

FOR LEGISLATIVE REVIEW

REGIONAL CENTER
LOCAL ASSISTANCE ESTIMATE
2013 MAY REVISION
of the
2013-14 BUDGET



STATE OF CALIFORNIA
DEPARTMENT OF DEVELOPMENTAL SERVICES
MAY 14, 2013

Table of Contents

SECTION A: EXECUTIVE SUMMARY TABLES

FY 2012-13	A-1 to A-1.1
FY 2013-14	A-2 to A-2.1
FY 2012-13 vs. FY 2013-14	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 C2

SECTION D: POPULATION

FY 2012-13	D-1
FY 2013-14	D-1.1
FY 2012-13 vs. FY 2012-14	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 2012-13 Summary	E-1.1
FY 2013-14 Summary	E-1.2
Staffing	E-2.1 to E-2.13
Agnews Ongoing Workload	E-2.14 to E-2.15
Lanterman Developmental Center Closure	E-2.16
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>COPAYMENTS</i>	E-16
-------------------------	------

<i>PREVENTION PROGRAM</i>	E-17
---------------------------------	------

<i>COMMUNITY PLACEMENT PLAN</i>	E-18.1 to E-18.11
---------------------------------------	-------------------

Table of Contents (continued)

SECTION E: ESTIMATE METHODOLOGIES (continued)

FUND SOURCES

General Fund	E-19.1 to 19.2
Reimbursements	
Summary Table	E-20.1 to E-20.2
Home and Community-Based Services (HCBS) Waiver	E-21.1 to E-21.6
HCBS Waiver Administration.....	E-22.1 to E-22.6
Medicaid Administration	E-23.1 to E-23.4
Targeted Case Management (TCM).....	E-24.1 to E-24.2
TCM Administration.....	E-25.1 to E-25.2
Title XX Block Grant.....	E-26.1 to E-26.3
Intermediate Care Facility-Developmentally Disabled	E-27.1 to E-27.2
Quality Assurance Fees	E-28.1 to E-28.2
1915(i) State Plan Amendment	E-29.1 to E-29.3
1915(k) Medicaid State Plan	E-30.1 to E-30.2
Money Follows the Person Grant	E-31.1 to E-31.2
Homeland Security Grant Program	E-32
California First Five Commission.....	E-33
Early Periodic Screening Diagnosis and Treatment	E-34.1 to E-34.2
Race to the Top.....	E-35
Program Development Fund/Parental Fees	E-36
Developmental Disabilities Services Account.....	E-37
Mental Health Services Fund	E-38
Federal Funds:	
<i>Early Start Grant</i>	E-39.1 to E-39.3
<i>Foster Grandparent Program</i>	E-40

SECTION F: IMPACT FROM OTHER DEPARTMENTS

IMPACT FROM OTHER DEPARTMENTS	F-1
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SECTION G: PAYMENT REDUCTION

1.25% PAYMENT RESTORATION.....	G-1
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Table of Contents

SECTION A: EXECUTIVE SUMMARY TABLES

FY 2012-13	A-1 to A-1.1
FY 2013-14	A-2 to A-2.1
FY 2012-13 vs. FY 2013-14	A-3 to A-3.1

**Comparison of Governor's Budget to 2013 May Revision
Fiscal Year 2012-13**

	A	B	C
	Governor's Budget	May Revision	Request (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$460,385,000	\$459,372,000	-\$1,013,000
2. Federal Compliance	47,236,000	47,298,000	62,000
3. Projects	22,598,000	22,598,000	0
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman Development Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	\$536,702,000	\$535,751,000	-\$951,000
7. ICF-DD SPA Administration Fee	1,631,000	1,664,000	33,000
8. Total Operations (Items 6 and 7)	\$538,333,000	\$537,415,000	-\$918,000
B. Purchase of Services (POS)			
1. Community Care Facilities	\$914,587,000	\$911,163,000	-\$3,424,000
2. Medical Facilities	26,973,000	26,393,000	-580,000
3. Day Programs	805,804,000	815,180,000	9,376,000
4. Habilitation Services	141,971,000	142,708,000	737,000
5. Transportation	229,079,000	230,935,000	1,856,000
6. Support Services	742,312,000	761,356,000	19,044,000
7. In-Home Respite	201,046,000	202,437,000	1,391,000
8. Out-of-Home Respite	46,484,000	46,695,000	211,000
9. Health Care	86,676,000	89,043,000	2,367,000
10. Miscellaneous	386,559,000	397,725,000	11,166,000
11. POS Subtotal (Items 1 thru 10)	\$3,581,491,000	\$3,623,635,000	\$42,144,000
12. Quality Assurance Fees (Transfer from DHCS)	\$8,804,000	\$8,986,000	\$182,000
13. Impacts from Other Departments	\$355,000	\$355,000	\$0
14. Co-Pays	\$15,000,000	\$15,000,000	\$0
15. Total POS (Items 11 thru 14)	\$3,605,650,000	\$3,647,976,000	\$42,326,000
C. Early Start/Part C: Other Agency Costs	\$20,381,000	\$20,381,000	\$0
D. Prevention Program	\$2,003,000	\$2,003,000	\$0
E. GRAND TOTAL	\$4,166,367,000	\$4,207,775,000	\$41,408,000

**Comparison of Governor's Budget to 2013 May Revision
Fiscal Year 2012-13**

	A	B	C
	Governor's Budget	May Revision	Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,296,105,000	\$2,344,720,000	\$48,615,000
1. General Fund Match	1,516,178,000	1,543,149,000	26,971,000
2. General Fund - Other	779,927,000	801,571,000	21,644,000
B. Reimbursements	\$1,808,099,000	\$1,804,320,000	-\$3,779,000
1. Home and Community-Based Services (HCBS) Waiver	1,129,428,000	1,153,168,000	23,740,000
2. HCBS Waiver Administration	6,406,000	6,151,000	-255,000
3. Medicaid Administration	11,701,000	11,294,000	-407,000
4. Targeted Case Management (TCM)	138,693,000	140,399,000	1,706,000
5. TCM Administration	3,545,000	3,656,000	111,000
6. Title XX Block Grant	225,060,000	219,400,000	-5,660,000
a. Social Services	147,903,000	142,243,000	-5,660,000
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. ICF-DD SPA	52,915,000	55,478,000	2,563,000
8. Quality Assurance Fees	9,620,000	9,818,000	198,000
9. 1915(i) SPA	161,804,000	161,556,000	-248,000
10. 1915(k) Medicaid State Plan	1,924,000	0	-1,924,000
11. Money Follows the Person	14,867,000	14,867,000	0
12. Homeland Security Grant	57,000	57,000	0
13. California First Five Commission	40,000,000	15,000,000	-25,000,000
14. Race to the Top	286,000	286,000	0
15. Early Periodic Screening Diagnosis and Treatment	11,793,000	13,190,000	1,397,000
C. Program Development Fund / Parental Fees	\$9,267,000	\$5,839,000	-\$3,428,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$52,006,000	\$52,006,000	\$0
1. Early Start/Part C Grant	51,409,000	51,409,000	0
2. Foster Grandparent Program	597,000	597,000	0
G. GRAND TOTAL	\$4,166,367,000	\$4,207,775,000	\$41,408,000

**Comparison of Governor's Budget to 2013 May Revision
Fiscal Year 2013-14**

	A	B	C
	Governor's Budget	May Revision	Request (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$485,694,000	\$482,937,000	-\$2,757,000
2. Federal Compliance	47,767,000	47,789,000	22,000
3. Projects	23,125,000	23,105,000	-20,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman Development Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	\$563,069,000	\$560,314,000	-\$2,755,000
7. ICF-DD SPA Administration Fee	1,669,000	1,745,000	76,000
8. Total Operations (Items 6 thru 8)	\$564,738,000	\$562,059,000	-\$2,679,000
B. Purchase of Services (POS)			
1. Community Care Facilities	\$951,472,000	\$948,820,000	-\$2,652,000
2. Medical Facilities	27,461,000	26,896,000	-565,000
3. Day Programs	850,119,000	858,840,000	8,721,000
4. Habilitation Services	147,353,000	143,061,000	-4,292,000
5. Transportation	237,704,000	238,965,000	1,261,000
6. Support Services	786,351,000	805,772,000	19,421,000
7. In-Home Respite	207,987,000	209,396,000	1,409,000
8. Out-of-Home Respite	46,084,000	46,302,000	218,000
9. Health Care	91,530,000	93,970,000	2,440,000
10. Miscellaneous	397,219,000	408,088,000	10,869,000
11. POS Subtotal (Items 1 thru 10)	\$3,743,280,000	\$3,780,110,000	\$36,830,000
12. Quality Assurance Fees (Transfer from DHCS)	\$9,010,000	\$9,424,000	\$414,000
13. Impacts from Other Departments	\$355,000	\$355,000	\$0
14. Co-Pays	\$9,865,000	\$9,865,000	\$0
15. Total POS (Items 11 thru 14)	\$3,762,510,000	\$3,799,754,000	\$37,244,000
C. Early Start/Part C: Other Agency Costs	\$20,381,000	\$17,606,000	-\$2,775,000
D. Prevention Program	\$2,003,000	\$2,003,000	\$0
E. GRAND TOTAL	\$4,349,632,000	\$4,381,422,000	\$31,790,000

1 The Budget Act will not reflect the estimated reduction of Federal funds due to the Sequester and reallocation of Early Start, Part C funds.

**Comparison of Governor's Budget to 2013 May Revision
Fiscal Year 2013-14**

	A	B	C
	Governor's Budget	May Revision	Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,455,125,000	\$2,478,898,000	\$23,773,000
1. General Fund Match	1,579,677,000	1,606,100,000	26,423,000
2. General Fund - Other	875,448,000	872,798,000	-2,650,000
B. Reimbursements	\$1,832,344,000	\$1,847,046,000	\$14,702,000
1. Home and Community-Based Services (HCBS) Waiver	1,169,109,000	1,193,805,000	24,696,000
2. HCBS Waiver Administration	6,616,000	6,367,000	-249,000
3. Medicaid Administration	12,010,000	11,612,000	-398,000
4. Targeted Case Management (TCM)	142,347,000	148,952,000	6,605,000
5. TCM Administration	3,545,000	3,656,000	111,000
6. Title XX Block Grant	225,060,000	213,191,000	-11,869,000
a. Social Services	147,903,000	136,034,000	-11,869,000
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. ICF-DD SPA	55,630,000	58,193,000	2,563,000
8. Quality Assurance Fees	9,845,000	10,297,000	452,000
9. 1915(i) SPA	169,122,000	167,842,000	-1,280,000
10. 1915(k) Medicaid State Plan	7,000,000	0	-7,000,000
11. Money Follows the Person	14,867,000	14,867,000	0
12. Homeland Security Grant	391,000	391,000	0
13. Race to the Top	286,000	286,000	0
14. Early Periodic Screening Diagnosis and Treatment	16,516,000	17,587,000	1,071,000
C. Program Development Fund / Parental Fees	\$9,267,000	\$5,970,000	-\$3,297,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$52,006,000	\$48,618,000	-\$3,388,000
1. Early Start/Part C Grant	51,409,000	48,021,000	-3,388,000
2. Foster Grandparent Program	597,000	597,000	0
G. GRAND TOTAL	\$4,349,632,000	\$4,381,422,000	\$31,790,000

1 The Budget Act will not reflect the estimated reduction of Federal funds due to the Sequester and reallocation of Early Start, Part C funds.

Comparison Fiscal Year 2012-13 to Fiscal Year 2013-14

	A Fiscal Year 2012-13	B Fiscal Year 2013-14	C Incremental Increase (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$459,372,000	\$482,937,000	\$23,565,000
2. Federal Compliance	47,298,000	47,789,000	491,000
3. Projects	22,598,000	23,105,000	507,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman Developmental Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	<u>\$535,751,000</u>	<u>\$560,314,000</u>	<u>\$24,563,000</u>
7. ICF-DD SPA Administration Fee	1,664,000	1,745,000	81,000
8. Total Operations (Items 6 and 7)	<u>\$537,415,000</u>	<u>\$562,059,000</u>	<u>\$24,644,000</u>
B. Purchase of Services (POS)			
1. Community Care Facilities	\$911,163,000	\$948,820,000	\$37,657,000
2. Medical Facilities	26,393,000	26,896,000	503,000
3. Day Programs	815,180,000	858,840,000	43,660,000
4. Habilitation Services	142,708,000	143,061,000	353,000
5. Transportation	230,935,000	238,965,000	8,030,000
6. Support Services	761,356,000	805,772,000	44,416,000
7. In-Home Respite	202,437,000	209,396,000	6,959,000
8. Out-of-Home Respite	46,695,000	46,302,000	-393,000
9. Health Care	89,043,000	93,970,000	4,927,000
10. Miscellaneous	397,725,000	408,088,000	10,363,000
11. POS Subtotal (Items 1 thru 10)	<u>\$3,623,635,000</u>	<u>\$3,780,110,000</u>	<u>\$156,475,000</u>
12. Quality Assurance Fees (Transfer from DHCS)	\$8,986,000	\$9,424,000	\$438,000
13. Impacts from Other Departments	\$355,000	\$355,000	\$0
14. Co-Pays	\$15,000,000	\$9,865,000	-\$5,135,000
15. Total POS (Items 11 thru 14)	<u>\$3,647,976,000</u>	<u>\$3,799,754,000</u>	<u>\$151,778,000</u>
C. Early Start/Part C: Other Agency Costs	\$20,381,000	\$17,606,000	-\$2,775,000
D. Prevention Program	\$2,003,000	\$2,003,000	\$0
F. GRAND TOTAL	<u>\$4,207,775,000</u>	<u>\$4,381,422,000</u>	<u>\$173,647,000</u>

¹ The Budget Act will not reflect the estimated reduction of Federal funds due to the Sequester and reallocation of Early Start, Part C funds.

Comparision Fiscal Year 2012-13 to Fiscal Year 2013-14

	A	B	C
	Fiscal Year 2012-13	Fiscal Year 2013-14	Incremental Increase (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,344,720,000	\$2,478,898,000	\$134,178,000
1. General Fund Match	1,543,149,000	1,606,100,000	62,951,000
2. General Fund - Other	801,571,000	872,798,000	71,227,000
B. Reimbursements	\$1,804,320,000	\$1,847,046,000	\$42,726,000
1. Home & Community-Based Services (HCBS) Waiver	1,153,168,000	1,193,805,000	40,637,000
2. HCBS Waiver Administration	6,151,000	6,367,000	216,000
3. Medicaid Administration	11,294,000	11,612,000	318,000
4. Targeted Case Management (TCM)	140,399,000	148,952,000	8,553,000
5. TCM Administration	3,656,000	3,656,000	0
6. Title XX Block Grant	219,400,000	213,191,000	-6,209,000
a. Social Services	142,243,000	136,034,000	-6,209,000
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. ICF-DD SPA	55,478,000	58,193,000	2,715,000
8. Quality Assurance Fees	9,818,000	10,297,000	479,000
9. 1915(i) SPA	161,556,000	167,842,000	6,286,000
10. 1915 (k) Medicaid State Plan	0	0	0
11. Money Follows the Person	14,867,000	14,867,000	0
12. Homeland Security Grant	57,000	391,000	334,000
13. California First Five Commission	15,000,000	0	-15,000,000
14. Race to the Top	286,000	286,000	0
15. Early Periodic Screening Diagnosis and Treatment	13,190,000	17,587,000	4,397,000
C. Program Development Fund / Parental Fees	\$5,839,000	\$5,970,000	\$131,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$52,006,000	\$48,618,000	-\$3,388,000
1. Early Start/Part C Grant	51,409,000	48,021,000	-3,388,000
2. Foster Grandparent Program	597,000	597,000	0
G. GRAND TOTAL	\$4,207,775,000	\$4,381,422,000	\$173,647,000

1 The Budget Act will not reflect the estimated reduction of Federal funds due to the Sequester and reallocation of Early Start, Part C funds.

Table of Contents

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

Executive Highlights

I. FISCAL YEAR 2012-13 COSTS AND FUND SOURCES

A. Overview

Funding for the regional centers in the current year is estimated to increase by \$41.4 million (\$48.6 million General Fund (GF)) compared to the Governor's Budget.

Fiscal Year 2012-13 Costs and Fund Sources <i>(in thousands)</i>			
	Governor's Budget	Updated 2012-13	Request
Total Costs	\$4,166,367	\$4,207,775	\$41,408
Operations	538,333	537,415	-918
Purchase of Services	3,605,650	3,647,976	42,326
Early Start - Other Agency Costs	20,381	20,381	0
Prevention Program	2,003	2,003	0
Fund Sources	\$4,166,367	\$4,207,775	\$41,408
General Fund (GF)	2,296,105	2,344,720	48,615
<i>GF Match</i>	(1,516,178)	(1,543,149)	(26,971)
<i>GF Other</i>	(779,927)	(801,571)	(21,644)
Reimbursements	1,808,099	1,804,320	-3,779
Program Development Fund	9,267	5,839	-3,428
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	52,006	52,006	0

The increase in costs and fund sources is composed of the following:

- -\$0.9 million (-\$2.1 million GF) decrease in Operations (OPS) to reflect updated caseload and expenditure data;
- \$33 thousand (\$17 thousand GF) increase in OPS for Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA) Administration Fees to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents;
- \$42.1 million (\$14.7 million GF) increase in Purchase of Services (POS) to reflect updated caseload, utilization change and expenditure data;
- \$0.2 million (\$0.0 GF) increase in POS for Quality Assurance Fees (QAF), transfer of funds from the Department of Health Care Services (DHCS), to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents;

- Fund shift of \$3.4 million from Program Development Fund (PDF) to GF to reflect an update of revenues from the Annual Family Program Fee (AFPF) based upon information regarding actual assessments, exemptions and collections in administering the new program;
- Fund shift of \$1.9 million from reimbursements to GF due to the deferred inclusion of developmental services in the 1915(k) State Plan Amendment (SPA);
- Fund shift of \$5.7 million from reimbursements to GF to reflect a Federal Sequester reduction of Title XX Social Services Block Grant funds; and
- Fund shift of \$25.0 million from reimbursements to GF to reflect California First Five Commission reduction in funding.

B. Caseload

The 2012-13 community caseload as of January 31, 2013 is estimated to decrease by 648 consumers over the Governor's Budget caseload estimate of 256,872 to the level of 256,224.

	Fiscal Year 2012-13		
	Governor's Budget	Updated 2012-13	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	227,007	227,007	0
Early Start (Birth through 2 Years)	29,865	29,217	-648
Total Community Caseload	256,872	256,224	-648

C. Total Regional Center Costs: \$41.4 Million (\$48.6 Million GF) Increase

1. Updated Costs for Regional Center OPS: -\$0.9 million (-\$2.1 million GF) decrease to reflect updated caseload and increased reimbursements as discussed in fund sources on page B-5 as follows:

	Fiscal Year 2012-13		
	Governor's Budget	Updated 2012-13	Request
	(in thousands)		
Operations Total			
Core Staffing	\$460,385	\$459,372	-\$1,013
Federal Compliance	47,236	47,298	62
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure Projects	3,537	3,537	0
Intermediate Care Facility-Developmentally Disabled Administration Fee	22,598	22,598	0
	1,631	1,664	33
Total Operations	\$538,333	\$537,415	-\$918

- Staffing: -\$1.0 million (-\$2.1 million GF) decrease to reflect updated caseload and expenditure data;
 - Federal Compliance : \$0.1 million increase (\$31 thousand GF decrease) to reflect additional Client Program Coordinator (CPC) positions to meet the HCBS Waiver requirement for case management coverage as a result of updated caseload with reduced targeted case management funding; and
 - \$33 thousand (\$17 thousand GF) increase in ICF-DD SPA Administration Fees to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents
2. Updated Costs for Regional Center POS: \$42.3 million (\$50.7 million GF) increase.
- \$42.1 million (\$14.7 million GF) increase to reflect updated caseload, utilization change and expenditure data;
 - \$0.2 million (\$0.0 GF) increase in QAF, transfer of funds from the DHCS, to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents; and
 - Fund Shift:
 - AFPF fund shift of \$3.4 million from PDF to GF to reflect an update of revenues for the AFPF based upon information regarding actual assessments, exemptions and collections in administering the new program;
 - 1915(k) fund shift of \$1.9 million from reimbursements to GF due to the deferred inclusion of developmental services in the SPA;
 - Title XX Social Services Block Grant fund shift of \$5.7 million from reimbursements to GF to reflect a Federal Sequester reduction; and

- California First Five Commission fund shift of \$25.0 million from reimbursements to GF to reflect a reduction in funding.

D. Fund Sources

1. GF: \$48.6 million increase: This increase is composed of:

- \$12.6 million increase to reflect updated caseload, utilization change, expenditure and HCBS Waiver enrollment data;
- \$17 thousand increase in ICF-DD SPA Administration Fees to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents; and
- Fund Shift:
 - AFPF: \$3.4 million GF increase to reflect an update of revenues from the AFPF based upon information regarding actual assessments, exemptions and collections in administering the new program;
 - 1915(k): \$1.9 million GF increase due to the deferred inclusion of developmental services in the SPA;
 - Title XX Social Services Block Grant: \$5.7 million GF increase to reflect a Federal Sequester reduction; and
 - California First Five Commission: \$25.0 million GF increase to reflect a reduction in funding.

2. Reimbursements: -\$3.8 million decrease to reflect the following:

Fiscal Year 2012-13			
Reimbursements			
<i>(in thousands)</i>			
	Governor's	Updated	
	Budget	2012-13	Request
Home and Community-Based Services (HCBS) Waiver	\$1,129,428	\$1,153,168	\$23,740
HCBS Waiver Administration	6,406	6,151	-255
Medicaid Administration	11,701	11,294	-407
Targeted Case Management (TCM)	138,693	140,399	1,706
TCM Administration	3,545	3,656	111
Title XX Block Grant	225,060	219,400	-5,660
(1) Social Services	(147,903)	(142,243)	-5,660
(2) Temporary Assistance for Needy Families	(77,157)	(77,157)	0
Intermediate Care Facility - Developmentally Disabled	52,915	55,478	2,563
Quality Assurance Fees (Transfer from DHCS)	9,620	9,818	198
1915(i) State Plan Amendment (SPA)	161,804	161,556	-248
1915(k) Medicaid State Plan	1,924	0	-1,924
Money Follows the Person	14,867	14,867	0
Homeland Security Grant	57	57	0
California First Five Commission	40,000	15,000	-25,000
Race to the Top	286	286	0
Early Periodic Screening Diagnostic and Treatment	11,793	13,190	1,397
TOTAL	\$1,808,099	\$1,804,320	-\$3,779

- Caseload: \$28.6 Million Increase
 - HCBS Waiver (POS): The \$23.7 million increase reflects additional Federal Financial Participation (FFP) from updated enrollments and service costs for consumers under the Waiver;
 - HCBS Waiver Administration (OPS): The -\$0.3 million decrease reflects updated regional center expenditures;
 - Medicaid Administration (OPS): The -\$0.4 million decrease reflects updated regional center expenditures;
 - Targeted Case Management (TCM) (OPS): The \$1.7 million increase reflects updated data on billable units;
 - TCM Administration (OPS): The \$0.1 million increase reflects updated regional center expenditures;
 - Intermediate Care Facility – Developmentally Disabled (ICF-DD) (POS): The \$2.6 million increase reflects updated POS expenditures for adult day treatment and transportation services for consumers residing in an ICF-DD;

- 1915(i) (POS): The -\$0.2 million decrease reflects updated regional center POS expenditures; and
- Early Periodic Screening Diagnosis and Treatment (EPSDT) (POS): The \$1.4 million increase to reflect updated service costs for consumers.
- Quality Assurance Fees (QAF): \$0.2 Million Increase
 - QAF (ICF-DD SPA Administration Fees), OPS: The \$16 thousand increase reflects updated regional center expenditures; and
 - QAF, POS: The \$0.2 million increase reflects updated regional center expenditures as discussed earlier.
- Fund Shift: -\$32.6 Million Decrease
 - 1915(k) SPA (POS): The -\$1.9 million decrease due to the deferred inclusion of developmental services in the SPA;
 - Title XX Social Services Block Grant (POS): The -\$5.7 million decrease reflects a Federal Sequester reduction; and
 - California First Five Commission (POS): The -\$25.0 million decrease reflects a reduction in funding.
- 3. Other Funds, PDF: -\$3.4 Million Decrease

AFPF (POS): The -\$3.4 million decrease reflects an update of revenues based upon information regarding actual assessments, exemptions and collections in administering the new program.

II. FISCAL YEAR 2013-14 COSTS AND FUND SOURCES**A. Overview**

Funding for the regional centers in the budget year is estimated to increase by \$31.8 million (\$23.8 million GF) increase compared to the Governor's Budget.

Fiscal Year 2013-14 Costs and Fund Sources <i>(in thousands)</i>			
	Governor's Budget	Updated 2012-13	Request
Total Costs	\$4,349,632	\$4,381,422	\$31,790
Operations	564,738	562,059	-2,679
Purchase of Services	3,762,510	3,799,754	37,244
Early Start - Other Agency Costs	20,381	17,606	-2,775
Prevention Program	2,003	2,003	0
Fund Sources	\$4,349,632	\$4,381,422	\$31,790
General Fund (GF)	2,455,125	2,478,898	23,773
<i>GF Match</i>	(1,579,677)	(1,606,100)	(26,423)
<i>GF Other</i>	(875,448)	(872,798)	(2,650)
Reimbursements	1,832,344	1,847,046	14,702
Program Development Fund	9,267	5,970	-3,297
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	52,006	48,618	-3,388

The increase in costs and fund sources is composed of the following:

- -\$2.7 million (-\$8.7 million GF) decrease in OPS to reflect updated caseload and expenditure data, including additional HCBS Waiver enrollment;
- -\$12 thousand (-\$0.78 thousand GF) decrease in OPS to reflect updated of the 1.25 percent payment reduction on June 30, 2013;
- \$76 thousand (\$38 thousand GF) increase in OPS for ICF-DD SPA Administration Fees to reflect updated expenditures for day treatment and transportation costs for ICF-DD residents;
- \$36.3 million (\$9.4 million GF) increase in POS to reflect updated caseload, utilization change, and expenditure data.
- \$0.5 million increase (\$0.4 million GF) increase in POS to reflect updated expenditure amounts that also impact the amount restored due to the sunset of the 1.25 percent provider payment reduction on June 30, 2013;

- \$0.4 million (\$0.0 GF) increase in POS for QAF, transfer of funds from DHCS, consumers residing in an ICF-DD;
- Fund shift of \$3.3 million from PDF to GF to reflect an update of revenues from the AFPF based upon information regarding actual assessments, exemptions and collections in administering the new program;
- -\$3.4 million decrease of Federal funds and a \$0.6 million increase in GF for Early Start in POS and Other Agency Costs due to the Sequester and reallocation adjustments.
- Fund shift of \$7.0 million from reimbursements to GF due the deferred inclusion of developmental services in the 1915(k) SPA; and
- Fund shift of \$11.9 million from reimbursements to GF to reflect the Federal sequester of Title XX Social Services Block Grant funds.

B. Caseload

The 2013-14 community caseload as of January 31, 2014 is estimated to decrease by 1,003 consumers over the Governor's Budget caseload estimate of 266,100 to the level of 265,097.

	Fiscal Year 2013-14		
	Governor's Budget	Updated 2012-13	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	234,702	234,702	0
Early Start (Birth through 2 Years)	31,398	30,395	-1,003
Total Community Caseload	266,100	265,097	-1,003

C. Total Regional Center Costs: \$31.8 Million (\$23.8 Million GF) Increase

1. OPS to Reflect Budget Year Costs: -\$2.7 million (-\$8.8 million GF) decrease
 - a) -\$2.7 million (-\$8.7 million GF) decrease to reflect updated caseload as follows:
 - Core Staffing: -\$2.7 million (-\$8.7 million GF) decrease to reflect updated caseload and expenditure data, including HCBS Waiver enrollment above budgeted levels;
 - Federal Compliance : \$22 thousand (\$11 thousand GF) increase to reflect additional Client Program Coordinator positions to meet the HCBS Waiver requirement for case management coverage as a result of updated caseload and reduced targeted case management funding;

- Projects: -\$20 thousand GF reduction to reflect updated estimate of Regional Center costs for processing Sherry S. Court actions for regional center consumers; and
 - -\$12 thousand (-\$78 thousand GF) decrease to reflect updated expenditure amounts that also impact the amount restored due to the sunset of the 1.25 percent payment reduction.
- b) ICF-DD Administrative Fees: \$76 thousand (\$38 thousand GF) increase to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD.

