000	\$0	\$984,000	\$984,000	\$0	\$0
<ul style="list-style-type: none"> <li> <b>EXPENDITURES</b> </li> </ul>	\$46,657,000	\$46,657,000	\$0	\$47,048,000	\$47,173,000	\$516,000	\$125,000

**Federal Compliance**

**EXPENDITURES:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
TOTAL	\$46,657,000	\$46,657,000	\$0	\$47,048,000	\$47,173,000	\$516,000	\$125,000
<b>GF</b>	\$35,547,000	\$35,547,000	\$0	\$35,742,000	\$35,805,000	\$258,000	\$63,000
<i>GF Match</i>	9,810,000	9,810,000	0	10,005,000	10,068,000	258,000	63,000
<i>GF Other</i>	25,737,000	25,737,000	0	25,737,000	25,737,000	0	0
<b>Reimbursements</b>	\$11,110,000	\$11,110,000	\$0	\$11,306,000	\$11,368,000	\$258,000	\$62,000
<i>HCBS Waiver Administration</i>	492,000	492,000	0	492,000	492,000	0	0
<i>MA</i>	1,950,000	1,950,000	0	1,950,000	1,950,000	0	0
<i>TCM</i>	8,668,000	8,668,000	0	8,864,000	8,926,000	258,000	62,000

**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 &amp; 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
<b>Totals</b>	125.8			\$6,157,956		\$1,925,190			\$1,126,594	\$9,200,000
<b>TOTAL EXPENDITURES:</b>										<b>\$9,200,000</b>

**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>
<b>TOTAL</b>	<b>\$9,200,000</b>	<b>\$9,200,000</b>
<b>General Fund</b>	\$3,950,000	\$3,950,000
<i>GF Match</i>	3,950,000	3,950,000
<i>GF Other</i>	0	0
<b>Reimbursements</b>	\$5,250,000	\$5,250,000
<i>Medicaid Administration</i>	1,950,000	1,950,000
<i>TCM</i>	3,300,000	3,300,000

**Increase in Case Managers to Meet Federal Audit Requirements**

	Governor's			Governor's			2012-13	2012-13
	Budget	Updated	2011-12	Budget	Updated	Over		
	2011-12	2011-12	Request	2012-13	2012-13	2011-12		Request
A. Total Number of Budgeted HCBS Waiver-related Client Program Coordinator (CPC) Positions	1,893.14	1,893.14	0.00	1,964.06	1,991.42	98.28		27.36
B. Case Management Coverage Factor (e.g., immediate coverage for CPC vacancies) <sup>a/</sup>	7.4%	7.4%	0.0%	7.4%	7.4%	0.0%		0.0%
C. Number of CPC Vacancies Related to HCBS Waiver Consumers (Item A x Item B) <sup>b/</sup>	140.09	140.09	0.00	145.34	147.37	7.27		2.02
D. CPC Salary	\$39,606	\$39,606	\$0.00	\$39,606	\$39,606	\$0.00		\$0.00
E. Total CPC Salary Expenditures (Item C x Item D)	\$5,548,498	\$5,548,498	\$0	\$5,756,353	\$5,836,541	\$288,043		\$80,188
F. Supervising Counselors (at 1:10 CPCs)								
2011-12	140.09	x	1/10	=	14.01			
2012-13	147.37	x	1/10	=	14.74			
	14.01				14.01	0.00		
					14.53		0.73	0.21
G. Supervising Counselor Salary	\$62,784	\$62,784	\$0	\$62,784	\$62,784	\$0.00		\$0.00
H. Total Supervising Counselor Salary Expenditures (Item F x Item G)	\$879,604	\$879,604	\$0	\$912,252	\$925,436	\$0		\$13,184
I. Secretary II (at 1:6 CPCs and Supervising Counselors)								
Enacted								
Budget	130.16	+	13.02	=	143.18			
	143.18	x	1/6	=	23.86			
2011-12	140.09	+	14.01	=	154.10			
	154.10	x	1/6	=	25.68			
	26.00				26.00	0.00		
2012-13	147.37	+	14.74	=	162.11			
	162.11	x	1/6	=	27.02			
					26.65		1.02	0.37
J. Secretary II Salary	\$28,736	\$28,736	\$0	\$28,736	\$28,736	\$0		\$0
Total Secretary II Salary Expenditures (Item I x Item J)	\$747,136	\$747,136	\$0	\$765,814	\$776,447	\$0		\$10,633

## Increase in Case Managers to Meet Federal Audit Requirements

		Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
K. Fringe Benefits								
CPC's and All Other Staff	23.7%	\$1,700,509	\$1,700,509	\$0	\$1,761,954	\$1,761,954	\$61,445	\$0
		\$1,700,509	\$1,700,509	\$0	\$1,761,954	\$1,761,954	\$61,445	\$0
L. Salary Savings								
CPCs	1.0%	-\$68,634	-\$68,634	0	-\$71,206	-\$71,206	-2,572	0
All Other Staff	5.5%	-110,675	-110,675	0	-114,167	-114,167	-3,492	0
		-179,309	-179,309	0	-185,373	-185,373	-6,064	0
M. Total Personal Services (Item E + Item G + Item J + Item I + Item K)		\$8,696,438	\$8,696,438	\$0	\$9,011,000	\$9,115,005	\$343,424	\$104,005
N. Operating Expenses								
Professional Positions	\$3,400	\$523,940	\$523,940	\$0	\$543,558	\$543,558	\$19,618	\$0
Clerical Positions	\$2,400	61,632	61,632	0	63,960	63,960	2,328	0
Rent	\$8,086	1,453,701	1,453,701	0	1,508,201	1,529,265	75,564	21,064
Total Operating Expenses		\$2,039,273	\$2,039,273	\$0	\$2,115,719	\$2,136,783	\$97,510	\$21,064
O. Total Costs (Item L + Item M)		\$10,735,711	\$10,735,711	0	\$11,126,719	\$11,251,788	516,077	125,069
Rounded		<b>\$10,736,000</b>	<b>\$10,736,000</b>	<b>\$0</b>	<b>\$11,127,000</b>	<b>\$11,252,000</b>	<b>\$516,000</b>	<b>\$125,000</b>
	TOTAL	\$10,736,000	\$10,736,000	\$0	\$11,127,000	\$11,252,000	\$516,000	\$125,000
	<b>General Fund (GF)</b>	\$5,368,000	\$5,368,000	\$0	\$5,563,000	\$5,626,000	\$258,000	\$63,000
	<i>GF Match</i>	5,368,000	5,368,000	0	5,563,000	5,626,000	258,000	63,000
	<i>GF Other</i>	0	0	0	0	0	0	0
	<b>Reimbursements</b>	\$5,368,000	\$5,368,000	\$0	\$5,564,000	\$5,626,000	258,000	\$62,000
	<i>Targeted Case Management</i>	5,368,000	5,368,000	0	5,564,000	5,626,000	258,000	62,000

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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>ASSUMPTIONS/METHODOLOGY:</b>							
<ul style="list-style-type: none"> <li>● <b>Information Technology Costs</b> <ul style="list-style-type: none"> <li>● RC Application Support</li> <li>● Data Processing 100% General Fund (GF)</li> </ul> </li> </ul>	\$3,972,000	\$3,972,000	\$0	\$3,972,000	\$3,972,000	\$0	\$0
<ul style="list-style-type: none"> <li>● <b>Clients' Rights Advocacy</b></li> </ul> <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>	\$5,170,000	\$5,170,000	\$0	\$5,170,000	\$5,170,000	\$0	\$0
<ul style="list-style-type: none"> <li>● <b>Quality Assessment Contract</b></li> </ul> <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>	\$3,235,000	\$3,235,000	\$0	\$3,235,000	\$3,235,000	\$0	\$0

**Projects**

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li> <b>Direct Support Professional Training</b>                       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                 </li> </ul>	\$3,442,000	\$3,442,000	\$0	\$3,442,000	\$3,442,000	\$0	\$0
<ul style="list-style-type: none"> <li> <b>Office of Administrative Hearings</b>                       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                 </li> </ul>	\$3,150,000	\$3,150,000	\$0	\$3,150,000	\$3,150,000	\$0	\$0

**Projects**

<b>METHODOLOGY (continued):</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li> <p><b>Wellness Projects</b></p> <p>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)</p> </li> </ul>	\$200,000	\$200,000	\$0	\$200,000	\$200,000	\$0	\$0
<ul style="list-style-type: none"> <li> <p><b>Foster Grandparent/Senior Companion</b></p> <p>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.</p> <p>Funding: CY \$1,142,000 GF, \$577,000 Federal Funds BY \$1,142,000 GF, \$597,000 Federal Funds</p> </li> </ul>	\$1,719,000	\$1,719,000	\$0	\$1,719,000	\$1,739,000	\$20,000	\$20,000
<ul style="list-style-type: none"> <li> <p><b>Special Incident Reporting/Risk Assessment</b></p> <p>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.</p> <p>Funding: \$504,000 GF Other, \$168,000 GF Match, \$168,000 HCBS Waiver Administration</p> </li> </ul>	\$840,000	\$840,000	\$0	\$840,000	\$840,000	\$0	\$0

**Projects**

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>● <b>Increased Access to Mental Health Services</b> <ul style="list-style-type: none"> <li>● Regional Best Practice Training</li> <li>● Statewide Training for Families, Service Providers, Service Coordinators, and Consumers</li> <li>● RC Technical Assistance and Liaison Support</li> <li>● Regional Planning Projects</li> </ul> </li> </ul>	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0
	675,000	675,000	0	675,000	675,000	0	0
	0	0	0	0	0	0	0
	65,000	65,000	0	65,000	65,000	0	0
	0	0	0	0	0	0	0
100% Mental Health Services Fund (MHSF)							
<ul style="list-style-type: none"> <li>● <b>Sherry S. Court Case</b></li> </ul> <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>	\$379,000	\$379,000	\$0	\$379,000	\$379,000	\$0	\$0
<ul style="list-style-type: none"> <li>● <b>2003-04 FFP Enhancement, Phase II</b></li> </ul> <p>These costs are associated with legal support for federal program activities. (100% GF)</p>	\$500,000	\$500,000	\$0	\$500,000	\$500,000		\$0
<ul style="list-style-type: none"> <li>● <b>University Enterprises, Inc.</b></li> </ul> <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	\$113,000		\$0

**Projects**

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li> <b>Affordable Housing</b>                      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)                 </li> </ul>	\$94,000	\$94,000	\$0	\$94,000	\$94,000	\$0	\$0
<ul style="list-style-type: none"> <li> <b>Review of Senate Bill (SB) 1175 Housing Proposals</b>                      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 (DDSA) 100%.                 </li> </ul>	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0
<ul style="list-style-type: none"> <li> <b>Extension of Denti-Cal Infrastructure for RC Funded Dental</b>                      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).                 </li> </ul>	\$750,000	\$750,000	\$0	\$1,197,000	\$1,197,000	\$447,000	\$0

**Projects**

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li> <b>Homeland Security Grant Program (HSGP)</b>                      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)                 </li> </ul>	\$35,000	\$35,000	\$0	\$35,000	\$35,000	\$0	\$0
<ul style="list-style-type: none"> <li> <b>Cost Containment</b>                      2004-05 May Revision: This reflects savings that will be achieved through cost containment of RC Operations expenditures. (100% GF)                 </li> </ul>	-\$490,000	-\$490,000	\$0	-\$490,000	-\$490,000	\$0	\$0
<ul style="list-style-type: none"> <li> <b>Savings Target (2009-10)</b> </li> </ul>	-\$1,300,000	-\$1,300,000	\$0	-\$1,300,000	-\$1,300,000	\$0	\$0
<ul style="list-style-type: none"> <li> <b>EXPENDITURES</b> </li> </ul>	<b>\$22,699,000</b>	<b>\$22,699,000</b>	<b>\$0</b>	<b>\$23,146,000</b>	<b>\$23,166,000</b>	<b>\$467,000</b>	<b>\$20,000</b>

**REASON FOR YEAR-TO-YEAR CHANGE:**

The increase in 2012-13 over 2011-12 reflects updated expenditure data. In addition, the Governor's Budget incorrectly displayed for General Fund (GF), the GF Match and GF Other. This Estimate corrects that error.

**Projects**

<b>EXPENDITURES:</b>	Governor's			Governor's		2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	Over 2011-12	Request
TOTAL	\$22,699,000	\$22,699,000	\$0	\$23,146,000	\$23,166,000	\$467,000	\$20,000
<b>GF</b>	\$17,358,000	\$17,358,000	\$0	\$17,805,000	\$17,805,000	\$447,000	\$0
<i>GF Match</i>	4,416,000	3,839,000	-577,000	4,416,000	3,839,000	0	-577,000
<i>GF Other</i>	12,942,000	13,519,000	577,000	13,389,000	13,966,000	447,000	577,000
<b>Reimbursements</b>	\$3,874,000	\$3,874,000	\$0	\$3,874,000	\$3,874,000	\$0	\$0
<i>HCBS Waiver Administration</i>	3,839,000	3,839,000	0	3,839,000	3,839,000	0	0
<i>HSGP</i>	35,000	35,000	0	35,000	35,000	0	0
<b>Developmental Disabilities Services Account</b>	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0
<b>Mental Health Services Fund</b>	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0
<b>Federal Funds</b>	\$577,000	\$577,000	\$0	\$577,000	\$597,000	\$20,000	\$20,000
<i>Foster Grandparent Program</i>	577,000	577,000	0	577,000	597,000	20,000	20,000

## 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 \$100.8 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 \$107.2 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.

<b>EXPENDITURES:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
TOTAL	\$1,459,000	\$1,523,000	\$64,000	\$1,555,000	\$1,631,000	\$108,000	\$76,000
<b>General Fund</b>	419,000	761,000	342,000	467,000	815,000	54,000	348,000
<i>General Fund Match</i>	419,000	761,000	342,000	467,000	815,000	54,000	348,000
<i>General Fund Other</i>	0	0	0	0	0	0	0
<b>Reimbursements</b>	1,040,000	762,000	-278,000	1,088,000	816,000	54,000	-272,000
<i>FFP (Quality Assurance Fees)</i>	1,040,000	762,000	-278,000	1,088,000	816,000	54,000	-272,000

## Table of Contents

### SECTION E: ESTIMATE METHODOLOGIES (continued)

#### *PURCHASE OF SERVICES*

Community Care Facilities .....	E-5.1 to E-5.4
Medical Facilities .....	E-6.1 to E-6.3
Day Programs .....	E-7.1 to E-7.4
Habilitation Services Program .....	E-8.1 to E-8.3
Transportation .....	E-9.1 to E-9.3
Support Services .....	E-10.1 to E-10.3
In-Home Respite .....	E-11.1 to E-11.3
Out-of-Home Respite .....	E-12.1 to E-12.3
Health Care .....	E-13.1 to E-13.3
Miscellaneous .....	E-14.1 to E-14.3

<i>QUALITY ASSURANCE FEES</i> .....	E-15
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1. FOR BUDGET YEAR 2012-13, THE METHODOLOGY PAGES E-5.1 THROUGH E-15 DO NOT REFLECT THE \$200 MILLION GF TARGET REDUCTION. PLEASE REFER TO SECTION G. FOR DETAILS OF THE REDUCTION FOR 2012-13.

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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 January 1, 2012. 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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
• <b>Base:</b> 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:	<b>\$776,563,000</b>	<b>\$810,703,000</b>	<b>\$34,140,000</b>	<b>\$808,024,000</b>	<b>\$842,164,000</b>	<b>\$31,461,000</b>	<b>\$34,140,000</b>
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	826,339,000	826,149,000	-190,000	858,244,000	858,054,000	31,905,000	-190,000
• <i>Cost Containment Measures, Assembly Bill (AB) 104, Ch 37, Statutes of 2011</i>	-3,277,000	-3,277,000	0	-7,874,000	-7,874,000	-4,597,000	0
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-46,499,000	-46,499,000	0	-46,499,000	-46,499,000	0	0
• <i>Lanterman Continuation Costs in 2012-13</i>	0	0	0	4,153,000	4,153,000	4,153,000	0
• <i>Updated 2011-12 Expenditures</i>	0	34,330,000	34,330,000	0	34,330,000	0	34,330,000

**Community Care Facilities**

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li><b>Utilization Change/Growth:</b></li> </ul>							
<b>Total Utilization Change/Growth for 2011-12</b>	<b>\$35,497,000</b>	<b>\$35,497,000</b>	<b>\$0</b>		<i>In Base</i>	<i>In Base</i>	
<b>Total Utilization Change/Growth for 2012-13</b>				<b>\$37,394,000</b>	<b>\$32,056,000</b>	<b>-\$3,441,000</b>	<b>-\$5,338,000</b>
<ul style="list-style-type: none"> <li><b>Caseload Growth</b></li> </ul>							
<i>Estimate for 2011-12</i>	<i>15,751,000</i>	<i>15,751,000</i>	<i>0</i>				
<i>Estimate for 2012-13</i>				<i>17,998,000</i>	<i>13,466,000</i>	<i>-2,285,000</i>	<i>-4,532,000</i>
<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:                      Governor's Budget                      Est. for 2011-12: 5,533 Person Months                      Est. for 2012-13: 6,556 Person Months</p> <p>2012 May Revision                      Est. for 2011-12: 5,533 Person Months                      Est. for 2012-13: 4,941 Person Months</p>							
<ul style="list-style-type: none"> <li><b>Average Cost Increase:</b></li> </ul>							
<i>Estimate for 2011-12</i>	<i>19,746,000</i>	<i>19,746,000</i>	<i>0</i>				
<i>Estimate for 2012-13</i>				<i>19,396,000</i>	<i>18,590,000</i>	<i>-1,156,000</i>	<i>-806,000</i>
<p>Reflects the costs of consumers needing higher levels of CCF care than in the past.</p>							

### Community Care Facilities

METHODOLOGY (continued):	Governor's			Governor's		2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	over 2011-12	Request
• 4.25% Payment Reduction/ Restoration in 2012-13	-\$155,000	-\$155,000	\$0	\$34,142,000	\$35,595,000	\$35,750,000	\$1,453,000
• Subtotal Base, Growth and Payment Reduction	\$811,905,000	\$846,045,000	\$34,140,000	\$879,560,000	\$909,815,000	\$63,770,000	\$30,255,000
• CPP: See CPP methodology for detail.	\$21,153,000	\$21,153,000	\$0	\$21,153,000	\$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	-\$3,011,000	-\$2,868,000	-\$143,000	-\$3,351,000	-\$340,000	-\$3,208,000
• <b>TOTAL EXPENDITURES</b>	<b>\$832,915,000</b>	<b>\$864,187,000</b>	<b>\$31,272,000</b>	<b>\$900,570,000</b>	<b>\$927,617,000</b>	<b>\$63,430,000</b>	<b>\$27,047,000</b>

