

NOVEMBER 2012
REGIONAL CENTER
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEAR
2013-14
GOVERNOR'S BUDGET



STATE OF CALIFORNIA
DEPARTMENT OF DEVELOPMENTAL SERVICES
JANUARY 10, 2013

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**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2012-13**

	A	B	C
	Enacted Budget	Governor's Budget	Request (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$457,162,000	\$460,385,000	\$3,223,000
2. Federal Compliance	47,173,000	47,236,000	63,000
3. Projects	22,666,000	22,598,000	-68,000
4. Agnews Ongoing Workload	2,788,000	2,946,000	158,000
5. Lanterman Development Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	<u>\$533,326,000</u>	<u>\$536,702,000</u>	<u>\$3,376,000</u>
7. Intermediate Care Facility-Developmentally Disabled Administrative Fees	1,631,000	1,631,000	0
8. Total Operations (Items 6 and 7)	<u>\$534,957,000</u>	<u>\$538,333,000</u>	<u>\$3,376,000</u>
B. Purchase of Services (POS)			
1. Community Care Facilities	\$915,505,000	\$914,587,000	-\$918,000
2. Medical Facilities	26,374,000	26,973,000	599,000
3. Day Programs	801,907,000	805,804,000	3,897,000
4. Habilitation Services	138,394,000	141,971,000	3,577,000
5. Transportation	222,970,000	229,079,000	6,109,000
6. Support Services	723,867,000	742,312,000	18,445,000 ^{1/}
7. In-Home Respite	210,414,000	201,046,000	-9,368,000
8. Out-of-Home Respite	53,047,000	46,484,000	-6,563,000
9. Health Care	82,627,000	86,676,000	4,049,000
10. Miscellaneous	373,740,000	386,559,000	12,819,000 ^{1/}
11. POS Subtotal (Items 1 thru 11)	<u>\$3,548,845,000</u>	<u>\$3,581,491,000</u>	<u>\$32,646,000</u>
12. Quality Assurance Fees (Transfer from DHCS)	\$8,804,000	\$8,804,000	\$0
13. Impacts from Other Departments	\$31,187,000	\$355,000	-\$30,832,000
14. Copayments	\$0	\$15,000,000	\$15,000,000
15. Total POS (Items 12 thru 14)	<u>\$3,588,836,000</u>	<u>\$3,605,650,000</u>	<u>\$16,814,000</u>
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	\$4,146,177,000	\$4,166,367,000	\$20,190,000

1. This estimate includes a savings erosion of \$1.0 million in 2012-13 and \$3.7 million in 2013-14 associated with behavioral health treatment services for consumers with Healthy Families health care coverage who have a diagnosis of autism. With the shift of the Healthy Families program to Medi-Cal Managed Care, the cost of behavioral health treatment services would revert to the Department of Developmental Services (DDS) as Healthy Families would no longer be required to cover these services.

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2012-13**

	A	B	C
	Enacted Budget	Governor's Budget	Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,314,964,000	\$2,296,105,000	-\$18,859,000
1. General Fund Match	1,475,950,000	1,516,178,000	40,228,000
2. General Fund - Other	839,014,000	779,927,000	-59,087,000 ^{1/}
B. Reimbursements	\$1,768,794,000	\$1,808,099,000	\$39,305,000
1. Home and Community-Based Services (HCBS) Waiver	1,078,771,000	1,129,428,000	50,657,000
2. HCBS Waiver Administration	6,279,000	6,406,000	127,000
3. Medicaid Administration	12,941,000	11,701,000	-1,240,000
4. Targeted Case Management (TCM)	139,065,000	138,693,000	-372,000
5. TCM Administration	3,668,000	3,545,000	-123,000
6. Title XX Block Grant	225,060,000	225,060,000	0
a. Social Services	147,903,000	147,903,000	0
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. Intermediate Care Facility-Developmentally Disabled	52,798,000	52,915,000	117,000
8. Quality Assurance Fees	9,620,000	9,620,000	0
9. Vocational Rehabilitation	118,000	0	-118,000
10. 1915(i) State Plan Amendment	183,362,000	161,804,000	-21,558,000
11. 1915(k) Medicaid State Plan	1,924,000	1,924,000	0
12. Money Follows the Person	14,867,000	14,867,000	0
13. Homeland Security Grant	35,000	57,000	22,000
14. California First Five Commission	40,000,000	40,000,000	0
15. Race to the Top	286,000	286,000	0
16. Early Periodic Screening Diagnosis and Treatment	0	11,793,000	11,793,000
C. Program Development Fund / Parental Fees	\$9,523,000	\$9,267,000	-\$256,000
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	\$4,146,177,000	\$4,166,367,000	\$20,190,000

1. This estimate includes a savings erosion of \$1.0 million in 2012-13 and \$3.7 million in 2013-14 associated with behavioral health treatment services for consumers with Healthy Families health care coverage who have a diagnosis of autism. With the shift of the Healthy Families program to Medi-Cal Managed Care, the cost of behavioral health treatment services would revert to the Department of Developmental Services (DDS) as Healthy Families would no longer be required to cover these services.