	Fiscal Year 2013-14		
	Governor's Budget	Updated 2012-13	Request
	(in thousands)		
Operations Total			
Core Staffing	\$485,694	\$482,937	-\$2,757
Federal Compliance	47,767	47,789	22
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure	3,537	3,537	0
Projects	23,125	23,105	-20
Intermediate Care Facility-Developmentally Disabled Administration Fee	1,669	1,745	76
Total Operations	\$564,738	\$562,059	-\$2,679

2. POS to Reflect Budget Year Costs: \$37.2 million (\$32.6 million GF) increase to reflect the following:
- \$36.3 million (\$9.4 million GF) increase to reflect updated caseload, utilization change and expenditure data;
 - \$0.5 million (\$0.4 million GF) increase to reflect updated expenditure amounts that also impact the amount restored due to the sunset of the 1.25 percent payment reduction on June 30, 2013;
 - \$0.4 million (\$0.0 million GF) increase for QAF to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD;
 - \$0.6 million GF increase to reflect the estimated loss of funding resulting from a federal grant reduction for Early Start.
 - Fund Shift:
 - AFPF fund shift of \$3.3 million from PDF to GF to reflect an update of revenues based upon information regarding actual assessments, exemptions and collections in administering the new program;
 - 1915(k) fund shift of \$7.0 million from reimbursements to GF due to the deferred inclusion of developmental services in the SPA; and

- Title XX Social Services Block Grant fund shift of \$11.9 million from reimbursements to GF to reflect a Federal Sequester reduction.

3. Early Start/Part C: POS and Other Agency Costs: -\$3.4 million Federal Funds decrease due to the Sequester and reallocation.

D. Fund Sources

1. GF: \$23.8 million increase to reflect the following:

- \$0.7 million increase to reflect updated caseload, additional utilization change and expenditure data, including HCBS waiver enrollment;
- \$0.3 million increase to reflect updated expenditure amounts that also impact the amount restored due to the sunset of the 1.25 percent payment reduction on June 30, 2013;
- \$38 thousand increase to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD;
- \$0.6 million increase to reflect the estimated loss of funding resulting

- Fund Shift
 - AFPP: \$3.3 million GF increase to reflect an update of revenues based upon information regarding actual assessments, exemptions and collections in administering the new program;
 - Early Start Part C: \$0.6 million GF increase to reflect the reallocation of grant funds amongst the States
 - 1915(k): \$7.0 million GF increase due to the deferred inclusion of developmental services in the SPA; and
 - Title XX Social Services Block Grant: \$11.9 million increase to reflect a Federal Sequester reduction.

2. Reimbursements: \$14.7 million increase to reflect the following:

Fiscal Year 2013-14 Reimbursements <i>(in thousands)</i>			
	Governor's Budget	2013-14	Request
Home and Community-Based Services (HCBS) Waiver	\$1,169,109	\$1,193,805	\$24,696
HCBS Waiver Administration	6,616	6,367	-249
Medicaid Administration	12,010	11,612	-398
Targeted Case Management (TCM)	142,347	148,952	6,605
TCM Administration	3,545	3,656	111
Title XX Block Grant	225,060	213,191	-11,869
(1) Social Services	(147,903)	(136,034)	-11,869
(2) Temporary Assistance for Needy Families	(77,157)	(77,157)	0
Intermediate Care Facility - Developmentally Disabled	55,630	58,193	2,563
Quality Assurance Fees (Transfer from DHCS)	9,845	10,297	452
1915(i) State Plan Amendment (SPA)	169,122	167,842	-1,280
1915(k) Medicaid State Plan	7,000	0	-7,000
Money Follows the Person	14,867	14,867	0
Homeland Security Grant	391	391	0
Race to the Top	286	286	0
Early Periodic Screening Diagnostic and Treatment	16,516	17,587	1,071
TOTAL	\$1,832,344	\$1,847,046	\$14,702

- Caseload: \$33.5 Million Increase
 - HCBS Waiver (POS): \$24.6 million increase to reflect additional FFP from updated enrollments and services costs for consumers under the Waiver;
 - HCBS Waiver Administration (OPS): -\$0.2 million decrease to reflect updated regional center expenditures;
 - Medicaid Administration (OPS): -\$0.4 million decrease to reflect updated regional center expenditures;
 - TCM (OPS): \$6.6 million increase due to updated data on billable units;
 - TCM Administration (OPS): \$0.1 million increase to reflect the most current expenditure data;
 - ICF-DD (POS): The \$2.6 million increase reflects updated POS expenditures for adult day treatment and transportation services for consumers residing in an ICF-DD;
 - 1915(i) SPA (POS): The -\$1.3 million decrease reflects updated POS expenditures for consumers under the 1915(i) and

- EPSDT (POS): The \$1.0 million increase reflects updated POS expenditures for consumers under the EPSDT benefit.
- 1.25 Percent Payment Restoration: \$0.1 Million Increase
 - HCBS Waiver (POS): \$0.1 million increase to reflect updated expenditure amounts that also impact the amount restored due to the sunset of the 1.25 percent payment reduction; and
 - TCM (OPS): \$58 thousand increase to reflect updated expenditure amounts that also impact the amount restored due to the sunset of the 1.25 percent payment reduction.
- Quality Assurance Fees (QAF): \$0.4 Million Increase
 - ICF-DD Administration Fees (OPS): \$38 thousand increase to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD; and
 - QAF, POS: \$0.4 million increase to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD; and
- Fund Shift: -\$18.9 Million Decrease
 - 1915(k): \$7.0 million decrease due to the deferred inclusion of developmental services in the SPA; and
 - Title XX Social Services Block Grant: \$11.9 million decrease to reflect a Federal Sequester reduction.
- 3. Other Funds: -\$6.7 Million Decrease
 - PDF, AFPF (POS): -\$3.3 million decrease to reflect an update of revenues based upon information on actual assessments, exemptions and collections in administering the new program; and
 - Federal Funds, Early Start Part C (POS and Other Agency Costs): -\$3.4 million decrease due to the Sequester and reallocation.

Table of Contents

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

FUTURE FISCAL ISSUES

Diagnostic and Statistical Manual (DSM) Version IV to DSM-5 Impacts

The Diagnostic and Statistical Manual of Mental Disorders, version four (DSM IV) is used by clinicians and psychiatrists to diagnose psychiatric illnesses. An updated version, the DSM-5, is in the development process with an anticipated release date of May 2013. A significant change in the DSM-5 is the categorization of autism. In the DSM IV, autism is a distinct diagnosis. In contrast, earlier public drafts of the DSM-5 uses the term Autism Spectrum Disorder (ASD) which includes other currently distinct diagnoses such as Asperger's Syndrome and Pervasive Developmental Disorder. California statute identifies autism as one of the diagnoses that can be considered in determining eligibility for regional center services. Since the change to the ASD classification could include more diagnoses that are considered "autism", there is a potential impact on the number of individuals eligible for regional center services. Since the impact of this change (cost or savings) is as yet undetermined, the DDS will continue to monitor the upcoming implementation of the DSM-5 and will submit a new major assumption if appropriate.

Potential Change in Federal Overtime Requirements

In December of 2011, the federal Department of Labor published proposed regulations that would revise the implementation of the Fair Labor Standards Act (FLSA) to include home care workers, also known as personal care assistants, in overtime compensation. The proposed revisions would change and limit the allowable activities that qualify for an exemption to the overtime requirements, and change conditions of work for family employers.

Regional centers purchase a variety of services such as respite, supported living, and personal assistance, that have rates determined, in part, by the exemption from overtime pay requirements pursuant to the definition for 'personal attendant' provided by the California Industrial Welfare Commission Wage Order No. 15-2001. The proposed FLSA changes would supersede the State's overtime pay exemption. As a result of possible FLSA changes, it is likely that providers of services with rates impacted by new overtime pay requirements may require rate increases in order to stay in compliance with federal regulation. The fiscal impact is estimated to be approximately \$21 million for DDS.

Change of Rates for some Intermediate Care Facilities (ICFs)

On February 27, 2013, the Centers for Medicare and Medicaid Services (CMS) approved a state plan amendment submitted by the Department of Health Care Services (DHCS) changing the rate setting methodology for ICFs. Applying this new methodology, DHCS estimates that 36% of ICFs may be subject to a rate reduction of up to 10%, retroactive to August 1, 2012. Stakeholders have expressed concern, both prior to and after CMS' approval that enacting this change would result in some ICFs closing because the providers could not absorb a reduction in rates that have been frozen since 2008. Other

residential options (e.g. at a different ICF or in a regional center funded setting) would be necessary for the individuals residing in any ICFs that decide to no longer offer ICF services. Since ICFs are funded by Medi-Cal, any movement of individuals from an ICF to a regional center funded residential setting will result in increased costs for DDS. The number of ICFs that may cease operation and the resulting fiscal impact has not been determined. DDS, in conjunction with DHCS, will continue to monitor the outcome of the application of the new rate setting methodology.

In-Home Supportive Services 8 Percent Reduction in Hours

March 19, 2013 the California Department of Social Services (CDSS) reached a settlement in the class action lawsuit *Oster v. Lightbourne*. In the settlement CDSS has agreed to repeal and eliminate the 20 percent across-the-board cut in IHSS hours and the termination or cut in IHSS hours for recipients based on their functional index score. In place of the 20 percent cut CDSS will implement a temporary 8 percent cut in July 2013. This reduction in hours will be accomplished by extending the current 3.6 percent across the board cut that was scheduled to end June 30, 2013, but instead will be continued and increased by 4.4 percent on July 1, 2013. The 8 percent cut will be reduced to 7 percent in July 2014.

The DDS initially referenced the 20 percent reduction in IHSS' hours in the November 2011 Estimate, with the fiscal impact to be determined. As CDSS was enjoined from implementing the 20 percent reduction the fiscal impact was not included in the subsequent 2012 May Revision. With CDSS' settlement agreement and the proposal to increase the current reduction in IHSS hours from 3.6 percent to 8 percent, DDS is working closely with CDSS to determine the impact to the 51,000 DDS consumers who are recipients of IHSS.

Table of Contents

SECTION D: POPULATION

FY 2012-13	D-1
FY 2013-14	D-1.1
FY 2012-13 vs. FY 2013-14	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 2012-13

<i>Estimated Caseload as of 1/31/13</i>				
	<i>GOVERNOR'S BUDGET</i>	<i>MAY REVISION</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Caseload (Age 3 & Older)	227,007	227,007	0	0.00%
B. Early Start (Birth through 2 Years)	29,865	29,217	-648	-2.17%
C. Total Community Caseload	256,872	256,224	-648	-0.25%
D. Developmental Center (DC) Average Population	1,567	1,584	17	1.08%
E. On Leave	-15	-15	0	0.00%
F. Total Avg. In Center DC Population	1,552	1,569	17	1.10%
G. Total Regional Center (RC) Caseload (C + F)	258,424	257,793	-631	-0.24%

1. The May Revision update reflects an increase of 7,455 over 2011-12 or a 3.40 percent change.
2. The May Revision update reflects an increase of 695 over 2011-12 or a 2.44 percent change.

CASELOAD

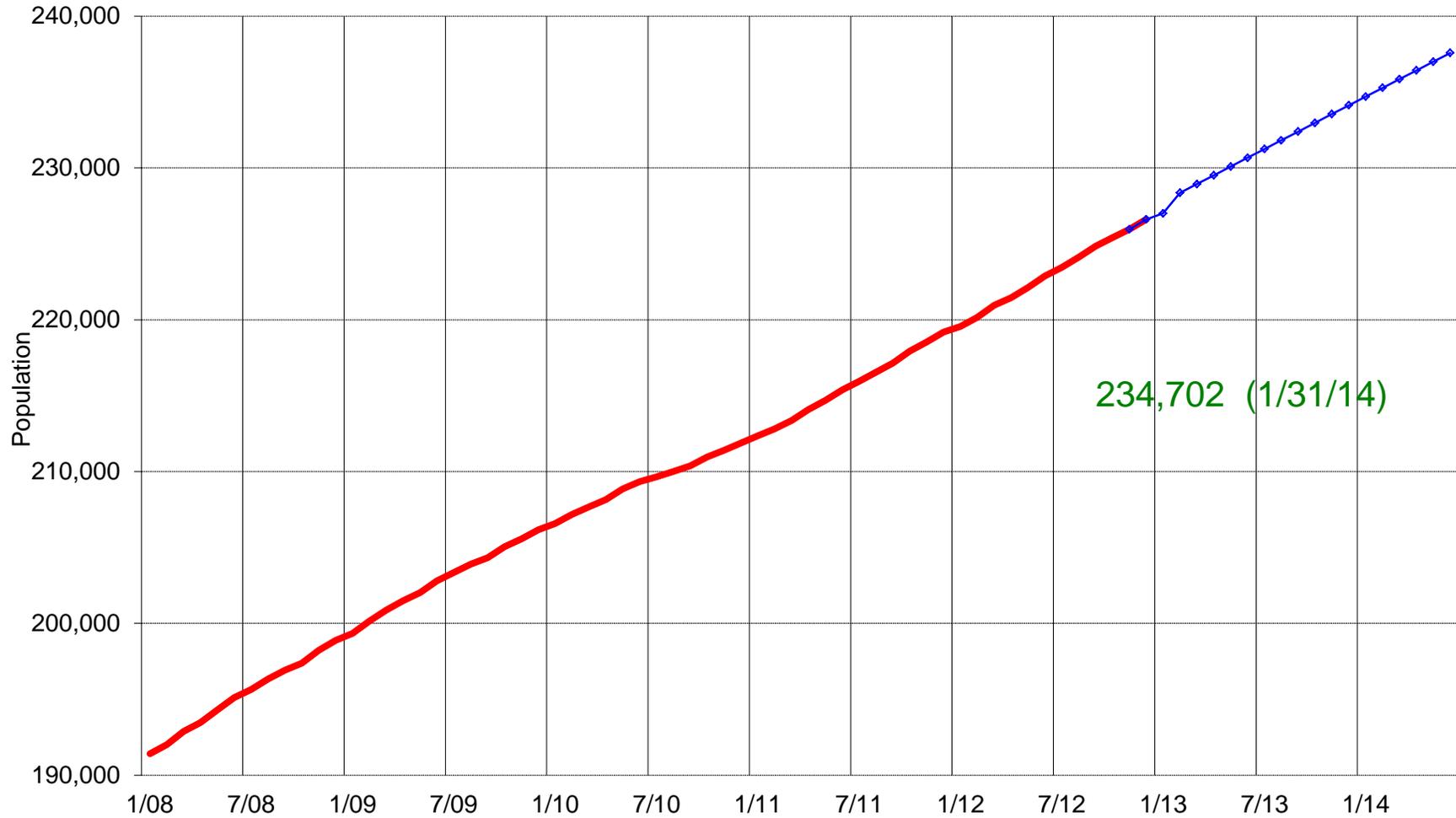
Fiscal Year 2013-14

<i>Estimated Caseload as of 1/31/14</i>				
	<i>GOVERNOR'S BUDGET</i>	<i>MAY REVISION</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Caseload (Age 3 & Older)	234,702	234,702	0	0.00%
B. Early Start (Birth through 2 Years)	31,398	30,395	-1,003	-3.19%
C. Total Community Caseload	266,100	265,097	-1,003	-0.38%
D. Developmental Center (DC) Average Population	1,319	1,348	29	2.20%
E. On Leave	-15	-15	0	0.00%
F. Total Avg. In Center DC Population	1,304	1,333	29	2.22%
G. Total Regional Center (RC) Caseload (C + F)	267,404	266,430	-974	-0.4%

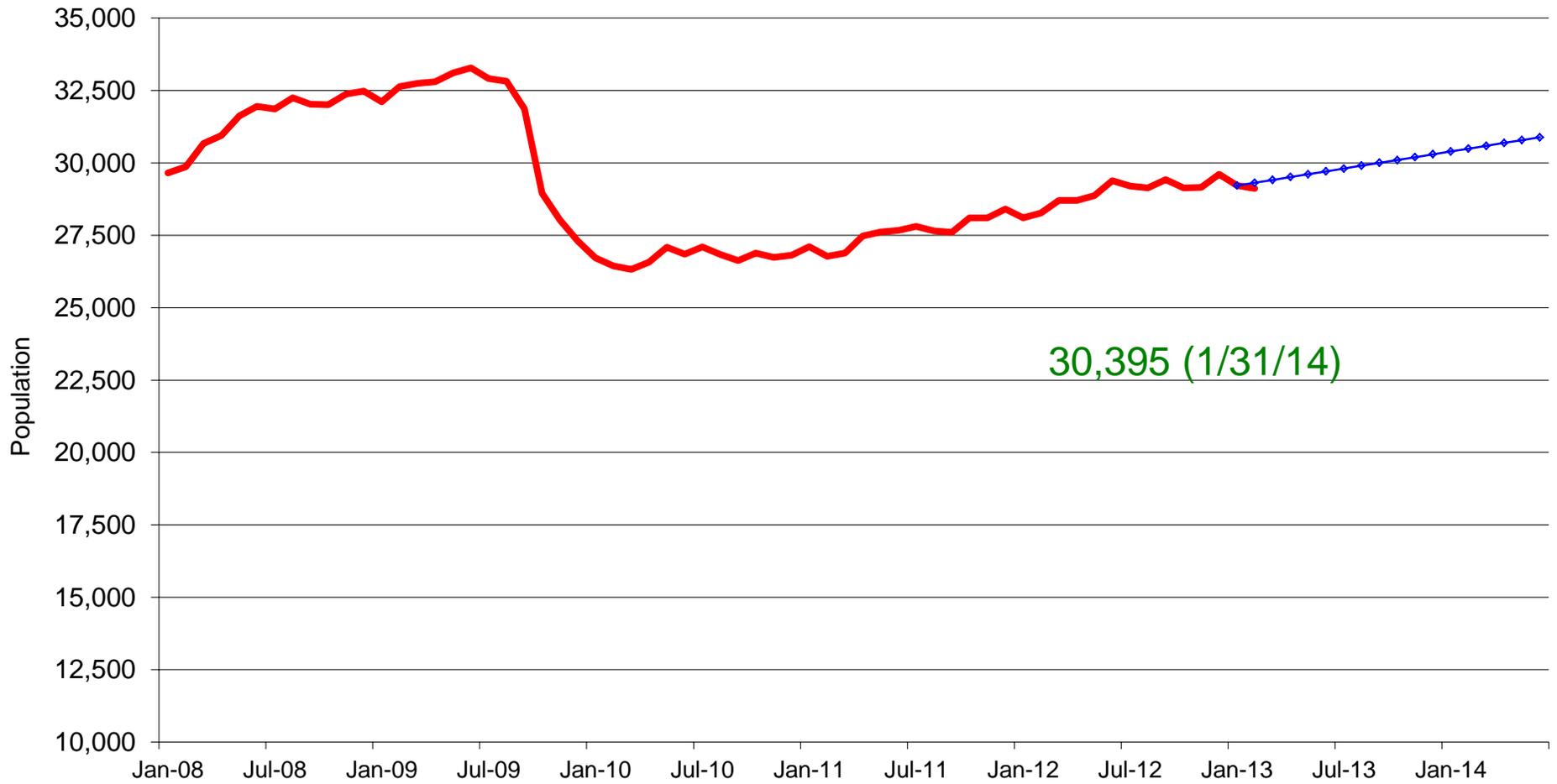
CASELOAD*Fiscal Year 2012-13 vs. Fiscal Year 2013-14*

	Fiscal Year 2012-13	Fiscal Year 2013-14		
	<i>Estimated Caseload as of 1/31/13</i>	<i>Estimated Caseload as of 1/31/14</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Caseload (Age 3 & Older)	227,007	234,702	7,695	3.4%
B. Early Start (Birth through 2 Years)	29,217	30,395	1,178	4.0%
C. Total Community Caseload	256,224	265,097	8,873	3.5%
D. Developmental Center (DC) Average Population	1,584	1,348	-236	-14.9%
E. On Leave	-15	-15	0	0%
F. Total Avg. In Center DC Population	1,569	1,333	-236	-15.0%
G. Total Regional Center (RC) Caseload (D + G)	257,793	266,430	8,637	3.4%

Active Status Caseload (Age 3 & Older) Client Master File Trend Analysis



Early Start Birth through 2 Years Client Master File Trend Analysis



Community Caseload

(Active Status and Early Start)

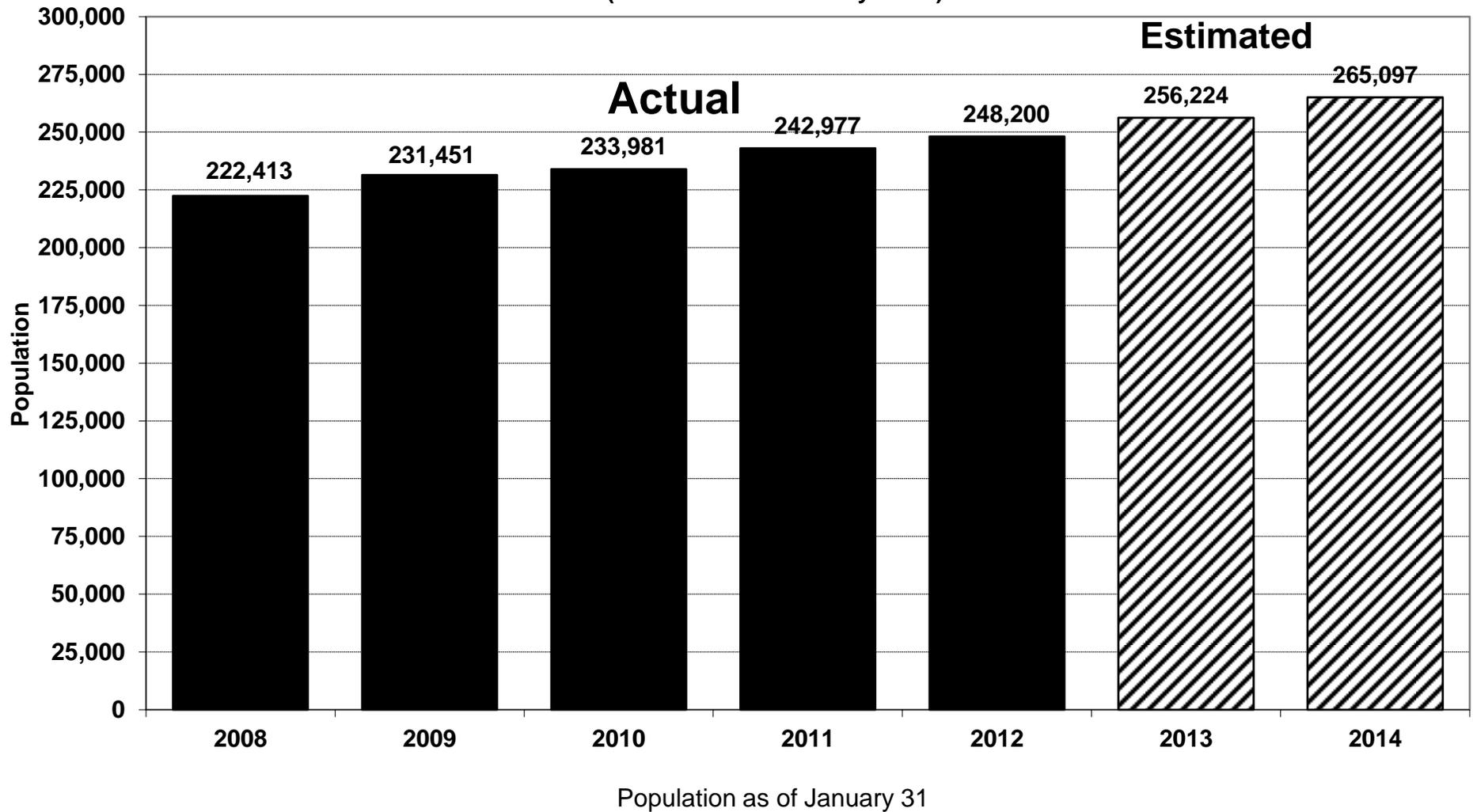


Table of Contents

SECTION E: ESTIMATE METHODOLOGIES

OPERATIONS

FY 2012-13 Summary	E-1.1
FY 2013-14 Summary	E-1.2
Staffing	E-2.1 to E-2.13
Agnews Ongoing Workload	E-2.14 to E-2.15
Lanterman Developmental Center Closure	E-2.16
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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Operations
POPULATION AND OPERATIONS SUMMARY
Comparison of Governor's Budget to May Revision
Fiscal Year 2012-13

	Governor's Budget	May Revision	Request
POPULATION			
Active (Age 3 & Older)	227,007	227,007	0
Early Start (Birth through 2 Years)	29,865	29,217	-648
Total Population	256,872	256,224	-648
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$496,380,000	\$495,355,000	-\$1,025,000
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: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
I. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
J. Less: 1.25% Payment Reduction (2012-13)	-6,672,000	-6,660,000	12,000
K. Total Staffing	\$460,385,000	\$459,372,000	-\$1,013,000
II. A. Agnews Ongoing Workload			
	\$2,946,000	\$2,946,000	\$0
B. Lanterman Development Center Closure			
	3,537,000	3,537,000	0
C. Total Developmental Centers Closure	\$6,483,000	\$6,483,000	\$0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	\$21,135,000	\$21,135,000	\$0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	11,315,000	11,377,000	62,000
D. Targeted Case Management	4,129,000	4,129,000	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473,000	473,000	0
F. Federal Medicaid Requirement for RC HCBS Services	984,000	984,000	0
G. Total Federal Compliance	\$47,236,000	\$47,298,000	\$62,000
IV. PROJECTS			
A. Information Technology Costs:	\$2,917,000	\$2,917,000	\$0
1. <i>Regional Center Application Support</i>	1,567,000	1,567,000	0
2. <i>Data Processing</i>	1,350,000	1,350,000	0
B. Clients' Rights Advocacy Contract	5,371,000	5,371,000	0
C. Quality Assessment Contract	2,992,000	2,992,000	0
D. Direct Support Professional Training	2,590,000	2,590,000	0
E. Office of Administrative Hearings Contract	2,910,000	2,910,000	0
F. Wellness Projects	100,000	100,000	0
G. Foster Grandparent / Senior Companion Programs	1,739,000	1,739,000	0
H. Special Incident Reporting/Risk Assessment Contract	807,000	807,000	0
I. Increased Access to Mental Health Services	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	321,000	321,000	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	57,000	57,000	0
Q. Total Projects	\$22,598,000	\$22,598,000	\$0
V. Intermediate Care Facility-Developmentally Disabled Administrative Fees			
	\$1,631,000	\$1,664,000	\$33,000
VI. GRAND TOTAL	\$538,333,000	\$537,415,000	-\$918,000

Operations
POPULATION AND OPERATIONS SUMMARY
Comparison of Governor's Budget to May Revision
Fiscal Year 2013-14

	Governor's Budget	May Revision	Request
POPULATION			
Active (Age 3 & Older)	234,702	234,702	0
Early Start (Birth through 2 Years)	31,398	30,395	-1,003
Total Population	266,100	265,097	-1,003
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$514,845,000	\$512,088,000	-\$2,757,000
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: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
I. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
J. Less: 1.25% Payment Reduction (2012-13) ¹	172,000	172,000	0
K. Total Staffing	\$485,694,000	\$482,937,000	-\$2,757,000
II.			
A. Agnews Ongoing Workload	\$2,946,000	\$2,946,000	\$0
B. Lanterman Development Center Closure	3,537,000	3,537,000	0
C. Total Developmental Centers Closure	\$6,483,000	\$6,483,000	\$0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	\$21,135,000	\$21,135,000	\$0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	11,846,000	11,868,000	22,000
D. Targeted Case Management	4,129,000	4,129,000	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473,000	473,000	0
F. Federal Medicaid Requirement for RC HCBS Services	984,000	984,000	0
G. Total Federal Compliance	\$47,767,000	\$47,789,000	\$22,000
IV. PROJECTS			
A. Information Technology Costs:	\$2,917,000	\$2,917,000	\$0
1. <i>Regional Center Application Support</i>	1,567,000	1,567,000	0
2. <i>Data Processing</i>	1,350,000	1,350,000	0
B. Clients' Rights Advocacy Contract	5,564,000	5,564,000	0
C. Quality Assessment Contract	2,992,000	2,992,000	0
D. Direct Support Professional Training	2,590,000	2,590,000	0
E. Office of Administrative Hearings Contract	2,910,000	2,910,000	0
F. Wellness Projects	100,000	100,000	0
G. Foster Grandparent / Senior Companion Programs	1,739,000	1,739,000	0
H. Special Incident Reporting/Risk Assessment Contract	807,000	807,000	0
I. Increased Access to Mental Health Services	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	321,000	301,000	-20,000
K. Enhancing FFP, Phase II, Proposal C, Consultant	500,000	500,000	0
L. University Enterprises, Inc.	113,000	113,000	0
M. Affordable Housing	94,000	94,000	0
N. Review of SB 1175 Housing Proposals	150,000	150,000	0
O. Denti-Cal Infrastructure for RC Dental Services	1,197,000	1,197,000	0
P. Homeland Security Grant Program	391,000	391,000	0
Q. Total Projects	\$23,125,000	\$23,105,000	-\$20,000
V. Intermediate Care Facility-Developmentally Disabled Administrative Fees			
	\$1,669,000	\$1,745,000	\$76,000
VI. GRAND TOTAL			
	\$564,738,000	\$562,059,000	-\$2,679,000

^{1/} Increase reflects updated expenditure amounts that also impact the amount restored due to the sunset of the 1.25% payment reduction on June 30, 2013

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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• Active Caseload (Age 3 and Over)	227,007	227,007	0	234,702	234,702	7,695	0
• Early Start (Birth through 2 Years and Active)	29,865	29,217	-648	31,398	30,395	1,178	-1,003
Subtotal	256,872	256,224	-648	266,100	265,097	8,873	-1,003
• Developmental Center Population	1,552	1,569	17	1,304	1,333	-236	29
Total Caseload	258,424	257,793	-631	267,404	266,430	8,637	-974
Informational:							
• Community Care Facility Consumers (including PC)	25,569	25,152	-417	26,004	25,430	278	-574
• Home and Community-Based Services (HCBS) Waiver-Enrolled Consumers	100,514	101,005	491	105,825	105,823	4,818	-2
• Early Start (Assessment and Active)	34,246	33,278	-968	35,801	34,354	1,076	-1,447
• PC Consumers	197	197	0	197	220	23	23
• Intake cases per month	5,413	5,413	0	5,846	5,792	379	-54
• Vendors	47,932	43,464	-4,468	47,932	35,740	-7,724	-12,192
• Mediations per year	400	400	0	400	400	0	0

METHODOLOGY:

CORE STAFFING

PERSONAL SERVICES:

• Direct Services and Administration:	\$339,786,000	\$338,987,000	-\$799,000	\$353,275,000	\$351,106,000	\$12,119,000	-2,169,000
Total Estimated Number of Positions:							
Governor's Budget:		May Revision:					
2012-13: 9,730.16		2012-13: 9,705.78					
2013-14: 10,179.12		2013-14: 10,121.73					
See Attachment A for Core Staffing Expenditure Detail.							
See Attachment B for Core Staffing Formulas.							
• Fringe Benefits:	80,529,000	80,340,000	-189,000	83,726,000	83,212,000	2,872,000	-514,000
Based on 23.7% per position.							