## 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 79 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.

	Governor's			Governor's		2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	over 2011-12	Request
<b>EXPENDITURES:</b>							
TOTAL	\$832,915,000	\$864,187,000	\$31,272,000	\$900,570,000	\$927,617,000	\$63,430,000	\$27,047,000
<b>GF</b>	\$493,825,000	\$489,056,000	-\$4,769,000	\$538,508,000	\$520,557,000	\$31,501,000	-\$17,951,000
<i>GF Match</i>	321,194,000	359,635,000	38,441,000	342,519,000	390,508,000	30,873,000	47,989,000
<i>GF Other</i>	172,631,000	129,421,000	-43,210,000	195,989,000	130,049,000	628,000	-65,940,000
<b>Reimbursements</b>	\$339,090,000	\$375,131,000	\$36,041,000	\$362,062,000	\$407,060,000	\$31,929,000	\$44,998,000
<i>HCBS Waiver</i>	295,704,000	332,736,000	37,032,000	315,028,000	360,195,000	27,459,000	45,167,000
<i>1915 (i) SPA</i>	25,427,000	24,606,000	-821,000	27,492,000	27,493,000	2,887,000	1,000
<i>Title XX TANF</i>	11,078,000	10,908,000	-170,000	11,078,000	10,908,000	0	-170,000
<i>Money Follows the Person</i>	6,881,000	6,881,000	0	8,464,000	8,464,000	1,583,000	0

## 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 the 2012 Regional Center Spring 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:

	Enacted Budget 2011-12	2011-12	2012-13
DD-H	58	54	54
DD-N	117	72	72
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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li><b>Base:</b> 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"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> <li><i>Updated 2011-12 Expenditures</i></li> </ul> </li> </ul>	<b>\$28,188,000</b>	<b>\$32,052,000</b>	<b>\$3,864,000</b>	<b>\$28,835,000</b>	<b>\$32,699,000</b>	<b>\$647,000</b>	<b>\$3,864,000</b>
<ul style="list-style-type: none"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> </ul>	29,126,000	28,758,000	-368,000	29,773,000	29,405,000	647,000	-368,000
<ul style="list-style-type: none"> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> </ul>	-938,000	-938,000	0	-938,000	-938,000	0	0
<ul style="list-style-type: none"> <li><i>Updated 2011-12 Expenditures</i></li> </ul>	0	4,232,000	4,232,000	0	4,232,000	0	4,232,000

**Medical Facilities**

<b>METHODOLOGY (continued):</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>● <b>Utilization Change/Growth:</b></li> </ul>							
<b>Total Utilization Change/Growth for 2011-12</b>	<b>\$51,000</b>	<b>\$51,000</b>	<b>\$0</b>	<i>In Base</i>		<i>In Base</i>	
<b>Total Utilization Change/Growth for 2012-13</b>				<b>\$51,000</b>	<b>\$183,000</b>	<b>\$132,000</b>	<b>\$132,000</b>
<ul style="list-style-type: none"> <li>● <b>Caseload Growth</b></li> </ul>	<i>51,000</i>	<i>51,000</i>	<i>0</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>183,000</i>	<i>132,000</i>	<i>132,000</i>
<ul style="list-style-type: none"> <li>● <b>4.25% Payment Reduction/ Restoration in 2012-13</b></li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,204,000</b>	<b>\$1,365,000</b>	<b>\$1,365,000</b>	<b>\$161,000</b>
● <b>Subtotal Base, Growth and Payment Reduction</b>	<b>\$28,239,000</b>	<b>\$32,103,000</b>	<b>\$3,864,000</b>	<b>\$30,090,000</b>	<b>\$34,247,000</b>	<b>\$2,144,000</b>	<b>\$4,157,000</b>
● <b>Gap Resource Development (New Facilities)</b>	<b>\$722,000</b>	<b>\$722,000</b>	<b>\$0</b>	<b>\$722,000</b>	<b>\$722,000</b>	<b>\$0</b>	<b>\$0</b>
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**

<b>METHODOLOGY (continued):</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
• CPP:	\$164,000	\$164,000	\$0	\$164,000	\$164,000	\$0	\$0
• <b>TOTAL EXPENDITURES</b>	<b>\$29,125,000</b>	<b>\$32,989,000</b>	<b>\$3,864,000</b>	<b>\$30,976,000</b>	<b>\$35,133,000</b>	<b>\$2,144,000</b>	<b>\$4,157,000</b>

**FUNDING:**

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

**EXPENDITURES:**

TOTAL	\$29,125,000	\$32,989,000	\$3,864,000	\$30,976,000	\$35,133,000	\$2,144,000	\$4,157,000
GF	29,125,000	32,989,000	3,864,000	30,976,000	35,133,000	2,144,000	4,157,000
GF Other	29,125,000	32,989,000	3,864,000	30,976,000	35,133,000	2,144,000	4,157,000

## 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 January 1, 2012. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
• <b>Base:</b> 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:	<b>\$731,345,000</b>	<b>\$730,962,000</b>	<b>-\$383,000</b>	<b>\$748,498,000</b>	<b>\$748,115,000</b>	<b>\$17,153,000</b>	<b>-\$383,000</b>
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	765,530,000	765,147,000	-383,000	788,381,000	787,998,000	22,851,000	-383,000
• <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i>	-18,600,000	-18,600,000	0	-24,298,000	-24,298,000	-5,698,000	0
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-15,585,000	-15,585,000	0	-15,585,000	-15,585,000	0	0

**Day Programs**

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
• <b>Utilization Change/Growth:</b>							
• <b>Total Utilization Change/Growth for 2011-12</b>	\$25,953,000	\$25,953,000	\$0	<i>In Base</i>		<i>In Base</i>	
• <b>Total Utilization Change/Growth for 2012-13</b>				\$27,272,000	\$27,272,000	\$1,319,000	\$0
• <b>Caseload Growth</b>							
<i>Estimate for 2011-12</i>	19,110,000	19,110,000	0				
<i>Estimate for 2012-13</i>				20,505,000	20,505,000	1,395,000	0
<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>    2012-13 November Estimate:</p> <p>        Est. for 2011-12 : 17,160 Person Months</p> <p>        Est. for 2012-13 : 19,184 Person Months</p> <p>    2012-13 May Revision:</p> <p>        Est. for 2011-12 : 17,160 Person Months</p> <p>        Est. for 2012-13 : 19,184 Person Months</p>							
• <b>Average Cost Increase:</b>							
<i>Estimate for 2011-12</i>	6,843,000	6,843,000	0				
<i>Estimate for 2012-13</i>				6,767,000	6,767,000	-76,000	0
<p>Reflects the cost of new community-based day programs</p>							

### Day Programs

METHODOLOGY (continued):	Governor's	Updated	2011-12	Governor's	Updated	2012-13	2012-13
	Budget	2011-12	Request	Budget	2012-13	Over	2012-13
	2011-12	2011-12	Request	2012-13	2012-13	2011-12	Request
• 4.25% Payment Reduction/Restoration in 2012-13	-\$2,000	-\$2,000	\$0	\$31,344,000	\$31,474,000	\$31,476,000	\$130,000
• Subtotal Base, Growth and Payment Reduction	\$757,296,000	\$756,913,000	-\$383,000	\$807,114,000	\$806,861,000	\$49,948,000	-\$253,000
• CPP: See CPP methodology for detail.	\$3,948,000	\$3,948,000	\$0	\$3,948,000	\$3,948,000	\$0	\$0
• <b>TOTAL EXPENDITURES:</b>	<b>\$761,244,000</b>	<b>\$760,861,000</b>	<b>-\$383,000</b>	<b>\$811,062,000</b>	<b>\$810,809,000</b>	<b>\$49,948,000</b>	<b>-\$253,000</b>

### 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):**

**EXPENDITURES:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>TOTAL</b>	\$761,244,000	\$760,861,000	-\$383,000	\$811,062,000	\$810,809,000	\$49,948,000	-\$253,000
<b>GF</b>	\$419,341,000	\$407,211,000	-\$12,130,000	\$451,255,000	\$434,911,000	\$27,700,000	-\$16,344,000
<i>GF Match</i>	274,265,000	283,821,000	9,556,000	292,169,000	307,797,000	23,976,000	15,628,000
<i>GF Other</i>	145,076,000	123,390,000	-21,686,000	159,086,000	127,114,000	3,724,000	-31,972,000
<b>Reimbursements</b>	\$324,130,000	\$335,877,000	\$11,747,000	\$342,034,000	\$358,125,000	\$22,248,000	\$16,091,000
<i>HCBS Waiver</i>	188,380,000	199,519,000	11,139,000	200,690,000	216,379,000	16,860,000	15,689,000
<i>1915 (i) SPA</i>	47,208,000	45,684,000	-1,524,000	50,297,000	50,297,000	4,613,000	0
<i>Title XX Social Services</i>	48,616,000	50,344,000	1,728,000	48,616,000	48,616,000	-1,728,000	0
<i>Title XX TANF</i>	1,739,000	1,712,000	-27,000	1,739,000	1,712,000	0	-27,000
<i>ICF-DD SPA</i>	38,187,000	38,618,000	431,000	40,692,000	41,121,000	2,503,000	429,000
<b>Federal Funds</b>	\$17,773,000	\$17,773,000	\$0	\$17,773,000	\$17,773,000	\$0	\$0
<i>Early Start Grant</i>	17,773,000	17,773,000	0	17,773,000	17,773,000	0	0

## 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 center 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):**

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 employment.

### ASSUMPTIONS:

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

### METHODOLOGY:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li><b>Base:</b> 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:                             <ul style="list-style-type: none"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> <li><i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i></li> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> <li><i>Updated 2011-12 Expenditures</i></li> </ul> </li> </ul>	<b>\$133,786,000</b>	<b>\$139,402,000</b>	<b>\$5,616,000</b>	<b>\$131,266,000</b>	<b>\$136,882,000</b>	<b>-\$2,520,000</b>	<b>\$5,616,000</b>
<ul style="list-style-type: none"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> </ul>	144,414,000	144,391,000	-23,000	144,016,000	143,993,000	-398,000	-23,000
<ul style="list-style-type: none"> <li><i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i></li> </ul>	-6,471,000	-6,471,000	0	-8,593,000	-8,593,000	-2,122,000	0
<ul style="list-style-type: none"> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> </ul>	-4,157,000	-4,157,000	0	-4,157,000	-4,157,000	0	0
<ul style="list-style-type: none"> <li><i>Updated 2011-12 Expenditures</i></li> </ul>	0	5,639,000	5,639,000	0	5,639,000	0	5,639,000



**Habilitation**

**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.

	Governor's			Governor's		2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	over 2011-12	Request
<b>EXPENDITURES:</b>							
TOTAL	\$133,550,000	\$139,166,000	\$5,616,000	\$133,277,000	\$139,023,000	-\$143,000	\$5,746,000
<b>GF</b>	\$83,752,000	\$89,092,000	\$5,340,000	\$81,557,000	\$85,737,000	-\$3,355,000	\$4,180,000
<i>GF Match</i>	49,793,000	50,070,000	277,000	51,715,000	53,280,000	4,459,000	1,565,000
<i>GF Other</i>	33,959,000	39,022,000	5,063,000	29,842,000	32,457,000	-7,814,000	2,615,000
<b>Reimbursements</b>	\$49,798,000	\$50,074,000	\$276,000	\$51,720,000	\$53,286,000	\$3,212,000	\$1,566,000
<i>HCBS Waiver</i>	30,021,000	30,936,000	915,000	31,983,000	33,550,000	2,614,000	1,567,000
<i>1915 (i) SPA</i>	19,772,000	19,134,000	-638,000	19,732,000	19,732,000	598,000	0
<i>Title XX TANF</i>	5,000	4,000	-1,000	5,000	4,000	0	-1,000
	\$133,550,000	\$139,166,000	\$5,616,000	\$133,277,000	\$139,023,000	-\$143,000	\$5,746,000

## 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 September, 2011. Data were adjusted for lag based on historical data.

<b>METHODOLOGY:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
• <b>Base:</b> 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:	<b>\$194,169,000</b>	<b>\$204,899,000</b>	<b>\$10,730,000</b>	<b>\$197,773,000</b>	<b>\$208,503,000</b>	<b>\$3,604,000</b>	<b>\$10,730,000</b>
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	219,906,000	220,070,000	164,000	225,498,000	225,662,000	5,592,000	164,000
• <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i>	-3,015,000	-3,015,000	0	-5,003,000	-5,003,000	-1,988,000	0
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-22,722,000	-22,722,000	0	-22,722,000	-22,722,000	0	0
• <i>Updated 2011-12 Expenditures</i>	0	10,566,000	10,566,000	0	10,566,000	0	10,566,000

**Transportation**

<b>METHODOLOGY (continued):</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>● <b>Utilization Change/Growth:</b> <ul style="list-style-type: none"> <li>● <b>Total Utilization Change/Growth for 2011-12</b></li> <li>● <b>Total Utilization Change/Growth for 2012-13</b></li> </ul> <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> </li> <li>● <b>4.25% Payment Reduction/Restoration in 2012-13</b></li> <li>● <b>Subtotal Base, Growth and Payment Reduction</b></li> <li>● <b>CPP: See CPP methodology for detail.</b></li> </ul>	\$6,427,000	\$6,427,000	\$0	<i>In Base</i>		<i>In Base</i>	<i>In Base</i>
				\$6,619,000	\$6,619,000	\$192,000	\$0
	-\$2,000	-\$2,000	\$0	\$8,289,000	\$8,771,000	\$8,773,000	\$482,000
	\$200,594,000	\$211,324,000	\$10,730,000	\$212,681,000	\$223,893,000	\$12,569,000	\$11,212,000
	\$744,000	\$744,000	\$0	\$744,000	\$744,000	\$0	\$0
● <b>TOTAL EXPENDITURES</b>	\$201,338,000	\$212,068,000	\$10,730,000	\$213,425,000	\$224,637,000	\$12,569,000	\$11,212,000

## Transportation

### 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.

<b>EXPENDITURES:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$201,338,000	\$212,068,000	\$10,730,000	\$213,425,000	\$224,637,000	\$12,569,000	\$11,212,000
<b>GF</b>	\$115,450,000	\$121,300,000	\$5,850,000	\$122,382,000	\$127,307,000	\$6,007,000	\$4,925,000
<i>GF Match</i>	79,765,000	84,211,000	4,446,000	84,983,000	91,149,000	6,938,000	6,166,000
<i>GF Other</i>	35,685,000	37,089,000	1,404,000	37,399,000	36,158,000	-931,000	-1,241,000
<b>Reimbursements</b>	\$85,888,000	\$90,768,000	\$4,880,000	\$91,043,000	\$97,330,000	\$6,562,000	\$6,287,000
<i>HCBS Waiver</i>	59,010,000	62,979,000	3,969,000	62,866,000	68,301,000	5,322,000	5,435,000
<i>1915 (i) SPA</i>	10,538,000	10,198,000	-340,000	11,171,000	11,171,000	973,000	0
<i>Title XX Social Services</i>	5,398,000	5,776,000	378,000	5,398,000	5,398,000	-378,000	0
<i>Title XX TANF</i>	673,000	665,000	-8,000	673,000	665,000	0	-8,000
<i>Vocational Rehabilitation</i>	118,000	118,000	0	118,000	118,000	0	0
<i>ICF-DD SPA</i>	10,151,000	11,032,000	881,000	10,817,000	11,677,000	645,000	860,000

## 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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li><b>Base:</b> 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"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> <li><i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i></li> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> <li><i>Updated 2011-12 Expenditures</i></li> </ul> </li> </ul>	\$649,372,000	\$661,884,000	\$12,512,000	\$675,837,000	\$688,349,000	\$26,465,000	\$12,512,000
	711,199,000	711,167,000	-32,000	749,546,000	749,514,000	38,347,000	-32,000
	-10,687,000	-10,687,000	0	-22,569,000	-22,569,000	-11,882,000	0
	-51,140,000	-51,140,000	0	-51,140,000	-51,140,000	0	0
	0	12,544,000	12,544,000	0	12,544,000	0	12,544,000

### Support Services

METHODOLOGY (continued):	Governor's	Updated	2011-12	Governor's	Updated	2012-13	2012-13									
	Budget	2011-12	Request	Budget	2012-13	over	2012-13									
	2011-12	2011-12	Request	2012-13	2012-13	2011-12	Request									
<ul style="list-style-type: none"> <li>Utilization Change/Growth:                             <ul style="list-style-type: none"> <li>Total Utilization Change/Growth for 2011-12</li> <li>Total Utilization Change/Growth for 2012-13</li> </ul> </li> </ul> <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>	\$40,795,000	\$40,795,000	0	<i>In Base</i>		<i>In Base</i>	<i>In Base</i>									
				\$42,996,000	\$42,996,000	\$2,201,000	\$0									
<ul style="list-style-type: none"> <li>4.25% Payment Reduction/Restoration in 2012-13</li> </ul>	-\$170,000	-\$170,000	\$0	\$28,435,000	\$29,085,000	\$29,255,000	\$650,000									
<ul style="list-style-type: none"> <li>Subtotal Base, Growth and Payment Reduction</li> </ul>	\$689,997,000	\$702,509,000	\$12,512,000	\$747,268,000	\$760,430,000	\$57,921,000	\$13,162,000									
<ul style="list-style-type: none"> <li>CPP: See CPP methodology for detail.</li> </ul>	\$4,610,000	\$4,610,000	\$0	\$4,610,000	\$4,610,000	\$0	\$0									
<ul style="list-style-type: none"> <li>Independent Living Supplement</li> </ul> <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 border="0" style="margin-left: 20px;"> <tr> <td>Total SL/IL Consumers</td> <td>22,800</td> <td>23,410</td> </tr> <tr> <td>Part of a Couple</td> <td>- 1,316</td> <td>- 1,351</td> </tr> <tr> <td>Individuals</td> <td><u>21,484</u></td> <td><u>22,059</u></td> </tr> </table>	Total SL/IL Consumers	22,800	23,410	Part of a Couple	- 1,316	- 1,351	Individuals	<u>21,484</u>	<u>22,059</u>	\$70,000	\$70,000	\$0	\$309,000	\$309,000	\$239,000	\$0
Total SL/IL Consumers	22,800	23,410														
Part of a Couple	- 1,316	- 1,351														
Individuals	<u>21,484</u>	<u>22,059</u>														
<ul style="list-style-type: none"> <li>TOTAL EXPENDITURES</li> </ul>	\$694,677,000	\$707,189,000	\$12,512,000	\$752,187,000	\$765,349,000	\$58,160,000	\$13,162,000									

## 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.

	Governor's			Governor's			2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	over 2011-12	Request	
<b>EXPENDITURES:</b>								
TOTAL	\$694,677,000	\$707,189,000	\$12,512,000	\$752,187,000	\$765,349,000	\$58,160,000	\$13,162,000	
<b>GF</b>	\$355,537,000	\$355,155,000	-\$382,000	\$394,660,000	\$386,742,000	\$31,587,000	-\$7,918,000	
<i>GF Match</i>	266,084,000	279,563,000	13,479,000	284,470,000	305,517,000	25,954,000	21,047,000	
<i>GF Other</i>	89,453,000	75,592,000	-13,861,000	110,190,000	81,225,000	5,633,000	-28,965,000	
<b>Reimbursements</b>	\$338,639,000	\$351,533,000	\$12,894,000	\$357,026,000	\$378,106,000	\$26,573,000	\$21,080,000	
<i>HCBS Waiver</i>	232,098,000	247,484,000	15,386,000	247,265,000	268,397,000	20,913,000	21,132,000	
1915 (i) SPA	33,149,000	32,079,000	-1,070,000	35,893,000	35,893,000	3,814,000	0	
1915 (k) SPA	837,000	0	-837,000	1,313,000	1,227,000	1,227,000	-86,000	
<i>Title XX Social Services</i>	58,614,000	57,995,000	-619,000	58,614,000	58,614,000	619,000	0	
<i>Title XX TANF</i>	13,941,000	13,975,000	34,000	13,941,000	13,975,000	0	34,000	
<b>Federal Funds</b>	\$501,000	\$501,000	\$0	\$501,000	\$501,000	\$0	\$0	
<i>Early Start Grant</i>	501,000	501,000	0	501,000	501,000	0	0	

## 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 January 1, 2012.  
Data were adjusted for lag based on historical data.

### METHODOLOGY:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li><b>Base:</b> 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:</li> </ul>	<b>\$188,713,000</b>	<b>\$189,568,000</b>	<b>\$855,000</b>	<b>\$202,769,000</b>	<b>\$193,757,000</b>	<b>\$4,189,000</b>	<b>-\$9,012,000</b>
<ul style="list-style-type: none"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> </ul>	194,299,000	195,154,000	855,000	208,355,000	199,343,000	4,189,000	-9,012,000
<ul style="list-style-type: none"> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> </ul>	-5,586,000	-5,586,000	0	-5,586,000	-5,586,000	0	0

**In Home Respite**

<b>METHODOLOGY (continued):</b>	<b>Governor's Budget 2011-12</b>	<b>Updated 2011-12</b>	<b>2011-12 Request</b>	<b>Governor's Budget 2012-13</b>	<b>Updated 2012-13</b>	<b>2012-13 Over 2011-12</b>	<b>2012-13 Request</b>
<ul style="list-style-type: none"> <li> <b>Utilization Change/Growth:</b> <ul style="list-style-type: none"> <li> <b>Total Utilization Change/Growth for 2011-12</b> </li> <li> <b>Total Utilization Change/Growth for 2012-13</b> </li> </ul> <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> </li> </ul>	\$16,690,000	\$4,189,000	-\$12,501,000	<i>In Base</i>		<i>In Base</i>	<i>In Base</i>
				\$16,690,000	\$4,638,000	\$449,000	-\$12,052,000
<ul style="list-style-type: none"> <li> <b>4.25% Payment Reduction/Restoration in 2012-13</b> </li> </ul>	-\$35,000	-\$35,000	0	\$8,420,000	\$8,050,000	\$8,015,000	-\$370,000
<ul style="list-style-type: none"> <li> <b>Subtotal Base, Growth and Payment Reduction</b> </li> </ul>	\$205,368,000	\$193,722,000	-\$11,646,000	\$227,879,000	\$206,445,000	\$12,723,000	-\$21,434,000
<ul style="list-style-type: none"> <li> <b>CPP: See CPP methodology for detail.</b> </li> </ul>	\$24,000	\$24,000	0	\$24,000	\$24,000	0	\$0
<ul style="list-style-type: none"> <li> <b>TOTAL EXPENDITURES:</b> </li> </ul>	\$205,392,000	\$193,746,000	-\$11,646,000	\$227,903,000	\$206,469,000	\$12,723,000	-\$21,434,000

**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.

<b>EXPENDITURES:</b>	<u>Governor's Budget 2011-12</u>	<u>Updated 2011-12</u>	<u>2011-12 Request</u>	<u>Governor's Budget 2012-13</u>	<u>Updated 2012-13</u>	<u>2012-13 Over 2011-12</u>	<u>2012-13 Request</u>
TOTAL	\$205,392,000	\$193,746,000	-\$11,646,000	\$227,903,000	\$206,469,000	\$12,723,000	-\$21,434,000
<b>GF</b>	\$98,732,000	\$88,161,000	-\$10,571,000	\$116,206,000	\$93,074,000	\$4,913,000	-\$23,132,000
<i>GF Match</i>	69,369,000	70,075,000	706,000	74,407,000	76,681,000	6,606,000	2,274,000
<i>GF Other</i>	29,363,000	18,086,000	-11,277,000	41,799,000	16,393,000	-1,693,000	-25,406,000
<b>Reimbursements</b>	\$106,481,000	\$105,406,000	-\$1,075,000	\$111,518,000	\$113,216,000	\$7,810,000	\$1,698,000
<i>HCBS Waiver</i>	57,978,000	59,049,000	1,071,000	61,766,000	64,039,000	4,990,000	2,273,000
<i>1915 (i) SPA</i>	11,392,000	11,024,000	-368,000	12,641,000	12,641,000	1,617,000	0
<i>Title XX Social Services</i>	22,378,000	21,175,000	-1,203,000	22,378,000	22,378,000	1,203,000	0
<i>Title XX TANF</i>	14,733,000	14,158,000	-575,000	14,733,000	14,158,000	0	-575,000
<b>Federal Funds</b>	\$179,000	\$179,000	\$0	\$179,000	\$179,000	\$0	\$0
<i>Early Start Grant</i>	179,000	179,000	0	179,000	179,000	0	0

## 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 January 1, 2012.  
Data were adjusted for lag based on historical data.

**METHODOLOGY:**

- **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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
	<b>\$47,960,000</b>	<b>\$47,722,000</b>	<b>-\$238,000</b>	<b>\$47,337,000</b>	<b>\$47,707,000</b>	<b>-\$623,000</b>	<b>\$370,000</b>
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	52,220,000	51,982,000	-238,000	51,949,000	52,319,000	-271,000	370,000
• <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i>	-135,000	-135,000	0	-487,000	-487,000	-352,000	0
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-4,125,000	-4,125,000	0	-4,125,000	-4,125,000	0	0

### Out of Home Respite

<b>METHODOLOGY (continued):</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>• <b>Utilization Change/Growth:</b> <ul style="list-style-type: none"> <li>• <b>Total Utilization Change/Growth for 2011-12</b>      \$3,253,000      \$327,000      -\$2,926,000      <i>In Base</i></li> <li>• <b>Total Utilization Change/Growth for 2012-13</b>      \$3,253,000      \$275,000      -\$52,000      <i>In Base</i></li> </ul> <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> </li> <li>• <b>4.25% Payment Reduction</b>      \$0      \$0      \$0      \$1,975,000      \$1,990,000      \$1,990,000      \$15,000</li> <li>• <b>Subtotal Base, Growth and Payment Reduction</b>      \$51,213,000      \$48,049,000      -\$3,164,000      \$52,565,000      \$49,972,000      \$1,923,000      -\$2,593,000</li> <li>• <b>CPP: See CPP methodology for detail.</b>      \$76,000      \$76,000      \$0      \$76,000      \$76,000      \$0      \$0</li> <li>• <b>TOTAL EXPENDITURES:</b>      \$51,289,000      \$48,125,000      -\$3,164,000      \$52,641,000      \$50,048,000      \$1,923,000      -\$2,593,000</li> </ul>							

### 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 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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>EXPENDITURES:</b>							
TOTAL	\$51,289,000	\$48,125,000	-\$3,164,000	\$52,641,000	\$50,048,000	\$1,352,000	-\$2,593,000
<b>GF</b>	\$26,946,000	\$24,349,000	-\$2,597,000	\$27,382,000	\$24,776,000	\$436,000	-\$2,606,000
<i>GF Match</i>	15,447,000	15,529,000	82,000	16,362,000	16,786,000	915,000	424,000
<i>GF Other</i>	11,499,000	8,820,000	-2,679,000	11,020,000	7,990,000	-479,000	-3,030,000
<b>Reimbursements</b>	\$24,218,000	\$23,651,000	-\$567,000	\$25,134,000	\$25,147,000	\$916,000	\$13,000
<i>HCBS Waiver</i>	13,040,000	13,201,000	161,000	13,892,000	14,316,000	852,000	424,000
<i>1915 (i) SPA</i>	2,406,000	2,328,000	-78,000	2,470,000	2,469,000	64,000	-1,000
<i>Title XX Social Services</i>	5,058,000	4,818,000	-240,000	5,058,000	5,058,000	0	0
<i>Title XX TANF</i>	3,714,000	3,304,000	-410,000	3,714,000	3,304,000	0	-410,000
<b>Federal Funds</b>	\$125,000	\$125,000	\$0	\$125,000	\$125,000	\$0	\$0
<i>Early Start Grant</i>	125,000	125,000	0	125,000	125,000	0	0

## 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 January 1, 2012.  
Data were adjusted for lag based on historical data.

**METHODOLOGY:**

- **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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
	<b>\$76,500,000</b>	<b>\$77,111,000</b>	<b>\$611,000</b>	<b>\$79,301,000</b>	<b>\$79,912,000</b>	<b>\$2,801,000</b>	<b>\$611,000</b>
• <i>Prior Year Estimate/Updated Costs Without CPP</i>	81,924,000	82,535,000	611,000	84,875,000	85,486,000	2,951,000	611,000
• <i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i>	-58,000	-58,000	0	-208,000	-208,000	-150,000	0
• <i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i>	-5,366,000	-5,366,000	0	-5,366,000	-5,366,000	0	0

**Health Care**

<b>METHODOLOGY (continued):</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>● <b>Utilization Change/Growth:</b> <ul style="list-style-type: none"> <li>● <b>Total Utilization Change/Growth for 2011-12</b></li> <li>● <b>Total Utilization Change/Growth for 2012-13</b></li> </ul> <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> </li> <li>● <b>4.25% Payment Reduction/Restoration in 2012-13</b></li> <li>● <b>Subtotal Base, Growth and Payment Reduction</b></li> <li>● <b>CPP: See CPP methodology for detail.</b></li> <li>● <b>TOTAL EXPENDITURES</b></li> </ul>	\$2,919,000	\$2,919,000	\$0	<i>In Base</i> \$2,899,000	\$2,899,000	<i>In Base</i> -\$20,000	\$0
	-\$247,000	-\$247,000	\$0	\$3,549,000	\$3,575,000	\$3,328,000	\$26,000
	\$79,172,000	\$79,783,000	\$611,000	\$85,749,000	\$86,386,000	\$6,603,000	\$637,000
	\$670,000	\$670,000	\$0	\$670,000	\$670,000	\$0	\$0
	\$79,842,000	\$80,453,000	\$611,000	\$86,419,000	\$87,056,000	\$6,603,000	\$637,000

## 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.

	Governor's			Governor's			2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	Over 2011-12	Request	
<b>EXPENDITURES:</b>								
TOTAL	\$79,842,000	\$80,453,000	\$611,000	\$86,419,000	\$87,056,000	\$6,603,000	\$637,000	
<b>GF</b>	\$68,755,000	\$69,080,000	\$325,000	\$74,787,000	\$74,927,000	\$5,847,000	\$140,000	
<i>GF Match</i>	7,522,000	7,747,000	225,000	8,066,000	8,505,000	758,000	439,000	
<i>GF Other</i>	61,233,000	61,333,000	100,000	66,721,000	66,422,000	5,089,000	-299,000	
<b>Reimbursements</b>	\$8,333,000	\$8,619,000	\$286,000	\$8,878,000	\$9,375,000	\$756,000	\$497,000	
<i>HCBS Waiver</i>	4,409,000	4,736,000	327,000	4,697,000	5,136,000	400,000	439,000	
<i>1915 (i) SPA</i>	3,112,000	3,012,000	-100,000	3,369,000	3,368,000	356,000	-1,000	
<i>Title XX TANF</i>	812,000	871,000	59,000	812,000	871,000	0	59,000	
<b>Federal Funds</b>	\$2,754,000	\$2,754,000	\$0	\$2,754,000	\$2,754,000	\$0	\$0	
<i>Early Start Grant</i>	2,754,000	2,754,000	0	2,754,000	2,754,000	0	0	

## 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 January 1, 2012.  
Data were adjusted for lag based on 2008-09 expenditures.

### METHODOLOGY:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li><b>Base:</b> 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"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> <li><i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i></li> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> <li><i>Annual Family Fee Program</i></li> </ul> </li> </ul>	<b>\$354,803,000</b>	<b>\$356,239,000</b>	<b>\$1,436,000</b>	<b>\$377,230,000</b>	<b>\$370,870,000</b>	<b>\$14,631,000</b>	<b>-\$6,360,000</b>
<ul style="list-style-type: none"> <li><i>Prior Year Estimate/Updated Costs Without CPP</i></li> </ul>	389,564,000	391,000,000	1,436,000	416,098,000	409,738,000	18,738,000	-6,360,000
<ul style="list-style-type: none"> <li><i>Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011</i></li> </ul>	-6,688,000	-6,688,000	0	-10,795,000	-10,795,000	-4,107,000	0
<ul style="list-style-type: none"> <li><i>Less Cost Containment Measures, Senate Bill 74, Ch 9, Statutes of 2011</i></li> </ul>	-31,673,000	-31,673,000	0	-31,673,000	-31,673,000	0	0
<ul style="list-style-type: none"> <li><i>Annual Family Fee Program</i></li> </ul>	3,600,000	3,600,000	0	3,600,000	3,600,000	0	0

**Miscellaneous Services**

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li><b>Utilization Change/Growth:</b> <ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth for 2011-12</b>      \$22,852,000      \$18,538,000      -\$4,314,000      <i>In Base</i>      <i>In Base</i>      <i>In Base</i>      <i>In Base</i></li> <li><b>Total Utilization Change/Growth for 2012-13</b>      \$24,189,000      \$19,875,000      \$1,337,000      -\$4,314,000</li> </ul> <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> </li> </ul>							
<ul style="list-style-type: none"> <li><b>4.25% Payment Reduction/Restoration in 2012-13</b>      -\$414,000      -\$414,000      \$0      \$16,361,000      \$15,302,000      \$15,716,000      -\$1,059,000</li> </ul>							
<ul style="list-style-type: none"> <li><b>Reduce SSP to the Maintenance of Effort Floor (MOE):</b>      \$5,008,000      \$5,008,000      \$0      \$5,008,000      \$5,008,000      \$0      \$0</li> </ul> <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>							
<ul style="list-style-type: none"> <li><b>Subtotal Base, Growth, Payment Reduction and SSP</b>      \$382,249,000      \$379,371,000      -\$2,878,000      \$422,788,000      \$411,055,000      \$31,684,000      -\$11,733,000</li> </ul>							
<ul style="list-style-type: none"> <li><b>CPP: See CPP methodology for detail.</b>      \$23,372,000      \$23,372,000      \$0      \$23,372,000      \$23,372,000      \$0      \$0</li> </ul>							
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES</b>      \$405,621,000      \$402,743,000      -\$2,878,000      \$446,160,000      \$434,427,000      \$31,684,000      -\$11,733,000</li> </ul>							

### 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.

EXPENDITURES:	Governor's			Governor's			2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	over 2011-12	Request	
TOTAL	\$405,621,000	\$402,743,000	-\$2,878,000	\$446,160,000	\$434,427,000	\$31,684,000	-\$11,733,000	
<b>GF</b>	\$226,074,000	\$222,964,000	-\$3,110,000	\$307,294,000	\$253,134,000	\$30,170,000	-\$54,160,000	
<i>GF Match</i>	75,339,000	74,515,000	-824,000	81,061,000	82,390,000	7,875,000	1,329,000	
<i>GF Other</i>	150,735,000	148,449,000	-2,286,000	226,233,000	170,744,000	22,295,000	-55,489,000	
<b>Reimbursements</b>	\$163,639,000	\$163,871,000	\$232,000	\$119,361,000	\$161,788,000	-\$2,083,000	\$42,427,000	
<i>HCBS Waiver</i>	57,508,000	57,639,000	131,000	61,266,000	62,509,000	4,870,000	1,243,000	
<i>1915 (i) SPA</i>	17,440,000	16,877,000	-563,000	19,183,000	19,183,000	2,306,000	0	
<i>1915 (k) SPA</i>	390,000	0	-390,000	611,000	697,000	697,000	86,000	
<i>Title XX Social Services</i>	7,839,000	7,795,000	-44,000	7,839,000	7,839,000	44,000	0	
<i>Title XX TANF</i>	30,462,000	31,560,000	1,098,000	30,462,000	31,560,000	0	1,098,000	
<i>California First Five Commission</i>	50,000,000	50,000,000	0	0	40,000,000	-10,000,000	40,000,000	
<b>Federal Funds</b>	\$9,982,000	\$9,982,000	\$0	\$9,982,000	\$9,982,000	\$0	\$0	
<i>Early Start Grant</i>	9,982,000	9,982,000	0	9,982,000	9,982,000	0	0	
<b>Program Development Fund</b>	\$5,926,000	\$5,926,000	\$0	\$9,523,000	\$9,523,000	\$3,597,000	\$0	

## 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 \$6.4 million QAF.

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2011-12 totals \$100.8 million. ICF-DD administration costs are 1.5% of the total or \$1.5 million. QAF set by DHCS are \$7.9 million.