Staffing

METHODOLOGY (continued):

			Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• Salary Savings:			-14,059,000	-14,022,000	37,000	-14,657,000	-14,544,000	-522,000	113,000
<i>Client Program Coordinators:</i>	1.0%	<i>Per Position</i>	-2,013,000	-2,009,000	4,000	-2,084,000	-2,076,000	-67,000	8,000
<i>All Other Staff:</i>	5.5%	<i>Per Position</i>	-12,046,000	-12,013,000	33,000	-12,573,000	-12,468,000	-455,000	105,000
• Early Start /Part C Administrative and Clinical Support:			694,000	694,000	0	694,000	694,000	0	0
Includes salaries, fringe benefits and salary savings.									
TOTAL PERSONAL SERVICES			<u>\$406,950,000</u>	<u>\$405,999,000</u>	<u>-\$951,000</u>	<u>\$423,038,000</u>	<u>\$420,468,000</u>	<u>\$17,039,000</u>	<u>-2,570,000</u>
OPERATING EXPENSES:									
• Operating Expenses:			\$38,409,000	\$38,335,000	-\$74,000	\$39,785,000	\$39,600,000	\$1,265,000	-185,000
Base amount plus the following adjustments:									
Professional Positions:	\$3,400	Per New Position							
Clerical Positions:	\$2,400	Per New Position							
• Rent:			51,021,000	51,021,000	0	52,022,000	52,020,000	999,000	-2,000
Base amount plus \$8,086 per new position									
TOTAL OPERATING EXPENSES			<u>\$89,430,000</u>	<u>\$89,356,000</u>	<u>-\$74,000</u>	<u>\$91,807,000</u>	<u>\$91,620,000</u>	<u>\$2,264,000</u>	<u>-187,000</u>
TOTAL CORE STAFFING			<u>\$496,380,000</u>	<u>\$495,355,000</u>	<u>-\$1,025,000</u>	<u>\$514,845,000</u>	<u>\$512,088,000</u>	<u>\$16,733,000</u>	<u>-2,757,000</u>
CPP:									
• See CPP for the methodology detail.			\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$12,472,000	\$0	\$0
STAFFING FOR COLLECTION OF FEDERAL FINANCIAL PARTICIPATION (FFP) FOR CONTRACTED SERVICES									
• Funding provides one Community Program Specialist I and one Account Clerk II for each RC. This funding will be required until the RC have a billing system that allows the processing of vendor invoices that do not include the individual consumer data required to support HCBS Waiver billing.			2,228,000	2,228,000	0	2,228,000	2,228,000	0	0

Staffing

METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
LESS INTAKE AND ASSESSMENT (2003-04)							
<ul style="list-style-type: none"> 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
LESS UNALLOCATED REDUCTION (2001-02)	-10,559,000	-10,559,000	0	-10,559,000	-10,559,000	0	0
LESS COST CONTAINMENT (2004-05)	-5,968,000	-5,968,000	0	-5,968,000	-5,968,000	0	0
LESS SAVINGS TARGET (2009-10)	-14,145,000	-14,145,000	0	-14,145,000	-14,145,000	0	0
LESS COST CONTAINMENT (2011-12)	-3,486,000	-3,486,000	0	-3,486,000	-3,486,000	0	0
LESS UNALLOCATED REDUCTION (2011-12)	-5,400,000	-5,400,000	0	-5,400,000	-5,400,000	0	0
LESS 1.25% PAYMENT REDUCTION (2012-13)	-6,672,000	-6,660,000	12,000	172,000	172,000	6,832,000	0
EXPENDITURES	<u>\$460,385,000</u>	<u>\$459,372,000</u>	<u>-\$1,013,000</u>	<u>\$485,694,000</u>	<u>\$482,937,000</u>	<u>\$23,565,000</u>	<u>-\$2,757,000</u>

Staffing

FUNDING:

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

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated caseload and expenditure data.

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
EXPENDITURES:							
TOTAL	\$460,385,000	\$459,372,000	-\$1,013,000	\$485,694,000	\$482,937,000	\$23,565,000	-\$2,757,000
GF	\$311,849,000	\$311,281,000	-\$568,000	\$333,250,000	\$326,054,000	\$14,773,000	-\$7,196,000
<i>GF Match</i>	140,377,000	140,484,000	107,000	144,077,000	149,065,000	8,581,000	4,988,000
<i>GF Other</i>	171,472,000	170,797,000	-675,000	189,173,000	176,989,000	6,192,000	-12,184,000
Reimbursements	\$148,536,000	\$148,091,000	-\$445,000	\$152,444,000	\$156,883,000	\$8,792,000	\$4,439,000
<i>MA</i>	8,492,000	7,663,000	-829,000	8,801,000	7,981,000	318,000	-820,000
<i>HCBS Waiver Administration</i>	1,664,000	1,612,000	-52,000	1,874,000	1,778,000	166,000	-96,000
<i>TCM</i>	131,085,000	131,410,000	325,000	134,474,000	139,718,000	8,308,000	5,244,000
<i>TCM Administration</i>	3,545,000	3,656,000	111,000	3,545,000	3,656,000	0	111,000
<i>MFP</i>	3,750,000	3,750,000	0	3,750,000	3,750,000	0	0

Attachment A
CORE STAFFING - CY 2012-13
Comparison of the 2012-13 Governor's Budget to the 2013 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	\$10,242,606	128.90	\$79,271	\$10,218,032	-\$24,574
(b) Psychologist	10,790,069	257.79	41,754	10,763,764	-26,305
(c) Nurse	4,802,865	128.90	37,171	4,791,342	-11,523
(d) Nutritionist	3,634,677	128.90	28,130	3,625,957	-8,720

(2) Clinical Support Teams

(a) Physician/Psychiatrist	6,166,278	67.00	92,034	6,166,278	0
(b) Consulting Pharmacist	4,050,150	67.00	60,450	4,050,150	0
(c) Behavioral Psychologist	3,683,124	67.00	54,972	3,683,124	0
(d) Nurse	3,382,026	67.00	50,478	3,382,026	0

(3) SB 1038 Health Reviews

(a) Physician	2,077,207	22.37	92,034	2,058,801	-18,406
(b) Nurse	5,317,353	104.41	50,478	5,270,408	-46,945

b. Intake / Case Management**(1) Supervising Counselor (Intake)**

(1:10 Intake Workers in Item (2) below)	2,941,324	77.33	38,036	2,941,324	0
(2) Intake Worker	24,383,380	773.29	31,532	24,383,380	0

(3) Supervising Counselor (Case Management)

(1:10 CPCs in Items (6) and (7) below)	21,306,255	405.53	52,392	21,246,528	-59,727
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**(4) Supervising Counselor (Capitol People First)
(DC Case Management 1:10 CPCs)**

	242,592	3.61	67,200	242,592	0
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**(5) Client Program Coordinator (CPC), 1:66 DC Consumers
Capitol People First**

	1,698,326	36.12	47,019	1,698,326	0
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(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES)

	65,165,154	1,907.18	34,032	64,905,150	-260,004
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(7) CPC (Waiver, Early Start only), 1:62 Consumers

	71,565,552	2,100.35	34,032	71,479,111	-86,441
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(8) CPC, Quality Assurance for ARM

	1,666,547	47.73	34,032	1,624,347	-42,200
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**(9) Supervising Counselor, DSS Incidental Medical
Care Regulations (1:10 CPCs)**

	70,205	1.34	52,392	70,205	0
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(10) CPC, DSS Incidental Medical Care Regs

	505,329	13.36	37,824	505,329	0
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c. Quality Assurance / Quarterly Monitoring**(1) Supervising Counselor**

	2,001,898	39.03	52,392	2,044,860	42,962
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(2) CPC

	13,003,627	390.32	34,032	13,283,370	279,743
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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	1,093,421	20.28	52,392	1,062,510	-30,911
(b) CPC	7,101,457	202.77	34,032	6,900,669	-200,788

(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
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(2) Vendor Fiscal Monitor

	1,309,741	24.34	50,844	1,237,543	-72,198
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(3) Program Evaluator

	898,653	21.00	42,793	898,653	0
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(4) Resource Developer

	898,653	21.00	42,793	898,653	0
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(5) Transportation Coordinator

	898,653	21.00	42,793	898,653	0
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**(6) Administrative Services Analyst (SB 1039
Consumer Complaints)**

	449,327	10.50	42,793	449,327	0
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(7) Developmental Center Liaison

	226,695	3.92	38,036	149,101	-77,594
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(8) Diversion

	126,584	4.00	31,646	126,584	0
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(9) Placement Continuation:

(a) Supervising Counselor	6,287	0.12	52,392	6,287	0
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(b) CPC (Supplement at 1:45 Consumers)	40,838	1.20	34,032	40,838	0
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f. Special Incident Reporting (SIR)**(1) Supervising Counselor**

	379,318	7.22	52,392	378,270	-1,048
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(2) QA/CPC

	2,462,896	72.24	34,032	2,458,472	-4,424
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(3) Nurses

	1,826,799	36.12	50,478	1,823,265	-3,534
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g. Mediation**(1) Clinical Staff**

	7,093	0.11	64,484	7,093	0
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(2) Supervising Counselor

	52,916	1.01	52,392	52,916	0
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(3) CPC

	17,356	0.51	34,032	17,356	0
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h. Expansion of Autism Spectrum Disorders (ASD) Initiative**(1) ASD Clinical Specialist**

	1,371,888	21.00	65,328	1,371,888	0
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(2) ASD Program Coordinator

	1,318,464	21.00	62,784	1,318,464	0
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i. SUBTOTAL DIRECT SERVICES

	\$282,816,226	7,407.80	\$282,163,589	-\$652,637
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Attachment A**CORE STAFFING, CY 2012-13 (continued)**

	Governor's Budget	May Revision			
		Positions	Budgeted Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,009,042	101.01	39,887	4,028,986	19,944
(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	1,355,774	60.28	20,617	1,242,793	-112,981
(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
c. Information Systems and Human Resources					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
d. Clerical Support					
(1) Office Supervisor	489,867	21.00	23,327	489,867	0
(2) PBX/Mail/File Clerk	1,378,188	63.00	21,876	1,378,188	0
(3) Executive Secretary	1,148,490	52.50	21,876	1,148,490	0
(4) MD/Psychologist Secretary II	264,051	11.19	23,388	261,712	-2,339
(5) MD/Psychologist Secretary I	4,240,006	193.35	21,876	4,229,725	-10,281
(6) Secretary II	3,808,736	164.02	23,388	3,836,100	27,364
(7) Secretary I	18,551,423	985.42	18,757	18,483,523	-67,900
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848	210,834	0
e. SUBTOTAL ADMINISTRATION	\$56,969,991	2,297.98		\$56,823,798	-\$146,193
3. TOTAL POSITIONS AND SALARIES (Item A.1.i. + Item A.2.e.)	\$339,786,217	9,705.78		\$338,987,387	-\$798,830
a. CPCs	162,721,753			162,407,639	-314,114
b. All Other Staff	177,064,464			176,579,748	-484,716
4. Fringe Benefits					
a. CPCs 23.7%	\$38,565,055			\$38,490,610	-\$74,445
b. All Other Staff 23.7%	41,964,278			41,849,400	-114,878
c. Total Fringe Benefits	\$80,529,333			\$80,340,010	-\$189,323
5. Salary Savings					
a. CPCs 1.0%	-\$2,012,868			-\$2,008,982	\$3,886
b. All Other Staff 5.5%	-12,046,581			-12,013,603	32,978
c. Total Salary Savings	-\$14,059,449			-\$14,022,585	\$36,864
6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)	\$694,000			\$694,000	\$0
7. TOTAL PERSONAL SERVICES (Items A.3. + A.4. + A.5. + A.6.) ROUNDED	\$406,950,101			\$405,998,812	-\$951,289
	\$406,950,000	9,706.00		\$405,999,000	-\$951,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$38,409,000			\$38,335,000	-\$74,000
2. Rent	\$51,021,000			\$51,021,000	\$0
a. Rent	54,021,000			54,021,000	
b. Elimination of one-time costs for Office Relocation and Modifications	-3,000,000			-3,000,000	
3. Subtotal Operating Expenses and Rent	\$89,430,000			\$89,356,000	-\$74,000
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	\$496,380,000			\$495,355,000	-\$1,025,000

Attachment A
CORE STAFFING - BY 2013-14
Comparison of the 2013-14 Governor's Budget to the 2013 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	\$10,598,533	133.22	\$79,271	\$10,560,483	-\$38,050
(b) Psychologist	11,165,020	266.43	41,754	11,124,518	-40,502
(c) Nurse	4,969,763	133.22	37,171	4,951,921	-17,842
(d) Nutritionist	3,760,981	133.22	28,130	3,747,479	-13,502

(2) Clinical Support Teams

(a) Physician/Psychiatrist	6,350,346	69.00	92,034	6,350,346	0
(b) Consulting Pharmacist	4,171,050	69.00	60,450	4,171,050	0
(c) Behavioral Psychologist	3,793,068	69.00	54,972	3,793,068	0
(d) Nurse	3,482,982	69.00	50,478	3,482,982	0

(3) SB 1038 Health Reviews

(a) Physician	2,195,011	22.12	92,034	2,035,792	-159,219
(b) Nurse	5,618,201	103.23	50,478	5,210,844	-407,357

b. Intake / Case Management

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	3,176,767	82.74	38,036	3,147,099	-29,668
(2) Intake Worker	26,333,950	827.42	31,532	26,090,207	-243,743
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6) and (7) below)	22,073,797	419.61	52,392	21,984,207	-89,590
(4) Supervising Counselor (Capitol People First)					
(DC Case Management 1:10 CPCs)	242,592	3.61	67,200	242,592	0
(5) Client Program Coordinator (CPC), 1:66 DC Consumers					
Capitol People First	1,698,326	36.12	47,019	1,698,326	0
(6) CPC, 1:66 Consumers (Total Pop w/o DCs, CPP, ES)	66,394,390	1,950.79	34,032	66,389,285	-5,105
(7) CPC (Waiver, Early Start only), 1:62 Consumers	75,322,005	2,197.06	34,032	74,770,346	-551,659
(8) CPC, Quality Assurance for ARM	1,666,547	48.25	34,032	1,642,044	-24,503
(9) Supervising Counselor, DSS Incidental Medical					
Care Regulations (1:10 CPCs)	71,253	1.36	52,392	71,253	0
(10) CPC, DSS Incidental Medical Care Regs	515,541	13.62	37,824	515,163	-378

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,061,101	40.08	52,392	2,099,871	38,770
(2) CPC	13,387,168	400.82	34,032	13,640,706	253,538

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	1,142,670	20.93	52,392	1,096,565	-46,105
(b) CPC	7,423,740	209.32	34,032	7,123,578	-300,162
(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	1,309,741	21.88	50,844	1,112,467	-197,274
(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	226,695	3.33	38,036	126,660	-100,035
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation:					
(a) Supervising Counselor	6,287	0.13	52,392	6,811	524
(b) CPC (Supplement at 1:45 Consumers)	40,838	1.34	34,032	45,603	4,765

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	388,749	7.40	52,392	387,701	-1,048
(2) QA/CPC	2,525,855	74.02	34,032	2,519,049	-6,806
(3) Nurses	1,873,239	37.01	50,478	1,868,191	-5,048

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

	\$293,658,436	7,669.41		\$291,678,437	-\$1,979,999
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Attachment A
CORE STAFFING, BY (continued)

	Governor's Budget	May Revision			
		Positions	Budgeted Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,221,241	105.82	39,887	4,220,842	-399
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	882,890	24.21	36,468	882,890	0
(5) Revenue Clerk	1,234,546	60.82	20,617	1,253,926	19,380
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	8,198,991	444.05	18,397	8,169,188	-29,803
c. Information Systems and Human Resources					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
d. Clerical Support					
(1) Office Supervisor	489,867	21.00	23,327	489,867	0
(2) PBX/Mail/File Clerk	1,378,188	63.00	21,876	1,378,188	0
(3) Executive Secretary	1,148,490	52.50	21,876	1,148,490	0
(4) MD/Psychologist Secretary II	279,019	11.06	23,388	258,671	-20,348
(5) MD/Psychologist Secretary I	4,387,232	199.83	21,876	4,371,481	-15,751
(6) Secretary II	3,913,748	166.77	23,388	3,900,417	-13,331
(7) Secretary I	19,328,526	1,023.64	18,757	19,200,415	-128,111
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848	210,834	0
e. SUBTOTAL ADMINISTRATION	\$59,616,354	2,452.32		\$59,427,991	-\$188,363
3. TOTAL POSITIONS AND SALARIES					
(Items A.1.i. + Item A.2.e.)	\$353,274,790	10,121.73		\$351,106,428	-\$2,168,362
a. CPCs	168,476,225			167,846,293	-629,932
b. All Other Staff	184,798,565			183,260,135	-1,538,430
4. Fringe Benefits					
a. CPCs 23.7%	\$39,928,865			\$39,779,571	-\$149,294
b. All Other Staff 23.7%	43,797,260			43,432,652	-364,608
c. Total Fringe Benefits	\$83,726,125			\$83,212,223	-\$513,902
5. Salary Savings					
a. CPCs 1.0%	-\$2,084,051			-\$2,076,259	\$7,792
b. All Other Staff 5.5%	-12,572,770			-12,468,103	104,667
c. Total Salary Savings	-\$14,656,821			-\$14,544,362	\$112,459
6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)	\$694,000			\$694,000	\$0
7. TOTAL PERSONAL SERVICES					
(Items A.3. + A.4. + A.5. + A.6.)	\$423,038,094			\$420,468,289	-\$2,569,805
ROUNDED	\$423,038,000	10,122.00		\$420,468,000	-\$2,570,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$39,785,000			\$39,600,000	-\$185,000
2. Rent	\$52,022,000			\$52,020,000	-\$2,000
a. Rent	55,022,000			55,020,000	
b. Elimination of Office Relocation and Modifications	-3,000,000			-3,000,000	
3. Subtotal Operating Expenses and Rent	\$91,807,000			\$91,620,000	-\$187,000
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	\$514,845,000			\$512,088,000	-\$2,757,000

Attachment B
CORE STAFFING FORMULAS

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

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

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

d. Early Intervention

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

e. Community Services

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

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

CORE STAFFING CLASSIFICATION**STAFFING FORMULA****A. PERSONAL SERVICES (continued)****1. DIRECT SERVICES (continued)****f. Special Incident Reporting (SIR)**

- | | | |
|---------------------------|--------------|--------------------------------------|
| (1) Supervising Counselor | 1.0 position | 10 CPCs in Item f. (2) below |
| (2) QA/CPC | 1.0 position | : RC plus 1: every 5,000 consumers |
| (3) Nurse | 0.5 position | : RC plus 0.5: every 5,000 consumers |

g. Mediation

- | | | |
|---------------------------|-----------|--|
| (1) Clinical Staff | 2.0 hours | : 25% of annual mediations/
1,778 hrs /FTE position |
| (2) Supervising Counselor | 4.5 hours | : mediation/1,778 hrs./FTE position |
| (3) CPC | 4.5 hours | : 50% of annual mediations/
1,778 hrs./FTE position |

h. Expansion of Autism Spectrum Disorders (ASD) Initiative

- | | | |
|--|--------------|------|
| (1) ASD Clinical Specialist
(effective January 1, 2007) | 1.0 position | : RC |
| (2) ASD Program Coordinator
(effective January 1, 2007) | 1.0 position | : RC |

2. ADMINISTRATION**a. Executive Staff**

- | | | |
|---------------------|--------------|------|
| (1) Director | 1.0 position | : RC |
| (2) Administrator | 1.0 position | : RC |
| (3) Chief Counselor | 1.0 position | : RC |

b. Fiscal

- | | | |
|--|--------------|--|
| (1) Federal Program Coordinator
(Enhancing FFP, Phase I) | 1.0 position | : RC |
| (2) Federal Compliance Specialist
(Enhancing FFP, Phase II) | 1.0 position | : 1,000 HCBS Waiver consumers |
| (3) Fiscal Manager | 1.0 position | : RC |
| (4) Program Technician II, FCPP | 0.5 position | : RC |
| | 1.0 position | : 1,778 hours of FCPP determinations |
| (5) Revenue Clerk | 1.0 position | : 400 consumers for whom RCs are
representative payee |
| (6) Account Clerk (Enhancing FFP,
Phase II) | 1.0 position | : RC |
| (7) Account Clerk | 1.0 position | : 800 total consumers |

c. Information Systems and Human Resources

- | | | |
|---|--------------|------|
| (1) Information Systems Manager | 1.0 position | : RC |
| (2) Information Systems Assistant | 1.0 position | : RC |
| (3) Information Systems Assistant,
SIR | 0.5 position | : RC |
| (4) Privacy Officer, HIPAA | 1.0 position | : RC |
| (5) Personal Computer Systems
Manager | 1.0 position | : RC |
| (6) Training Officer | 1.0 position | : RC |
| (7) Training Officer, SIR | 0.5 position | : RC |
| (8) Human Resources Manager | 1.0 position | : RC |

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

Staffing for Collection of FFP for Contracted Services (Operations)

STAFFING:			2012-13	2013-14
PERSONAL SERVICES:	<u>Positions</u>	<u>Salary</u>		
• Positions and Salaries				
Community Program Specialist I	21.00	\$42,948	\$901,908	\$901,908
Account Clerk II	21.00	29,220	613,620	613,620
Total, Positions and Salaries	42.00		\$1,515,528	\$1,515,528
• Fringe Benefits (@ 23.7%):			359,180	359,180
• Salary Savings (@ -5.5%):			-103,109	-103,109
Total Personal Services			\$1,771,599	\$1,771,599
OPERATING EXPENSES:				
• Operating Expenses:				
Professional Positions:	\$3,400	Per Position	\$71,400	\$71,400
Clerical Positions:	2,400	Per Position	50,400	50,400
• Rent Factor:	7,968	Per Position	334,656	334,656
Total Operating Expenses			\$456,456	\$456,456
TOTAL STAFFING			\$2,228,055	\$2,228,055
(Rounded)			\$2,228,000	\$2,228,000

FUNDING:

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

EXPENDITURES:

TOTAL	\$2,228,000	\$2,228,000
GF	\$1,783,000	\$1,783,000
<i>GF Match</i>	445,000	445,000
<i>GF Other</i>	1,338,000	1,338,000
Reimbursements	\$445,000	\$445,000
<i>HCBS Waiver Administration</i>	445,000	445,000

Agnews Ongoing Workload (Operations)

A.	Governor's Budget 2012-13		Updated 2012-13		2012-13 Request		Governor's Budget 2013-14		Updated 2013-14		2013-14 Over 2012-13		2013-14 Request	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
Community Placement Plan Staffing														
1. Unified Operations Costs														
a. Personal Services														
(1) Quality Assurance/Management	6.50	\$503,488	6.50	\$503,488	0.00	\$0	6.50	\$503,488	6.50	\$503,488	0.00	\$0	0.00	\$0
(2) Health Care Community Specialists	4.00	503,000	4.00	503,000	0.00	0	4.00	503,000	4.00	503,000	0.00	0	0.00	0
(3) Total Personal Services	10.50	\$1,006,488	10.50	\$1,006,488	0.00	\$0	10.50	\$1,006,488	10.50	\$1,006,488	0.00	\$0	0.00	\$0
b. Operating Expenses														
(1) Operating Expenses		\$27,718		\$27,718		\$0		\$27,718		\$27,718		\$0		\$0
(2) Rent		51,800		51,800		0		51,800		51,800		0		0
(3) Total Operating Expenses		\$79,518		\$79,518		\$0		\$79,518		\$79,518		\$0		\$0
c. Subtotal Unified Operational Costs (Rounded)		\$1,086,006		\$1,086,006		\$0		\$1,086,006		\$1,086,006		\$0		\$0
2. State Employees in the Community														
a. Personal Services	13.40	\$1,193,669	13.40	\$1,193,669	0.00	\$0	13.40	\$1,193,669	13.40	\$1,193,669	0.00	\$0	0.00	\$0
b. Operating Expenses		73,833		73,833		0		73,833		73,833		0		0
c. Total State Employees in the Community (Rounded)		\$1,267,502		\$1,267,502		\$0		\$1,267,502		\$1,267,502		\$0		\$0
3. Total CPP Staffing	13.40	\$2,354,000	13.40	\$2,354,000	0.00	\$0	13.40	\$2,354,000	13.40	\$2,354,000	0.00	\$0	0.00	\$0
B. Placement Continuation Staffing														
1. Nurse	3.00	\$356,000	3.00	\$356,000	0.00	\$0	3.00	\$356,000	3.00	\$356,000	0.00	\$0	0.00	\$0
2. Oral Health Care	3.00	236,000	3.00	236,000	0.00	0	3.00	236,000	3.00	236,000	0.00	0	0.00	0
3. Subtotal Placement Continuation Staffing	6.00	\$592,000	6.00	\$592,000	0.00	\$0	6.00	\$592,000	6.00	\$592,000	0.00	\$0	0.00	\$0
C. Total (A + B) (Rounded)	29.90	\$2,946,000	29.90	\$2,946,000	0.00	\$0	29.90	\$2,946,000	29.90	\$2,946,000	0.00	\$0	0.00	\$0