2012-13: Total billing costs are \$1.6 million ICF-DD administration and \$7.1 million QAF.

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2012-13 totals \$107.2 million. ICF-DD administration costs are 1.5% of the total or \$1.6 million. QAF set by DHCS are \$8.5 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

<b>EXPENDITURES:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
TOTAL	\$7,738,000	\$8,075,000	\$337,000	\$8,393,000	\$8,804,000	\$729,000	\$411,000
<i>QAF Admin Fees (Transfer from DHCS)</i>	<i>7,738,000</i>	<i>8,075,000</i>	<i>337,000</i>	<i>8,393,000</i>	<i>8,804,000</i>	<i>729,000</i>	<i>411,000</i>

## Table of Contents

*PREVENTION PROGRAM* .....E-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 (WIC), Section 4500). Per Assembly Bill (AB) 104 Chapter 37, Statutes of 2011), the Prevention Program for services directly provided by Regional Centers is scheduled to sunset June 30, 2012. Beginning July 1, 2011, Regional Centers are no longer adding cases to the Prevention Program and refer at-risk-babies to Family Resource Centers (FRCs) for Prevention Resource and Referral Services (PRRS).

**ASSUMPTIONS:**

This estimate assumes 1,458 infant/toddlers will be served in 2011-12 by Regional Centers.

**CHANGE FROM PRIOR ESTIMATE:**

The Prevention Program for services directly provided by RC's become inoperative on July 1, 2012. Pursuant to WIC, Section 4435.1, RC's will refer at-risk-babies to FRC's.

**REASON FOR YEAR-TO-YEAR CHANGE:**

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

<b>EXPENDITURES:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<b>General Fund</b>	\$4,503,000	\$4,503,000	\$0	\$2,003,000	\$2,003,000	-\$2,500,000	\$0
Prevention Program	4,503,000	4,503,000	0	2,003,000	2,003,000	-2,500,000	0

## Table of Contents

COMMUNITY PLACEMENT PLAN..... E-17.1 to E-17.11

## 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 - 17.11. 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 the community.
- **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 and cost-inefficient community placement
- **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

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

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

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>I. OPERATIONS</b>	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$12,472,000	\$0	\$0
<b>II. PURCHASE OF SERVICES</b>							
<b>A. Start-Up</b>	\$22,075,000	\$22,075,000	\$0	\$22,075,000	\$22,075,000	0	\$0
<b>B. Assessment</b>	501,000 186 consumers	501,000 186 consumers	\$0 0 consumers	501,000 186 consumers	501,000 186 consumers	0	\$0 0 consumers
<b>C. Placement</b>	24,145,000 197 consumers	24,145,000 197 consumers <sup>*1</sup>	\$0 0 consumers	24,145,000 197 consumers	24,145,000 177 consumers <sup>*1</sup>	0	\$0 20 consumers
<b>D. Deflection</b>	8,216,000 93 consumers	8,216,000 93 consumers	\$0 0 consumers	8,216,000 93 consumers	8,216,000 93 consumers	\$0	\$0 0 consumers
<b>E. SUBTOTAL POS</b>	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$54,937,000	\$0	\$0
<b>III. TOTAL CPP</b>	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$67,409,000	\$0	\$0

\*1 - of the 197 consumers in placement, 70 are from LDC in 2011-12 and of the 177 consumers in placement, 110 are from LDC in 2012-13.

**COMMUNITY PLACEMENT PLAN**

## Operations

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

## COMMUNITY PLACEMENT PLAN

### Operations

	Governor's Budget 2012-13		Updated 2012-13		2012-13 Request	
	Positions	Cost	Positions	Cost	Positions	Cost
<b>A. STAFFING</b>						
<b>1. PERSONAL SERVICES</b>						
a. Resource Development Quality Assurance/	50.83	\$4,391,000	50.83	\$4,391,000	0	\$0
b. Management	12.51	1,213,000	12.51	1,213,000	0	\$0
c. Assessment	13.88	1,494,000	13.88	1,494,000	0	\$0
d. Placement	55.46	4,442,000	55.46	4,442,000	0	\$0
e. Crisis Services Teams	6.13	1,137,999	6.13	1,137,999	0	\$0
f. Total Personal Services	138.81	\$12,677,999	138.81	\$12,677,999	0	\$0
<b>2. OPERATING EXPENSES</b>						
a. Operating Expenses		\$467,000		\$467,000		\$0
b. Rent		1,074,000		1,074,000		\$0
c. Training, Travel, Consultants		155,000		155,000		\$0
d. Total Operating Expenses		\$1,696,000		\$1,696,000		\$0
<b>3. SUBTOTAL STAFFING (Rounded)</b>		\$14,373,999		\$14,373,999		\$0
		\$14,374,000		\$14,374,000		\$0
<b>B. Budget Balancing Reduction 2009-10 Reduce CPP Operations</b>		-\$1,902,000		-\$1,902,000		\$0
<b>C. Total (A+B)</b>		\$12,472,000		\$12,472,000		\$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	\$22,075,000	<b>\$22,075,000</b>	
B. Assessment	186	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$501,000	<b>\$501,000</b>	
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	<b>\$24,145,000</b>
D. Deflection b/	93	\$7,477,000	\$0	\$0	\$739,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$8,216,000</b>
<b>E. 2012 MAY REV 2011-12 TOTAL</b>		<b>\$21,153,000</b>	<b>\$0</b>	<b>\$164,000</b>	<b>\$3,283,000</b>	<b>\$3,948,000</b>	<b>\$0</b>	<b>\$176,000</b>	<b>\$0</b>	<b>\$744,000</b>	<b>\$1,327,000</b>	<b>\$24,000</b>	<b>\$76,000</b>	<b>\$670,000</b>	<b>\$23,372,000</b>	<b>\$54,937,000</b>
F. Governor's Budget 2011-12 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
G. DIFFERENCE		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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	\$22,075,000	<b>\$22,075,000</b>	
B. Assessment	186	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$501,000	<b>\$501,000</b>	
C. Placement	177	\$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	<b>\$24,145,000</b>
D. Deflection b/	93	\$7,477,000	\$0	\$0	\$739,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$8,216,000</b>
<b>E. 2012 MAY REV 2012-13 TOTAL</b>		<b>\$21,153,000</b>	<b>\$0</b>	<b>\$164,000</b>	<b>\$3,283,000</b>	<b>\$3,948,000</b>	<b>\$0</b>	<b>\$176,000</b>	<b>\$0</b>	<b>\$744,000</b>	<b>\$1,327,000</b>	<b>\$24,000</b>	<b>\$76,000</b>	<b>\$670,000</b>	<b>\$23,372,000</b>	<b>\$54,937,000</b>
F. Governor's Budget 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
G. DIFFERENCE		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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 2012 May Revision, 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							
<b>Regular CPP</b>																		
● Community Care Facilities (CCF)																		
● Residential Facilities	27	14%	231	\$1,872,000				\$700,000				\$94,000	\$316,000		\$6,000	\$24,000	\$159,000	<b>\$3,171,000</b>
● 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	<b>\$16,724,000</b>
● Intermediate Care Facilities (ICF)	12	6%	60			\$164,000		\$158,000				\$20,000	\$73,000		\$9,000	\$15,000	\$87,000	<b>\$526,000</b>
● 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	<b>\$3,271,000</b> \$21,239
● Other (Own Home, etc.)	7	3%	24	\$339,000				\$49,000				\$16,000	\$1,000	\$24,000	\$23,000	\$1,000	\$0	<b>\$453,000</b>
<b>TOTAL</b>	<b>197</b>	<b>100%</b>	<b>1,490</b>	<b>\$13,676,000</b>	<b>\$0</b>	<b>\$164,000</b>	<b>\$2,544,000</b>	<b>\$3,948,000</b>	<b>\$0</b>	<b>\$176,000</b>	<b>\$0</b>	<b>\$744,000</b>	<b>\$1,327,000</b>	<b>\$24,000</b>	<b>\$76,000</b>	<b>\$670,000</b>	<b>\$796,000</b>	<b>\$24,145,000</b>

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

For the 2012 May Revision, 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							
<b>Regular CPP</b>																		
● Community Care Facilities (CCF)																		
● Residential Facilities	24	14%	231	\$1,872,000				\$700,000				\$94,000	\$316,000		\$6,000	\$24,000	\$159,000	<b>\$3,171,000</b>
● Specialized Residential Facilities (SRF)	117	66%	1,021	\$11,465,000				\$2,663,000		\$176,000		\$520,000	\$893,000		\$34,000	\$579,000	\$394,000	<b>\$16,724,000</b>
● Intermediate Care Facilities (ICF)	11	6%	60			\$164,000		\$158,000				\$20,000	\$73,000		\$9,000	\$15,000	\$87,000	<b>\$526,000</b>
● Supported Living	19	11%	154				\$2,544,000	\$378,000				\$94,000	\$44,000		\$4,000	\$51,000	\$156,000	<b>\$3,271,000</b>
Avg Cost/Consumer Mo							\$16,519	\$2,455				\$610	\$286		\$26	\$331	\$1,013	\$21,239
● Other (Own Home, etc.)	6	2%	24	\$339,000				\$49,000				\$16,000	\$1,000	\$24,000	\$23,000	\$1,000	\$0	<b>\$453,000</b>
<b>TOTAL</b>	<b>177</b>	<b>99%</b>	<b>1,490</b>	<b>\$13,676,000</b>	<b>\$0</b>	<b>\$164,000</b>	<b>\$2,544,000</b>	<b>\$3,948,000</b>	<b>\$0</b>	<b>\$176,000</b>	<b>\$0</b>	<b>\$744,000</b>	<b>\$1,327,000</b>	<b>\$24,000</b>	<b>\$76,000</b>	<b>\$670,000</b>	<b>\$796,000</b>	<b>\$24,145,000</b>

**COMMUNITY PLACEMENT PLAN****Lanterman Developmental Center Closure Share of Funds  
DESCRIPTION:**

CPP 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 (LDC) to the community. This chart reflects the CPP costs dedicated to the LDC closure.

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

## Table of Contents

### SECTION E: ESTIMATE METHODOLOGIES (continued)

#### FUND SOURCES

General Fund .....	E-18.1 to 18.2
Reimbursements	
Summary Table .....	E-19.1 to E-19.2
Home and Community-Based Services (HCBS) Waiver .....	E-20.1 to E-20.6
HCBS Waiver Administration .....	E-21.1 to E-21.4
Medicaid Administration .....	E-22.1 to E-22.4
Targeted Case Management (TCM).....	E-23.1 to E-23.2
TCM Administration.....	E-24.1 to E-24.2
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-31.1 to E-31.2
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

1. FOR BUDGET YEAR 2012-13, THE METHODOLOGY PAGES E-18.1 THROUGH E-38 DO NOT RELECT THE \$200 MILLION GF TARGET REDUCTION. PLEASE REFER TO SECTION G. FOR DETAILS OF THE REDUCTION FOR 2012-13.

**General Fund**

**DESCRIPTION:**

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

**ASSUMPTIONS/METHODOLOGY:**

● GF Match:

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

		Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request	
● GF Match:		<b>\$1,311,771,000</b>	<b>\$1,378,012,000</b>	<b>\$66,241,000</b>	<b>\$1,400,563,000</b>	<b>\$1,475,950,000</b>	<b>\$97,938,000</b>	<b>\$75,387,000</b>	
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%	938,472,000	1,008,603,000	70,131,000	1,003,701,000	1,078,771,000	70,168,000	75,070,000
2	HCBS Waiver Administration	50.00%	8,367,000	8,367,000	0	8,784,000	6,279,000	-2,088,000	-2,505,000
3	Medicaid Administration	25.00%	4,120,000	4,120,000	0	4,314,000	4,314,000	194,000	0
4	Targeted Case Management (TCM)	50.00%	131,912,000	131,915,000	3,000	139,061,000	139,064,000	7,149,000	3,000
5	TCM Administration	50.00%	4,000,000	3,668,000	-332,000	4,000,000	3,668,000	0	-332,000
6	Intermediate Care Facility/Developmentally Disabled (ICF-DD) State Plan Amendment (SPA)		48,958,000	49,650,000	692,000	52,129,000	52,798,000	3,148,000	669,000
7	Quality Assurance Fees		419,000	761,000	342,000	467,000	815,000	54,000	348,000
8	1915(i) SPA	50.00%	171,002,000	165,500,000	-5,502,000	183,361,000	183,361,000	17,861,000	0
9	1915(k) SPA	50.00%	1,227,000	0	-1,227,000	1,924,000	1,924,000	1,924,000	0
10	Money Follows the Person Grant		2,294,000	4,428,000	2,134,000	2,822,000	4,956,000	528,000	2,134,000
11	Impacts from Other Departments FFP	50.00%	1,000,000	1,000,000	0	0	0	-1,000,000	0
● GF Other:		<b>\$851,925,000</b>	<b>\$844,708,000</b>	<b>-\$7,217,000</b>	<b>\$944,001,000</b>	<b>\$839,014,000</b>	<b>-\$5,694,000</b>	<b>-\$104,987,000</b>	

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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>• TOTAL EXPENDITURES:</b>	<b>\$2,163,696,000</b>	<b>\$2,222,720,000</b>	<b>\$59,024,000</b>	<b>\$2,344,564,000</b>	<b>\$2,314,964,000</b>	<b>\$92,244,000</b>	<b>-\$29,600,000</b>
<b>Total General Fund</b>	\$2,163,696,000	\$2,222,720,000	\$59,024,000	\$2,344,564,000	\$2,314,964,000	\$92,244,000	-\$29,600,000
<i>GF Match</i>	1,311,771,000	1,378,012,000	66,241,000	1,400,563,000	1,475,950,000	97,938,000	75,387,000
<i>GF Other</i>	851,925,000	844,708,000	-7,217,000	944,001,000	839,014,000	-5,694,000	-104,987,000

**Reimbursements**  
**Summary of Reimbursements and General Fund (GF) Match**  
**Fiscal Year 2011-12**

REIMBURSEMENTS a/	Governor's Budget	May Revision	Difference
<b>A. Home and Community-Based Services (HCBS) Waiver</b>	<b>\$1,876,944,000</b>	<b>\$2,028,493,000</b>	<b>\$140,262,000</b>
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	938,472,000	1,008,603,000	70,131,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	938,472,000	1,008,603,000	70,131,000
<b>B. HCBS Waiver Administration</b>	<b>\$16,736,000</b>	<b>\$16,736,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = 50%	8,369,000	8,369,000	0
2. DDS GF Match = 50% (Operations)	8,367,000	8,367,000	0
<b>C. Medicaid Administration</b>	<b>\$16,479,000</b>	<b>\$16,479,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = 75%	12,359,000	12,359,000	0
2. DDS GF Match = 25% (Operations)	4,120,000	4,120,000	0
<b>D. Targeted Case Management (TCM)</b>	<b>\$263,824,000</b>	<b>\$263,831,000</b>	<b>\$7,000</b>
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	131,912,000	131,916,000	4,000
2. DDS GF Match =CY 50% and BY 50% (Operations)	131,912,000	131,915,000	3,000
<b>E. Targeted Case Management Administration</b>	<b>\$8,000,000</b>	<b>\$7,336,000</b>	<b>-\$664,000</b>
1. Reimbursement (from DHCS) = 50%	4,000,000	3,668,000	-332,000
2. DDS GF Match = 50% (Operations)	4,000,000	3,668,000	-332,000
<b>F. Title XX Block Grant</b>	<b>\$225,060,000</b>	<b>\$225,060,000</b>	<b>\$0</b>
1a. Social Services (from DSS) = 100%	147,903,000	147,903,000	0
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157,000	77,157,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
<b>G. ICF/DD State Plan Amendment</b>	<b>\$97,296,000</b>	<b>\$99,300,000</b>	<b>\$2,004,000</b>
1. Reimbursement (from DHCS)	48,338,000	49,650,000	1,312,000
2. DDS GF Match (Purchase of Services)	48,958,000	49,650,000	692,000
<b>H. Quality Assurance Admin Fees(Transfer from DHCS)</b>	<b>\$9,197,000</b>	<b>\$9,598,000</b>	<b>\$401,000</b>
1. Reimbursement (from DHCS)	\$8,778,000	8,837,000	59,000
2. DDS GF Match (Purchase of Services & Operations)	\$419,000	761,000	342,000
<b>I. Vocational Rehabilitation (VR)</b>	<b>\$118,000</b>	<b>\$118,000</b>	<b>\$0</b>
1. VR Reimbursement (from DOR) 100%	118,000	118,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
<b>J. 1915 (j) State Plan Amendment</b>	<b>\$342,004,000</b>	<b>\$331,000,000</b>	<b>-\$11,004,000</b>
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	171,002,000	165,500,000	-5,502,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	171,002,000	165,500,000	-5,502,000
<b>K. Money Follows the Person Grant</b>	<b>\$17,712,000</b>	<b>\$17,712,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = 100%	15,418,000	13,284,000	-2,134,000
2. DDS GF Match (Operations / POS)	2,294,000	4,428,000	2,134,000
<b>L. Homeland Security Grant</b>	<b>\$35,000</b>	<b>\$35,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = 100%	35,000	35,000	0
2. DDS GF Match (Operations)	0	0	0
<b>M. California First Five Commission</b>	<b>\$50,000,000</b>	<b>\$50,000,000</b>	<b>\$0</b>
1. Reimbursement = 100%;	50,000,000	50,000,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
<b>N. Impacts from Other Departments FFP</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>	<b>\$0</b>
1. Reimbursement HCBS and Other(from DHCS)	1,000,000	1,000,000	0
2. DDS GF Match (Purchase of Services)	1,000,000	1,000,000	0
<b>O. 1915(k) Medicaid State Plan</b>	<b>2,454,000</b>	<b>\$0</b>	<b>-2,454,000</b>
1. Reimbursement (from DHCS)	1,227,000	0	-1,227,000
2. DDS GF Match (Purchase of Services)	1,227,000	0	-1,227,000
<b>P. TOTAL</b>	<b>\$2,927,859,000</b>	<b>\$3,056,411,000</b>	<b>\$128,552,000</b>
1. Reimbursements	<b>\$1,616,088,000</b>	<b>\$1,678,399,000</b>	<b>\$62,311,000</b>
2. Total GF Match	<b>\$1,311,771,000</b>	<b>\$1,378,012,000</b>	<b>\$66,241,000</b>

a/ Reimbursements are funds received via other state agencies.