**Agnews Ongoing Workload
(Operations)**

EXPENDITURES:	Governor's	Updated	2012-13	Governor's	Updated	2013-14	2013-14
	Budget 2012-13	2012-13	Request	Budget 2013-14	2013-14	Over 2012-13	2013-14 Request
TOTAL	\$2,946,000	\$2,946,000	\$0	\$2,946,000	\$2,946,000	\$0	\$0
GF	1,518,000	1,029,000	-489,000	1,518,000	1,029,000	0	-489,000
<i>GF Match</i>	590,000	795,000	205,000	590,000	795,000	0	205,000
<i>GF Other</i>	928,000	234,000	-694,000	928,000	234,000	0	-694,000
Reimbursements	1,428,000	1,917,000	489,000	1,428,000	1,917,000	0	489,000
<i>HCBS Waiver Administration</i>	169,000	236,000	67,000	169,000	236,000	0	67,000
<i>Medicaid Administration</i>	1,259,000	1,681,000	422,000	1,259,000	1,681,000	0	422,000

Lanterman Developmental Center Closure (Operations)

	2012-13		2013-14	
	Positions	Cost	Positions	Cost
1. Personal Services				
Resource Developer	5.00	\$425,000	5.00	\$425,000
Quality Assurance/Management	3.00	255,000	3.00	255,000
Placement	5.50	467,500	5.50	467,500
Oral Health Care Consultant	8.00	624,000	8.00	624,000
Nurse Consultants	4.50	382,500	4.50	382,500
Health Care Community Specialists	8.00	1,006,000	8.00	1,006,000
Total Personal Services	34.00	\$3,160,000	34.00	\$3,160,000
2. Operating Expenses				
Operating Expenses		\$115,600		\$115,600
Rent		261,630		261,630
Total Operating Expenses		\$377,230		\$377,230
3. Grand Total (1+ 2) (Rounded)		\$3,537,230		\$3,537,230
		\$3,537,000		\$3,537,000

EXPENDITURES:

TOTAL	\$3,537,000	\$3,537,000
General Fund	\$884,000	\$884,000
<i>General Fund Match</i>	884,000	884,000
<i>General Fund Other</i>	0	0
Reimbursements	\$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		2013-14	
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> HCBS Waiver Operations costs for HCBS Waiver activities in 2012-13 and 2013-14 are based upon 6.5% of 1995-96 HCBS Waiver reimbursements of \$325,148,000. (100% GF) 	\$21,135,000	\$21,135,000	\$0	\$21,135,000	\$21,135,000	\$0	\$0
<ul style="list-style-type: none"> Compliance with HCBS Waiver Requirements Provides funding to ensure the RC system maintains compliance with the HCBS Waiver. Functions include maintaining average 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' health status; and developing and annually reviewing Waiver consumers' individual program plans and Client Developmental Evaluation Reports. See the attachment on page E-3.5 for fiscal detail. Funding: \$3,950,000 GF Match, \$3,300,000 TCM, \$1,950,000 MA. 	\$9,200,000	\$9,200,000	\$0	\$9,200,000	\$9,200,000	\$0	\$0

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<p>● Case Managers to Meet HCBS Waiver Requirements</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: 2012-13: \$5,657,000 GF Match, \$5,658,000 TCM. 2013-14: \$5,923,000 GF Match, \$5,923,000 TCM.</p> <p>May Revision 2012-13: \$5,688,000 GF Match, \$5,689,000 TCM. 2013-14: \$5,934,000 GF Match, \$5,934,000 TCM.</p> <p>Change from Prior Estimate and Reason for Year-to-Year Change: Reflects increase in the number of case manager positions to meet the ratio of 62:1.</p>	\$11,315,000	\$11,377,000	\$62,000	\$11,846,000	\$11,868,000	\$491,000	\$22,000
<p>● TCM</p> <p>Operations costs for TCM activities in 2012-13 and 2013-14 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>● NHR/Pre-Admission Screening and Resident Review (PASRR)</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 Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Federal Medicaid Requirement for RC HCBS Services Pursuant to federal law and mandated by the Centers for Medicare and Medicaid Services (CMS), RC are required to gather and review business ownership, control and relationship information from current and prospective vendors. Additionally, RC are required to determine that all vendors are eligible to participate as Medicaid service providers. Furthermore, on a periodic basis, RC are 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 Services 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. 	\$984,000	\$984,000	\$0	\$984,000	\$984,000	\$0	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$47,236,000	\$47,298,000	\$62,000	\$47,767,000	\$47,789,000	\$491,000	\$22,000

Federal Compliance

EXPENDITURES:

	Governor's			Governor's		2013-14	
	Budget	Updated	2012-13	Budget	Updated	Over	2013-14
	2012-13	2012-13	Request	2013-14	2013-14	2012-13	Request
TOTAL	\$47,236,000	\$47,298,000	\$62,000	\$47,767,000	\$47,789,000	\$491,000	\$22,000
GF	\$37,186,000	\$35,867,000	-\$1,319,000	\$37,452,000	\$36,113,000	\$246,000	-\$1,339,000
<i>GF Match</i>	8,749,000	10,131,000	1,382,000	9,015,000	10,376,000	245,000	1,361,000
<i>GF Other</i>	28,437,000	25,736,000	-2,701,000	28,437,000	25,737,000	1,000	-2,700,000
Reimbursements	\$10,050,000	\$11,431,000	\$1,381,000	\$10,315,000	\$11,676,000	\$245,000	\$1,361,000
<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>	7,608,000	8,989,000	1,381,000	7,873,000	9,234,000	245,000	1,361,000

Attachment

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

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

FUNDING:

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

EXPENDITURES:

	<u>2012-13</u>	<u>2013-14</u>
TOTAL	\$9,200,000	\$9,200,000
General Fund	\$3,950,000	\$3,950,000
<i>GF Match</i>	3,950,000	3,950,000
<i>GF Other</i>	0	0
Reimbursements	\$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			2013-14	2013-14
	Budget	Updated	2012-13	Budget	Updated	Over	Request	
	2012-13	2012-13	Request	2013-14	2013-14	2012-13	Request	
A. Total Number of Budgeted HCBS Waiver-related Client Program Coordinator (CPC) Positions	1,997.18	2,008.24	11.06	2,091.05	2,094.92	86.68	3.87	
B. Case Management Coverage Factor (e.g., immediate coverage for CPC vacancies) ^{ai}	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) ^{bi}	147.79	148.61	0.82	154.74	155.02	6.41	0.29	
D. CPC Salary	\$39,606	\$39,606	\$0.00	\$39,606	\$39,606	\$0	\$0.00	
E. Total CPC Salary Expenditures (Item C x Item D)	\$5,853,423	\$5,885,838	\$32,415	\$6,128,541	\$6,139,884	\$254,046	\$11,343	
F. Supervising Counselors (at 1:10 CPCs)								
2012-13	148.61	x	1/10	=	14.86			
2013-14	155.02	x	1/10	=	15.50			
				14.78	14.86	0.08		
				15.47	15.50	0.64	0.03	
G. Supervising Counselor Salary	\$62,784	\$62,784	\$0	\$62,784	\$62,784	\$0	\$0.00	
H. Total Supervising Counselor Salary Expenditures (Item F x Item G)	\$927,948	\$932,970	\$5,022	\$971,268	\$973,152	\$0	\$1,884	
I. Secretary II (at 1:6 CPCs and Supervising Counselors)								
Enacted	147.37	+	14.74	=	162.11			
Budget	162.11	x	1/6	=	27.02			
2012-13	148.61	+	14.86	=	163.47			
2013-14	163.47	x	1/6	=	27.24			
				27.10	27.24	0.14		
	155.02	+	15.50	=	170.52			
	170.52	x	1/6	=	28.42			
				28.37	28.42	1.18	0.05	
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)	\$778,746	\$782,769	\$4,023	\$815,240	\$816,677	\$0	\$1,437	

Increase in Case Managers to Meet Federal Audit Requirements

		Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
K. Fringe Benefits								
CPC's and All Other Staff	23.7%	\$1,791,748	\$1,801,574	\$9,826	\$1,875,867	\$1,879,342	\$77,768	\$3,475
		<u>\$1,791,748</u>	<u>\$1,801,574</u>	<u>\$9,826</u>	<u>\$1,875,867</u>	<u>\$1,879,342</u>	<u>\$77,768</u>	<u>\$3,475</u>
L. Salary Savings								
CPCs	1.0%	-\$72,407	-\$72,808	-401	-\$75,810	-\$75,950	-\$3,143	-140
All Other Staff	5.5%	-116,115	-116,730	-615	-121,545	-121,771	-5,041	-226
		<u>-188,522</u>	<u>-189,538</u>	<u>-1,016</u>	<u>-197,355</u>	<u>-197,721</u>	<u>-8,183</u>	<u>-366</u>
M. Total Personal Services (Item E + Item G + Item J + Item I + Item K)		\$9,163,343	\$9,213,613	\$50,270	\$9,593,560	\$9,611,334	\$323,631	\$17,773
N. Operating Expenses								
Professional Positions	\$3,400	\$552,742	\$555,797	\$3,055	\$578,706	\$579,782	\$23,985	\$1,076
Clerical Positions	\$2,400	65,040	65,376	336	68,088	68,208	2,832	120
Rent	\$8,086	1,533,682	1,542,079	8,397	1,605,699	1,608,662	66,583	2,963
Total Operating Expenses		<u>\$2,151,464</u>	<u>\$2,163,252</u>	<u>\$11,788</u>	<u>\$2,252,493</u>	<u>\$2,256,652</u>	<u>\$93,400</u>	<u>\$4,159</u>
O. Total Costs (Item L + Item M)		\$11,314,807	\$11,376,865	62,058	\$11,846,053	\$11,867,986	\$491,121	21,932
Rounded		<u>\$11,315,000</u>	<u>\$11,377,000</u>	<u>\$62,000</u>	<u>\$11,846,000</u>	<u>\$11,868,000</u>	<u>\$491,000</u>	<u>\$22,000</u>
	TOTAL	\$11,315,000	\$11,377,000	\$62,000	\$11,846,000	\$11,868,000	\$491,000	\$22,000
	General Fund (GF)	\$5,657,000	\$5,688,000	\$31,000	\$5,923,000	\$5,934,000	\$246,000	\$11,000
	GF Match	5,657,000	5,688,000	31,000	5,923,000	5,934,000	246,000	11,000
	GF Other	0	0	0	0	0	0	0
	Reimbursements	\$5,658,000	\$5,689,000	\$31,000	\$5,923,000	\$5,934,000	\$245,000	11,000
	Targeted Case Management	5,658,000	5,689,000	31,000	5,923,000	5,934,000	245,000	11,000

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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
ASSUMPTIONS/METHODOLOGY:							
<ul style="list-style-type: none"> ● Information Technology Costs <ul style="list-style-type: none"> ● RC Application Support ● Data Processing 100% General Fund (GF) 	\$2,917,000	\$2,917,000	\$0	\$2,917,000	\$2,917,000	\$0	\$0
	<i>1,567,000</i>	<i>1,567,000</i>	<i>0</i>	<i>1,667,000</i>	<i>1,567,000</i>	<i>0</i>	<i>-100,000</i>
	<i>1,350,000</i>	<i>1,350,000</i>	<i>0</i>	<i>1,250,000</i>	<i>1,350,000</i>	<i>0</i>	<i>100,000</i>
<ul style="list-style-type: none"> ● Clients' Rights Advocacy <p>The Department of Developmental Services (DDS) contracts with Disability Rights California for clients' rights advocacy services for RC consumers. 44% of costs are eligible for Home and Community-Based Services (HCBS) Waiver Administration: 50% GF Match/50% federal financial participation (FFP).</p>	\$5,371,000	\$5,371,000	\$0	\$5,564,000	\$5,564,000	\$193,000	\$0
<ul style="list-style-type: none"> ● Quality Assessment Contract <p>Assembly Bill (AB) X4 9, Welfare and Institutions Code (WIC) 4571 consolidated 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. 44% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP.</p>	\$2,992,000	\$2,992,000	\$0	\$2,992,000	\$2,992,000	\$0	\$0

Projects

METHODOLOGY (continued):	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
	<ul style="list-style-type: none"> Direct Support Professional Training WIC Section 4695.2, Statutes of 1998, mandates all direct support service professionals working in licensed community care facilities to complete two 35-hour competency-based training courses or pass challenge tests within the first two years of employment. DDS contracts with the Department of Education which in turn administers the training through the Regional Occupational Centers and Programs. 89% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. 	\$2,590,000	\$2,590,000	\$0	\$2,590,000	\$2,590,000	\$0
<ul style="list-style-type: none"> Office of Administrative Hearings Federal law requires DDS to have a process to adjudicate disputes involving Medicaid beneficiaries; both the fair hearing and mediation processes satisfy this requirement. DDS contracts with the Office of Administrative Hearings to: (1) conduct fair hearings to resolve conflicts between RC and their consumers. Section 4700 et seq. of the Lanterman Act provides mediation as a potential option to consumers whose services are proposed to be terminated, reduced, or suspended, and (2) provide mediation services. 44% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. 	\$2,910,000	\$2,910,000	\$0	\$2,910,000	\$2,910,000	\$0	\$0

Projects

METHODOLOGY (continued):	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Wellness Projects WIC Sections 4696 and 4646.5 contain requirements that are fulfilled through the Wellness Initiative. Project priorities are determined annually by a selection committee comprised of legislative staff, advocacy groups, consumers, RC representatives and the Community Services and Supports Division within DDS. The types of projects generally fall into the following categories: health professional training programs, medication reviews, health assessments, specialty clinics, telemedicine, resource development for persons with a dual diagnosis, training programs for parents and consumers, and dental health programs and services. (100% GF) 	\$100,000	\$100,000	\$0	\$100,000	\$100,000	\$0	\$0
<ul style="list-style-type: none"> Foster Grandparent/Senior Companion (FG/SC) 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. CY 2012-13: \$597,000 FG/SC, \$1,142,000 GF BY 2013-14: \$642,000 FG/SC, \$1,138,000 GF 	\$1,739,000	\$1,739,000	\$0	\$1,739,000	\$1,739,000	\$0	\$0
<ul style="list-style-type: none"> Special Incident Reporting/Risk Assessment DDS contracts for the services of an independent specialized risk-assessment and mitigation contractor, possessing a multidisciplinary capacity, to conduct key activities such as data analysis, training, mortality reviews, site reviews, and to provide services related to protecting the health, safety and well-being of consumers. 44% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. 	\$807,000	\$807,000	\$0	\$807,000	\$807,000	\$0	\$0

Projects

METHODOLOGY (continued):	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> ● Increased Access to Mental Health Services <ul style="list-style-type: none"> ● Regional Best Practice Training ● RC Technical Assistance and Liaison Support 	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0
100% Mental Health Services Fund (MHSF)							
<ul style="list-style-type: none"> ● Sherry S. Court Case 	\$321,000	\$321,000	\$0	\$321,000	\$301,000	-\$20,000	-\$20,000
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)							
<ul style="list-style-type: none"> ● 2003-04 FFP Enhancement, Phase II 	\$500,000	\$500,000	\$0	\$500,000	\$500,000	\$0	\$0
These costs are associated with legal support for federal program activities. (100% GF)							
<ul style="list-style-type: none"> ● University Enterprises, Inc. 	\$113,000	\$113,000	\$0	\$113,000	\$113,000	\$0	\$0
DDS contracts with University Enterprises, Inc. for statistical forecasting assistance in estimating RC costs. (100% GF)							

Projects

METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Affordable Housing In 1994, pursuant to the court decision commonly referred to as the Coffelt Settlement Agreement, funds were allocated to create affordable housing for persons with developmental disabilities. Funding was allocated on a per capita basis to four geographic regions throughout California to provide affordable housing to very low-income individuals receiving services from the RC. Annual loan forgiveness for the term of twenty years was stipulated to occur based on each project's compliance with the Standard and Regulatory Agreement. Fiscal review and site monitoring activities are required annually. Technical assistance on additional housing-related issues is obtained through an interagency agreement with the Department of Housing and Community Development as needed. (100% GF) 	\$94,000	\$94,000	\$0	\$94,000	\$94,000	\$0	\$0
<ul style="list-style-type: none"> Review of Senate Bill (SB) 1175 Housing Proposals Chapter 617, Statutes of 2008, (SB 1175) permits DDS to approve RC housing proposals for consumers with special health care needs. This legislation requires a nonrefundable fee to be paid by housing developers to reimburse DDS' costs for review and approval of the proposals. Developmental Disabilities Services Account (DDSA) 100%. 	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0
<ul style="list-style-type: none"> Extension of Denti-Cal Infrastructure for RC Funded Dental This project allows the 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). 	\$1,197,000	\$1,197,000	\$0	\$1,197,000	\$1,197,000	\$0	\$0

Projects

METHODOLOGY (continued):	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Homeland Security Grant Program (HSGP) The RC portion of the HSGP award will fund projects at specific RC's that will include such things as equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events. (100% Homeland Security Grant) 	\$57,000	\$57,000	\$0	\$391,000	\$391,000	\$334,000	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$22,598,000	\$22,598,000	\$0	\$23,125,000	\$23,105,000	\$507,000	-\$20,000

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in 2013-14 over 2012-13 reflects updated estimate of regional center cost for processing Hop actions (Sherry S. Court Case) for regional center consumers.

Projects

EXPENDITURES:	Governor's			Governor's			2013-14	2013-14
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	Request	
TOTAL	\$22,598,000	\$22,598,000	\$0	\$23,125,000	\$23,105,000	\$507,000	-\$20,000	
GF	\$16,973,000	\$17,243,000	\$270,000	\$17,166,000	\$17,366,000	\$123,000	\$200,000	
<i>GF Match</i>	4,079,000	3,809,000	-270,000	4,079,000	3,860,000	51,000	-219,000	
<i>GF Other</i>	12,894,000	13,434,000	540,000	13,087,000	13,506,000	72,000	419,000	
Reimbursements	\$4,138,000	\$3,868,000	-\$270,000	\$4,472,000	\$4,252,000	\$384,000	-\$220,000	
<i>HCBS Waiver Administration</i>	4,081,000	3,811,000	-270,000	4,081,000	3,861,000	50,000	-220,000	
<i>HSGP</i>	57,000	57,000	0	391,000	391,000	334,000	0	
Developmental Disabilities Services Account	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0	
Mental Health Services Fund	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0	
Federal Funds	\$597,000	\$597,000	\$0	\$597,000	\$597,000	\$0	\$0	
<i>Foster Grandparent Program</i>	597,000	597,000	0	597,000	597,000	0	0	

Intermediate Care Facility-Developmentally Disabled Administrative Fees

DESCRIPTION:

To realize the federal financial participation (FFP) associated with the Intermediate Care Facility-Developmentally Disabled (ICF-DD), 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.

2012-13: Total billing costs are \$1.7 million for RC administration .

- POS costs for day treatment and transportation for 2012-13 totals \$112.6 million. RC administration costs are 1.5% of the total or \$1.7 million.

2013-14: Total billing costs are \$1.8 million for RC administration.

- POS costs for day treatment and transportation for 2012-13 totals \$118.1 million. RC administration costs are 1.5% of the total or \$1.8 million.

FUNDING:

The Federal Medical Assistance Percentages establishes the Federal Financial Participation (FFP) for expenditures associated with Operations, which is 50 percent for 2012-13 and 2013-14.

CHANGE FROM PRIOR ESTIMATE:

Updated Purchase of Services (POS) for day treatment and transportation services for residents of ICF-DD's.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$1,631,000	\$1,664,000	\$33,000	\$1,669,000	\$1,745,000	\$81,000	\$76,000
General Fund	815,000	832,000	17,000	834,000	872,000	40,000	38,000
<i>General Fund Match</i>	<i>815,000</i>	<i>832,000</i>	<i>17,000</i>	<i>834,000</i>	<i>872,000</i>	<i>40,000</i>	<i>38,000</i>
Reimbursements	816,000	832,000	16,000	835,000	873,000	41,000	38,000
<i>FFP (Quality Assurance Fees)</i>	<i>816,000</i>	<i>832,000</i>	<i>16,000</i>	<i>835,000</i>	<i>873,000</i>	<i>41,000</i>	<i>38,000</i>

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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<i>COPAYMENTS</i>	E-16
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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 vendors of 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 Consumers and Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated March 1, 2013. 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			Governor's		2013-14	
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	over 2012-13	2013-14 Request
• Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base:	\$872,084,000	\$868,696,000	-\$3,388,000	\$908,042,000	\$905,533,000	\$36,837,000	-\$2,509,000
• Updated Costs without CPP/Prior Year Estimate	880,411,000	876,998,000	-3,413,000	895,409,000	892,925,000	15,927,000	-2,484,000
• Lanterman Continuation Costs in 2012-13	4,153,000	4,153,000	0	4,153,000	4,153,000	0	0
• Additional Cost Savings and Efficiencies (Downsizing Funding)(2012-13)	-2,000,000	-2,000,000	0	-2,000,000	-2,000,000	0	0
• 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)	-10,480,000	-10,455,000	25,000	10,480,000	10,455,000	20,910,000	-25,000

Community Care Facilities

METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
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- Utilization Change/Growth:**

Total Utilization Change/Growth for 2012-13	\$25,478,000	\$26,382,000	\$904,000		<i>In Base</i>	<i>In Base</i>	
Total Utilization Change/Growth for 2013-14				\$26,194,000	\$27,123,000	\$741,000	\$929,000

- Caseload Growth**

<i>Estimate for 2012-13</i>	<i>7,194,000</i>	<i>7,209,000</i>	<i>15,000</i>				
<i>Estimate for 2013-14</i>				<i>7,401,000</i>	<i>7,379,000</i>	<i>170,000</i>	<i>-22,000</i>

The 2012-13 and 2013-14 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the payment reduction, and implementation of cost containment measures.

Estimated Caseload Growth:

Enacted Budget	4,941 Person Months
Est. for 2012-13:	2,411 Person Months
Est. for 2013-14:	2,431 Person Months

- Average Cost Increase:**

<i>Estimate for 2012-13</i>	<i>18,284,000</i>	<i>19,173,000</i>	<i>889,000</i>				
<i>Estimate for 2013-14</i>				<i>18,793,000</i>	<i>19,744,000</i>	<i>571,000</i>	<i>951,000</i>

Reflects the costs of consumers needing higher levels of CCF care than in the past.

Community Care Facilities

METHODOLOGY (continued):	Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
• Subtotal Base, Growth and Payment Reduction	\$897,562,000	\$895,078,000	-\$2,484,000	\$934,236,000	\$932,656,000	\$37,578,000	-\$1,580,000
• CPP: See CPP methodology for detail.	\$20,376,000	\$19,436,000	-\$940,000	\$20,587,000	\$19,515,000	\$79,000	-\$1,072,000
• SSI/SSP Increases Effective January 1, 2013 The SSI/SSP rate is estimated to increase from \$982 to \$986 January 2013	-\$3,351,000	-\$3,351,000	\$0	-\$3,351,000	-\$3,351,000	\$0	\$0
• TOTAL EXPENDITURES	\$914,587,000	\$911,163,000	-\$3,424,000	\$951,472,000	\$948,820,000	\$37,657,000	-\$2,652,000

Community Care Facilities

FUNDING:

CCF expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, 1915 (i) State Plan Amendment (SPA), and the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), and Money Follows the Person. Based on actual 2011-12 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.

	Budget	Updated	2012-13	Governor's	Updated	2013-14	2013-14
	2012-13	2012-13	Request	Budget	2013-14	over	2013-14
				2013-14		2012-13	Request
EXPENDITURES:							
TOTAL	\$914,587,000	\$911,163,000	-\$3,424,000	\$951,472,000	\$948,820,000	\$37,657,000	-\$2,652,000
GF	\$496,698,000	\$487,926,000	-\$8,772,000	\$519,269,000	\$511,227,000	\$23,301,000	-\$8,042,000
<i>GF Match</i>	402,272,000	407,619,000	5,347,000	416,584,000	421,976,000	14,357,000	5,392,000
<i>GF Other</i>	94,426,000	80,307,000	-14,119,000	102,685,000	89,251,000	8,944,000	-13,434,000
Reimbursements	\$417,889,000	\$423,237,000	\$5,348,000	\$432,203,000	\$437,593,000	\$14,356,000	\$5,390,000
<i>HCBS Waiver</i>	371,807,000	379,623,000	7,816,000	384,871,000	393,001,000	13,378,000	8,130,000
<i>1915 (i) SPA</i>	27,643,000	25,175,000	-2,468,000	28,893,000	26,153,000	978,000	-2,740,000
<i>Title XX TANF</i>	9,975,000	9,975,000	0	9,975,000	9,975,000	0	0
<i>Money Follows the Person</i>	8,464,000	8,464,000	0	8,464,000	8,464,000	0	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) 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 the 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 (Continuous Nursing Care).

ASSUMPTIONS:

- Assumptions regarding caseload and facility growth for 2012-13 and 2013-14 assumptions are based on the 2013 Regional Center Spring Survey with updated assumptions.
- The daily rates for 4 to 6 bed ICFs for 2012-13 and 2013-14 are provided by the DHCS and are effective August 1, 2011, as follows: \$188.19 for DD-Hs, \$214.50 for DD-Ns, \$425.92 for ventilator Dependent DD/CNC and \$385.42 for Non-ventilator dependent.
- Estimated New Consumers:

	Enacted Budget	2012-13	2013-14
DD-H	54	42	80
DD-N	72	43	70
DD/CNC	0	0	0

- For 2012-13 and 2013-14 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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> Updated Costs without CPP/Prior Year Estimate Redesign Services for Individuals with Challenging Service Needs Additional Cost Savings and Efficiencies (Gap Funding)(2012-13) 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14) 	\$25,907,000	\$25,796,000	-\$111,000	\$26,399,000	\$26,205,000	\$409,000	-\$194,000
Updated Costs without CPP/Prior Year Estimate	34,589,000	34,475,000	-114,000	34,463,000	34,272,000	-203,000	-191,000
Redesign Services for Individuals with Challenging Service Needs	-8,073,000	-8,073,000	0	-8,073,000	-8,073,000	0	0
Additional Cost Savings and Efficiencies (Gap Funding)(2012-13)	-300,000	-300,000	0	-300,000	-300,000	0	0
1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)	-309,000	-306,000	3,000	309,000	306,000	612,000	-3,000

Medical Facilities

METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Utilization Change/Growth: 							
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Utilization Change/Growth for 2012-13 	\$183,000	\$103,000	-\$80,000	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Utilization Change/Growth for 2013-14 				\$183,000	\$190,000	\$87,000	\$7,000
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> It is assumed that in 2012-13 and 2013-14 that 2.0 percent of the persons in medical facilities will not be funded by Medi-Cal; therefore, regional centers will pay their Medical Facility costs. 							
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$26,090,000	\$25,899,000	-\$191,000	\$26,582,000	\$26,395,000	\$496,000	-\$187,000
<ul style="list-style-type: none"> Gap Resource Development (New Facilities) 	\$722,000	\$337,000	-\$385,000	\$722,000	\$337,000	\$0	-\$385,000
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Gap is the time period between licensure and certification of small health facilities when Medi-Cal does not cover any person's facility costs. 							
<ul style="list-style-type: none"> <ul style="list-style-type: none"> In 2012-13 and 2013-14 it is assumed that 3 DD-H facilities will need gap funding for 2 consumers each for not more than 60 days, and 7 DD-N facilities will need gap funding for 2 consumers each for not more than 60 days. 							

Medical Facilities

METHODOLOGY (continued):	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• CPP	\$161,000	\$157,000	-\$4,000	\$157,000	\$164,000	\$7,000	\$7,000
• TOTAL EXPENDITURES	\$26,973,000	\$26,393,000	-\$580,000	\$27,461,000	\$26,896,000	\$503,000	-\$565,000

FUNDING:

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

EXPENDITURES:

TOTAL	\$26,973,000	\$26,393,000	-\$580,000	\$27,461,000	\$26,896,000	\$503,000	-\$565,000
GF	26,973,000	26,393,000	-580,000	27,461,000	26,896,000	503,000	-565,000
<i>GF Other</i>	26,973,000	26,393,000	-580,000	27,461,000	26,896,000	503,000	-565,000

Day Programs

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC) Section 4648, among others, of the Lanterman Act, regional centers (RCs) contract with vendors to provide services and supports to all qualified RC consumers. 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 March 1, 2013. Data was adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base:	\$770,336,000	\$778,831,000	\$8,495,000	\$814,017,000	\$820,737,000	\$41,906,000	\$6,720,000
• Updated Costs without CPP/Prior Year Estimate	779,570,000	788,176,000	8,606,000	804,783,000	823,562,000	35,386,000	18,779,000
• Cost Containment Measures, Assembly Bill 104, Ch 37, Statutes of 2011	0	0	0	0	-12,170,000	-12,170,000	-12,170,000
• 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)	-9,234,000	-9,345,000	-111,000	9,234,000	9,345,000	18,690,000	111,000

Day Programs

METHODOLOGY (continued):	Governor's			Governor's		2013-14	
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Utilization Change/Growth: Total Utilization Change/Growth for 2012-13 Total Utilization Change/Growth for 2013-14 <ul style="list-style-type: none"> Caseload Growth <p><i>Estimate for 2012-13</i></p> <p><i>Estimate for 2013-14</i></p> <p>The 2012-13 and 2013-14 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, and implementation of cost containment measures.</p> <p>Estimated Caseload Growth:</p> <p>Enacted Budget: 19,184 Person Months</p> <p>Est. for 2012-13 : 28,477 Person Months</p> <p>Est. for 2013-14 : 29,502 Person Months</p> Average Cost Increase: <p><i>Estimate for 2012-13</i></p> <p><i>Estimate for 2013-14</i></p> <p>Reflects the cost of new community-based day programs</p> 	\$31,582,000	\$32,561,000	\$979,000				
				\$32,317,000	\$34,151,000	\$1,590,000	\$1,834,000
	29,960,000	30,939,000	979,000				
				30,717,000	32,551,000	1,612,000	1,834,000
	1,622,000	1,622,000	0				
				1,600,000	1,600,000	-22,000	0

Day Programs

METHODOLOGY (continued):	Governor's			Governor's		2013-14	
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	2013-14 Request
• Subtotal Base and Growth	\$801,918,000	\$811,392,000	\$9,474,000	\$846,334,000	\$854,888,000	\$43,496,000	\$8,554,000
• CPP: See CPP methodology for detail.	\$3,886,000	\$3,788,000	-\$98,000	\$3,785,000	\$3,952,000	\$164,000	\$167,000
• TOTAL EXPENDITURES:	\$805,804,000	\$815,180,000	\$9,376,000	\$850,119,000	\$858,840,000	\$43,660,000	\$8,721,000

FUNDING:

Day Program expenditures are funded by the General Fund (GF), Intermediate Care Facility-Developmentally Disabled (ICF-DD), 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 2011-12 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 eligible amount is 50 percent FFP. The State GF portion is that which is non-FFP.

Day Programs

METHODOLOGY (continued):

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$805,804,000	\$815,180,000	\$9,376,000	\$850,119,000	\$858,840,000	\$43,660,000	\$8,721,000
GF	\$419,108,000	\$422,426,000	\$3,318,000	\$447,447,000	\$452,933,000	\$30,507,000	\$5,486,000
<i>GF Match</i>	316,434,000	324,444,000	8,010,000	332,409,000	340,084,000	15,640,000	7,675,000
<i>GF Other</i>	102,674,000	97,982,000	-4,692,000	115,038,000	112,849,000	14,867,000	-2,189,000
Reimbursements	\$368,923,000	\$374,981,000	\$6,058,000	\$384,899,000	\$388,483,000	\$13,502,000	\$3,584,000
<i>HCBS Waiver</i>	227,354,000	232,132,000	4,778,000	235,343,000	240,313,000	8,181,000	4,970,000
<i>1915 (j) SPA</i>	38,910,000	39,581,000	671,000	40,670,000	41,122,000	1,541,000	452,000
<i>Title XX Social Services</i>	50,970,000	49,020,000	-1,950,000	50,970,000	46,880,000	-2,140,000	-4,090,000
<i>Title XX TANF</i>	1,518,000	1,518,000	0	1,518,000	1,518,000	0	0
<i>ICF-DD</i>	40,355,000	41,671,000	1,316,000	42,592,000	43,905,000	2,234,000	1,313,000
<i>EPSDT</i>	9,816,000	11,059,000	1,243,000	13,806,000	14,745,000	3,686,000	939,000
Federal Funds	\$17,773,000	\$17,773,000	\$0	\$17,773,000	\$17,424,000	-\$349,000	-\$349,000
<i>Early Start Grant</i>	17,773,000	17,773,000	0	17,773,000	17,424,000	-349,000	-349,000

Habilitation

DESCRIPTION:

Pursuant to Welfare and Institution Code (WIC) Section 2, Chapter 13 (commencing with Section 4850) of Division 4.5 , these services currently are provided chiefly by the regional 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 (individual or group) 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 October 1, 2012. Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Base: Actual 2011-12 expenditures were used to develop the 2012-13 base. For the 2013-14, the prior year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</i> 	\$139,983,000	\$140,035,000	\$52,000	\$145,280,000	\$140,292,000	\$257,000	-\$4,988,000
	140,599,000	140,652,000	53,000	144,664,000	139,675,000	-977,000	-4,989,000
	-616,000	-617,000	-1,000	616,000	617,000	1,234,000	1,000

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.

EXPENDITURES:	Budget	Updated	2012-13	Governor's	Updated	2013-14	2013-14
	2012-13	2012-13	Request	Budget	2013-14	Over	2013-14
				2013-14		2012-13	Request
TOTAL	\$141,971,000	\$142,708,000	\$737,000	\$147,353,000	\$143,061,000	\$353,000	-\$4,292,000
GF	\$86,821,000	\$85,313,000	-\$1,508,000	\$90,058,000	\$83,562,000	-\$1,751,000	-\$6,496,000
<i>GF Match</i>	55,147,000	57,394,000	2,247,000	57,293,000	59,497,000	2,103,000	2,204,000
<i>GF Other</i>	31,674,000	27,919,000	-3,755,000	32,765,000	24,065,000	-3,854,000	-8,700,000
Reimbursements	\$55,150,000	\$57,395,000	\$2,245,000	\$57,295,000	\$59,499,000	\$2,104,000	\$2,204,000
<i>HCBS Waiver</i>	34,561,000	35,287,000	726,000	35,774,000	36,530,000	1,243,000	756,000
<i>1915 (i) SPA</i>	20,587,000	22,106,000	1,519,000	21,519,000	22,967,000	861,000	1,448,000
<i>Title XX TANF</i>	2,000	2,000	0	2,000	2,000	0	0

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 March 1, 2013. Data were adjusted for lag based on historical data.

METHODOLOGY:	Governor's			Governor's		2013-14	2013-14
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2012-13	Updated 2013-14	Over 2012-13	
<ul style="list-style-type: none"> Base: Actual 2011-12 expenditures were used to develop the 2012-13 base. For the 2013-14, the prior year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</i> 	\$222,201,000	\$224,075,000	\$1,874,000	\$230,492,000	\$231,721,000	\$7,646,000	\$1,229,000
	<i>224,826,000</i>	<i>226,722,000</i>	<i>1,896,000</i>	<i>227,867,000</i>	<i>229,074,000</i>	<i>2,352,000</i>	<i>1,207,000</i>
	<i>-2,625,000</i>	<i>-2,647,000</i>	<i>-22,000</i>	<i>2,625,000</i>	<i>2,647,000</i>	<i>5,294,000</i>	<i>22,000</i>

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). Based on actual 2011-12 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.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$229,079,000	\$230,935,000	\$1,856,000	\$237,704,000	\$238,965,000	\$8,030,000	\$1,261,000
GF	\$126,947,000	\$126,207,000	-\$740,000	\$132,068,000	\$130,998,000	\$4,791,000	-\$1,070,000
<i>GF Match</i>	95,331,000	98,161,000	2,830,000	98,835,000	101,657,000	3,496,000	2,822,000
<i>GF Other</i>	31,616,000	28,046,000	-3,570,000	33,233,000	29,341,000	1,295,000	-3,892,000
Reimbursements	\$102,132,000	\$104,728,000	\$2,596,000	\$105,636,000	\$107,967,000	\$3,239,000	\$2,331,000
<i>HCBS Waiver</i>	71,154,000	72,650,000	1,496,000	73,654,000	75,210,000	2,560,000	1,556,000
<i>1915 (i) SPA</i>	11,617,000	11,705,000	88,000	12,143,000	12,160,000	455,000	17,000
<i>Title XX Social Services</i>	6,133,000	5,898,000	-235,000	6,133,000	5,641,000	-257,000	-492,000
<i>Title XX TANF</i>	668,000	668,000	0	668,000	668,000	0	0
<i>Vocational Rehabilitation</i>	0	0	0	0	0	0	0
<i>ICF-DD</i>	12,560,000	13,807,000	1,247,000	13,038,000	14,288,000	481,000	1,250,000

Support Services

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. 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 March 2013.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>Redesign Supported Living Assessments</i> <i>Coverage for Behavioral Health Treatment, SB 946, Statutes</i> <i>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</i> 	\$704,996,000	\$724,195,000	\$19,199,000	\$746,887,000	\$766,308,000	\$42,113,000	\$7,539,000
	746,394,000	765,815,000	19,421,000	782,284,000	789,601,000	23,786,000	7,317,000
	-7,600,000	-7,600,000	0	-7,600,000	-7,600,000	0	0
	-25,292,000	-25,292,000	0	-24,421,000	-24,421,000	871,000	0
	-8,506,000	-8,728,000	-222,000	8,506,000	8,728,000	17,456,000	222,000

Support Services

METHODOLOGY (continued):	Governor's			Governor's			2013-14	2013-14								
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	Request									
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2012-13 Total Utilization Change/Growth for 2013-14 <p>The 2012-13 and 2013-14 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the payment reduction, and implementation of cost containment measures.</p> 	\$32,514,000	\$32,514,000	0				<i>In Base</i>									
				\$34,516,000	\$34,516,000	\$2,002,000	\$0									
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$737,510,000	\$756,709,000	\$19,199,000	\$781,403,000	\$800,824,000	\$44,115,000	\$7,539,000									
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 	\$4,493,000	\$4,338,000	-\$155,000	\$4,450,000	\$4,450,000	\$112,000	\$0									
<ul style="list-style-type: none"> Independent Living Supplement <p>Based on Client Master File data as of February 1, 2013, it is estimated the following consumers will live in SL/IL arrangements. Of these totals, based on the 2013 May Revision RC Survey (March 2013), 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: 40px;"> <tr> <td>Total SL/IL Consumers</td> <td style="text-align: right;">24,110</td> <td style="text-align: right;">24,980</td> </tr> <tr> <td>Part of a Couple</td> <td style="text-align: right;">- 1,253</td> <td style="text-align: right;">- 1,301</td> </tr> <tr> <td>Individuals</td> <td style="text-align: right; border-top: 1px solid black;">22,857</td> <td style="text-align: right; border-top: 1px solid black;">23,679</td> </tr> </table>	Total SL/IL Consumers	24,110	24,980	Part of a Couple	- 1,253	- 1,301	Individuals	22,857	23,679	\$309,000	\$309,000	\$0	\$498,000	\$498,000	\$189,000	\$0
Total SL/IL Consumers	24,110	24,980														
Part of a Couple	- 1,253	- 1,301														
Individuals	22,857	23,679														
<ul style="list-style-type: none"> TOTAL EXPENDITURES 	\$742,312,000	\$761,356,000	\$19,044,000	\$786,351,000	\$805,772,000	\$44,416,000	\$19,421,000									

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 2010-11 billing data, approximately 68 percent of Support Services expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount, 50 percent in 2012-13 and 50 percent in 2013-14, is federal financial participation (FFP). The State GF portion is that which is non-FFP.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$742,312,000	\$761,356,000	\$19,044,000	\$786,351,000	\$805,772,000	\$44,416,000	\$19,421,000
GF	\$355,195,000	\$370,124,000	\$14,929,000	\$384,460,000	\$405,614,000	\$35,490,000	\$21,154,000
<i>GF Match</i>	313,649,000	320,016,000	6,367,000	328,423,000	331,422,000	11,406,000	2,999,000
<i>GF Other</i>	41,546,000	50,108,000	8,562,000	56,037,000	74,192,000	24,084,000	18,155,000
Reimbursements	\$386,616,000	\$390,731,000	\$4,115,000	\$401,390,000	\$399,666,000	\$8,935,000	-\$1,724,000
<i>HCBS Waiver</i>	278,969,000	284,832,000	5,863,000	288,770,000	294,870,000	10,038,000	6,100,000
<i>1915 (i) SPA</i>	33,367,000	35,184,000	1,817,000	34,876,000	36,553,000	1,369,000	1,677,000
<i>1915 (k) SPA</i>	1,313,000	0	-1,313,000	4,777,000	0	0	-4,777,000
<i>Title XX Social Services</i>	58,877,000	56,625,000	-2,252,000	58,877,000	54,153,000	-2,472,000	-4,724,000
<i>Title XX TANF</i>	14,090,000	14,090,000	0	14,090,000	14,090,000	0	0
Federal Funds	\$501,000	\$501,000	\$0	\$501,000	\$492,000	-\$9,000	-\$9,000
<i>Early Start Grant</i>	501,000	501,000	0	501,000	492,000	-9,000	-9,000

In Home Respite

DESCRIPTION:

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

ASSUMPTIONS:

- In-Home Respite Expenditure Data Source: Purchase of Service (POS) Claims Data file dated March 1, 2013. Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</i> 	\$190,172,000	\$191,564,000	\$1,392,000	\$197,114,000	\$198,522,000	\$6,958,000	\$1,408,000
	192,476,000	193,884,000	1,408,000	194,810,000	196,202,000	2,318,000	1,392,000
	-2,304,000	-2,320,000	-16,000	2,304,000	2,320,000	4,640,000	16,000

In Home Respite

METHODOLOGY (continued):	Governor's			Governor's		2013-14	
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	2013-14 Request
• Utilization Change/Growth:							
• Total Utilization Change/Growth for 2012-13	\$4,638,000	\$4,638,000	\$0			<i>In Base</i>	<i>In Base</i>
• Total Utilization Change/Growth for 2013-14				\$4,638,000	\$4,638,000	\$0	\$0
The 2012-13 and 2013-14 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, and implementation of cost containment measures.							
• Subtotal Base and Growth	\$194,810,000	\$196,202,000	\$1,392,000	\$201,752,000	\$203,160,000	\$6,958,000	\$1,408,000
• CPP: See CPP methodology for detail.	\$24,000	\$23,000	-\$1,000	\$23,000	\$24,000	\$1,000	\$1,000
• Financial Management Services for Participant-Directed Services	\$6,212,000	\$6,212,000	\$0	\$6,212,000	\$6,212,000	\$0	\$0
• TOTAL EXPENDITURES:	\$201,046,000	\$202,437,000	\$1,391,000	\$207,987,000	\$209,396,000	\$6,959,000	\$1,409,000

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 2011-12 billing data, approximately 64 percent percent In-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). The State General Fund portion is that which is non-FFP.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$201,046,000	\$202,437,000	\$1,391,000	\$207,987,000	\$209,396,000	\$6,959,000	\$1,409,000
GF	\$93,472,000	\$96,256,000	\$2,784,000	\$97,731,000	\$101,468,000	\$5,212,000	\$3,737,000
<i>GF Match</i>	73,423,000	72,800,000	-623,000	76,106,000	75,396,000	2,596,000	-710,000
<i>GF Other</i>	20,049,000	23,456,000	3,407,000	21,625,000	26,072,000	2,616,000	4,447,000
Reimbursements	\$107,395,000	\$106,002,000	-\$1,393,000	\$110,077,000	\$107,753,000	\$1,751,000	-\$2,324,000
<i>HCBS Waiver</i>	63,361,000	64,693,000	1,332,000	65,587,000	66,972,000	2,279,000	1,385,000
<i>1915 (i) SPA</i>	10,055,000	8,107,000	-1,948,000	10,508,000	8,423,000	316,000	-2,085,000
<i>Title XX Social Services</i>	20,102,000	19,332,000	-770,000	20,102,000	18,488,000	-844,000	-1,614,000
<i>Title XX TANF</i>	13,870,000	13,870,000	0	13,870,000	13,870,000	0	0
<i>EPSDT</i>	7,000	0	-7,000	10,000	0	0	-10,000
Federal Funds	\$179,000	\$179,000	\$0	\$179,000	\$175,000	-\$4,000	-\$4,000
<i>Early Start Grant</i>	179,000	179,000	0	179,000	175,000	-4,000	-4,000

Out of Home Respite

DESCRIPTION:

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

ASSUMPTIONS:

- Out-of-Home Respite Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated March 1, 2013.
Data were adjusted for lag based on historical data.

METHODOLOGY:

- **Base:** Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base:
 - *Updated Costs without CPP/Prior Year Estimate*
 - *1.25 Percent Payment Reduction (2012-13)/Restoration 2013-14*

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
	\$45,452,000	\$45,665,000	\$213,000	\$43,380,000	\$43,595,000	-\$2,070,000	\$215,000
	<i>45,985,000</i>	<i>46,200,000</i>	<i>215,000</i>	<i>42,847,000</i>	<i>43,060,000</i>	<i>-3,140,000</i>	<i>213,000</i>
	<i>-533,000</i>	<i>-535,000</i>	<i>-2,000</i>	<i>533,000</i>	<i>535,000</i>	<i>1,070,000</i>	<i>2,000</i>

Out of Home Respite

METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2012-13 Total Utilization Change/Growth for 2013-14 <p>The 2012-13 and 2013-14 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, and implementation of cost containment measures.</p> 							
	-\$2,605,000	-\$2,605,000	\$0			<i>In Base</i>	<i>In Base</i>
				-\$931,000	-\$931,000	\$1,674,000	\$0
<ul style="list-style-type: none"> Subtotal Base and Growth CPP: See CPP methodology for detail. Financial Management Services for Participant-Directed Services TOTAL EXPENDITURES: 	\$42,847,000	\$43,060,000	\$213,000	\$42,449,000	\$42,664,000	-\$396,000	\$215,000
	\$75,000	\$73,000	-\$2,000	\$73,000	\$76,000	\$3,000	\$3,000
	\$3,562,000	\$3,562,000	\$0	\$3,562,000	\$3,562,000	\$0	\$0
	\$46,484,000	\$46,695,000	\$211,000	\$46,084,000	\$46,302,000	-\$393,000	\$218,000

Out of Home Respite

FUNDING:

Out-of-Home Respite expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families (TANF), 1915(i) State Plan Amendment (SPA), and the Early Start Grant. Based on actual 2011-12 billing data, approximately 57 percent Out-of-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). The State General Fund portion is that which is non-FFP.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$46,484,000	\$46,695,000	\$211,000	\$46,084,000	\$46,302,000	-\$393,000	\$218,000
GF	\$23,378,000	\$23,773,000	\$395,000	\$22,423,000	\$23,013,000	-\$760,000	\$590,000
<i>GF Match</i>	15,249,000	15,230,000	-19,000	15,805,000	15,781,000	551,000	-24,000
<i>GF Other</i>	8,129,000	8,543,000	414,000	6,618,000	7,232,000	-1,311,000	614,000
Reimbursements	\$22,981,000	\$22,797,000	-\$184,000	\$23,536,000	\$23,166,000	\$369,000	-\$370,000
<i>HCBS Waiver</i>	13,327,000	13,608,000	281,000	13,795,000	14,087,000	479,000	292,000
<i>1915 (i) SPA</i>	1,922,000	1,599,000	-323,000	2,009,000	1,661,000	62,000	-348,000
<i>Title XX Social Services</i>	4,324,000	4,158,000	-166,000	4,324,000	3,977,000	-181,000	-347,000
<i>Title XX TANF</i>	3,408,000	3,408,000	0	3,408,000	3,408,000	0	0
<i>EPSDT</i>	0	24,000	24,000	0	33,000	9,000	33,000
Federal Funds	\$125,000	\$125,000	\$0	\$125,000	\$123,000	-\$2,000	-\$2,000
<i>Early Start Grant</i>	125,000	125,000	0	125,000	123,000	-2,000	-2,000

Health Care

DESCRIPTION:

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

ASSUMPTIONS:

Health Care Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated March 1, 2013.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> • Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> • <i>Updated Costs without CPP/Prior Year Estimate</i> • <i>Redesign Services for Individuals with Challenging Needs</i> • <i>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</i> 	\$82,186,000	\$84,569,000	\$2,383,000	\$86,871,000	\$89,282,000	\$4,713,000	\$2,411,000
	<i>86,806,000</i>	<i>89,217,000</i>	<i>2,411,000</i>	<i>89,505,000</i>	<i>91,888,000</i>	<i>2,671,000</i>	<i>2,383,000</i>
	<i>-3,627,000</i>	<i>-3,627,000</i>	<i>0</i>	<i>-3,627,000</i>	<i>-3,627,000</i>	<i>0</i>	<i>0</i>
	<i>-993,000</i>	<i>-1,021,000</i>	<i>-28,000</i>	<i>993,000</i>	<i>1,021,000</i>	<i>2,042,000</i>	<i>28,000</i>

Health Care

METHODOLOGY (continued):	Governor's	Updated	2012-13	Governor's	Updated	2013-14	2013-14
	Budget	2012-13	Request	Budget	2013-14	Over	2013-14
	2012-13	2012-13	Request	2013-14	2013-14	2012-13	Request
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2012-13 Total Utilization Change/Growth for 2013-14 <p>The 2012-13 and 2013-14 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, and implementation of cost containment measures.</p>	\$3,692,000	\$3,692,000	\$0			<i>In Base</i>	<i>In Base</i>
				\$3,878,000	\$3,878,000	\$186,000	\$0
<ul style="list-style-type: none"> Subtotal Base and Growth CPP: See CPP methodology for detail. Financial Management Services for Participant-Directed Services TOTAL EXPENDITURES 	\$85,878,000	\$88,261,000	\$2,383,000	\$90,749,000	\$93,160,000	\$4,899,000	\$2,411,000
	\$659,000	\$643,000	-\$16,000	\$642,000	\$671,000	\$28,000	\$29,000
	\$139,000	\$139,000	\$0	\$139,000	\$139,000	\$0	\$0
	\$86,676,000	\$89,043,000	\$2,367,000	\$91,530,000	\$93,970,000	\$4,927,000	\$2,440,000

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.

EXPENDITURES:	Governor's			Governor's		2013-14	2013-14
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	Request
TOTAL	\$86,676,000	\$89,043,000	\$2,367,000	\$91,530,000	\$93,970,000	\$4,927,000	\$2,440,000
GF	\$74,458,000	\$76,583,000	\$2,125,000	\$78,977,000	\$81,242,000	\$4,659,000	\$2,265,000
<i>GF Match</i>	8,512,000	8,754,000	242,000	8,847,000	9,075,000	321,000	228,000
<i>GF Other</i>	65,946,000	67,829,000	1,883,000	70,130,000	72,167,000	4,338,000	2,037,000
Reimbursements	\$9,464,000	\$9,706,000	\$242,000	\$9,799,000	\$10,028,000	\$322,000	\$229,000
<i>HCBS Waiver</i>	4,969,000	5,074,000	105,000	5,144,000	5,253,000	179,000	109,000
<i>1915 (i) SPA</i>	3,543,000	3,680,000	137,000	3,703,000	3,823,000	143,000	120,000
<i>Title XX TANF</i>	952,000	952,000	0	952,000	952,000	0	0
Federal Funds	\$2,754,000	\$2,754,000	\$0	\$2,754,000	\$2,700,000	-\$54,000	-\$54,000
<i>Early Start Grant</i>	2,754,000	2,754,000	0	2,754,000	2,700,000	-54,000	-54,000

Miscellaneous Services

DESCRIPTION:

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

ASSUMPTIONS:

Miscellaneous Services Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated March 1, 2013.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> Updated Costs without CPP/Prior Year Estimate 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14) Coverage for Behavioral Health Treatment, SB 946, Statutes of 2012 Cost Savings and Efficiencies (Use of Technology) 	\$349,336,000	\$359,264,000	\$9,928,000	\$364,873,000	\$374,916,000	\$15,652,000	\$10,043,000
	409,337,000	419,380,000	10,043,000	414,173,000	424,101,000	4,721,000	9,928,000
	-4,429,000	-4,544,000	-115,000	4,429,000	4,544,000	9,088,000	115,000
	-53,522,000	-53,522,000	0	-51,679,000	-51,679,000	1,843,000	0
	-2,050,000	-2,050,000	0	-2,050,000	-2,050,000	0	0

Miscellaneous Services

METHODOLOGY (continued):	Governor's	Updated	2012-13	Governor's	Updated	2013-14	2013-14
	Budget 2012-13	2012-13	Request	Budget 2013-14	2013-14	over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2012-13 Total Utilization Change/Growth for 2013-14 <p>The 2012-13 and 2013-14 utilization change/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, and implementation of cost containment measures.</p> 	\$7,857,000	\$7,857,000	\$0			<i>In Base</i>	<i>In Base</i>
				\$8,008,000	\$8,008,000	\$151,000	\$0
<ul style="list-style-type: none"> Reduce SSP to the Maintenance of Effort Floor (MOE): <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>	\$5,008,000	\$5,008,000	\$0	<i>In Base</i>	<i>In Base</i>	-\$5,008,000	\$0
<ul style="list-style-type: none"> Subtotal Base, Growth, and SSP CPP: See CPP methodology for detail. 	\$362,201,000	\$372,129,000	\$9,928,000	\$372,881,000	\$382,924,000	\$10,795,000	\$10,043,000
	\$24,358,000	\$25,596,000	\$1,238,000	\$24,338,000	\$25,164,000	-\$432,000	\$826,000
<ul style="list-style-type: none"> TOTAL EXPENDITURES 	\$386,559,000	\$397,725,000	\$11,166,000	\$397,219,000	\$408,088,000	\$10,363,000	\$10,869,000

Miscellaneous Services

FUNDING:

Miscellaneous Services expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), 1915(i) State Plan Amendment (SPA), 1915(k) SPA, the Early Start Grant, Program Development Funds, and California Children and Families First Trust Fund. Based on actual 2011-12 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.

	Governor's			Governor's			2013-14	2013-14
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	over 2012-13	Request	
EXPENDITURES:								
TOTAL	\$386,559,000	\$397,725,000	\$11,166,000	\$397,219,000	\$408,088,000	\$10,363,000	\$10,869,000	
GF	\$206,472,000	\$245,225,000	\$38,753,000	\$251,904,000	\$267,404,000	\$22,179,000	\$15,500,000	
<i>GF Match</i>	80,667,000	81,796,000	1,129,000	85,896,000	85,360,000	3,564,000	-536,000	
<i>GF Other</i>	125,805,000	163,429,000	37,624,000	166,008,000	182,044,000	18,615,000	16,036,000	
Reimbursements	\$160,838,000	\$136,679,000	-\$24,159,000	\$126,066,000	\$124,927,000	-\$11,752,000	-\$1,139,000	
<i>HCBS Waiver</i>	63,926,000	65,269,000	1,343,000	66,171,000	67,569,000	2,300,000	1,398,000	
<i>1915 (i) SPA</i>	14,160,000	14,419,000	259,000	14,801,000	14,980,000	561,000	179,000	
<i>1915 (k) SPA</i>	611,000	0	-611,000	2,223,000	0	0	-2,223,000	
<i>Title XX Social Services</i>	7,497,000	7,210,000	-287,000	7,497,000	6,895,000	-315,000	-602,000	
<i>Title XX TANF</i>	32,674,000	32,674,000	0	32,674,000	32,674,000	0	0	
<i>California First Five Commission</i>	40,000,000	15,000,000	-25,000,000	0	0	-15,000,000	0	
<i>EPSDT</i>	1,970,000	2,107,000	137,000	2,700,000	2,809,000	702,000	109,000	
Federal Funds	\$9,982,000	\$9,982,000	\$0	\$9,982,000	\$9,787,000	-\$195,000	-\$195,000	
<i>Early Start Grant</i>	9,982,000	9,982,000	0	9,982,000	9,787,000	-195,000	-195,000	
Program Development Fund	\$9,267,000	\$5,839,000	-\$3,428,000	\$9,267,000	\$5,970,000	\$131,000	-\$3,297,000	

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

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

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

2012-13 Total billing costs are \$1.7 million ICF-DD administration and \$7.2 million QAF

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2012-13 totals \$111.3 million. ICF-DD administration costs are 1.5% of the total or \$1.7 million. QAF set by DHCS are \$8.9 million.

2013-14: Total billing costs are \$1.8 million ICF-DD administration and \$7.6 million QAF.