**Reimbursements**  
**Summary of Reimbursements and General Fund (GF) Match**  
**Fiscal Year 2012-13**

REIMBURSEMENTS a/	Governor's Budget	May Revision	Difference
<b>A. Home and Community-Based Services (HCBS) Waiver</b>	<b>\$2,007,403,000</b>	<b>\$2,157,542,000</b>	<b>\$150,139,000</b>
1. Reimbursement (from DHCS) = CY 50% and BY 50%	1,003,702,000	1,078,771,000	75,069,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	1,003,701,000	1,078,771,000	75,070,000
<b>B. HCBS Waiver Administration</b>	<b>\$17,570,000</b>	<b>\$12,558,000</b>	<b>-\$5,012,000</b>
1. Reimbursement (from DHCS) = 50%	8,786,000	6,279,000	-2,507,000
2. DDS GF Match = 50% (Operations)	8,784,000	6,279,000	-2,505,000
<b>C. Medicaid Administration</b>	<b>\$17,255,000</b>	<b>\$17,255,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = 75%	12,941,000	12,941,000	0
2. DDS GF Match = 25% (Operations)	4,314,000	4,314,000	0
<b>D. Targeted Case Management (TCM)</b>	<b>\$278,122,000</b>	<b>\$278,129,000</b>	<b>\$7,000</b>
1. Reimbursement (from DHCS) = CY 50% and BY 50%	139,061,000	139,065,000	4,000
2. DDS GF Match =CY 50% and BY 50% (Operations)	139,061,000	139,064,000	3,000
<b>E. Targeted Case Management Administration</b>	<b>\$8,000,000</b>	<b>\$7,336,000</b>	<b>-\$664,000</b>
1. Reimbursement (from DHCS) = 50%	4,000,000	3,668,000	-332,000
2. DDS GF Match = 50% (Operations)	4,000,000	3,668,000	-332,000
<b>F. Title XX Block Grant</b>	<b>\$225,060,000</b>	<b>\$225,060,000</b>	<b>\$0</b>
1a. Social Services (from DSS) = 100%	147,903,000	147,903,000	0
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157,000	77,157,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
<b>G. ICF/DD State Plan Amendment</b>	<b>\$103,638,000</b>	<b>\$105,596,000</b>	<b>\$1,958,000</b>
1. Reimbursement (from DHCS)	51,509,000	52,798,000	1,289,000
2. DDS GF Match (Purchase of Services)	52,129,000	52,798,000	669,000
<b>H. Quality Assurance Admin Fees(Transfer from DHCS)</b>	<b>\$9,948,000</b>	<b>\$10,435,000</b>	<b>\$487,000</b>
1. Reimbursement (from DHCS)	9,481,000	9,620,000	139,000
2. DDS GF Match (Purchase of Services & Operations)	467,000	815,000	348,000
<b>I. Vocational Rehabilitation (VR)</b>	<b>\$118,000</b>	<b>\$118,000</b>	<b>\$0</b>
1. VR Reimbursement (from DOR) 100%	118,000	118,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
<b>J. 1915 (i) State Plan Amendment</b>	<b>\$366,723,000</b>	<b>\$366,723,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = CY 50% and BY 50%	183,362,000	183,362,000	0
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	183,361,000	183,361,000	0
<b>K. Money Follows the Person Grant</b>	<b>\$19,823,000</b>	<b>\$19,823,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = 100%	17,001,000	14,867,000	-2,134,000
2. DDS GF Match (Operations / POS)	2,822,000	4,956,000	2,134,000
<b>L. Homeland Security Grant</b>	<b>\$35,000</b>	<b>\$35,000</b>	<b>\$0</b>
1. Reimbursement (from DHCS) = 100%	35,000	35,000	0
2. DDS GF Match (Operations)	0	0	0
<b>M. California First Five Commission</b>	<b>\$0</b>	<b>\$40,000,000</b>	<b>\$40,000,000</b>
1. Reimbursement = 100%;	0	40,000,000	40,000,000
2. DDS GF Match (Purchase of Services)	0	0	0
<b>N. Impacts from Other Departments FFP</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
1. Reimbursement HCBS and Other(from DHCS)	0	0	0
2. DDS GF Match (Purchase of Services)	0	0	0
<b>O. 1915(k) Medicaid State Plan</b>	<b>3,848,000</b>	<b>3,848,000</b>	<b>0</b>
1. Reimbursement (from DHCS)	1,924,000	1,924,000	0
2. DDS GF Match (Purchase of Services)	1,924,000	1,924,000	0
<b>P. Race to the Top</b>	<b>0</b>	<b>286,000</b>	<b>286,000</b>
1. Reimbursement (from DHCS)	0	286,000	286,000
2. DDS GF Match (Other Agency Costs)	0	0	0
<b>Q. TOTAL</b>	<b>\$3,057,543,000</b>	<b>\$3,244,744,000</b>	<b>\$186,915,000</b>
1. Reimbursements	<b>\$1,656,980,000</b>	<b>\$1,768,794,000</b>	<b>\$111,528,000</b>
2. Total GF Match	<b>\$1,400,563,000</b>	<b>\$1,475,950,000</b>	<b>\$75,387,000</b>

a/ Reimbursements are funds received via other state agencies.

## Home and Community-Based Services Waiver

**DESCRIPTION:**

The Home and Community-Based Services (HCBS) Waiver program enables the Department of Developmental Services (DDS) to provide a broad array of HCBS' to eligible individuals who, without these services, would require the level of care provided in an intermediate care facility for the developmentally disabled.

**KEY DATA/ASSUMPTIONS:**

Data Source: Medicaid Waiver Total Billed Dollar Amounts and Client Counts report, dated April 3, 2012 for the period of July 2011 through December 2011.

**METHODOLOGY:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>● <b>Base:</b></li> <li>● <b>2011-12</b> Total estimated expenditures based on 2010-11 billing data for the period of July 2010 - June 2011</li> <li>● <b>2012-13</b> Prior Year 2011-12 Estimate</li> <li>Less 2011-12 CPP Placements, Deflections, Assessments and Continuation</li> <li>Less Revised Major Assumption, FMS</li> <li>Plus SSI/SSP RC Savings</li> <li>Restoration of 4.25% Payment Reduction</li> </ul>	\$1,964,262,000	\$1,964,262,000	\$0	\$1,912,015,000	\$2,056,628,000	\$92,366,000	\$144,613,000
<ul style="list-style-type: none"> <li>● <b>2011-12</b> Total estimated expenditures based on 2010-11 billing data for the period of July 2010 - June 2011</li> </ul>	1,964,262,000	1,964,262,000					
<ul style="list-style-type: none"> <li>● <b>2012-13</b> Prior Year 2011-12 Estimate</li> </ul>				1,876,944,000	2,017,206,000		
<ul style="list-style-type: none"> <li>Less 2011-12 CPP Placements, Deflections, Assessments and Continuation</li> </ul>				-48,240,000	-48,240,000		
<ul style="list-style-type: none"> <li>Less Revised Major Assumption, FMS</li> </ul>					-2,124,000		
<ul style="list-style-type: none"> <li>Plus SSI/SSP RC Savings</li> </ul>					2,379,000		
<ul style="list-style-type: none"> <li>Restoration of 4.25% Payment Reduction</li> </ul>				83,311,000	87,407,000		
<ul style="list-style-type: none"> <li>● <b>Annual Growth, New RC Consumers</b></li> <li>● <b>2011-12</b></li> <li>● 2011-12 Annual Growth, New Enrollees</li> <li> <ul style="list-style-type: none"> <li>Governor's Budget - 2,464 consumers x \$16,000 annual cost/consumer x .54 phase-in factor = \$21,289,000</li> <li>2012 May Revision -2,464 consumers x \$1,810 monthly cost/consumer x .36 phase-in factor = \$19,681,000</li> </ul> </li> <li>● 2010-11 Annual Growth, Continuation for New Enrollees Added in 2010-11</li> <li>● <b>2012-13</b></li> <li>● 2012-13 Annual Growth, New Enrollees</li> <li> <ul style="list-style-type: none"> <li>Governor's Budget - 2,766 consumers x \$16,000 annual cost/consumer x .54 phase-in factor = \$23,898,000</li> <li>2012 May Revision - 2,780 consumers x \$16,000 annual cost/consumer x .54 phase-in factor = \$24,019,000</li> </ul> </li> <li>● 2011-12 Annual Growth, Continuation for New Enrollees Added in 2011-12</li> </ul>	\$41,301,000	\$39,693,000	-\$1,608,000	\$42,033,000	\$43,762,000	\$4,069,000	\$1,729,000
<ul style="list-style-type: none"> <li>● 2011-12 Annual Growth, New Enrollees</li> </ul>	21,289,000	19,681,000	-1,608,000				
<ul style="list-style-type: none"> <li>● 2010-11 Annual Growth, Continuation for New Enrollees Added in 2010-11</li> </ul>	20,012,000	20,012,000	0				
<ul style="list-style-type: none"> <li>● 2012-13 Annual Growth, New Enrollees</li> </ul>				23,898,000	24,019,000	4,338,000	121,000
<ul style="list-style-type: none"> <li>● 2011-12 Annual Growth, Continuation for New Enrollees Added in 2011-12</li> </ul>				18,135,000	19,743,000	19,743,000	1,608,000

## Home and Community-Based Services Waiver

**METHODOLOGY (continued):**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>● <b>Increase of Waiver Base Growth, Existing RC Consumers</b></li> <li>● 2011-12 Increase of Waiver Base Growth</li> <li>● 2010-11 Increase of Waiver Base Growth Continuation</li> <li>● 2012-13 Increase of Waiver Base Growth Continuation</li> <li>● 2012-13 Increase of Waiver Base Growth</li> </ul>	<b>\$18,403,000</b>	<b>\$17,820,000</b>	<b>-\$583,000</b>	<b>\$15,466,000</b>	<b>\$52,452,000</b>	<b>\$34,632,000</b>	<b>\$36,986,000</b>
<ul style="list-style-type: none"> <li>● 2011-12 Increase of Waiver Base Growth</li> <li>● 2010-11 Increase of Waiver Base Growth Continuation</li> <li>● 2012-13 Increase of Waiver Base Growth Continuation</li> <li>● 2012-13 Increase of Waiver Base Growth</li> </ul>	9,276,000	8,693,000	-583,000				
	9,127,000	9,127,000	0				
				7,564,000	28,419,000		
				7,902,000	24,033,000		
<ul style="list-style-type: none"> <li>● <b>CPP</b></li> </ul> <p>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.</p>	<b>\$28,779,000</b>	<b>\$28,779,000</b>	<b>\$0</b>	<b>\$28,779,000</b>	<b>\$28,779,000</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>● <b>2011-12</b></li> </ul> <p>Total HCBS Waiver-billable costs for 162 Waiver-eligible Deflections and Assessments</p>	20,624,000	20,624,000	0				
	8,155,000	8,155,000	0				
<ul style="list-style-type: none"> <li>● <b>2012-13</b></li> </ul> <p>Total HCBS Waiver-billable costs for 162 new Waiver-eligible Deflections and Assessments</p>				20,624,000	20,624,000		
				8,155,000	8,155,000		
<ul style="list-style-type: none"> <li>● <b>Placement/Deflection Continuation:</b></li> </ul> <p>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.</p>	<b>\$19,461,000</b>	<b>\$19,461,000</b>	<b>\$0</b>	<b>\$20,624,000</b>	<b>\$20,624,000</b>	<b>\$1,163,000</b>	<b>\$0</b>
<p><b>2011-12 and 2012-13</b></p> <p>Total HCBS Waiver-billable costs for 167 Waiver-eligible consumers</p>	19,461,000	19,461,000	0	20,624,000	20,624,000		

## Home and Community-Based Services Waiver

## METHODOLOGY (continued):

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
• <b>Social Security Income/State Supplementary Payment (SSI/SSP) Increase/RC Savings</b> Effective January 1, 2012	-\$113,000	-\$2,379,000	-\$2,266,000	-\$113,000	-\$2,880,000	-\$501,000	-\$2,767,000
• <b>Revised Major Assumptions:</b> Fiscal Management Services (FMS) for Participant-Directed Services	\$647,000	\$647,000	\$0	\$8,497,000	\$8,497,000	\$7,850,000	\$0
• <b>Legislative Changes</b>	-\$161,600,000	-\$28,727,000	\$132,873,000	In Base	In Base		
• Cost Containment Measures (Senate Bill 74, Chapter 9, Statutes of 2011)	-165,000,000	-32,127,000	132,873,000				
• FFP for Large Residential Facilities (CCFs)	3,400,000	3,400,000	0		In Base		
• <b>Cost Containment Measures (Assembly Bill 104, Chapter 37, Statutes of 2011)</b>	-\$34,196,000	-\$22,350,000	\$11,846,000	-\$19,898,000	-\$13,720,000	\$8,630,000	\$6,178,000
• <b>Savings Proposals</b>	\$0	\$0	\$0	\$0	-\$36,600,000	-\$36,600,000	-\$36,600,000
• <b>TOTAL EXPENDITURES</b>	\$1,876,944,000	\$2,017,206,000	\$140,262,000	\$2,007,403,000	\$2,157,542,000	\$140,336,000	\$150,139,000
• <b>Federal Medical Assistance Percentage (FMAP)</b>	50.00%	50.00%		50.00%	50.00%		
• <b>Total Federal Financial Participation (FFP)</b>	\$938,472,000	\$1,008,603,000	\$70,131,000	\$1,003,702,000	\$1,078,771,000	\$70,168,000	\$75,069,000
• <b>General Fund (GF) Match</b>	\$938,472,000	\$1,008,603,000	\$70,131,000	\$1,003,701,000	\$1,078,771,000	\$70,168,000	\$75,070,000

## Home and Community-Based Services Waiver

### **METHODOLOGY (continued):**

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### **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	% of Actual							
	Estimated % of Costs Billable to HCBS Waiver	2010-11 Waiver Expenditures by Budget Category	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>Total Estimated HCBS Waiver-Billable Expenditures</b>			<b>\$1,876,944,000</b>	<b>\$2,017,206,000</b>	<b>\$140,262,000</b>	<b>2,007,403,000</b>	<b>\$2,157,542,000</b>	<b>\$140,336,000</b>	<b>\$150,139,000</b>
GF Match			938,473,000	1,008,603,000	70,130,000	1,003,701,000	1,078,771,000	70,168,000	75,070,000
FFP (from DHCS)			938,471,000	1,008,603,000	70,132,000	1,003,702,000	1,078,771,000	70,168,000	75,069,000
FMAP			50.00%	50.00%		50%	50.00%		
<b>Purchase of Services</b>									
Community Care Facilities	79%	32.96%	591,409,000	665,472,000	74,063,000	630,055,000	720,389,000	54,917,000	90,334,000
GF Match			295,705,000	332,736,000	37,031,000	315,028,000	360,194,000	27,458,000	45,166,000
FFP			295,704,000	332,736,000	37,032,000	315,028,000	360,195,000	27,459,000	45,167,000
Day Programs	53%	19.80%	376,760,000	399,038,000	22,278,000	401,380,000	432,758,000	33,720,000	31,378,000
GF Match			188,380,000	199,519,000	11,139,000	200,690,000	216,379,000	16,860,000	15,689,000
FFP			188,380,000	199,519,000	11,139,000	200,690,000	216,379,000	16,860,000	15,689,000
Work Activity Program	60%	1.63%	31,897,000	32,850,000	953,000	33,981,000	35,626,000	2,776,000	1,645,000
GF Match			15,948,000	16,425,000	477,000	16,990,000	17,813,000	1,388,000	823,000
FFP			15,949,000	16,425,000	476,000	16,991,000	17,813,000	1,388,000	822,000
Supported Employment Placement (SEF / Group	37%	1.24%	24,017,000	24,990,000	973,000	25,586,000	27,102,000	2,112,000	1,516,000
GF Match			12,009,000	12,495,000	486,000	12,793,000	13,551,000	1,056,000	758,000
FFP			12,008,000	12,495,000	487,000	12,793,000	13,551,000	1,056,000	758,000
SEP / Individual	23%	0.20%	4,128,000	4,032,000	-96,000	4,398,000	4,371,000	339,000	-27,000
GF Match			2,064,000	2,016,000	-48,000	2,199,000	2,185,000	169,000	-14,000
FFP			2,064,000	2,016,000	-48,000	2,199,000	2,186,000	170,000	-13,000
Transportation	54%	6.25%	118,019,000	125,959,000	7,940,000	125,731,000	136,603,000	10,644,000	10,872,000
GF Match			59,009,000	62,980,000	3,971,000	62,865,000	68,302,000	5,322,000	5,437,000
FFP			59,010,000	62,979,000	3,969,000	62,866,000	68,301,000	5,322,000	5,435,000
Support Services	70%	24.56%	464,196,000	494,968,000	30,772,000	494,529,000	536,794,000	41,826,000	42,265,000
GF Match			232,098,000	247,484,000	15,386,000	247,264,000	268,397,000	20,913,000	21,133,000
FFP			232,098,000	247,484,000	15,386,000	247,265,000	268,397,000	20,913,000	21,132,000

**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	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
In-Home Respite	65%	5.86%	115,955,000	118,099,000	2,144,000	123,532,000	128,079,000	9,980,000	4,547,000
<i>GF Match</i>			57,977,000	59,050,000	1,073,000	61,766,000	64,040,000	4,990,000	2,274,000
<i>FFP</i>			57,978,000	59,049,000	1,071,000	61,766,000	64,039,000	4,990,000	2,273,000
Out-of-Home Respite	57%	1.31%	26,081,000	26,401,000	320,000	27,785,000	28,632,000	2,231,000	847,000
<i>GF Match</i>			13,041,000	13,200,000	159,000	13,893,000	14,316,000	1,116,000	423,000
<i>FFP</i>			13,040,000	13,201,000	161,000	13,892,000	14,316,000	1,115,000	424,000
Health Care	14%	0.47%	8,819,000	9,472,000	653,000	9,395,000	10,272,000	800,000	877,000
<i>GF Match</i>			4,410,000	4,736,000	326,000	4,698,000	5,136,000	400,000	438,000
<i>FFP</i>			4,409,000	4,736,000	327,000	4,697,000	5,136,000	400,000	439,000
Miscellaneous	30%	5.72%	115,017,000	115,278,000	261,000	122,533,000	125,019,000	9,741,000	2,486,000
<i>GF Match</i>			57,509,000	57,639,000	130,000	61,267,000	62,510,000	4,871,000	1,243,000
<i>FFP</i>			57,508,000	57,639,000	131,000	61,266,000	62,509,000	4,870,000	1,243,000

**Revised Major Assumptions:**

Fiscal Management Services for Participant-Directed Services			647,000	647,000	0	8,497,000	8,497,000	7,850,000	0
<i>GF Match</i>			323,000	323,000	0	4,248,000	4,248,000	3,925,000	0
<i>FFP</i>			324,000	324,000	0	4,249,000	4,249,000	3,925,000	0

**Savings Proposals:**

			0	0	0	0	-36,600,000	-36,600,000	-36,600,000
<i>GF Match</i>			0	0	0	0	-18,300,000	-18,300,000	-18,300,000
<i>FFP</i>			0	0	0	0	-18,300,000	-18,300,000	-18,300,000

## 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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<b>Training for DSP Staff</b>	\$2,801,000	\$2,801,000	\$0	\$2,801,000	\$2,788,000	-\$13,000	-\$13,000

- 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.
   