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2013-14 totals \$117.3 million. ICF-DD administration costs are 1.5% of the total or \$1.8 million. QAF set by DHCS are \$9.4 million.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects updated Purchase of Services (POS) for day treatment and transportation services for residents of ICF-DD's.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$8,804,000	\$8,986,000	\$182,000	\$9,010,000	\$9,424,000	\$438,000	\$414,000
Reimbursements	8,804,000	8,986,000	182,000	9,010,000	9,424,000	438,000	414,000
QAF Admin Fees	4,402,000	4,493,000	91,000	4,505,000	4,712,000	219,000	207,000
Transfer from DHCS	4,402,000	4,493,000	91,000	4,505,000	4,712,000	219,000	207,000

Copayments

DESCRIPTION:

The Lanterman Developmental Disabilities Services Act (Lanterman Act) states the Legislature's intent that the Department of Developmental Services (DDS) and the regional centers are the "payers of last resort" consistent with the requirements of the Lanterman Act and the California Early Intervention Program. Welfare & Institutions Code (WIC) § 4659.10. WIC Section 4659 requires, with specified exceptions, that regional centers "identify and pursue all possible sources of funding for consumers receiving regional center services." These sources include private entities, "to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer." Third-party liability is further addressed in WIC Sections 4659.10-4659.24.

ASSUMPTIONS:

Recent legislation Senate Bill (SB) 946, Chapter 650, Statutes of 2011 required insurers and health plans to pay the costs of behavioral health treatment (BHT) for individuals with autism. BHT may be required as often as 3-5 times per week, resulting in significant copayments for families with private health insurance. The Association of Regional Center Agencies recently obtained a legal opinion concluding that, under state law, regional centers are responsible for insurance copayments and deductibles as they relate to services identified on the consumer's Individual Program Plan or Individual Family Services Plan. It is expected that some regional centers will change their practices based on this legal opinion thereby increasing expenditures in the current and budget year. The budget year amount is reduced in conjunction with proposed statute that would limit regional center funding for insurance copayments based on the family's ability to pay, as modeled after existing family participation programs for regional center services, and prohibit funding of deductibles.

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

Expenditures for 2013-14 reflect the estimated impact of proposed statute to limit the funding of health insurance copayments based on the family's ability to pay, and prohibit funding of deductibles.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
General Fund	\$15,000,000	\$15,000,000	\$0	\$9,865,000	\$9,865,000	-\$5,135,000	\$0

Table of Contents

PREVENTION PROGRAME-17

Prevention Program

DESCRIPTION:

Effective July 1, 2011, regional centers no longer added cases to the Prevention Program and instead refer eligible children to Family Resource Centers (FRCs) for Prevention Resource and Referral Services (PRRS.) Eligible children for PRRS are ages birth through 35 months, who are at substantially greater risk for a developmental disability but who are otherwise ineligible for services through the Early Start Program. Services available through FRCs include information, resources, referrals, and targeted outreach.

ASSUMPTIONS:

The estimate assumes FRCs will provide PRRS for eligible children.

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
General Fund	\$2,003,000	\$2,003,000	\$0	\$2,003,000	\$2,003,000	\$0	\$0
Prevention Program	2,003,000	2,003,000	0	2,003,000	2,003,000	0	0

Table of Contents

COMMUNITY PLACEMENT PLAN..... E-18.1 to E-18.11

Community Placement Plan

DESCRIPTION:

Community Placement Plan (CPP) efforts have been refocused in 2012-13 and 2013-14 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 - 18.11. 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. CPPs are developed through negotiations with each regional center (RC) and are based on individualized planning efforts. This estimate also reflects anticipated Assessments and Startup Purchase of Services (POS) increases due to recently enacted statutory requirements to assess and develop community resources for consumers potentially moving from DCs, Mental Health Rehabilitation Center (MHRC) and Institution for Mental Disease (IMD) ineligible for Federal Financial Participation (FFP), and out of state placements.

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

- Work with the DCs and families in identifying individuals for movement
- Facilitate transitions to the community from a DC.
- Deflect the admission of individuals to a DC, MHRCs and IMDs ineligible for FFP, and out of state services.
- 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, MHRCs and IMDs ineligible for FFP, and out of state services 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, individuals residing in a MHRC and IMDs ineligible for FFP, and in out of state services 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 who reside in the DCs, at MHRCs, or in out of state services, 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, an emergency response team, health care coordinators, nursing and oral health care coordinators.

Operating Expenses:

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

Community Placement Plan

DESCRIPTION (continued):

PURCHASE OF SERVICES:

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

ASSUMPTIONS:

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

METHODOLOGY:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 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-18.4 to E-18.10

FUNDING:

CPP expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver and Money Follows the Person (MFP) Grant. Of the HCBS Waiver eligible amount, 50 percent is (FFP). For the MFP Grant 75 percent is FFP. The State General Fund portion is that which is non-FFP.

Community Placement Plan

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$67,409,000	\$0	\$0
RC Operations	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$12,472,000	\$0	\$0
RC Purchase of Services	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$54,937,000	\$0	\$0
Community Care Facilities	20,376,000	19,436,000	-940,000	20,587,000	19,515,000	79,000	-1,072,000
Medical Facilities	161,000	157,000	-4,000	157,000	164,000	7,000	7,000
Day Programs	3,886,000	3,788,000	-98,000	3,785,000	3,952,000	164,000	167,000
Work Activity Program	0	0	0	0	0	0	0
Supported Employment Program: Group Placement	173,000	169,000	-4,000	169,000	176,000	7,000	7,000
Supported Employment Program: Individual Placement	0	0	0	0	0	0	0
Transportation	732,000	714,000	-18,000	713,000	745,000	31,000	32,000
Support Services	4,493,000	4,338,000	-155,000	4,450,000	4,450,000	112,000	0
In-Home Respite	24,000	23,000	-1,000	23,000	24,000	1,000	1,000
Out-of-Home Respite	75,000	73,000	-2,000	73,000	76,000	3,000	3,000
Health Care	659,000	643,000	-16,000	642,000	671,000	28,000	29,000
Miscellaneous Services	24,358,000	25,596,000	1,238,000	24,338,000	25,164,000	-432,000	826,000
FUND SOURCES:							
TOTAL	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$67,409,000	\$0	\$0
GF	\$43,926,000	\$44,396,000	\$470,000	\$44,878,000	\$44,725,000	\$329,000	-\$153,000
GF Match	17,650,000	17,180,000	-470,000	16,698,000	16,851,000	-329,000	153,000
GF Other	26,276,000	27,216,000	940,000	28,180,000	27,874,000	658,000	-306,000
Reimbursements	\$23,483,000	\$23,013,000	-\$470,000	\$22,531,000	\$22,684,000	-\$329,000	\$153,000
HCBS Waiver	14,733,000	14,263,000	-470,000	13,781,000	13,934,000	-329,000	153,000
MFP Grant	8,750,000	8,750,000	0	8,750,000	8,750,000	0	0

**COMMUNITY PLACEMENT PLAN
OPERATIONS AND PURCHASE OF SERVICES
2012-13 and 2013-14**

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
I. OPERATIONS	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$12,472,000	\$0	\$0
II. PURCHASE OF SERVICES							
A. Start-Up a/	\$22,075,000	\$22,600,000	\$525,000	\$22,075,000	\$22,075,000	-\$525,000	\$0
B. Assessment b/	\$1,500,000 470 consumers	\$2,232,000 668 consumers	\$732,000 198 consumers	\$1,500,000 470 consumers	\$2,292,000 718 consumers	\$60,000 50 consumers	\$792,000 248 consumers
C. Placement c/	\$23,765,000 220 *1 consumers	\$23,165,000 210 *2 consumers	-\$600,000 (10) consumers	\$23,146,000 218 *3 consumers	\$24,168,000 228 *4 consumers	\$1,003,000 18 consumers	\$1,022,000 10 consumers
D. Deflection d/	\$7,597,000 86 consumers	\$6,940,000 63 consumers	-\$657,000 -23 consumers	\$8,216,000 93 consumers	\$6,402,000 72 consumers	-\$538,000 9 consumers	-\$1,814,000 -21 consumers
E. SUBTOTAL POS	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$54,937,000	\$0	\$0
III. TOTAL CPP	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$67,409,000	0	\$0

*1 For the Governor's Budget, of the 220 consumers in placement, 110 are from LDC and 110 are from other DCs (20 placements from out-of-state and 24 from MHRC/IMD are not included since costs are reflected in the base).

*2 For the 2012-13 update, of the 210 consumers in placement, 100 are from LDC and 110 are from other DCs (20 placements from out-of-state and 24 from MHRC/IMD are not included since costs are reflected in the base).

*3 For the 2013-14 Governor's Budget, of the 218 consumers in placement, 110 are from LDC and 108 are from other DCs (20 placements from out-of-state and 24 from MHRC/IMD are not included since costs are reflected in the base).

*4 For the 2013-14 update, of the 228 consumers in placement, 120 are from LDC and 108 are from other DCs (20 placements from out-of-state and 24 from MHRC/IMD are not included since costs are reflected in the base).

a/ Based on projected increase in resource development to meet new statute requirements; delayed egress, secured perimeter, out-of-state, IMDs/MHRCs ineligible for FFP.

b/ Adjustments are based on an anticipated increase in the number of assessments to comply with new statutory assessment requirements. Current year assessment adjustment from 470 to 668 (99 LDC, 359 other DCs, 193 MHR/IMD, 26 out of state); budget year from 470 to 718 (100 LDC, 508 other DCs, 100 MHRCs/IMDs, 10 out of state).

c/ Adjustment based on transition periods and resource developments taking longer than initially estimated and updated mid-year cost data. For 2013-14, based on average cost per placement of \$106,000.

d/ Based on average deflection cost of \$88,841 per person for 2012-13 and \$88,676 for 2013-14, adjusted to reflect revised resource development projections.

COMMUNITY PLACEMENT PLANOperations
2012-13**A. STAFFING****1. PERSONAL SERVICES**

- a. Resource Development
Quality Assurance/
- b. Management
- c. Assessment
- d. Placement
- e. Crisis Services Teams

f. Total Personal Services

2. OPERATING EXPENSES

- a. Operating Expenses
- b. Rent
- c. Training, Travel, Consultants
- d. Total Operating Expenses

**3. SUBTOTAL STAFFING
(Rounded)****B. Budget Balancing Reduction 2009-10**

Reduce CPP Operations

C. Total (A+B)

	Governor's Budget 2012-13		Updated 2012-13		2012-13 Request	
	Positions	Cost	Positions	Cost	Positions	Cost
a. Resource Development Quality Assurance/	50.83	\$4,391,000	50.83	\$4,391,000	0.00	\$0
b. Management	12.51	1,213,000	12.51	1,213,000	0.00	0
c. Assessment	13.88	1,494,000	13.88	1,494,000	0.00	0
d. Placement	55.46	4,442,000	55.46	4,442,000	0.00	0
e. Crisis Services Teams	6.13	1,137,999	6.13	1,137,999	0.00	0
f. Total Personal Services	138.81	\$12,677,999	138.81	\$12,677,999	0.00	\$0
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
3. SUBTOTAL STAFFING		\$14,373,999		\$14,373,999	0.00	\$0
(Rounded)		\$14,374,000		\$14,374,000	0.00	\$0
B. Budget Balancing Reduction 2009-10						
Reduce CPP Operations		-\$1,902,000		-\$1,902,000	0.00	\$0
C. Total (A+B)		\$12,472,000		\$12,472,000	0.00	\$0

COMMUNITY PLACEMENT PLANOperations
2013-14**A. STAFFING****1. PERSONAL SERVICES**

- a. Resource Development
Quality Assurance/
- b. Management
- c. Assessment
- d. Placement
- e. Crisis Services Teams

f. Total Personal Services

2. OPERATING EXPENSES

- a. Operating Expenses
- b. Rent
- c. Training, Travel, Consultants

d. Total Operating Expenses

3. SUBTOTAL STAFFING

(Rounded)

B. Budget Balancing Reduction 2009-10

Reduce CPP Operations

C. Total (A+B)

	Governor's Budget 2013-14		Updated 2013-14		2013-14 Request	
	Positions	Cost	Positions	Cost	Positions	Cost
a. Resource Development Quality Assurance/	50.83	\$4,391,000	50.83	\$4,391,000	0.00	\$0
b. Management	12.51	1,213,000	12.51	1,213,000	0.00	0
c. Assessment	13.88	1,494,000	13.88	1,494,000	0.00	0
d. Placement	55.46	4,442,000	55.46	4,442,000	0.00	0
e. Crisis Services Teams	6.13	1,137,999	6.13	1,137,999	0.00	0
f. Total Personal Services	138.81	\$12,677,999	138.81	\$12,677,999	0.00	\$0
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
3. SUBTOTAL STAFFING		\$14,373,999		\$14,373,999	0.00	\$0
(Rounded)		\$14,374,000		\$14,374,000	0.00	\$0
B. Budget Balancing Reduction 2009-10 Reduce CPP Operations		-\$1,902,000		-\$1,902,000	0.00	\$0
C. Total (A+B)		\$12,472,000		\$12,472,000	0.00	\$0

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.	Total
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,600,000	\$22,600,000
B. Assessment	668	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,232,000	\$2,232,000
C. Placement	210	\$13,120,000	\$0	\$157,000	\$2,441,000	\$3,788,000	\$0	\$169,000	\$0	\$714,000	\$1,273,000	\$23,000	\$73,000	\$643,000	\$764,000	\$23,165,000
D. Deflection b/	63	\$6,316,000	\$0	\$0	\$624,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,940,000
E. 2013 May Revision 2012-13 TOTAL		\$19,436,000	\$0	\$157,000	\$3,065,000	\$3,788,000	\$0	\$169,000	\$0	\$714,000	\$1,273,000	\$23,000	\$73,000	\$643,000	\$25,596,000	\$54,937,000
Governor's Budget F. 2012-13 Total		\$20,376,000	\$0	\$161,000	\$3,187,000	\$3,886,000	\$0	\$173,000	\$0	\$732,000	\$1,306,000	\$24,000	\$75,000	\$659,000	\$24,358,000	\$54,937,000
G. DIFFERENCE		-\$940,000	\$0	-\$4,000	-\$122,000	-\$98,000	\$0	-\$4,000	\$0	-\$18,000	-\$33,000	-\$1,000	-\$2,000	-\$16,000	\$1,238,000	\$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
2013-14

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.	Total
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,075,000	\$22,075,000
B. Assessment	718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,292,000	\$2,292,000
C. Placement	228	\$13,689,000	\$0	\$164,000	\$2,546,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$797,000	\$24,168,000
D. Deflection b/	72	\$5,826,000	\$0	\$0	\$576,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,402,000
E. 2013 May Revision 2013-14 TOTAL		\$19,515,000	\$0	\$164,000	\$3,122,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$25,164,000	\$54,937,000
Governor's Budget F. 2013-14 Total		\$20,587,000	\$0	\$157,000	\$3,178,000	\$3,785,000	\$0	\$169,000	\$0	\$713,000	\$1,272,000	\$23,000	\$73,000	\$642,000	\$24,338,000	\$54,937,000
G. DIFFERENCE		-\$1,072,000	\$0	\$7,000	-\$56,000	\$167,000	\$0	\$7,000	\$0	\$32,000	\$56,000	\$1,000	\$3,000	\$29,000	\$826,000	\$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
2012-13

For the 2013 May Revision, Regular CPP costs are assumed to be the following.

Living Arrangement	# of Consumers	% of Total	Consumer Months	Living Arrangement			Day Programs	Habilita-tion Services	Work Activity Program	Supported Employment Program		Transpor-tation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
				CCF	Intermediate Care Facilities	Supported Living				Group	Individual							
Regular CPP																		
● Community Care Facilities (CCF) ● Residential Facilities	29	14%	246	\$1,796,000	\$0	\$0	\$672,000	\$0	\$0	\$0	\$0	\$90,000	\$303,000	\$0	\$6,000	\$23,000	\$153,000	\$3,043,000
● Specialized Residential Facilities (SRF)	139	66%	1,088	\$11,000,000	\$0	\$0	\$2,554,000	\$0	\$0	\$169,000	\$0	\$500,000	\$857,000	\$0	\$32,000	\$556,000	\$377,000	\$16,045,000
● Intermediate Care Facilities (ICF)	13	6%	64	\$0	\$157,000	\$0	\$152,000	\$0	\$0	\$0	\$0	\$19,000	\$70,000	\$0	\$9,000	\$14,000	\$83,000	\$504,000
● Supported Living Avg Cost/Consumer Mo	25	12%	164	\$0	\$0	\$2,441,000 \$14,869	\$363,000 \$2,211	\$0	\$0	\$0	\$0	\$90,000 \$548	\$42,000 \$256	\$0	\$4,000 \$24	\$49,000 \$298	\$150,000 \$914	\$3,139,000 \$19,120
● Other (Own Home, etc.)	4	2%	26	\$325,000	\$0	\$0	\$47,000	\$0	\$0	\$0	\$0	\$15,000	\$1,000	\$23,000	\$22,000	\$1,000	\$0	\$434,000
TOTAL	210	100%	1,588	\$13,121,000	\$157,000	\$2,441,000	\$3,788,000	\$0	\$0	\$169,000	\$0	\$714,000	\$1,273,000	\$23,000	\$73,000	\$643,000	\$763,000	\$23,165,000

Community Placement Plan
Purchase of Services
Cost and Service Utilization Assumptions for Placements
2013-14

For the 2013 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							
Regular CPP																		
● Community Care Facilities (CCF)																		
● Residential Facilities	32	14%	267	\$1,874,000	\$0	\$0	\$0	\$701,000	\$0	\$0	\$0	\$94,000	\$316,000	\$0	\$6,000	\$24,000	\$159,000	\$3,174,000
● Specialized Residential Facilities (SRF)	150	66%	1,182	\$11,476,000	\$0	\$0	\$0	\$2,666,000	\$0	\$176,000	\$0	\$521,000	\$894,000	\$0	\$33,000	\$580,000	\$395,000	\$16,741,000
● Intermediate Care Facilities (ICF)	14	6%	69	\$0	\$0	\$164,000	\$0	\$158,000	\$0	\$0	\$0	\$20,000	\$73,000	\$0	\$9,000	\$15,000	\$87,000	\$526,000
● Supported Living	27	12%	178	\$0	\$0	\$0	\$2,546,000	\$378,000	\$0	\$0	\$0	\$94,000	\$44,000	\$0	\$4,000	\$51,000	\$156,000	\$3,273,000
Avg Cost/Consumer Mo							\$14,285	\$2,121				\$527	\$247		\$22	\$286	\$875	\$18,363
● Other (Own Home, etc.)	5	2%	28	\$339,000	\$0	\$0	\$0	\$49,000	\$0	\$0	\$0	\$16,000	\$1,000	\$25,000	\$23,000	\$1,000	\$0	\$454,000
TOTAL	228	100%	1,724	\$13,689,000	\$0	\$164,000	\$2,546,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$25,000	\$75,000	\$671,000	\$797,000	\$24,168,000

COMMUNITY PLACEMENT PLAN
Lanterman Developmental Center Closure Share of Funds

DESCRIPTION:

CPP efforts have been refocused in 2012-13 and 2013-14 to achieve a safe and successful transition of individuals with developmental disabilities from (LDC) to the community. This chart reflects the CPP costs dedicated to the LDC closure.

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
I. OPERATIONS*	\$11,192,000	\$11,192,000	\$0	\$11,192,000	\$11,192,000	\$0	\$0
II. PURCHASE OF SERVICES							
A. Start-Up	\$15,196,000	\$15,196,000	\$0	\$7,598,000	\$7,598,000	-\$7,598,000	\$0
B. Assessment	\$650,000	\$650,000	\$0	\$0	\$0	-\$650,000	\$0
C. Placement	\$14,168,000	\$13,568,000	-\$600,000	\$15,488,000	\$16,088,000	\$2,520,000	-\$600,000
D. Deflection	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. SUBTOTAL POS (A + B + C + D)	\$30,014,000	\$29,414,000	-\$600,000	\$23,086,000	\$23,686,000	-\$5,728,000	-\$600,000
III. TOTAL CPP (I + II)	\$41,206,000	\$40,606,000	-\$600,000	\$34,278,000	\$34,878,000	-\$5,728,000	-\$600,000

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES (continued)

FUND SOURCES

General Fund	E-19.1 to 19.2
Reimbursements	
Summary Table	E-20.1 to E-20.2
Home and Community-Based Services (HCBS) Waiver	E-21.1 to E-21.6
HCBS Waiver Administration.....	E-22.1 to E-22.6
Medicaid Administration	E-23.1 to E-23.4
Targeted Case Management (TCM).....	E-24.1 to E-24.2
TCM Administration.....	E-25.1 to E-25.2
Title XX Block Grant.....	E-26.1 to E-26.3
Intermediate Care Facility-Developmentally Disabled	E-27.1 to E-27.2
Quality Assurance Fees	E-28.1 to E-28.2
1915(i) State Plan Amendment	E-29.1 to E-29.3
1915(k) Medicaid State Plan	E-30.1 to E-30.2
Money Follows the Person Grant	E-31.1 to E-31.2
Homeland Security Grant Program	E-32
California First Five Commission.....	E-33
Early Periodic Screening Diagnosis and Treatment	E-34.1 to E-34.2
Race to the Top.....	E-35
Program Development Fund/Parental Fees	E-36
Developmental Disabilities Services Account.....	E-37
Mental Health Services Fund	E-38
Federal Funds:	
<i>Early Start Grant</i>	E-39.1 to E-39.3
<i>Foster Grandparent Program</i>	E-40

General Fund

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

		Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request	
● GF Match:		\$1,516,178,000	\$1,543,149,000	\$26,971,000	\$1,579,677,000	\$1,606,100,000	\$62,951,000	\$26,423,000	
	This portion of GF is required to use as a match to reimbursements received from the Department of Health Care Services (DHCS). These reimbursements are originally funded by the federal government and passed through DHCS (the federally-recognized single state agency for Medicaid). The federal financial participation (FFP) costs are established by utilizing the Federal Medical Assistance Program (FMAP) percentages. They are as follows:								
	FMAP % of GF Match								
1	Home and Community-Based Services (HCBS) Waiver	50.00%	1,129,427,000	1,153,168,000	23,741,000	\$1,169,108,000	1,193,805,000	40,637,000	24,697,000
2	HCBS Waiver Administration	50.00%	6,405,000	6,150,000	-255,000	6,616,000	6,367,000	217,000	-249,000
3	Medicaid Administration	25.00%	3,902,000	3,765,000	-137,000	4,003,000	3,871,000	106,000	-132,000
4	Targeted Case Management (TCM)	50.00%	138,693,000	140,398,000	1,705,000	142,347,000	148,952,000	8,554,000	6,605,000
5	TCM Administration	50.00%	3,545,000	3,656,000	111,000	3,545,000	3,656,000	0	111,000
6	Intermediate Care Facility/Developmentally Disabled (ICF-DD)		52,914,000	55,478,000	2,564,000	55,630,000	58,192,000	2,714,000	2,562,000
7	Quality Assurance Fees		815,000	832,000	17,000	834,000	872,000	40,000	38,000
8	1915(i) State Plan Amendment (SPA)	50.00%	161,804,000	161,556,000	-248,000	169,122,000	167,842,000	6,286,000	-1,280,000
9	1915(k) Medicaid State Plan	50.00%	1,924,000	0	-1,924,000	7,000,000	0	0	-7,000,000
10	Money Follows the Person Grant		4,956,000	4,956,000	0	4,956,000	4,956,000	0	0
11	Early Periodic Screening Diagnosis and Treatment (EPSDT)	50.00%	11,793,000	13,190,000	1,397,000	16,516,000	17,587,000	4,397,000	1,071,000
● GF Other:		\$779,927,000	\$801,571,000	\$21,644,000	\$875,448,000	\$872,798,000	\$71,227,000	-\$2,650,000	
	These costs consist of the remainder of total regional center expenditures not included in the GF Match, Reimbursements, Program Development Fund, Developmental Disabilities Services Account, Mental Health Services Fund or Federal Funds.								

General Fund

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE AND YEAR-TO-YEAR CHANGE:

The expenditures have been updated and reflect the most current available expenditure and reimbursement data.

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• TOTAL EXPENDITURES:	\$2,296,105,000	\$2,344,720,000	\$48,615,000	\$2,455,125,000	\$2,478,898,000	\$134,178,000	\$23,773,000
Total General Fund	\$2,296,105,000	\$2,344,720,000	\$48,615,000	\$2,455,125,000	\$2,478,898,000	\$134,178,000	\$23,773,000
<i>GF Match</i>	1,516,178,000	1,543,149,000	26,971,000	1,579,677,000	1,606,100,000	62,951,000	26,423,000
<i>GF Other</i>	779,927,000	801,571,000	21,644,000	875,448,000	872,798,000	71,227,000	-2,650,000

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

REIMBURSEMENTS a/	Governor's Budget 2012-13	May Revision for 2012-13	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,258,855,000	\$2,306,336,000	\$47,481,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	1,129,428,000	1,153,168,000	23,740,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	1,129,427,000	1,153,168,000	23,741,000
B. HCBS Waiver Administration	\$12,811,000	\$18,452,000	\$5,641,000
1. Reimbursement (from DHCS) = 50%	6,406,000	12,301,000	5,895,000
2. DDS GF Match = 50% (Operations)	6,405,000	6,151,000	-254,000
C. Medicaid Administration	\$15,603,000	\$15,059,000	-\$544,000
1. Reimbursement (from DHCS) = 75%	11,701,000	11,294,000	-407,000
2. DDS GF Match = 25% (Operations)	3,902,000	3,765,000	-137,000
D. Targeted Case Management (TCM)	\$277,386,000	\$280,797,000	\$3,411,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	138,693,000	140,399,000	1,706,000
2. DDS GF Match =CY 50% and BY 50% (Operations)	138,693,000	140,398,000	1,705,000
E. Targeted Case Management Administration	\$7,090,000	\$7,312,000	\$222,000
1. Reimbursement (from DHCS) = 50%	3,545,000	3,656,000	111,000
2. DDS GF Match = 50% (Operations)	3,545,000	3,656,000	111,000
F. Title XX Block Grant	\$225,060,000	\$219,400,000	-\$5,660,000
1a. Social Services (from DSS) = 100%	147,903,000	142,243,000	-5,660,000
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
G. Intermediate Care Facility-Developmentally Disabled (ICF-DD)	\$105,829,000	\$110,956,000	\$5,127,000
1. Reimbursement (from DHCS)	52,915,000	55,478,000	2,563,000
2. DDS GF Match (Purchase of Services)	52,914,000	55,478,000	2,564,000
H. Quality Assurance Admin Fees(Transfer from DHCS)	\$10,435,000	\$10,650,000	\$215,000
1. Reimbursement (from DHCS)	9,620,000	9,818,000	198,000
2. DDS GF Match (Purchase of Services & Operations)	815,000	832,000	17,000
I. 1915(i) State Plan Amendment	\$323,608,000	\$323,112,000	-\$496,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	161,804,000	161,556,000	-248,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	161,804,000	161,556,000	-248,000
J. Money Follows the Person Grant	\$19,823,000	\$19,823,000	\$0
1. Reimbursement (from DHCS) = 100%	14,867,000	14,867,000	0
2. DDS GF Match (Operations / POS)	4,956,000	4,956,000	0
K. Homeland Security Grant	\$57,000	\$57,000	\$0
1. Reimbursement (from DHCS) = 100%	57,000	57,000	0
2. DDS GF Match (Operations)	0	0	0
L. California First Five Commission	\$40,000,000	\$15,000,000	-\$25,000,000
1. Reimbursement = 100%;	40,000,000	15,000,000	-25,000,000
2. DDS GF Match (Purchase of Services)	0	0	0
M. 1915(k) Medicaid State Plan	\$3,848,000	\$0	-\$3,848,000
1. Reimbursement (from DHCS)	1,924,000	0	-1,924,000
2. DDS GF Match (Purchase of Services)	1,924,000	0	-1,924,000
N. Race to the Top	\$286,000	\$286,000	\$0
1. Reimbursement (from DHCS)	286,000	286,000	0
2. DDS GF Match (Other Agency Costs)	0	0	0
O. Early Periodic Screening Diagnosis and Treatment	\$23,586,000	\$26,380,000	\$2,794,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	11,793,000	13,190,000	1,397,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	11,793,000	13,190,000	1,397,000
P. TOTAL	\$3,324,277,000	\$3,353,620,000	\$29,343,000
1. Reimbursements	\$1,808,099,000	\$1,810,470,000	\$2,371,000
2. Total GF Match	\$1,516,178,000	\$1,543,150,000	\$26,972,000

a/ Reimbursements are funds received via other state agencies.