  

$$\$3,442,000 \times .81 = \$2,788,000$$
- The Federal Financial Participation (FFP) portion of the HCBS Waiver Administration-eligible costs is 50%.
   
  

$$\$2,788,000 \times .50 = \$1,394,000$$
- 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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<b>Staffing for Collection of FFP for Contracted Services</b>	\$824,000	\$824,000	\$0	\$824,000	\$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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<b>FFP Enhancement (related to 2003-04 Enhancing FFP BCP):</b>	\$7,627,000	\$7,627,000	\$0	\$7,627,000	\$7,627,000	\$0	\$0

- 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

	\$376,000	\$376,000	\$0	\$376,000	\$377,000	\$1,000	\$1,000
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- Total personal services and operating expenses Costs are \$385,000
- 98% of Agnews Consumers are HCBS Waiver eligible
- Therefore 98% of the costs would be \$377,000
- The FFP portion of total costs is 50%.  
 $\$377,000 \times .50 = \$189,000$

## Home and Community-Based Services Waiver Administration

### ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<b>Revised Major Assumptions</b>	\$984,000	\$984,000	\$0	\$984,000	\$984,000	\$0	\$0
<b>Federal Medicaid Requirments for RC Vendored Providers</b>							
• 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>	\$4,958,000	\$4,958,000	\$0	\$4,958,000	\$4,958,000	\$0	\$0
• 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>							
• <b>2011-12 4.25% Payment Reduction</b>	-\$834,000	-\$834,000	\$0	\$0	\$0	\$834,000	\$0
<u>Savings Proposal</u>	\$0	\$0	\$0	\$0	-\$5,000,000	-\$5,000,000	-\$5,000,000

### FUNDING:

Funding for HCBS Waiver Administration reimbursement is 50% Federal Finacial 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	\$16,736,000	\$16,736,000	\$0	\$17,570,000	\$12,558,000	-\$4,178,000	-\$5,012,000
FFP	8,369,000	8,369,000	0	8,786,000	6,279,000	-2,090,000	-2,507,000
GF Match	8,367,000	8,367,000	0	8,784,000	6,279,000	-2,088,000	-2,505,000

## 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:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
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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 RC's.

- Of the consumers receiving health reviews, 72% are Medicaid eligible; therefore, it is assumed that 72% of costs are eligible for MA reimbursement .

	\$17,726,000	\$17,726,000	\$0	\$17,726,000	\$17,726,000	\$0	\$0
	0.72	0.72		0.72	0.72		
Total	\$12,762,720	\$12,762,720	\$0	\$12,762,720	\$12,762,720	\$0	\$0
Rounded	\$12,763,000	\$12,763,000		\$12,763,000	\$12,763,000	\$0	\$0

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

	\$9,572,250	\$9,572,250	\$0	\$9,572,250	\$9,572,250	\$0	\$0
Total	\$9,572,250	\$9,572,250	\$0	\$9,572,250	\$9,572,250	\$0	\$0
Rounded	\$9,572,000	\$9,572,000		\$9,572,000	\$9,572,000	\$0	\$0

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

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

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

	\$169,000	\$169,000	\$0	\$169,000	\$169,000	\$0	\$0
	0.98	0.98		0.98	0.98		
Total	\$165,620	\$165,620	\$0	\$165,620	\$165,620	\$0	\$0
Rounded	\$166,000	\$166,000	\$0	\$166,000	\$166,000	\$0	\$0

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

	\$124,500	\$124,500	\$0	\$124,500	\$124,500	\$0	\$0
Total	\$124,500	\$124,500	\$0	\$124,500	\$124,500	\$0	\$0
Rounded	\$125,000	\$125,000	\$0	\$125,000	\$125,000	\$0	\$0

**Medicaid Administration**

**METHODOLOGY: (continued)**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
• State Employees in the Community							
• Total personal services and operating costs related to MA are estimated to be \$1,815,000.	\$1,815,000	\$1,815,000	\$0	\$1,815,000	\$1,815,000	\$0	\$0
• Consistent with the Community Placement Plan (CPP) assumptions, 98% of these costs are eligible for MA	0.98	0.98		0.98	0.98		
Total	\$1,778,700	\$1,778,700	\$0	\$1,778,700	\$1,778,700	\$0	\$0
Rounded	\$1,779,000	\$1,779,000	\$0	\$1,779,000	\$1,779,000	\$0	\$0
• The FFP portion of total MA-eligible costs is 75% .	0.75	0.75		0.75	0.75		
Total	\$1,334,250	\$1,334,250	\$0	\$1,334,250	\$1,334,250	\$0	\$0
Rounded	\$1,334,000	\$1,334,000	\$0	\$1,334,000	\$1,334,000	\$0	\$0
• Dental Coordinators							
• Total personal services and operating costs related to MA are estimated to be \$222,000.	\$222,000	\$222,000	\$0	\$222,000	\$222,000	\$0	\$0
• Consistent with the CPP assumptions, 98% of these costs are eligible for MA (\$222,000 x .98 = \$218,000).	0.98	0.98		0.98	0.98		
Total	\$217,560	\$217,560	\$0	\$217,560	\$217,560	\$0	\$0
Rounded	\$217,000	\$217,000	\$0	\$217,000	\$217,000	\$0	\$0
• The FFP portion of total MA-eligible costs is 75% (\$218,000 x .75 = \$164,000).	0.75	0.75		0.75	0.75		
Total	\$162,750	\$162,750	\$0	\$162,750	\$162,750	\$0	\$0
Rounded	\$163,000	\$163,000	\$0	\$163,000	\$163,000	\$0	\$0
• 4.25% Payment Reduction							
Total personal services and operating costs related to this reduction for MA are estimated to be -\$776,000.	-\$776,000	-\$776,000	\$0	\$0	\$0	\$0	\$0
• It is assumed that 100% of these costs are eligible for MA.	1.00	1.00		1.00	1.00		
Total	-\$776,000	-\$776,000	\$0	\$0	\$0	\$776,000	\$0
Rounded	-\$776,000	-\$776,000	\$0	\$0	\$0	\$776,000	\$0
• The FFP portion of this reduction for MA-eligible costs is 75%	0.75	0.75		0.75	0.75		
Total	-\$582,000	-\$582,000	\$0	\$0	\$0	\$582,000	\$0
Rounded	-\$582,000	-\$582,000	\$0	\$0	\$0	\$582,000	\$0

**Medicaid Administration**

**METHODOLOGY: (continued)**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
• 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	-\$270,000	\$0	\$0
• It is assumed that 100% of these costs are eligible for MA.	1.00	1.00		1.00	1.00		
Total	-\$270,000	-\$270,000	\$0	-\$270,000	-\$270,000	\$0	\$0
Rounded	-\$270,000	-\$270,000	\$0	-\$270,000	-\$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		
Total	-\$202,500	-\$202,500	\$0	-\$202,500	-\$202,500	\$0	\$0
Rounded	-\$203,000	-\$203,000	\$0	-\$203,000	-\$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:**

	November Estimate 2011-12	Updated 2011-12	2011-12 Request	November Estimate 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$16,479,000	\$16,479,000	\$0	\$17,255,000	\$17,255,000	\$776,000	\$0
FFP	12,359,000	12,359,000	0	12,941,000	12,941,000	582,000	0
GF Match	4,120,000	4,120,000	0	4,314,000	4,314,000	194,000	0

## 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 157,000 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 March 2, 2012 for the period December 2010 - November 2011.

### METHODOLOGY:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li>Base: TCM expenditures are based on actual TCM billable units for a 12-month period (December 2010 - November 2011) multiplied by the RC TCM rates effective June 2011 and adjusted for California Price Index for Current Year (CY) and Budget Year (BY).</li> </ul>	\$275,031,000	\$275,038,000	\$7,000	\$275,031,000	\$275,038,000	\$0	\$7,000
<ul style="list-style-type: none"> <li>RC Service Coordination Enhancement</li> </ul>	3,091,000	3,091,000	0	3,091,000	3,091,000	0	0
<ul style="list-style-type: none"> <li>4.25% Payment Reduction</li> </ul>	-14,298,000	-14,298,000	0	0	0	14,298,000	0
<ul style="list-style-type: none"> <li>Enacted Budget TCM SPA</li> </ul>							0
<ul style="list-style-type: none"> <li><b>TOTAL TCM-ELIGIBLE COSTS:</b></li> </ul>	263,824,000	263,831,000	7,000	278,122,000	278,129,000	14,298,000	7,000

## 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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$263,824,000	\$263,831,000	\$7,000	\$278,122,000	\$278,129,000	\$14,298,000	\$7,000
FFP	131,912,000	131,916,000	4,000	139,061,000	139,065,000	7,149,000	4,000
GF Match	131,912,000	131,915,000	3,000	139,061,000	139,064,000	7,149,000	3,000

## 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 157,000 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 \$3,668,000.
- Source of Data: Department of Developmental Services' (DDS) Fiscal Systems - California State Accounting and Reporting System.

### METHODOLOGY:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
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.	\$8,000,000	\$7,336,000	-\$664,000	\$8,000,000	\$7,336,000	\$0	-\$664,000

### 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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$8,000,000	\$7,336,000	-\$664,000	\$8,000,000	\$7,336,000	\$0	-\$664,000
<i>FFP</i>	<i>4,000,000</i>	<i>3,668,000</i>	<i>-332,000</i>	<i>4,000,000</i>	<i>3,668,000</i>	<i>0</i>	<i>-332,000</i>
<i>GF Match</i>	<i>4,000,000</i>	<i>3,668,000</i>	<i>-332,000</i>	<i>4,000,000</i>	<i>3,668,000</i>	<i>0</i>	<i>-332,000</i>

## 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.

<b>EXPENDITURES:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<b>TOTAL TITLE XX BLOCK GRANT</b>	<b>\$225,060,000</b>	<b>\$225,060,000</b>	<b>\$0</b>	<b>\$225,060,000</b>	<b>\$225,060,000</b>	<b>\$0</b>	<b>\$0</b>
<b>SOCIAL SERVICES</b>	<b>\$147,903,000</b>	<b>\$147,903,000</b>	<b>\$0</b>	<b>\$147,903,000</b>	<b>\$147,903,000</b>	<b>\$0</b>	<b>\$0</b>
<b>ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES</b>							
<i>Day Programs</i>	<i>48,616,000</i>	<i>50,344,000</i>	<i>1,728,000</i>	<i>48,616,000</i>	<i>48,616,000</i>	<i>-1,728,000</i>	<i>0</i>
<i>Transportation</i>	<i>5,398,000</i>	<i>5,776,000</i>	<i>378,000</i>	<i>5,398,000</i>	<i>5,398,000</i>	<i>-378,000</i>	<i>0</i>
<i>Support Services</i>	<i>58,614,000</i>	<i>57,995,000</i>	<i>-619,000</i>	<i>58,614,000</i>	<i>58,614,000</i>	<i>619,000</i>	<i>0</i>
<i>In-Home Respite</i>	<i>22,378,000</i>	<i>21,175,000</i>	<i>-1,203,000</i>	<i>22,378,000</i>	<i>22,378,000</i>	<i>1,203,000</i>	<i>0</i>
<i>Out-of-Home Respite</i>	<i>5,058,000</i>	<i>4,818,000</i>	<i>-240,000</i>	<i>5,058,000</i>	<i>5,058,000</i>	<i>240,000</i>	<i>0</i>
<i>Miscellaneous Services</i>	<i>7,839,000</i>	<i>7,795,000</i>	<i>-44,000</i>	<i>7,839,000</i>	<i>7,839,000</i>	<i>44,000</i>	<i>0</i>

## Title XX Block Grant

EXPENDITURES (Cont'd):	Governor's	Updated	2011-12	Governor's	Updated	2012-13	2012-13
	Budget	2011-12	Request	Budget	2012-13	over	2012-13
	2011-12	2011-12	Request	2012-13	2012-13	2011-12	Request
TANF	\$77,157,000	\$77,157,000	\$0	\$77,157,000	\$77,157,000	\$77,157,000	\$0
<b>ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES</b>							
Community Care Facilities	11,078,000	10,908,000	-170,000	11,078,000	10,908,000	0	-170,000
Day Programs	1,739,000	1,712,000	-27,000	1,739,000	1,712,000	0	-27,000
Habilitation Services	5,000	4,000	-1,000	5,000	4,000	0	-1,000
Transportation	673,000	665,000	-8,000	673,000	665,000	0	-8,000
Support Services	13,941,000	13,975,000	34,000	13,941,000	13,975,000	0	34,000
In-Home Respite	14,733,000	14,158,000	-575,000	14,733,000	14,158,000	0	-575,000
Out-of-Home Respite	3,714,000	3,304,000	-410,000	3,714,000	3,304,000	0	-410,000
Health Care	812,000	871,000	59,000	812,000	871,000	0	59,000
Miscellaneous Services	30,462,000	31,560,000	1,098,000	30,462,000	31,560,000	0	1,098,000

## 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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
<b>Estimated day and transportation costs.</b>	\$97,296,000	\$99,300,000	\$2,004,000	\$103,638,000	\$105,596,000	\$6,296,000	\$1,958,000
<b>Total Expenditures</b>	\$97,296,000	\$99,300,000	\$2,004,000	\$103,638,000	\$105,596,000	\$6,296,000	\$1,958,000

## 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:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$97,296,000	\$99,300,000	\$2,004,000	\$103,638,000	\$105,596,000	\$1,958,000	\$1,958,000
<i>FFP</i>	48,338,000	49,650,000	1,312,000	51,509,000	52,798,000	1,289,000	1,289,000
<i>GF Match</i>	48,958,000	49,650,000	692,000	52,129,000	52,798,000	669,000	669,000

## **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 \$6.3 million QAF.

- POS costs for day treatment and transportation for 2010-11 totals \$97.3 million. RC and ICF-DD administration costs are each 1.5%. 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 \$6.8 million QAF.

- POS costs for day treatment and transportation for 2011-12 totals \$103.6 million. RC and ICF-DD administration costs are each 1.6%. 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 payroll data.

### **REASON FOR YEAR-TO-YEAR CHANGE:**

No change.

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

**EXPENDITURES:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$9,197,000	\$9,598,000	\$401,000	\$9,948,000	\$10,435,000	\$837,000	\$487,000
FFP	8,778,000	8,837,000	59,000	9,481,000	9,620,000	783,000	139,000
GF Match	419,000	761,000	342,000	467,000	815,000	54,000	348,000

## 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:

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$118,000	\$118,000	\$0	\$118,000	\$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 \$331.0 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:	Governor's			Governor's			2012-13	2012-13
	Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	Over 2011-12	2012-13 Request	
TOTAL EXPENDITURES	\$342,004,000	\$331,000,000	-\$11,004,000	\$366,723,000	\$366,723,000	\$35,723,000	\$0	
<i>GF Match</i>	\$171,002,000	\$165,500,000	-\$5,502,000	\$183,361,000	\$183,361,000	\$17,861,000	\$0	
<i>FFP</i>	\$171,002,000	\$165,500,000	-\$5,502,000	\$183,362,000	\$183,362,000	\$17,862,000	\$0	

## 1915(i) State Plan Amendment

## Estimated Distribution in Purchase of Services

EXPENDITURES:	% of		Governor's			Governor's		2012-13	2012-13
	Expenditures by Budget Category 2011-12 & 2012-13		Budget 2011-12	Updated 2011-12	2011-12 Request	Budget 2012-13	Updated 2012-13	Over 2011-12	Request
<b>TOTAL EXPENDITURES</b>			\$342,004,000	\$331,000,000	-\$11,004,000	\$366,723,000	\$366,723,000	\$35,723,000	\$0
<i>GF Match</i>			171,002,000	165,500,000	-5,502,000	183,361,000	183,361,000	17,861,000	0
<i>FFP</i>			171,002,000	165,500,000	-5,502,000	183,362,000	183,362,000	17,862,000	0
Community Care Facilities	14.92%	15.09%	\$50,853,000	\$49,212,000	-\$1,641,000	\$54,985,000	\$54,985,000	\$5,773,000	\$0
<i>GF Match</i>			25,426,000	24,606,000	-820,000	27,492,000	27,492,000	2,886,000	0
<i>FFP</i>			25,427,000	24,606,000	-821,000	27,493,000	27,493,000	2,887,000	0
Day Programs	27.70%	27.60%	\$94,416,000	\$91,368,000	-\$3,048,000	\$100,594,000	\$100,594,000	\$9,226,000	\$0
<i>GF Match</i>			47,208,000	45,684,000	-1,524,000	50,297,000	50,297,000	4,613,000	0
<i>FFP</i>			47,208,000	45,684,000	-1,524,000	50,297,000	50,297,000	4,613,000	0
abilitation-Work Activity Program	11.60%	10.83%	\$39,544,000	\$38,268,000	-\$1,276,000	\$39,463,000	\$39,463,000	\$1,195,000	\$0
<i>GF Match</i>			19,772,000	19,134,000	-638,000	19,731,000	19,731,000	597,000	0
<i>FFP</i>			19,772,000	19,134,000	-638,000	19,732,000	19,732,000	598,000	0
Transportation	6.18%	6.13%	\$21,076,000	\$20,396,000	-\$680,000	\$22,341,000	\$22,341,000	\$1,945,000	\$0
<i>GF Match</i>			10,538,000	10,198,000	-340,000	11,170,000	11,170,000	972,000	0
<i>FFP</i>			10,538,000	10,198,000	-340,000	11,171,000	11,171,000	973,000	0
Support Services	19.45%	19.69%	\$66,298,000	\$64,158,000	-\$2,140,000	\$71,786,000	\$71,786,000	\$7,628,000	\$0
<i>GF Match</i>			33,149,000	32,079,000	-1,070,000	35,893,000	35,893,000	3,814,000	0
<i>FFP</i>			33,149,000	32,079,000	-1,070,000	35,893,000	35,893,000	3,814,000	0
In-Home Respite	6.68%	6.94%	\$22,785,000	\$22,049,000	-\$736,000	\$25,282,000	\$25,282,000	\$3,233,000	\$0
<i>GF Match</i>			11,393,000	11,025,000	-368,000	12,641,000	12,641,000	1,616,000	0
<i>FFP</i>			11,392,000	11,024,000	-368,000	12,641,000	12,641,000	1,617,000	0