Reimbursements
Summary of Reimbursements and General Fund (GF) Match
Fiscal Year 2013-14

REIMBURSEMENTS a/	Governor's Budget 2013-14	May Revision for 2013-14	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,338,217,000	\$2,387,610,000	\$49,393,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	1,169,109,000	1,193,805,000	24,696,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	1,169,108,000	1,193,805,000	24,697,000
B. HCBS Waiver Administration	\$13,232,000	\$19,101,000	\$5,869,000
1. Reimbursement (from DHCS) = 50%	6,616,000	12,734,000	6,118,000
2. DDS GF Match = 50% (Operations)	6,616,000	6,367,000	-249,000
C. Medicaid Administration	\$16,013,000	\$15,483,000	-\$530,000
1. Reimbursement (from DHCS) = 75%	12,010,000	11,612,000	-398,000
2. DDS GF Match = 25% (Operations)	4,003,000	3,871,000	-132,000
D. Targeted Case Management (TCM)	\$284,694,000	\$297,904,000	\$13,210,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	142,347,000	148,952,000	6,605,000
2. DDS GF Match =CY 50% and BY 50% (Operations)	142,347,000	148,952,000	6,605,000
E. Targeted Case Management Administration	\$7,090,000	\$7,312,000	\$222,000
1. Reimbursement (from DHCS) = 50%	3,545,000	3,656,000	111,000
2. DDS GF Match = 50% (Operations)	3,545,000	3,656,000	111,000
F. Title XX Block Grant	\$225,060,000	\$213,191,000	-\$11,869,000
1a. Social Services (from DSS) = 100%	147,903,000	136,034,000	-11,869,000
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
G. Intermediate Care Facility-Developmentally Disabled (ICF-DD)	\$111,260,000	\$116,385,000	\$5,125,000
1. Reimbursement (from DHCS)	55,630,000	58,193,000	2,563,000
2. DDS GF Match (Purchase of Services)	55,630,000	58,192,000	2,562,000
H. Quality Assurance Admin Fees(Transfer from DHCS)	\$10,679,000	\$11,169,000	\$490,000
1. Reimbursement (from DHCS)	9,845,000	10,297,000	452,000
2. DDS GF Match (Purchase of Services & Operations)	834,000	872,000	38,000
I. 1915(i) State Plan Amendment	\$338,244,000	\$335,684,000	-\$2,560,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	169,122,000	167,842,000	-1,280,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	169,122,000	167,842,000	-1,280,000
J. Money Follows the Person Grant	\$19,823,000	\$19,823,000	\$0
1. Reimbursement (from DHCS) = 100%	14,867,000	14,867,000	0
2. DDS GF Match (Operations / POS)	4,956,000	4,956,000	0
K. Homeland Security Grant	\$391,000	\$391,000	\$0
1. Reimbursement (from DHCS) = 100%	391,000	391,000	0
2. DDS GF Match (Operations)	0	0	0
L. California First Five Commission	\$0	\$0	\$0
1. Reimbursement = 100%;	0	0	0
2. DDS GF Match (Purchase of Services)	0	0	0
M. 1915(k) Medicaid State Plan	\$14,000,000	\$0	-\$14,000,000
1. Reimbursement (from DHCS)	7,000,000	0	-7,000,000
2. DDS GF Match (Purchase of Services)	7,000,000	0	-7,000,000
N. Race to the Top	\$286,000	\$286,000	\$0
1. Reimbursement (from DHCS)	286,000	286,000	0
2. DDS GF Match (Other Agency Costs)	0	0	0
O. Early Periodic Screening Diagnosis and Treatment	\$33,032,000	\$35,174,000	\$2,142,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	16,516,000	17,587,000	1,071,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	16,516,000	17,587,000	1,071,000
P. TOTAL	\$3,412,021,000	\$3,459,513,000	\$47,492,000
1. Reimbursements	\$1,832,344,000	\$1,853,413,000	\$21,069,000
2. Total GF Match	\$1,579,677,000	\$1,606,100,000	\$26,423,000

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 September 6, 2012 for the period of July 2011 through June 2012.

METHODOLOGY:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> ● Base: <ul style="list-style-type: none"> ● 2012-13 Total estimated expenditures based on 2011-12 billing data for the period of July 2011 - June 2012 ● 2013-14 Total Estimated prior-year HCBS Waiver Expenditures Less 2012-13 Community Placement Plan (CPP) Placements, Deflections, Assessments and Continuation Less Financial Management Services for Participant-Directed Services Plus SSI/SSP RC Savings Restoration of 4.25% Payment Reduction 	\$2,155,352,000 2,067,945,000	\$2,261,914,000 2,261,914,000	\$106,562,000	\$2,201,029,000 2,258,855,000	\$2,260,244,000 2,306,336,000	-\$1,670,000	\$59,215,000
<ul style="list-style-type: none"> ● Annual Growth, New RC Consumers <ul style="list-style-type: none"> ● 2012-13 <ul style="list-style-type: none"> ● 2012-13 Annual Growth Add annual growth costs in 2012-13 for 3,165 consumers who will be new to the Regional Center (RC) system and added to the HCBS Waiver (3,165 x \$17,000 (annual cost/consumer) x .54287 (phase-in factor) = \$29,209,000). ● 2011-12 Annual Growth, Continuation for RC Consumers Added in 2011-12 ● 2013-14 <ul style="list-style-type: none"> ● 2013-14 Annual Growth Add annual growth costs in 2013-14 for 2,784 consumers who will be new to the RC system and added to the HCBS Waiver in 2013-14 (2,784 x \$17,000 (annual cost/consumer) x .53529 (phase-in factor) = \$25,334,000). ● 2012-13 Annual Growth, Continuation for RC Consumers Added in 2012-13 	\$63,656,000 87,407,000	\$29,209,000 0	-\$34,447,000	\$53,844,000 -52,209,000 -8,497,000 2,880,000 0	\$39,409,000 -48,972,000 2,880,000 0	\$10,200,000	-\$14,435,000
	25,826,000	29,209,000		29,030,000	25,334,000		
	37,830,000	<i>In Base</i>					
				24,814,000	14,075,000		

Home and Community-Based Services Waiver

METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> ● Increase of Waiver Base Growth, Existing RC Consumers <ul style="list-style-type: none"> ● 2012-13 Increase of Waiver Base Growth ● 2011-12 Increase of Waiver Base Growth Continuation ● 2013-14 Increase of Waiver Base Growth ● 2013-14 Increase of Waiver Base Growth Continuation 	\$31,781,000	\$13,480,000	-\$18,301,000	\$22,799,000	\$27,075,000	\$13,595,000	\$4,276,000
<ul style="list-style-type: none"> ● 2012-13 Increase of Waiver Base Growth ● 2011-12 Increase of Waiver Base Growth Continuation ● 2013-14 Increase of Waiver Base Growth ● 2013-14 Increase of Waiver Base Growth Continuation 	<i>11,946,000</i>	<i>13,480,000</i>		<i>11,322,000</i>	<i>16,016,000</i>		
	<i>19,835,000</i>	<i>In Base</i>		<i>11,477,000</i>	<i>11,059,000</i>		
<ul style="list-style-type: none"> ● CPP The annual cost for the total number of HCBS Waiver-eligible CPP placements in each living arrangement was multiplied by the respective percent of costs eligible for HCBS Waiver for each Purchase of Services (POS) budget category. 	\$29,465,000	\$28,525,000	-\$940,000	\$27,562,000	\$27,868,000	-\$657,000	\$306,000
<ul style="list-style-type: none"> ● 2012-13 and 2013-14 Total HCBS Waiver-billable costs for 183 in 2012-13 and 190 in 2013-14 Waiver-eligible consumers: 	<i>21,108,000</i>	<i>20,297,000</i>		<i>18,620,000</i>	<i>20,149,000</i>		
<ul style="list-style-type: none"> Deflections and Assessments for 665 in 2012-13 and 719 in 2013-14. 	<i>8,357,000</i>	<i>8,228,000</i>		<i>8,942,000</i>	<i>7,719,000</i>		
<ul style="list-style-type: none"> ● Placement/Deflection Continuation: The annual estimated Placement/Deflection Continuation costs for the total number of HCBS Waiver-eligible placements in each living arrangement was multiplied by the respective percent of costs eligible for HCBS Waiver for each POS budget category. 	\$22,744,000	\$20,447,000	-\$2,297,000	\$18,791,000	\$20,297,000	-\$150,000	\$1,506,000
<ul style="list-style-type: none"> ● 2012-13 and 2013-14 Total HCBS Waiver-billable costs for 162 Waiver-eligible 	<i>22,744,000</i>	<i>20,447,000</i>		<i>18,791,000</i>	<i>20,297,000</i>		

Home and Community-Based Services Waiver

METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• Social Security Income/State Supplementary Payment (SSI/SSP) Increase/RC Savings Effective January 1, 2012	-\$2,880,000	-\$2,880,000	\$0	-\$2,880,000	-\$2,880,000	\$0	\$0
• Fiscal Management Services (FMS) for Participant-Directed Services	\$8,497,000	In Base		\$8,497,000	In Base		
• Legislative Changes	\$3,400,000	\$3,400,000	\$0	In Base	In Base		
• FFP for Large Residential Facilities(CCFs)	3,400,000	3,400,000		In Base	In Base		
• Cost Containment Measures (Assembly Bill 104, Chapter 37, Statutes of 2011)	-\$17,590,000	-\$13,079,000	\$4,511,000	-\$16,795,000	-\$8,883,000	\$4,196,000	\$7,912,000
• 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)	-\$25,370,000	-\$24,480,000	\$890,000	\$25,370,000	\$24,480,000	\$48,960,000	-\$890,000
• Redesign Services for Individuals with Challenging Needs (2012-13)	-\$10,200,000	-\$10,200,000	\$0	In Base	In Base		
• Redesign Supported Living Assessments (2012-13)		\$0	\$0	In Base	In Base		
• TOTAL EXPENDITURES	\$2,258,855,000	\$2,306,336,000	\$47,481,000	\$2,338,217,000	\$2,387,610,000	\$81,274,000	\$49,393,000
• Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%		50.00%	50.00%		
• Total Federal Financial Participation (FFP)	\$1,129,428,000	\$1,153,168,000	\$23,740,000	\$1,169,109,000	\$1,193,805,000	\$40,637,000	\$24,696,000
• General Fund (GF) Match	\$1,129,427,000	\$1,153,168,000	\$23,741,000	\$1,169,108,000	\$1,193,805,000	\$40,637,000	\$24,697,000

Home and Community-Based Services Waiver

METHODOLOGY (continued):

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, 1.25% payment reduction, updated expenditures, additional consumers added to the waiver, and restoration of the 1.25% payment reduction.

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

EXPENDITURES:	FYI Only	% of Actual				Governor's		2013-14	
	Estimated	2011-12	Governor's	Updated	2012-13	Budget	Updated	Over	2013-14
	% of Costs	Waiver	Budget	2012-13	Request	2013-14	2013-14	2012-13	Request
	Billable to	Expenditures by	2012-13	2012-13					
	HCBS Waiver	Budget Category							
Total Estimated HCBS Waiver-Billable Expenditures			\$2,258,855,000	\$2,306,336,000	\$47,481,000	\$2,338,217,000	\$2,387,610,000	\$81,274,000	\$49,393,000
<i>GF Match</i>			1,129,427,000	1,153,168,000	23,741,000	1,169,108,000	1,193,805,000	40,637,000	24,697,000
<i>FFP (from DHCS)</i>			1,129,428,000	1,153,168,000	23,740,000	1,169,109,000	1,193,805,000	40,637,000	24,696,000
<i>FMAP</i>			50.00%	50.00%		50.00%	50.00%		
Purchase of Services									
Community Care Facilities	80%	32.92%	743,615,000	759,246,000	15,631,000	769,741,000	786,002,000	26,756,000	16,261,000
<i>GF Match</i>			371,808,000	379,623,000	7,815,000	384,870,000	393,001,000	13,378,000	8,131,000
<i>FFP</i>			371,807,000	379,623,000	7,816,000	384,871,000	393,001,000	13,378,000	8,130,000
Day Programs	54%	20.13%	454,708,000	464,264,000	9,556,000	470,683,000	480,626,000	16,362,000	9,943,000
<i>GF Match</i>			227,354,000	232,132,000	4,778,000	235,340,000	240,313,000	8,181,000	4,973,000
<i>FFP</i>			227,354,000	232,132,000	4,778,000	235,343,000	240,313,000	8,181,000	4,970,000
Work Activity Program	60%	1.62%	36,593,000	37,363,000	770,000	37,879,000	38,679,000	1,316,000	800,000
<i>GF Match</i>			18,296,000	18,681,000	385,000	18,940,000	19,340,000	659,000	400,000
<i>FFP</i>			18,297,000	18,682,000	385,000	18,939,000	19,339,000	657,000	400,000
Supported Employment Placement (\$ / Group)	37%	1.24%	28,010,000	28,599,000	589,000	28,994,000	29,606,000	1,007,000	612,000
<i>GF Match</i>			14,005,000	14,300,000	295,000	14,497,000	14,803,000	503,000	306,000
<i>FFP</i>			14,005,000	14,299,000	294,000	14,497,000	14,803,000	504,000	306,000
SEP / Individual	23%	0.20%	4,518,000	4,613,000	95,000	4,676,000	4,775,000	162,000	99,000
<i>GF Match</i>			2,259,000	2,307,000	48,000	2,338,000	2,387,000	80,000	49,000
<i>FFP</i>			2,259,000	2,306,000	47,000	2,338,000	2,388,000	82,000	50,000
Transportation	59%	6.30%	142,308,000	145,299,000	2,991,000	147,308,000	150,419,000	5,120,000	3,111,000
<i>GF Match</i>			71,154,000	72,649,000	1,495,000	73,654,000	75,209,000	2,560,000	1,555,000
<i>FFP</i>			71,154,000	72,650,000	1,496,000	73,654,000	75,210,000	2,560,000	1,556,000
Support Services	70%	24.70%	557,937,000	569,665,000	11,728,000	577,540,000	589,740,000	20,075,000	12,200,000
<i>GF Match</i>			278,968,000	284,833,000	5,865,000	288,770,000	294,870,000	10,037,000	6,100,000
<i>FFP</i>			278,969,000	284,832,000	5,863,000	288,770,000	294,870,000	10,038,000	6,100,000

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

EXPENDITURES

	FYI Only Estimated % of Costs Billable to HCBS Waiver	% of Actual 2011-12 Waiver Expenditures by Budget Category	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
In-Home Respite	66%	5.61%	126,722,000	129,385,000	2,663,000	131,174,000	133,945,000	4,560,000	2,771,000
<i>GF Match</i>			63,361,000	64,692,000	1,331,000	65,587,000	66,973,000	2,281,000	1,386,000
<i>FFP</i>			63,361,000	64,693,000	1,332,000	65,587,000	66,972,000	2,279,000	1,385,000
Out-of-Home Respite	56%	1.18%	26,654,000	27,215,000	561,000	27,591,000	28,174,000	959,000	583,000
<i>GF Match</i>			13,327,000	13,607,000	280,000	13,796,000	14,087,000	480,000	291,000
<i>FFP</i>			13,327,000	13,608,000	281,000	13,795,000	14,087,000	479,000	292,000
Health Care	14%	0.44%	9,939,000	10,148,000	209,000	10,288,000	10,505,000	357,000	217,000
<i>GF Match</i>			4,970,000	5,074,000	104,000	5,144,000	5,252,000	178,000	108,000
<i>FFP</i>			4,969,000	5,074,000	105,000	5,144,000	5,253,000	179,000	109,000
Miscellaneous	30%	5.66%	127,851,000	130,539,000	2,688,000	132,343,000	135,139,000	4,600,000	2,796,000
<i>GF Match</i>			63,925,000	65,270,000	1,345,000	66,172,000	67,570,000	2,300,000	1,398,000
<i>FFP</i>			63,926,000	65,269,000	1,343,000	66,171,000	67,569,000	2,300,000	1,398,000

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 through the IA with DOE.

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
Training for DSP Staff	\$2,618,000	\$2,305,000	-\$313,000	\$2,618,000	\$2,305,000	\$0	-\$313,000

- Total Cost for DSP Training is:
 CY \$2,590,000
 BY \$2,590,000
- 89% of the consumers residing in CCFs are HCBS Waiver eligible; therefore, it is assumed that 89% of the costs are eligible for federal financial participation (FFP).
 CY \$2,590,000 x .89 = \$2,305,000
 BY \$2,590,000 x .89 = \$2,305,000
- The FFP portion of the HCBS Waiver Administration-eligible costs is 50%.
 CY \$2,305,000 x .50 = \$1,152,000
 BY \$2,305,000 x .50 = \$1,153,000
- These costs are reflected in the DSP Training estimate, under Operations, Projects.

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

Collection (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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
Staffing for Collection of FFP for Contracted Services	\$869,000	\$891,000	\$22,000	\$869,000	\$891,000	\$0	\$22,000

- Total cost of Staffing for Collection of FFP for Contracted Services is \$2,228,000.
 - 40% of the total community population is FFP eligible, therefore it is assumed that 40% of the costs are eligible for FFP.
 - Therefore 39% of the total costs would be FFP + General Fund (GF) Match.
\$2,228,000 x .40 = \$891,000.
 - The FFP portion of the HCBS Waiver Administration eligible costs is 50%.
\$891,000 x .50 = \$445,000
- These costs are reflected in the Staffing for Collection of FFP for Contracted Services 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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
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FFP Enhancement (related to 2003-04 Enhancing FFP BCP)

• Total RC Administrative Costs are \$7,510,000	\$7,627,000	\$7,510,000	-\$117,000	\$7,627,000	\$7,510,000	\$0	-\$117,000
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- 100% of costs are eligible for FFP.

- The FFP portion of total HCBS Waiver Administration eligible costs is 50%.

$\$7,510,000 \times .50 = \$3,755,000$

These costs are reflected in the 2003-04 FFP Enhancement, Phase II estimate under Operations, Projects.

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 Specialist

	\$339,000	\$471,000	\$132,000	\$339,000	\$471,000	\$0	\$132,000
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- 98% of Agnews Consumers are HCBS Waiver eligible, therefore it is assumed that 98% of these costs are eligible for FFP.

- Therefore, 98% of the costs would be \$471,000

- The FFP portion of the HCBS Waiver Administration costs is 50%.

$\$471,000 \times .50 = \$236,000$.

These costs are reflected in the Agnews Ongoing Workload

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
Federal Medicaid Requirements for RC Vended Providers	\$984,000	\$984,000	\$0	\$984,000	\$984,000	\$0	\$0
<ul style="list-style-type: none"> Total Costs \$984,000 100% of costs are eligible for FFP. The FFP portion of the HCBS Waiver Administration costs is 50%. \$984,000 x .50 = \$492,000 These costs are reflected in the Federal Medicaid Requirements for RC HCBS Services estimate under Operations, Federal 							
Office of Administrative Hearings	\$1,386,000	\$1,280,000	-\$106,000	\$1,386,000	\$1,280,000	\$0	-\$106,000
<ul style="list-style-type: none"> Total Costs: CY \$2,910,000 BY \$2,910,000 44% of costs are eligible for FFP. CY: \$2,910,000 x .44 = \$1,280,000 BY: \$2,910,000 x .44 = \$1,280,000 The FFP portion of the HCBS Waiver Administration costs is 50%. CY: \$1,280,000 x .50 = \$640,000 BY: \$1,280,000 x .50 = \$640,000 These costs are reflected in the Office of Administrative Hearings estimate under Operations, Projects. 							
Clients' Rights Advocacy	\$2,363,000	\$2,363,000	\$0	\$2,448,000	\$2,448,000	\$85,000	\$0
<ul style="list-style-type: none"> Total Costs: CY \$5,371,000 BY \$5,564,000 44% of costs are eligible for FFP. CY: \$5,371,000 x .44 = \$2,363,000 BY: \$5,564,000 x .44 = \$2,448,000 The FFP portion of the HCBS Waiver Administration costs is 50%. CY: \$2,363,000 x .50 = \$1,182,000 BY: \$2,448,000 x .50 = \$1,224,000 These costs are reflected in the Clients' Rights Advocacy estimate under Operations, Projects. 							

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
Quality Assessment Contract	\$1,423,000	\$1,316,000	-\$107,000	\$1,423,000	\$1,316,000	\$0	-\$107,000
<ul style="list-style-type: none"> • Total Costs \$2,992,000 • 44% of costs are eligible for FFP. \$2,992,000 x .44 = \$1,316,000 • The FFP portion of the HCBS Waiver Administration costs is 50%. \$1,316,000 x .50 = \$658,000 <p>These costs are reflected in the Quality Assessment Contract estimate under Operations, Projects.</p>							
Special Incident Reporting/Risk Assessment	\$370,000	\$355,000	-\$15,000	\$370,000	\$355,000	\$0	-\$15,000
<ul style="list-style-type: none"> • Total Costs \$807,000 • 44% of costs are eligible for FFP. \$807,000 x .44 = \$355,000 • The FFP portion of the HCBS Waiver Administration costs is 50%. \$355,000 x .50 = \$178,000 <p>These costs are reflected in the Special Incident Reporting/Risk Assessment estimate under Operations, Projects.</p>							
<u>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</u>	-\$168,000	-\$174,000	-\$6,000	\$168,000	\$174,000	\$348,000	\$6,000
<u>FY 2012-13 General Fund Savings Proposal</u>	-\$5,000,000	-\$5,000,000	\$0	-\$5,000,000	-\$5,000,000	\$0	\$0

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditure data and updating of 1.25% payment reduction.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated expenditure data and reflects restoration of 1.25% payment reduction.

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	2013-14	2013-14 over 2012-13	2013-14 Request
EXPENDITURES:							
TOTAL	\$12,811,000	\$12,301,000	-\$510,000	\$13,232,000	\$12,734,000	\$433,000	-\$498,000
FFP	6,406,000	6,151,000	-255,000	6,616,000	6,367,000	216,000	-249,000
GF Match	6,405,000	6,150,000	-255,000	6,616,000	6,367,000	217,000	-249,000

Medicaid Administration

DESCRIPTION:

Clinical Support Teams and Senate Bill (SB) 1038 Health Reviews (Regional Center Operations pages E-2.5, E-2.7)

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 (Regional Center Operations page E-3.5)

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) (Regional Center Operations page E-2.14)

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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
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ASSUMPTIONS:

<ul style="list-style-type: none"> The cost of conducting health reviews is based upon Regional Centers (RCs) actual cost. 							
<ul style="list-style-type: none"> Costs for Clinical Support Teams and SB 1038 Health Reviews are based on 2010-11 data collected from the RC's. <ul style="list-style-type: none"> Of the consumers receiving health reviews, 73% are Medicaid eligible; therefore, it is assumed that 73% of costs are eligible for MA reimbursement . 	\$16,387,000	\$14,657,000	-\$1,730,000	\$16,387,000	\$14,657,000	\$0	-\$1,730,000
	0.72	0.73		0.72	0.73		
Total	\$11,798,640	\$10,699,610	\$0	\$11,798,640	\$10,699,610	\$0	-\$1,099,030
Rounded	\$11,799,000	\$10,700,000		\$11,799,000	\$10,700,000	\$0	-\$1,099,000
<ul style="list-style-type: none"> The Federal Financial Participation (FFP) portion of total MA-eligible costs is 75%. <ul style="list-style-type: none"> Total Rounded 	0.75	0.75		0.75	0.75		
Total	\$8,849,250	\$8,025,000	\$0	\$8,849,250	\$8,025,000	\$0	-\$824,250
Rounded	\$8,849,000	\$8,025,000		\$8,849,000	\$8,025,000	\$0	-\$824,000
<ul style="list-style-type: none"> Staffing for Compliance with HCBS Waiver Requirements <ul style="list-style-type: none"> Total personal services and operating costs related to MA. 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		
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
<ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 75% . <ul style="list-style-type: none"> Total Rounded 	0.75	0.75		0.75	0.75		
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
<ul style="list-style-type: none"> Agnews Ongoing Workload <ul style="list-style-type: none"> Nurse Consultants <ul style="list-style-type: none"> Total personal services and operating costs related to MA. Consistent with the Community Placement Plan (CPP) assumptions, 98% of these cost are eligible for MA 	\$205,000	\$119,000	-\$86,000	\$205,000	\$119,000	\$0	-\$86,000
	0.98	0.98		0.98	0.98		
Total	\$200,900	\$116,620	-\$84,280	\$200,900	\$116,620	\$0	-\$84,280
Rounded	\$201,000	\$117,000	-\$84,000	\$201,000	\$117,000	\$0	-\$84,000
<ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 75% . <ul style="list-style-type: none"> Total Rounded 	0.75	0.75		0.75	0.75		
Total	\$150,750	\$87,750	-\$63,000	\$150,750	\$87,750	\$0	-\$63,000
Rounded	\$151,000	\$88,000	-\$63,000	\$151,000	\$88,000	\$0	-\$63,000

Medicaid Administration

METHODOLOGY: (continued)

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
• State Employees in the Community							
• Total personal services and operating costs related to MA.	\$1,268,000	\$1,609,000	\$341,000	\$1,268,000	\$1,609,000	\$0	\$341,000
• Consistent with CPP assumptions, 98% of these costs are eligible for MA	0.98	0.98		0.98	0.98		
Total	\$1,242,640	\$1,576,820	\$0	\$1,242,640	\$1,576,820	\$0	\$334,180
Rounded	\$1,243,000	\$1,577,000	\$0	\$1,243,000	\$1,577,000	\$0	\$334,000
• The FFP portion of total MA-eligible costs is 75% .	0.75	0.75		0.75	0.75		
Total	\$932,250	\$1,182,750	\$0	\$932,250	\$1,182,750	\$0	\$250,500
Rounded	\$932,000	\$1,183,000	\$0	\$932,000	\$1,183,000	\$0	\$251,000
• Dental Coordinators							
• Total personal services and operating costs related to MA.	\$240,000	\$558,000	\$318,000	\$240,000	\$558,000	\$0	\$318,000
• Consistent with the CPP assumptions, 98% of these costs are eligible for MA (\$240,000 x .98 = \$235,000).	0.98	0.98		0.98	0.98		
Total	\$235,200	\$546,840	\$311,640	\$235,200	\$546,840	\$0	\$311,640
Rounded	\$235,000	\$547,000	\$312,000	\$235,000	\$547,000	\$0	\$312,000
• The FFP portion of total MA-eligible costs is 75% (\$235,000 x .75 = \$176,000).	0.75	0.75		0.75	0.75		
Total	\$176,250	\$410,250	\$234,000	\$176,250	\$410,250	\$0	\$234,000
Rounded	\$176,000	\$410,000	\$234,000	\$176,000	\$410,000	\$0	\$234,000
• 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)							
• Total personal services and operating costs related to MA.	-\$205,000	-\$212,000	-\$7,000	\$205,000	\$212,000	\$424,000	\$7,000
• It is assumed that 100% of these costs are eligible for MA.	1.00	1.00		1.00	1.00		
Total	-\$205,000	-\$212,000	-\$7,000	\$205,000	\$212,000	\$424,000	\$7,000
Rounded	-\$205,000	-\$212,000	-\$7,000	\$205,000	\$212,000	\$424,000	\$7,000
• The FFP portion of this reduction for MA-eligible costs is 75%	0.75	0.75		0.75	0.75		
Total	-\$153,750	-\$159,000	\$0	\$153,750	\$159,000	\$318,000	\$5,250
Rounded	-\$154,000	-\$159,000	\$0	\$154,000	\$159,000	\$318,000	\$5,000

Medicaid Administration

METHODOLOGY: (continued)

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
• Target Savings of \$270,000 (2009-10)							
• Total personal services and operating costs related to MA.	-\$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% FFP and 25% General Fund (GF). These MA funds are reflected in Operations, Staffing, Compliance with HCBS Waiver Requirements estimate, and Agnews Ongoing Workload.

CHANGE FROM PRIOR ESTIMATE:

The reimbursement amounts reflect updated RC personal services expenditures and updating of 1.25% payment reduction/restoration.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	0 2013-14 Request
TOTAL	\$15,603,000	\$15,059,000	-\$544,000	\$16,013,000	\$15,483,000	\$424,000	0
FFP	11,701,000	11,294,000	-407,000	12,010,000	11,612,000	318,000	-398,000
GF Match	3,902,000	3,765,000	-137,000	4,003,000	3,871,000	106,000	-132,000

Targeted Case Management

DESCRIPTION:

The Targeted Case Management (TCM) program provides Medicaid federal matching funds for case management services provided by regional centers (RC) for specific client groups. There are approximately 164,000 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 5, 2013 for the period December 2011 - November 2012.