**1915(i) State Plan Amendment**

**Estimated Distribution in Purchase of Services**

EXPENDITURES:	% of Expenditures by Budget Category 2011-12 & 2012-13		Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
	Out-of-Home Respite	1.41%	1.35%	\$4,812,000	\$4,657,000	-\$155,000	\$4,939,000	\$4,939,000	\$282,000
<i>GF Match</i>			2,406,000	2,329,000	-77,000	2,469,000	2,470,000	141,000	1,000
<i>FFP</i>			2,406,000	2,328,000	-78,000	2,470,000	2,469,000	141,000	-1,000
Health Care	1.83%	1.85%	\$6,224,000	\$6,023,000	-\$201,000	\$6,737,000	\$6,737,000	\$714,000	\$0
<i>GF Match</i>			3,112,000	3,011,000	-101,000	3,368,000	3,369,000	358,000	1,000
<i>FFP</i>			3,112,000	3,012,000	-100,000	3,369,000	3,368,000	356,000	-1,000
Miscellaneous	10.23%	10.53%	\$34,880,000	\$33,753,000	-\$1,127,000	\$38,366,000	\$38,366,000	\$4,613,000	\$0
<i>GF Match</i>			17,440,000	16,876,000	-564,000	19,183,000	19,183,000	2,307,000	0
<i>FFP</i>			17,440,000	16,877,000	-563,000	19,183,000	19,183,000	2,306,000	0
Revised Major Assumptions:									
FMS for Participant Directed Services			\$1,116,000	\$1,116,000	\$0	\$2,230,000	\$2,230,000	\$1,114,000	\$0
<i>GF Match</i>			558,000	558,000	0	1,115,000	1,115,000	557,000	0
<i>FFP</i>			558,000	558,000	0	1,115,000	1,115,000	557,000	0

## 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. This option allows States to receive a 6 percentage point increase in Federal matching payments.

### ASSUMPTIONS:

6% of the expenditures generate \$1.9 million in FFP under the 1915(k) State Plan Amendment (SPA). These expenditures are for Medi-Cal Recipients participating in the Home and Community Based Services Waiver who receive purchase of service, such as, Supplemental Program Support, Personal Assistance, Homemaker Services, and 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 Support Services, In-Home Respite and Miscellaneous POS budget categories. Funding for the 1915(k) SPA is 50% federal financial participation (FFP) and 50% General Fund (GF).

### CHANGE FROM PRIOR ESTIMATE:

N/A

### REASON FOR YEAR-TO-YEAR CHANGE:

The Centers for Medicare and Medicaid Services has not approved the 1915(k) SPA and the Department is pursuing options for future amendments to the SPA that will include these expenditures as home and community-based attendant services.

EXPENDITURES:	Governor's	Updated	2011-12	Governor's	Updated	2012-13	2012-13
	Budget	2011-12	Request	Budget	2012-13	Over	Request
	2011-12	2011-12	Request	2012-13	2012-13	2011-12	Request
Total SPA Eligible Expenditures	\$2,454,000	\$0	-\$2,454,000	\$3,848,000	\$3,848,000	\$3,848,000	\$0
FFP	1,227,000	0	-1,227,000	1,924,000	1,924,000	1,924,000	0
GF Match	1,227,000	0	-1,227,000	1,924,000	1,924,000	1,924,000	0

## Money Follows the Person Grant Operations

**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:**

The MFP Grant will fund regional center transition coordination activities for the following:

- Lanterman Developmental Center Closure, see Page E-2.15.
- Community Placement Plan, Resource Development, see Pages E-17.3 and E-17.5.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
	\$3,537,000	\$3,537,000	\$0	\$3,537,000	\$3,537,000	\$0	\$0
	5,000,000	5,000,000	0	5,000,000	5,000,000	0	0

**FUNDING:**

The MFP Grant reimbursement is 75% federal financial participation (FFP) / 25% General Fund (GF) for specified Centers for Medicare and Medicaid Services approved transition coordination activities.

**CHANGE FROM PRIOR ESTIMATE:**

Change reflects federal cap that has been set for administrative costs under the MFP grant.

**REASON FOR YEAR-TO-YEAR CHANGE:**

No change.

**EXPENDITURES:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$8,537,000	\$8,537,000	\$0	\$8,537,000	\$8,537,000	\$0	\$0
FFP	8,537,000	6,403,000	-2,134,000	8,537,000	6,403,000	0	-2,134,000
General Fund Match	0	2,134,000	2,134,000	0	2,134,000	0	2,134,000

## Money Follows the Person Grant Purchase of Services

**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:**

The MFP Grant will fund regional center purchased consumer services as follows:

- Community Placement Plan, Purchase of Services, see Page E - 17.3.
- Community Care Facilities, See Pages E-5.1 through E-5.4.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
	\$6,667,000	\$6,667,000	\$0	\$6,667,000	\$6,667,000	\$0	\$0
	2,508,000	2,508,000	0	4,619,000	4,619,000	2,111,000	0

**FUNDING:**

The MFP Grant reimbursement is 75% federal financial participation (FFP) / 25% General Fund (GF) for specified Centers for Medicare and Medicaid Services for qualified community-based services, for the first twelve months of eligible consumer services following relocation into the community from an institution.

**CHANGE FROM PRIOR ESTIMATE:**

No change

**REASON FOR YEAR-TO-YEAR CHANGE:**

Increase in Federal Funding for Regional Center Purchased Consumer Services

**EXPENDITURES:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$9,175,000	\$9,175,000	\$0	\$11,286,000	\$11,286,000	\$2,111,000	\$0
FFP	6,881,000	6,881,000	0	8,464,000	8,464,000	1,583,000	0
General Fund Match	2,294,000	2,294,000	0	2,822,000	2,822,000	528,000	0

## 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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
Grant Amount Allocation for RC Operations:	\$35,000	\$35,000	\$0	\$35,000	\$35,000	\$0	\$0

## 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 estimate, under POS.

**REASON FOR YEAR-TO-YEAR CHANGE:**

Reflects the availabilty of funds from the California First Five Commision in 2012-13.

**EXPENDITURES:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
TOTAL	\$50,000,000	\$50,000,000	\$0	\$0	\$40,000,000	-\$10,000,000	\$40,000,000

## 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 amounts are based on current information regarding available funds.

**FUNDING:**

Expenditure of PDF funds is reflected in the Purchase of Services, Miscellaneous Services estimate.

**CHANGE FROM PRIOR ESTIMATE:**

PDF 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:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
Parental Fees	\$2,326,000	\$2,326,000	\$0	\$2,323,000	\$2,323,000	-\$3,000	\$0
Annual Family Program Fees	3,600,000	3,600,000	0	7,200,000	7,200,000	3,600,000	0
TOTAL	\$5,926,000	\$5,926,000	\$0	\$9,523,000	\$9,523,000	\$3,597,000	\$0

## 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:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
TOTAL	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$150,000	\$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, in consultation with the Department of Mental Health, 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:

<b>METHODOLOGY:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
• Regional Best Practice Training	\$675,000	\$675,000	\$0	\$675,000	\$675,000	\$0	\$0
• Statewide Training for Families, Service Providers, Service Coordinators, and	0	0	0	0	\$0	\$0	\$0
• Regional Center Technical Assistance and Liaison Support	65,000	65,000	0	65,000	\$65,000	\$0	\$0
• Regional Planning Projects	0	0	0	0	\$0	\$0	\$0
• <b>TOTAL EXPENDITURES</b>	<b>\$740,000</b>	<b>\$740,000</b>	<b>\$0</b>	<b>\$740,000</b>	<b>\$740,000</b>	<b>\$0</b>	<b>\$0</b>

**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	\$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 Act, 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.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
• <b>Other Agencies</b>	\$20,095,000	\$20,095,000	\$0	\$20,095,000	\$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	14,435,000	0	0

## Early Start Part C Grant, Federal Funds

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<b>METHODOLOGY (continued):</b>							
• 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	2,910,000	0	0
• 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	2,750,000	0	0
• <b>RC POS</b> 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.	\$31,314,000	\$31,314,000	\$0	\$31,314,000	\$31,314,000	\$0	\$0
Day Programs	17,773,000	17,773,000	0	17,773,000	17,773,000	0	0
Support Services	501,000	501,000	0	501,000	501,000	0	0
In-Home Respite	179,000	179,000	0	179,000	179,000	0	0
Out-of-Home Respite	125,000	125,000	0	125,000	125,000	0	0
Health Care	2,754,000	2,754,000	0	2,754,000	2,754,000	0	0
Miscellaneous Services	9,982,000	9,982,000	0	9,982,000	9,982,000	0	0
• <b>TOTAL EXPENDITURES</b>	\$51,409,000	\$51,409,000	\$0	\$51,409,000	\$51,409,000	\$0	\$0

## Early Start Part C Grant, Federal Funds

**REASON FOR YEAR-TO-YEAR CHANGE:**

The budget year estimate reflects federal early learning Race-to-the-Top grant.

**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:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
TOTAL	\$51,409,000	\$51,409,000	\$0	\$51,409,000	\$51,409,000	\$0	\$0
Grant	<i>51,409,000</i>	<i>51,409,000</i>	<i>0</i>	<i>51,409,000</i>	<i>51,409,000</i>	<i>0</i>	<i>0</i>

## 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.

**CHANGE FROM PRIOR ESTIMATE:**

Changes in 2012-13 reflects the most current grant award funding.

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 over 2011-12	2012-13 Request
Grant Amount Allocation for RC Operations:	\$577,000	\$577,000	\$0	\$577,000	\$597,000	\$20,000	\$20,000

## Table of Contents

### **SECTION F: IMPACT FROM OTHER DEPARTMENTS**

*IMPACT FROM OTHER DEPARTMENTS* .....F-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:**

<b>METHODOLOGY:</b>	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li> <b>Elimination of ADHC Services:</b>                      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. At the request of CMS the transition from ADHC to SBAS has been delayed to April 1, 2012.                 </li> </ul>	\$2,000,000	\$2,000,000	\$0	\$0	\$0	-\$2,000,000	\$0
<ul style="list-style-type: none"> <li> <b>20 Percent Reduction in IHSS Hours:</b>                      Senate Bill 93, Chapter 143, Statutes of 2011, mandates that DSS implement a 20 percent reduction in IHSS recipients' total authorized monthly service hours, effective January 1, 2012. A preliminary injunction has been issued preventing the implementation of this proposal.                 </li> </ul>	TBD	TBD		TBD	TBD		
<ul style="list-style-type: none"> <li> <b>Elimination of IHSS Domestic and Related Services for Recipients in Shared Living Arrangements:</b>                      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.                 </li> </ul>	TBD	TBD		TBD	TBD		
<ul style="list-style-type: none"> <li> <b>Medi-Cal Caps &amp; Co-pays:</b>                      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 October 1, 2012 for co-payments.                 </li> </ul>	1,086,000	1,086,000	0	31,187,000	31,187,000	30,101,000	0

### Impact from Other Departments

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request	Governor's Budget 2012-13	Updated 2012-13	2012-13 Over 2011-12	2012-13 Request
<ul style="list-style-type: none"> <li> <b>Means Test for the California Children's Services Medical Therapy Program (CCS MTP)</b> <p>In order to be eligible for CCS MTP services, a child must be both residentially eligible and medically eligible for the CCS Program, but is exempt for the CCS financial eligibility requirements for purposes of receiving MTP services. Section 123870 establishes a family income ceiling of \$40,000 per annum adjusted gross income in order for a child to be financially eligible for CCS diagnosis and treatment services. This proposal, effective July 1, 2012, would apply the same financial eligibility income ceiling to a CCS child in order for the child to receive CCS MTP services. DDS will work closely with DHCS to determine the fiscal impact of this proposal.</p> </li> </ul>	\$0	\$0	\$0	\$0	TBD	\$0	\$0
<ul style="list-style-type: none"> <li> <b>TOTAL EXPENDITURES:</b> </li> </ul>	<b>\$3,086,000</b>	<b>\$3,086,000</b>	<b>\$0</b>	<b>\$31,187,000</b>	<b>\$31,187,000</b>	<b>\$28,101,000</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
TOTAL	\$3,086,000	\$3,086,000	\$0	\$31,187,000	\$31,187,000	\$28,101,000	\$0
<b>GF</b>	\$2,086,000	\$2,086,000	\$0	\$31,187,000	\$31,187,000	\$29,101,000	\$0
<i>GF Match</i>	<i>1,000,000</i>	<i>1,000,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>-1,000,000</i>	<i>0</i>
<i>GF Other</i>	<i>1,086,000</i>	<i>1,086,000</i>	<i>0</i>	<i>31,187,000</i>	<i>31,187,000</i>	<i>30,101,000</i>	<i>0</i>
<b>Reimbursements</b>	\$1,000,000	\$1,000,000	\$0	\$0	\$0	-\$1,000,000	\$0
<i>Impact From Other Departments FFP</i>	<i>1,000,000</i>	<i>1,000,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>-1,000,000</i>	<i>0</i>

## Table of Contents

### SECTION G: TRIGGER REDUCTION

FY 2011-12 .....	G-1 to G-1.2
FY 2012-13 .....	G-2 to G-2.8

## General Fund Trigger Reduction 2011-12

**DESCRIPTION:**

Due to lower than anticipated revenue projections, the Department of Finance announced on December 13, 2011, that the Department of Developmental Services Budget would be reduced by \$100 million General Fund (GF) in 2011-12 in accordance with Assembly Bill 121. In addition, Senate Bill 73 directed the Department of Developmental Services (DDS) to consider a variety of strategies including savings attributable to caseload and expenditure adjustments, unexpended contract funds, or other administrative savings to meet this target.

**ASSUMPTIONS:**

	Governor's Budget 2011-12	Updated 2011-12	2011-12 Request
• Savings Target	-\$100,000,000	-\$100,000,000	\$0
• Prior-Year Adjustments to Achieve Savings Target (see page G - 1.1 and G - 1.2):			
• Delays in 'Start-Up' of Community Placement Plan Resources in 2009-10.	5,100,000	5,100,000	0
• Increase in HCBS Waiver Funding for 2009-10 & 2010-11.	7,300,000	7,300,000	0
• New and Updated 1915(i) State Plan Amendment Funding in 2009-10 & 2010-11.	42,000,000	42,000,000	0
• Unexpended Regional Center Contract Funds in 2009-10.	20,000,000	20,000,000	0
• Savings Target Amount to Be Achieved in 2011-12 (see page G - 1.1 and G - 1.2)	-\$25,600,000	-\$25,600,000	\$0

**FUNDING:**

	TOTAL	-\$25,600,000	-\$25,600,000	\$0
	<i>GF</i>	-\$25,600,000	-\$25,600,000	\$0

## **Department of Developmental Services Plan to Achieve Trigger Savings of \$100 Million**

Due to lower than anticipated revenue projections, the Department of Finance announced on December 13, 2011, that the Department of Developmental Services Budget would be reduced by \$100 Million (M) General Fund (GF) in accordance with Assembly Bill 121. In addition, Senate Bill 73 directed the Department of Developmental Services (DDS) to consider a variety of strategies including savings attributable to caseload and expenditure adjustments, unexpended contract funds, or other administrative savings to meet this target. The Department identified the following savings to meet the reduction target.

### **Prior-Year Adjustments to Achieve Savings Target:**

- **Delays in “Start-Up” of Community Placement Plan Resources in 2009-10 – \$5.1 M GF**

Under the Community Placement Plan (CPP) process, each Regional Center provides an annual plan to DDS based on necessary resources, services and supports for consumers moving from a Developmental Center, as well as the resources needed to prevent Developmental Center admissions. One component of the plans is the cost of development of new resources (“start-up”) to meet the consumers’ needs. As part of this process, Regional Centers must forecast when community resources will become available. Delays in development of new resources from the 2009-10 CPP plans result in \$5.1 million in one-time GF savings.

- **Increase in HCBS Waiver Funding in 2009-10 and 2010-11 - \$7.3 M GF**

Service costs for individuals under the HCBS Waiver were higher than anticipated resulting in additional federal funding and one-time GF savings in 2009-10 (\$2.3 M) and 2010-11 (\$5.0 M).

- **New and Updated 1915(i) State Plan Amendment Funding in 2009-10 and 2010-11 - \$42.0 M GF**

Under a “1915(i)” Medicaid State Plan Amendment, services for individuals enrolled in Medi-Cal but not eligible for the HCBS Waiver could receive federal funding participation. Through negotiation with the Federal Centers for Medicare and Medicaid Services, new services not identified in the initial application have been added for 2009-10 and 2010-11. This, along with updated expenditures in those years, will result in additional federal funding and \$42.0 M in one-time GF savings.

- **Unexpended Regional Center Contract Funds in 2009-10 - \$20 M GF**

DDS contracts with 21 Regional Centers to provide community based services to individuals with developmental disabilities in California. Unexpended contract funds from 2009-10 will achieve \$20 M in one-time GF savings.

**Savings Target Amount to Be Achieved in 2011-12:**

- **Downsizing Funding Reduction - \$1.0 M GF**

Services provided in large community residential care facilities are not eligible for federal funding unless they have less than 16 beds or are determined “home-like” under federal standards. The use of funding available to downsize facilities or help them meet the federal “home-like” standards was less than anticipated for \$1.0 M in GF savings in 2011-12.