METHODOLOGY:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Base: TCM expenditures are based on actual TCM billable units for a 12-month period (December 2011 - November 2012) multiplied by the RC TCM rates effective July 2012 for Current Year (CY) and Budget Year (BY). 	\$278,704,000	\$282,231,000	\$3,527,000	\$278,704,000	\$291,798,000	\$9,567,000	\$13,094,000
<ul style="list-style-type: none"> RC Service Coordination Enhancement 	2,336,000	2,336,000	0	2,336,000	2,336,000	0	0
<ul style="list-style-type: none"> 1.25 Percent Payment Reduction (2012-13)/ Restoration (2013-14) 	-3,654,000	-3,770,000	-116,000	3,654,000	3,770,000	7,540,000	116,000
<ul style="list-style-type: none"> TOTAL TCM-ELIGIBLE COSTS: 	277,386,000	280,797,000	3,411,000	284,694,000	297,904,000	17,107,000	13,210,000

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, RC personnel costs, and update of 1.25% payment reduction.

REASON FOR YEAR-TO-YEAR CHANGE:

The reimbursement amounts reflect the most current billable units, TCM rates, RC personnel costs and restoration of 1.25% RC Payment Reduction.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
TOTAL	\$277,386,000	\$280,797,000	\$3,411,000	\$284,694,000	\$297,904,000	\$17,107,000	\$13,210,000
<i>FFP</i>	<i>138,693,000</i>	<i>140,399,000</i>	<i>1,706,000</i>	<i>142,347,000</i>	<i>148,952,000</i>	<i>8,553,000</i>	<i>6,605,000</i>
<i>GF Match</i>	<i>138,693,000</i>	<i>140,398,000</i>	<i>1,705,000</i>	<i>142,347,000</i>	<i>148,952,000</i>	<i>8,554,000</i>	<i>6,605,000</i>

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 164,000 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 50% FFP.
- Source of Data: Department of Developmental Services' (DDS) Fiscal Systems - California State Accounting and Reporting System.

METHODOLOGY:

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.

Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
\$7,090,000	\$7,312,000	\$222,000	\$7,090,000	\$7,312,000	\$0	\$222,000

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:

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

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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
TOTAL	\$7,090,000	\$7,312,000	\$222,000	\$7,090,000	\$7,312,000	\$0	\$222,000
<i>FFP</i>	<i>3,545,000</i>	<i>3,656,000</i>	<i>111,000</i>	<i>3,545,000</i>	<i>3,656,000</i>	0	<i>111,000</i>
<i>GF Match</i>	<i>3,545,000</i>	<i>3,656,000</i>	<i>111,000</i>	<i>3,545,000</i>	<i>3,656,000</i>	0	<i>111,000</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 individuals 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 amount is determined by the DSS.

CHANGE FROM PRIOR ESTIMATE:

Reflects federal sequester reduction

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects federal sequester reduction

EXPENDITURES:	Governor's	Updated	2012-13	Governor's	Updated	2013-14	2013-14
	Budget 2012-13	2012-13	Request	Budget 2012-13	2013-14	Over 2012-13	2013-14 Request
TOTAL TITLE XX BLOCK GRANT	\$225,060,000	\$219,400,000	-\$5,660,000	\$225,060,000	\$213,191,000	-\$6,209,000	-\$11,869,000
SOCIAL SERVICES	\$147,903,000	\$142,243,000	-\$5,660,000	\$147,903,000	\$136,034,000	-\$6,209,000	-\$11,869,000
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES							
<i>Day Programs</i>	50,970,000	49,020,000	-1,950,000	50,970,000	46,880,000	-2,140,000	-\$4,090,000
<i>Transportation</i>	6,133,000	5,898,000	-235,000	6,133,000	5,641,000	-257,000	-\$492,000
<i>Support Services</i>	58,877,000	56,625,000	-2,252,000	58,877,000	54,153,000	-2,472,000	-\$4,724,000
<i>In-Home Respite</i>	20,102,000	19,332,000	-770,000	20,102,000	18,488,000	-844,000	-\$1,614,000
<i>Out-of-Home Respite</i>	4,324,000	4,158,000	-166,000	4,324,000	3,977,000	-181,000	-\$347,000
<i>Miscellaneous Services</i>	7,497,000	7,210,000	-287,000	7,497,000	6,895,000	-315,000	-\$602,000

Title XX Block Grant

EXPENDITURES (Cont'd):	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TANF	\$77,157,000	\$77,157,000	\$0	\$77,157,000	\$77,157,000	\$0	\$0
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES							
<i>Community Care Facilities</i>	9,975,000	9,975,000	0	9,975,000	9,975,000	0	0
<i>Day Programs</i>	1,518,000	1,518,000	0	1,518,000	1,518,000	0	0
<i>Habilitation Services</i>	2,000	2,000	0	2,000	2,000	0	0
<i>Transportation</i>	668,000	668,000	0	668,000	668,000	0	0
<i>Support Services</i>	14,090,000	14,090,000	0	14,090,000	14,090,000	0	0
<i>In-Home Respite</i>	13,870,000	13,870,000	0	13,870,000	13,870,000	0	0
<i>Out-of-Home Respite</i>	3,408,000	3,408,000	0	3,408,000	3,408,000	0	0
<i>Health Care</i>	952,000	952,000	0	952,000	952,000	0	0
<i>Miscellaneous Services</i>	32,674,000	32,674,000	0	32,674,000	32,674,000	0	0

Intermediate Care Facility-Developmentally Disabled

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:

The SPA was approved April 14, 2011 retroactive to 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-DD are based on an estimate of expenditures using actual expenditures for Fiscal Year (FY) 2011-12.

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
Estimated day and transportation costs for ICF-DD residents	\$105,829,000	\$110,956,000	\$5,127,000	\$111,260,000	\$116,385,000	\$5,429,000	\$5,125,000

Intermediate Care Facility-Developmentally Disabled

FUNDING:

Funding for ICF-DDs is 50 percent Federal Financial Participation (FFP) and 50 percent General Fund (GF) for Day Treatment and Transportation Services for consumers residing in an ICF-DD. It is assumed that 76 percent of this funding is for Day Programs and the remaining 24 percent for Transportation services. This funding is reflected under Purchase of Services for Day Programs and Transportation.

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects updated Regional Center POS expenditures.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated RC POS expenditures.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$105,829,000	\$110,956,000	5,127,000	\$111,260,000	\$116,385,000	\$5,429,000	\$5,125,000
FFP	52,915,000	55,478,000	2,563,000	55,630,000	58,193,000	2,715,000	2,563,000
GF Match	52,914,000	55,478,000	2,564,000	55,630,000	58,192,000	2,714,000	2,562,000
Day Programs	\$80,710,000	\$83,342,000	\$2,632,000	\$85,184,000	\$87,809,000	\$4,467,000	\$2,625,000
FFP	40,355,000	41,671,000	1,316,000	42,592,000	43,905,000	2,234,000	1,313,000
GF Match	40,355,000	41,671,000	1,316,000	42,592,000	43,904,000	2,233,000	1,312,000
Transportation	\$25,119,000	\$27,614,000	\$2,495,000	\$26,076,000	\$28,576,000	\$962,000	\$2,500,000
FFP	12,560,000	13,807,000	1,247,000	13,038,000	14,288,000	481,000	1,250,000
GF Match	12,559,000	13,807,000	1,248,000	13,038,000	14,288,000	481,000	1,250,000

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

DESCRIPTION:

To realize the federal financial participation (FFP) associated with the Intermediate Care Facility-Developmentally Disabled (ICF-DD), 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:

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

2012-13: Total billing costs: \$1.7million for RC administration, \$1.7 million for ICF-DD administration, and \$7.2 million QAF.

- POS costs for day treatment and transportation for 2012-13 totals \$111.3 million. RC and ICF-DD administration costs are each 1.5%. QAF set by DHCS are \$8.96 million.

2013-14: Total billing costs: \$1.8 million for RC administration, \$1.8 million for ICF-DD administration, and \$7.6 million QAF.

- POS costs for day treatment and transportation for 2013-14 totals \$117.3 million. RC and ICF-DD administration costs are each 1.5%. QAF set by DHCS are \$9.4 million.

FUNDING:

Funding for RC Administration fees is 50% FFP and 50% GF and are reflected in ICF-DD Administration Fee in Operations, page E-4.8. QAF is 100% FFP with the GF Match in DHCS Budget, and are reflected in POS, page E-15.

CHANGE FROM PRIOR ESTIMATE:

This estimate reflects the most current available expenditure data.

REASON FOR YEAR-TO-YEAR CHANGE:

This estimate reflects the most current available expenditure data.

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

EXPENDITURES:

	Governor's			Governor's		2013-14	
	Budget	Updated	2012-13	Budget	Updated	Over	2013-14
	2012-13	2012-13	Request	2013-14	2013-14	2012-13	Request
TOTAL	\$10,435,000	\$10,650,000	\$215,000	\$10,679,000	\$11,093,000	\$443,000	\$414,000
Operations	1,631,000	1,664,000	33,000	1,669,000	1,669,000	5,000	0
General Fund	815,000	832,000	17,000	834,000	872,000	40,000	38,000
<i>General Fund Match</i>	<i>815,000</i>	<i>832,000</i>	<i>17,000</i>	<i>834,000</i>	<i>872,000</i>	<i>40,000</i>	<i>38,000</i>
Reimbursements	816,000	832,000	16,000	835,000	873,000	41,000	38,000
<i>FFP (Quality Assurance Fees)</i>	<i>816,000</i>	<i>832,000</i>	<i>16,000</i>	<i>835,000</i>	<i>873,000</i>	<i>41,000</i>	<i>38,000</i>
Purchase of Services	8,804,000	8,986,000	182,000	9,010,000	9,424,000	438,000	414,000
<i>QAF Admin Fees (FFP)</i>	<i>4,402,000</i>	<i>4,493,000</i>	<i>91,000</i>	<i>4,505,000</i>	<i>4,712,000</i>	<i>219,000</i>	<i>207,000</i>
<i>Transfer from DHCS (FFP)</i>	<i>4,402,000</i>	<i>4,493,000</i>	<i>91,000</i>	<i>4,505,000</i>	<i>4,712,000</i>	<i>219,000</i>	<i>207,000</i>

	Governor's			Governor's		2013-14	
	Budget	Updated	2012-13	Budget	Updated	Over	2013-14
	2012-13	2012-13	Request	2013-14	2013-14	2012-13	Request
TOTAL	\$10,435,000	\$10,650,000	\$215,000	\$10,679,000	\$11,169,000	\$519,000	\$490,000
FFP	9,620,000	9,818,000	198,000	9,845,000	10,297,000	479,000	452,000
GF Match	815,000	832,000	17,000	834,000	872,000	40,000	38,000

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. The SPA was approved April 25, 2013 with an effective date of October 1, 2009

ASSUMPTIONS:

DDS expects \$318.5 million in expenditures in 2012-13 and \$332.6 million in 2013-14.

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 50% General Fund (GF).

CHANGE FROM PRIOR ESTIMATE:

Reflects updated Regional Center POS expenditures.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated RC POS expenditures.

EXPENDITURES:	Governor's			Governor's			2013-14	2013-14
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	2013-14 Request	Over 2012-13	Request
TOTAL EXPENDITURES	\$323,608,000	\$323,112,000	-\$496,000	\$338,244,000	\$335,684,000	\$12,572,000		-\$2,560,000
GF Match	\$161,804,000	\$161,556,000	-\$248,000	\$169,122,000	\$167,842,000	\$6,286,000		-\$1,280,000
FFP	\$161,804,000	\$161,556,000	-\$248,000	\$169,122,000	\$167,842,000	\$6,286,000		-\$1,280,000

1915(i) State Plan Amendment

Estimated Distribution in Purchase of Services

EXPENDITURES:	% of Expenditures by Budget Category 2012-13 & 2013-14		Governor's Budget 2012-13	Governor's Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Governor's Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
	Out-of-Home Respite	0.99%	0.99%	\$3,844,000	\$3,198,000	-\$646,000	\$4,018,000	\$3,323,000	\$125,000
<i>GF Match</i>			1,922,000	1,599,000	-323,000	2,009,000	1,662,000	63,000	-347,000
<i>FFP</i>			1,922,000	1,599,000	-323,000	2,009,000	1,661,000	62,000	-348,000
Health Care	2.28%	2.28%	\$7,085,000	\$7,360,000	\$275,000	\$7,406,000	\$7,646,000	\$286,000	\$240,000
<i>GF Match</i>			3,542,000	3,680,000	138,000	3,703,000	3,823,000	143,000	120,000
<i>FFP</i>			3,543,000	3,680,000	137,000	3,703,000	3,823,000	143,000	120,000
Miscellaneous	8.93%	8.93%	\$28,320,000	\$28,838,000	\$518,000	\$29,602,000	\$29,961,000	\$1,123,000	\$359,000
<i>GF Match</i>			14,160,000	14,419,000	259,000	14,801,000	14,981,000	562,000	180,000
<i>FFP</i>			14,160,000	14,419,000	259,000	14,801,000	14,980,000	561,000	179,000

1915(k) State Plan Amendment

DESCRIPTION:

Section 1915(k) of the Social Security Act allows States, at their option, to provide home and community-based attendant services and supports under their State plan. This option allows States to receive a 6 percentage point increase in Federal matching payments.

ASSUMPTIONS:

6 percent of expenditures will be eligible for Federal Financial Participation (FFP). 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) State Plan Amendment (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:

Reflects the deferred inclusion of developmental services in the SPA

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects the deferred inclusion of developmental services in the SPA

1915(k) State Plan Amendment

EXPENDITURES:	Governor's			Governor's			2013-14	2013-14
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2012-13	Request	
Total SPA Eligible Expenditures	\$3,848,000	\$0	-\$3,848,000	\$14,000,000	\$0	\$0	-\$14,000,000	
<i>FFP</i>	1,924,000	0	-1,924,000	7,000,000	0	0	-7,000,000	
<i>GF Match</i>	1,924,000	0	-1,924,000	7,000,000	0	0	-7,000,000	
Distribution								
Support Services	\$2,626,000	\$0		\$9,554,000	\$0	\$0	-\$9,554,000	
<i>FFP</i>	1,313,000	0	-1,313,000	4,777,000	0	0	-4,777,000	
<i>GF Match</i>	1,313,000	0	-1,313,000	4,777,000	0	0	-4,777,000	
<i>Miscellaneous</i>	\$1,222,000	\$0		\$4,446,000	\$0	\$0	-\$4,446,000	
<i>FFP</i>	611,000	0	-611,000	2,223,000	0	0	-2,223,000	
<i>GF Match</i>	611,000	0	-611,000	2,223,000	0	0	-2,223,000	

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:

	Governor's			Governor's		2013-14	
	Budget	Updated	2012-13	Budget	Updated	Over	2013-14
	2012-13	2012-13	Request	2013-14	2013-14	2012-13	Request
The MFP Grant will fund regional center transition coordination activities for the							
• Lanterman Developmental Center Closure, see Page E-2.15.	\$3,537,000	\$3,537,000	\$0	\$3,537,000	\$3,537,000	\$0	\$0
<i>Funding:</i>							
<i>FFP</i>	2,653,000	2,653,000	0	2,653,000	2,653,000	0	0
<i>GF Match</i>	884,000	884,000	0	884,000	884,000	0	0
• Community Placement Plan, Resource Development, see Pages E-17.3 and E-17.5.	5,000,000	5,000,000	0	5,000,000	5,000,000	0	0
<i>Funding:</i>							
<i>FFP</i>	3,750,000	3,750,000	0	3,750,000	3,750,000	0	0
<i>GF Match</i>	1,250,000	1,250,000	0	1,250,000	1,250,000	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.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:

	Governor's			Governor's		2013-14	
	Budget	Updated	2012-13	Budget	Updated	Over	2013-14
	2012-13	2012-13	Request	2013-14	2013-14	2012-13	Request
TOTAL	\$8,537,000	\$8,537,000	\$0	\$8,537,000	\$8,537,000	\$0	\$0
<i>FFP</i>	6,403,000	6,403,000	0	6,403,000	6,403,000	0	0
<i>GF Match</i>	2,134,000	2,134,000	0	2,134,000	2,134,000	0	0

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:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 over 2012-13	2013-14 Request
<ul style="list-style-type: none"> Community Placement Plan, Purchase of Services, see Page E - 17.3. 	\$6,667,000	\$6,667,000	\$0	\$6,667,000	\$6,667,000	\$0	\$0
<i>Funding:</i>							
<i>FFP</i>	5,000,000	5,000,000	0	5,000,000	5,000,000	0	0
<i>GF Match</i>	1,667,000	1,667,000	0	1,667,000	1,667,000	0	0
<ul style="list-style-type: none"> Community Care Facilities (transition from Lanterman Developmental Center), see Pages E-5.1 through E-5.4. 	4,619,000	4,619,000	0	4,619,000	4,619,000	0	0
<i>Funding:</i>							
<i>FFP</i>	3,464,000	3,464,000	0	3,464,000	3,464,000	0	0
<i>GF Match</i>	1,155,000	1,155,000	0	1,155,000	1,155,000	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 for qualified community-based services, for the first twelve months of eligible consumer services following relocation into the community from an instituti

CHANGE FROM PRIOR ESTIMATE:

No change

REASON FOR YEAR-TO-YEAR CHANGE:

No change

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$11,286,000	\$11,286,000	\$0	\$11,286,000	\$11,286,000	\$0	\$0
<i>FFP</i>	8,464,000	8,464,000	0	8,464,000	8,464,000	0	0
<i>GF Match</i>	2,822,000	2,822,000	0	2,822,000	2,822,000	0	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:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated information regarding grant award amounts.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
Grant Amount Allocation:	\$57,000	\$57,000	\$0	\$391,000	\$391,000	\$334,000	\$0

California First Five Commission

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 purposes of this estimate, the costs associated with this funding are reflected in the Miscellaneous Service estimate, under POS.

CHANGE FROM THE PRIOR YEAR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$40,000,000	\$15,000,000	-\$25,000,000	\$0	\$0	-\$15,000,000	\$0

Early Periodic Screening Diagnosis and Treatment

DESCRIPTION:

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a Medicaid (Medi-Cal) benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. In addition to the regular Medi-Cal benefits, a beneficiary may receive EPSDT Supplemental Services. The Department of Developmental Services is preparing a State Plan Amendment (SPA) that will cover some regional center funded services that are not eligible for federal reimbursement under other Medicaid funded programs.

ASSUMPTIONS:

Estimates based on actual expenditures for the period of July 2011 through June 2012, with an implementation date of October 1, 2012.

FUNDING:

Funding for EPSDT services is 50% Federal Financial Participation (FFP) and 50% General Fund.

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditures

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated expenditures.

EXPENDITURES:	Governor's			Governor's			2013-14	2013-14
	Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request	
TOTAL EXPENDITURES	\$23,586,000	\$26,380,000	\$2,794,000	\$33,032,000	\$35,174,000	\$8,794,000	\$2,142,000	
<i>GF Match</i>	<i>11,793,000</i>	<i>13,190,000</i>	<i>1,397,000</i>	<i>16,516,000</i>	<i>17,587,000</i>	<i>4,397,000</i>	<i>1,071,000</i>	
<i>FFP</i>	<i>11,793,000</i>	<i>13,190,000</i>	<i>1,397,000</i>	<i>16,516,000</i>	<i>17,587,000</i>	<i>4,397,000</i>	<i>1,071,000</i>	

Early Periodic Screening Diagnosis and Treatment

Estimated Distribution in Purchase of Services

EXPENDITURES:		% of Expend. by Budget Category 2012-13 & 2013-14	Governor's			Governor's		2012-13	2013-14
			Budget 2012-13	Updated 2012-13	2012-13 Request	Budget 2013-14	Updated 2013-14	Over 2011-12	Request
TOTAL EXPENDITURES			\$23,586,000	\$26,380,000	\$2,794,000	\$33,032,000	\$35,174,000	\$8,794,000	\$2,142,000
	GF Match		11,793,000	13,190,000	1,397,000	16,516,000	17,587,000	4,397,000	1,071,000
	FFP		11,793,000	13,190,000	1,397,000	16,516,000	17,587,000	4,397,000	1,071,000
	Day Programs	83.84%	\$19,631,000	\$22,118,000	\$2,487,000	\$27,613,000	\$29,491,000	\$7,373,000	\$1,878,000
	GF Match		9,815,000	11,059,000	1,244,000	13,807,000	14,746,000	3,687,000	939,000
	FFP		9,816,000	11,059,000	1,243,000	13,806,000	14,745,000	3,686,000	939,000
	In-Home Respite	0.00%	\$14,000	\$0	-\$14,000	\$19,000	\$0	\$0	-\$19,000
	GF Match		7,000	0	-\$7,000	9,000	0	0	-9,000
	FFP		7,000	0	-\$7,000	10,000	0	0	-10,000
	Out-of-Home Respite	0.18%	\$0	\$48,000	\$48,000	\$0	\$65,000	\$17,000	\$65,000
	GF Match		0	24,000	24,000	0	32,000	8,000	32,000
	FFP		0	24,000	24,000	0	33,000	9,000	33,000
	Miscellaneous	15.97%	\$3,941,000	\$4,214,000	\$273,000	\$5,400,000	\$5,618,000	\$1,404,000	\$218,000
	GF Match		1,971,000	2,107,000	136,000	2,700,000	2,809,000	702,000	109,000
	FFP		1,970,000	2,107,000	137,000	2,700,000	2,809,000	702,000	109,000

Race to the Top

DESCRIPTION:

The Race to the Top -- Early Learning Challenge focuses on improving California early learning and development programs and increases access to high-quality programs for high-needs children, birth to five years. As a participating state agency, the Department of Developmental Services (DDS) will facilitate and provide leadership on interagency coordination across childhood initiatives; participate with statewide efforts; and, coordinate best practices in developmental and health screening at the local level.

ASSUMPTIONS:

DDS via interagency agreement with the Department of Education (DOE) will receive a federal grant totaling \$1,000,000 over 3-1/2 years (July 1, 2012 - December 31, 2016). Grant award funds will be allocated as follows:

2012-13:	\$286,000
2013-14:	\$286,000
2014-15:	\$286,000
2015-16:	\$142,000

FUNDING:

Funding for Race to the Top is reflected in other agency costs.

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
Grant Allocation	\$286,000	\$286,000	\$0	\$286,000	\$286,000	\$0	\$0

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:

Reflects an update of revenues from the Annual Family Program Fee based upon information regarding actual assessments, exemptions and collections in administering the new program.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
Parental Fees	\$2,067,000	\$2,067,000	\$0	\$2,067,000	\$2,067,000	\$0	\$0
Annual Family Program Fees	7,200,000	3,772,000	-3,428,000	7,200,000	3,903,000	131,000	-3,297,000
TOTAL	\$9,267,000	\$5,839,000	-\$3,428,000	\$9,267,000	\$5,970,000	\$131,000	-\$3,297,000

Developmental Disabilities Services Account

DESCRIPTION:

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

ASSUMPTIONS:

DDS expects to receive housing proposals totaling \$150,000 in application fees in 2012-13 and 2013-14.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0

Mental Health Services Fund

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

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

METHODOLOGY:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• Regional Best Practice Training	\$675,000	\$675,000	\$0	\$675,000	\$675,000	\$0	\$0
• Regional Center Technical Assistance and Liaison Support	65,000	65,000	0	65,000	65,000	0	0
• TOTAL EXPENDITURES	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

No change

REASON FOR YEAR-TO-YEAR CHANGE:

No change

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 California Department of Education (CDE) 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:

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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
<ul style="list-style-type: none"> • Other Agencies 	\$20,095,000	\$20,095,000	\$0	\$20,095,000	\$17,320,000	-\$2,775,000	-\$2,775,000
<ul style="list-style-type: none"> • CDE: 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. 	<i>14,435,000</i>	<i>14,435,000</i>	<i>0</i>	<i>14,435,000</i>	<i>13,898,000</i>	<i>-537,000</i>	<i>-537,000</i>

Early Start Part C Grant, Federal Funds

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
METHODOLOGY (continued):							
• 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	850,000	-2,060,000	-2,060,000
• 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	2,572,000	-178,000	-178,000
• RC POS The remaining Part C Grant funds, after funding CDE and FRC system requirements, are used for POS. The following estimates are based on the proportion of total POS expenditures in 2012-13 by budget category.	\$31,314,000	\$31,314,000	\$0	\$31,314,000	\$30,701,000	-\$613,000	-\$613,000
Day Programs	17,773,000	17,773,000	0	17,773,000	17,424,000	-349,000	-349,000
Support Services	501,000	501,000	0	501,000	492,000	-9,000	-9,000
In-Home Respite	179,000	179,000	0	179,000	175,000	-4,000	-4,000
Out-of-Home Respite	125,000	125,000	0	125,000	123,000	-2,000	-2,000
Health Care	2,754,000	2,754,000	0	2,754,000	2,700,000	-54,000	-54,000
Miscellaneous Services	9,982,000	9,982,000	0	9,982,000	9,787,000	-195,000	-195,000
• TOTAL EXPENDITURES	\$51,409,000	\$51,409,000	\$0	\$51,409,000	\$48,021,000	-\$3,388,000	-\$3,388,000

Early Start Part C Grant, Federal Funds

CHANGE FROM PRIOR ESTIMATE:

No Change.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects reallocation of grant funding amongst the states and reductions due to sequestration.

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 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
TOTAL	\$51,409,000	\$51,409,000	\$0	\$51,409,000	\$48,021,000	-\$3,388,000	-\$3,388,000 ¹
Grant	51,409,000	51,409,000	0	51,409,000	48,021,000	-3,388,000	-3,388,000

1 The Budget Act will not reflect the estimated reduction of Federal funds due to the Sequester and reallocation of Early Start, Part C funds.

Foster Grandparent Program

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:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:

	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
Grant Amount Allocation :	\$597,000	\$597,000	\$0	\$597,000	\$597,000	\$0	\$0

Table of Contents

SECTION F: IMPACT FROM OTHER DEPARTMENTS

IMPACT FROM OTHER DEPARTMENTS F-1

Impact from Other Departments

DESCRIPTION:

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

ASSUMPTIONS:

METHODOLOGY:	Governor's Budget 2012-13	Updated 2012-13	2012-13 Request	Governor's Budget 2013-14	Updated 2013-14	2013-14 Over 2012-13	2013-14 Request
• DHCS Medi-Cal Hard Cap on Hearing Aids (Implemented July 2012).	\$355,000	\$355,000	\$0	\$355,000	\$355,000	\$0	\$0
• DSS IHSS 8 Percent Reduction in Hours - Potentially there are 51,000 DDS consumers who could be impacted the increasing the reduction in hours from 3.6 percent across-the-board reduction in service hours to 8 percent in July 2013.	\$0	\$0	\$0	\$0	TBD	\$0	\$0
• CHANGE FROM PRIOR ESTIMATE: No Change							
• TOTAL EXPENDITURES:	\$355,000	\$355,000	\$0	\$355,000	\$355,000	\$0	\$0
EXPENDITURES:							
TOTAL	\$355,000	\$355,000	\$0	\$355,000	\$355,000	\$0	\$0
GF	\$355,000	\$355,000	\$0	\$355,000	\$355,000	\$0	\$0
<i>GF Match</i>	0	0	0	0	0	0	0
<i>GF Other</i>	355,000	355,000	0	355,000	355,000	0	0
Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table of Contents

SECTION G: PAYMENT REDUCTION

1.25% PAYMENT RESTORATION.....	G-1
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1.25% Payment Restoration
Fiscal Year 2013-14

	Governor's Budget	Updated 2013-14	Request
Grand Total Payment Restoration	\$46,701,000	\$47,178,000	\$477,000
General Funds (GF)	31,951,000	32,245,000	294,000
Reimbursements	14,750,000	14,933,000	183,000
Total Operations (Ops)	\$6,672,000	\$6,660,000	-\$12,000
GF	4,607,000	4,529,000	-78,000
Reimbursements	2,065,000	2,131,000	66,000
Total Purchase of Services (POS)	\$40,029,000	\$40,518,000	\$489,000
GF	27,344,000	27,716,000	372,000
Reimbursements	12,685,000	12,802,000	117,000

Note: The 1.25 percent payment reduction sunsets on June 30, 2013 and the estimate for 2013-14 reflects the restoration of this funding.