- **Gap Funding Reduction - \$0.3 M GF**

The DDS budget includes funding to address the time period when an Intermediate Care Facility for Developmental Disabilities (ICF-DD) has changed ownership and is in the transition period before they are certified to be a Medi-Cal provider. The use of this funding was less than anticipated for \$0.3 M in GF savings in 2011-12.

- **Delayed Implementation of Program to Access Denti-Cal System for Regional Center Funded Services - \$4.3 M GF**

With the elimination of adult dental services as a Medi-Cal benefit, DDS entered into an interagency agreement with the State Department of Health Care Services (DHCS) that allows Regional Centers to use the expertise and system for reviewing treatment plans and approving claims for dental services consistent with the DHCS Denti-Cal program. Delays in program implementation reduced the need for \$4.3 M in one-time GF savings in 2011-12.

- **Additional Home and Community Based Services Waiver Funding - \$20.0 M GF**

The Medicaid Home and Community Based Services (HCBS) Waiver program enables DDS to provide a broad array of services to eligible individuals who, without these services, would require the level of care provided in an Intermediate Care Facility for Developmental Disabilities (ICF-DD). Service costs for individuals under the HCBS Waiver are higher than anticipated resulting in additional federal funding and \$20.0 M in one-time GF savings in 2011-12.

(Note: Savings from additional federal funding as noted above takes into account potential losses in federal funding associated with other areas.)

## Proposal to Achieve \$200 Million General Fund Savings 2012-13

### DESCRIPTION:

Due to lower than anticipated revenue projections, the Department of Finance announced on December 13, 2011, that the Department's Current Year (2011-12) budget would be reduced by \$100 million General Fund (GF) in accordance with Assembly Bill 121, Chapter 41, (Statutes of 2011). The Department released its plan to achieve the savings on March 28, 2012, which can be found on the Department's website at [www.dds.ca.gov](http://www.dds.ca.gov).

The January 2012 Governor's Budget for Fiscal Year 2012-13 includes the full year impact of the revenue trigger reduction for DDS of \$200 million GF. To address the budget year reductions, the Department initiated a process to receive stakeholder input in the development of savings proposals.

### FUNDING:

	Operations	Purchase of Service
• Governor's Budget Reduction Amount	\$0	-\$200,000,000
• Fund Shift to Reimbursements Associated with Aggressive HCBS Waiver Enrollment		60,950,000
• Reduction in Reimbursements Associated with Purchase of Services Savings		-18,300,000
• Portion of Reduction Applied to Developmental Center Budget	0	10,400,000
• Portion of Reduction Applied to Operations	-7,000,000	4,500,000
• GF Reduction to be Achieved in 2012-13.	-\$7,000,000	-\$142,450,000

### EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request
TOTAL	-\$200,000,000	-\$149,450,000	\$50,550,000
GF	-\$200,000,000	-\$128,650,000	\$71,350,000
GF Match	0	-20,800,000	-20,800,000
GF Other	-200,000,000	-107,850,000	92,150,000
Reimbursements	\$0	-\$20,800,000	-\$20,800,000
HCBS Waiver	0	-18,300,000	-18,300,000
HCBS Waiver Administration	0	-2,500,000	-2,500,000

**DEPARTMENT OF DEVELOPMENTAL SERVICES  
PROPOSALS TO ACHIEVE \$200 MILLION GENERAL FUND SAVINGS  
MAY 2012**

**INTRODUCTION**

The Department of Developmental Services (DDS or Department) is currently responsible under the Lanterman Developmental Disabilities Services Act (Lanterman Act) for ensuring over 250,000 persons with developmental disabilities receive the services and support they require to lead more independent and productive lives and to make choices and decisions about their lives.

California provides services and supports to individuals with developmental disabilities in two ways: the vast majority of people live in their families' homes or other community settings and receive state-funded services that are coordinated by one of 21 nonprofit corporations known as regional centers. A small number of individuals live in four state-operated developmental centers and one state-operated community facility. The number of consumers with developmental disabilities in the community served by regional centers is expected to grow in Fiscal Year (FY) 2012-13 to nearly 256,000. The number of consumers living in state-operated residential facilities is expected to decrease by the end of FY 2012-13 to 1,440.

Due to lower than anticipated revenue projections, the Department of Finance announced on December 13, 2011, that the Department's Current Fiscal Year (2011-12) budget would be reduced by \$100 million General Fund (GF) in accordance with Assembly Bill 121, Chapter 41, (Statutes of 2011). The Department released its plan to achieve the savings on March 28, 2012, which can be found on the Department's website at [www.dds.ca.gov](http://www.dds.ca.gov).

The January 2012 Governor's Budget for FY 2012-13 includes the full year impact of the revenue trigger reduction for DDS of \$200 million GF. To address the budget year reductions, the Department initiated a process to receive stakeholder input in the development of savings proposals.

**PROCESS FOR DEVELOPING PROPOSALS**

The process to develop proposals was guided by three priorities: 1) preserve the Lanterman Act entitlement; 2) minimize the impact on consumers; and 3) spread the impact across the System. To solicit input, in February and March 2012 the Department held stakeholder workgroups in Los Angeles, Sacramento, San Diego, Riverside, Oakland and Fresno. Similar to the process used to develop reduction proposals for the FY 2011-12 Budget, stakeholder organizations were invited to appoint individuals to the workgroups that represent their respective services or role in the provision of services to consumers. To ensure individuals who receive

services and their families had the opportunity to participate, the Department asked the organizations to appoint consumer or family representatives to the workgroups.

This process provided valuable input from a wide variety of stakeholders on various strategies to achieve the required savings. The Department also invited written suggestions and comments from members of the community. The following proposals were developed by DDS informed by the stakeholder process and additional input from the community.

## **PROPOSALS FOR ACHIEVING SAVINGS**

### **1. MAXIMIZE THE USE OF FEDERAL FUNDING**

#### **Summary:**

Federal financial participation in the funding of regional center consumer services is a critical component of the State's budget. Currently, federal funding comprises nearly \$1.7 billion of the money available for regional center services. Through this proposal, additional federal financial participation is achieved, with a corresponding decrease in needed State GF dollars. The proposal includes two components, as follows:

#### **Aggressive Enrollment to the Home and Community-Based Waiver**

Medicaid, known as Medi-Cal in California, is a jointly-funded, federal-state health insurance program for eligible low income people that includes long-term care benefits. In 1981, the Medicaid Home and Community-Based Services Waiver (HCBS Waiver) program, section 1915(c) of the Social Security Act, was established. The HCBS Waiver provides a vehicle for California to offer services not otherwise available through the Medi-Cal program to individuals in their own homes and communities.

The Department, through the regional center system, operates a HCBS Waiver for individuals with developmental disabilities. The Centers for Medicare and Medicaid Services (CMS) recently approved California's five-year renewal of the HCBS Waiver effective March 29, 2012. The approved HCBS Waiver allows enrollment of 100,000 individuals, with an annual increase of 5,000 participants each March. During the workgroup process, the Department received recommendations on expanded receipt of federal funding through maximized enrollment in the HCBS Waiver. With an aggressive enrollment campaign conducted by the regional centers, families, and providers, the Department anticipates savings of \$61.0 million GF under the HCBS Waiver Program.

#### **Expansion of the federal Community First Choice Option - 1915(k)**

The Community First Choice Option (CFCO) is a State Plan service available under Section 1915(k) of the Social Security Act that provides an additional six percent in federal matching payment for certain eligible personal care activities.

California submitted a CFCO State Plan Amendment which is under consideration by the CMS.

The Department is proposing to amend the State's 1915(k) State Plan Amendment (SPA) to include related services provided by regional centers. State Plan services are available to all Medi-Cal beneficiaries, thereby limiting the regional center services appropriate for inclusion in the CFCO. Although the Department's budget included CFCO funding in both FY 2011-12 (\$1.2 million) and FY 2012-13 (\$1.9 million), DDS services were ultimately not included in California's initial SPA submittal. This proposal will amend the CFCO one year after the issuance of the federal regulations. This delay will allow California to maximize funding under its existing application, based on recently released federal regulations. The proposal will require some bundled services, such as Supported Living Services, to be restructured to isolate the CFCO eligible services. The Department will work with the Department of Social Services and the Department of Health Care Services to develop the SPA. Inclusion of regional center services will allow reimbursement at the currently budgeted FY 2012-13 amount and increase federal funding in FY 2013-14 to \$7.0 million.

**Savings:**

**FY 2012-13 savings**

Total Funds (TF):	\$0.0 million (fund shift)
GF:	\$61.0 million (in addition to \$1.9 million already in the budget)

This proposal assumes an aggressive enrollment campaign involving the regional centers, families, and providers to increase the number of HCBS Waiver participants to the 100,000 cap by February 2013. Enrollment would continue with the increase of the cap in March 2013. This aggressive enrollment activity will save \$61.0 million GF.

Inclusion of regional center services in the CFCO State Plan will allow reimbursement at the currently budgeted FY 2012-13 amount of \$1.9 million GF (no new savings) and increase federal funding in FY 2013-14 to \$7.0 million.

**2. IMPLEMENTATION OF SENATE BILL 946 – INSURANCE COVERAGE OF BEHAVIORAL SERVICES**

**Summary:**

Senate Bill (SB) 946, effective July 1, 2012, requires health care insurers to provide coverage for behavioral health treatment, for pervasive developmental disorder or autism. The proposal is consistent with the requirement that regional centers utilize available generic resources before purchasing services. The enacted statute excluded CalPERS and Healthy Families coverage. However, the

California Department of Managed Health Care (DMHC) recently announced that under the requirements of mental health parity, CalPERS and Healthy Families insurance plans would be required to cover behavioral health treatment. The estimate associated with implementation of SB 946 is \$69.4 million GF. The recent DMHC announcement increases the anticipated savings by \$10.4 million for a total savings in regional center services of \$79.8 million.

**Savings:**

**FY 2012-13 savings**

TF: \$79.8 million

GF: \$79.8 million

This proposal assumes certain behavioral services will be available through private health insurance that are currently provided by regional centers to individuals who have a diagnosis of autism, have health care insurance coverage, and are not a Medi-Cal beneficiary . The cost of maintenance therapies was excluded from the estimated savings.

**3. REDESIGN SERVICES FOR INDIVIDUALS WITH CHALLENGING SERVICE NEEDS**

**Summary:**

California's service delivery system continues to face a growing need for specialty services for individuals with significant challenges and often resorts to high cost State-operated Developmental Centers (DC), locked mental health facilities and out-of-state placements to meet the immediate needs of these consumers. During the workgroup process, there was significant discussion regarding the importance of reducing the long-term reliance on the DC's, mental health facilities not eligible for federal funding and out-of-state placements. This discussion facilitated the development of a package of proposals that represent a multi-year effort to redesign services to address the special needs of the individuals entering and residing in these facilities. This proposal will achieve \$20 million in GF savings in FY 2012-13. The primary components of this package include:

- A moratorium on new admissions to DC's, with limited exceptions for individuals who are committed by the criminal or juvenile justice system to restore competency; individuals involved in the criminal or juvenile justice system who are a danger to themselves or others whose competency cannot be restored; or individuals in acute crisis needing short-term stabilization.
- Operation of a short-term crisis program at Fairview Developmental Center to meet the needs of individuals in acute crisis that otherwise would likely result in placement in a locked mental health facility ineligible for federal funding. Crisis admissions will require a time-limited court order; a

comprehensive assessment completed within 30 days of admission; and development of a plan by the Individual Program Plan (IPP) team for transition back to the community.

- A restriction on admissions to a DC as a result of criminal conviction or where the person is competent to stand trial for a criminal offense and admission is ordered in lieu of trial.
- A restriction on admissions to a DC when the Department determines it cannot safely serve the consumer without placing the safety of other residents at risk.
- Comprehensive assessments of the service and support needs and available resources for current DC residents.
- Expanding the Transition services at Porterville DC – Secure Treatment Program from 30 to 60 residents.
- Reducing reliance on service and supports ineligible for federal funding.
- Maximizing the use of available Community Placement Plan program resources to meet statewide specialized service needs to reduce the reliance on the DC's, locked mental health facilities and out-of-State placements.
- Expanding the development of SB 962 homes (Adult Residential Facilities for Individuals with Special Health Care Needs) statewide to increase community options for DC residents.

**Savings:**

**FY 2012-13 savings**

TF: \$20.4 million  
GF: \$20.0 million

The savings associated with this package of proposals is interrelated and impacts both community and DC services. The savings in community services is estimated at \$11.7 million TF (\$10.0 million GF) primarily related to reduced reliance on facilities that do not receive federal funding participation. The savings in the DC's is estimated at \$8.7 million (\$10.0 GF) primarily associated with reduced admissions and increased federal funds.

#### **4. REDESIGN SUPPORTED LIVING ASSESSMENTS**

##### **Summary:**

Supported Living Services (SLS) is a community living option that supports adult consumers who choose to live in homes they control through ownership, lease, or rental agreement. In supported living, a consumer pays for living expenses, (e.g. rent, utilities, food, and entertainment) out of Social Security income, work earnings, or other personal resources. The regional center pays the vendor to provide SLS. The consumer may also receive other kinds of publicly-funded services like Medi-Cal, mental health services, vocational services, and In-Home Supportive Services.

Current statute requires an independent needs assessment for all consumers who have SLS costs that exceed 125 percent of the annual statewide median cost of providing supported living services. The assessment is completed by an entity other than the SLS agency providing service and is used during the IPP meetings to determine that authorized services are necessary, sufficient and utilize the most cost effective methods of service.

During the workgroup process, it was suggested that additional savings could be realized if the independent assessment requirement was rescinded, thereby saving the cost of these evaluations, and was replaced by an assessment process applied more broadly. This proposal ensures that consumers in or entering supported living arrangements receive the appropriate amount and type of supports to meet the person's choice and needs as determined by the IPP team and that generic resources are utilized to the fullest extent possible. The IPP team shall complete a standardized assessment questionnaire at the time of development, review, or modification of a consumer's IPP. The questionnaire shall be used during the team meetings, in addition to the provider's assessment, to assist in determining whether the services provided or recommended are necessary and sufficient and that the most cost-effective methods of supported living services are utilized. With input from stakeholders, the department shall develop and post the standardized assessment questionnaire and provide it to the regional centers by June 30, 2012. This proposal achieves a net increase of \$4.2 million in GF savings.

##### **Savings:**

###### **FY 2012-13 savings**

TF: \$7.6 million

GF: \$4.2 million

The proposal assumes all individuals residing in a supported living setting would receive a standardized assessment rather than the 3,000 consumers required to receive an independent assessment under current statute. Avoiding the cost of

independent assessments (\$3.0 million TF) also contributes to the net GF savings from this proposal.

## **5. REGIONAL CENTER AND PROVIDER RATE REDUCTION**

### **Summary:**

Regional Centers and service providers have operated under a payment reduction since February 2009 when a 3 percent reduction was first initiated. The reduction was increased to 4.25 percent on July 1, 2010 and is scheduled to sunset June 30, 2012. The reduction does not apply to payments for supported employment services; usual and customary rates for businesses that serve the general public without specialty services for persons with developmental disabilities; and payments to offset reductions in Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits for consumers receiving supported and independent living services.

The Governor's Budget in January did not assume the extension of the payment reduction but did assume the \$200 million GF trigger savings. However, given the size of the budget savings, the continuation of some or all of the current payment reduction was discussed at the workgroups. The Department heard many concerns about the destabilizing affect of the current 4.25 percent payment reduction.

Recognizing the significant impact of the payment reduction at its current level, the Department is proposing to decrease the amount of the reduction by 3 percent and continue a 1.25 percent payment reduction for regional centers and service providers to achieve \$30.7 million in GF savings. The provisions for workload relief associated with the current payment reduction will continue as well.

### **Savings:**

#### **FY 2012-13 savings**

TF: \$45.5 million  
GF: \$30.7 million

## **6. ADDITIONAL COST SAVINGS AND EFFICIENCIES**

### **Summary:**

The Department has identified three additional areas of savings associated with reduced need for funding and efficiencies, as follows:

### Downsizing Funds

The Department budget includes funds earmarked for the downsizing of Community Care Facilities to allow them to meet federal requirements for funding participation. The need for these funds has declined due to prior proposals that restricted the use of Community Care Facilities that do not qualify for federal funding. The Department is proposing to reduce these funds by \$2.0 million GF.

### “Gap” Funds

The Department budget includes funds earmarked to address the gap in federal funding when a Community Care Facility transfers ownership and is temporarily ineligible for federal funding until the facility is recertified. The need for Gap funds has declined due to efforts to minimize the time between change of ownership of residential facilities and certification for federal funding. The Department is proposing to reduce these funds by \$0.3 million GF.

### Use of Technology to Achieve Efficiencies

The Department heard from many participants in the workgroups on how technology can assist in the delivery of services and assist consumers in their day to day lives. The Department is proposing to expand the use of technology that will achieve \$2.0 million in GF savings. This proposal will focus, but is not limited to the following areas:

- Remote access to court proceedings for DC residents (\$0.4 million GF);
- Expanded use of electronic/virtual Direct Service Provider training methods (\$0.5 million GF); and
- Promotion of appropriate service delivery methods using existing and available technology, such as electronic visits to professionals for individual and group services (\$1.1 million GF).

### **Savings:**

#### **FY 2012-13 savings**

TF: \$5.2 million

GF: \$4.3 million

## Table of Contents

### **SECTION H: 4.25% REDUCTION**

<i>4.25% REDUCTION</i> .....	H-1
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4.25% Payment Restoration  
Fiscal Year 2012-13

	<b>Governor's Budget</b>		<b>May Revision</b>		<b>Request</b>	
Total 4.25%	\$158,206,000		\$159,824,000		\$1,618,000	
GF	108,403,000	68.5%	107,972,000	67.6%	-431,000	-26.6%
Reimb	49,803,000	31.5%	51,852,000	32.4%	2,049,000	126.6%
 OPS:	 \$21,931,000		 \$21,931,000		 \$0	
GF	13,783,000	62.8%	13,783,000	62.8%	0	0.0%
Reimb	8,148,000	37.2%	8,148,000	37.2%	0	0.0%
 POS	 \$136,275,000		 \$137,893,000		 \$1,618,000	
GF	94,620,000	69.4%	94,189,000	68.3%	-431,000	-26.6%
Reimb	41,655,000	30.6%	43,704,000	31.7%	2,049,000	126.6%