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

	A	B	C
	Enacted Budget	Governor's Budget	Request (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$457,162,000	\$485,694,000	\$28,532,000
2. Federal Compliance	47,173,000	47,767,000	594,000
3. Projects	22,666,000	23,125,000	459,000
4. Agnews Ongoing Workload	2,788,000	2,946,000	158,000
5. Lanterman Development Center Closure	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	<u>\$533,326,000</u>	<u>\$563,069,000</u>	<u>\$29,743,000</u>
7. Intermediate Care Facility-Developmentally Disabled Administrative Fees	1,631,000	1,669,000	38,000
8. Total Operations (Items 6 thru 8)	<u>\$534,957,000</u>	<u>\$564,738,000</u>	<u>\$29,781,000</u>
B. Purchase of Services (POS)			
1. Community Care Facilities	\$915,505,000	\$951,472,000	\$35,967,000
2. Medical Facilities	26,374,000	27,461,000	1,087,000
3. Day Programs	801,907,000	850,119,000	48,212,000
4. Habilitation Services	138,394,000	147,353,000	8,959,000
5. Transportation	222,970,000	237,704,000	14,734,000
6. Support Services	723,867,000	786,351,000	62,484,000 ^{1/}
7. In-Home Respite	210,414,000	207,987,000	-2,427,000
8. Out-of-Home Respite	53,047,000	46,084,000	-6,963,000
9. Health Care	82,627,000	91,530,000	8,903,000
10. Miscellaneous	373,740,000	397,219,000	23,479,000 ^{1/}
11. POS Subtotal (Items 1 thru 11)	<u>\$3,548,845,000</u>	<u>\$3,743,280,000</u>	<u>\$194,435,000</u>
12. Quality Assurance Fees (Transfer from DHCS)	\$8,804,000	\$9,010,000	\$206,000
13. Impacts from Other Departments	\$31,187,000	\$355,000	-\$30,832,000
14. Copayments	\$0	\$9,865,000	\$9,865,000
15. Total POS (Items 12 thru 14)	<u>\$3,588,836,000</u>	<u>\$3,762,510,000</u>	<u>\$173,674,000</u>
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	<u>\$4,146,177,000</u>	<u>\$4,349,632,000</u>	<u>\$203,455,000</u>

1. This estimate includes a savings erosion of \$1.0 million in 2012-13 and \$3.7 million in 2013-14 associated with behavioral health treatment services for consumers with Healthy Families health care coverage who have a diagnosis of autism. With the shift of the Healthy Families program to Medi-Cal Managed Care, the cost of behavioral health treatment services would revert to the Department of Developmental Services (DDS) as Healthy Families would no longer be required to cover these services.

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

	A	B	C
	Enacted Budget	Governor's Budget	Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,314,964,000	\$2,455,125,000	\$140,161,000
1. General Fund Match	1,475,950,000	1,579,677,000	103,727,000
2. General Fund - Other	839,014,000	875,448,000	36,434,000 ^{1/}
B. Reimbursements	\$1,768,794,000	\$1,832,344,000	\$63,550,000
1. Home and Community-Based Services (HCBS) Waiver	1,078,771,000	1,169,109,000	90,338,000
2. HCBS Waiver Administration	6,279,000	6,616,000	337,000
3. Medicaid Administration	12,941,000	12,010,000	-931,000
4. Targeted Case Management (TCM)	139,065,000	142,347,000	3,282,000
5. TCM Administration	3,668,000	3,545,000	-123,000
6. Title XX Block Grant	225,060,000	225,060,000	0
a. Social Services	147,903,000	147,903,000	0
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. Intermediate Care Facility-Developmentally Disabled	52,798,000	55,630,000	2,832,000
8. Quality Assurance Fees	9,620,000	9,845,000	225,000
9. Vocational Rehabilitation	118,000	0	-118,000
10. 1915(i) State Plan Amendment	183,362,000	169,122,000	-14,240,000
11. 1915(k) Medicaid State Plan	1,924,000	7,000,000	5,076,000
12. Money Follows the Person	14,867,000	14,867,000	0
13. Homeland Security Grant	35,000	391,000	356,000
14. California First Five Commission	40,000,000	0	-40,000,000
15. Race to the Top	286,000	286,000	0
16. Early Periodic Screening Diagnosis and Treatment	0	16,516,000	16,516,000
C. Program Development Fund / Parental Fees	\$9,523,000	\$9,267,000	-\$256,000
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	\$4,146,177,000	\$4,349,632,000	\$203,455,000

1. This estimate includes a savings erosion of \$1.0 million in 2012-13 and \$3.7 million in 2013-14 associated with behavioral health treatment services for consumers with Healthy Families health care coverage who have a diagnosis of autism. With the shift of the Healthy Families program to Medi-Cal Managed Care, the cost of behavioral health treatment services would revert to the Department of Developmental Services (DDS) as Healthy Families would no longer be required to cover these services.

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

	A	B	C
	Fiscal Year 2012-13	Fiscal Year 2013-14	Difference (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$460,385,000	\$485,694,000	\$25,309,000
2. Federal Compliance	47,236,000	47,767,000	531,000
3. Projects	22,598,000	23,125,000	527,000
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>\$536,702,000</u>	<u>\$563,069,000</u>	<u>\$26,367,000</u>
7. Intermediate Care Facility-Developmentally Disabled Administrative Fees	1,631,000	1,669,000	38,000
8. Total Operations (Items 6 and 7)	<u>\$538,333,000</u>	<u>\$564,738,000</u>	<u>\$26,405,000</u>
B. Purchase of Services (POS)			
1. Community Care Facilities	\$914,587,000	\$951,472,000	\$36,885,000
2. Medical Facilities	26,973,000	27,461,000	488,000
3. Day Programs	805,804,000	850,119,000	44,315,000
4. Habilitation Services	141,971,000	147,353,000	5,382,000
5. Transportation	229,079,000	237,704,000	8,625,000
6. Support Services	742,312,000	786,351,000	44,039,000 ^{1/}
7. In-Home Respite	201,046,000	207,987,000	6,941,000
8. Out-of-Home Respite	46,484,000	46,084,000	-400,000
9. Health Care	86,676,000	91,530,000	4,854,000
10. Miscellaneous	386,559,000	397,219,000	10,660,000 ^{1/}
11. POS Subtotal (Items 1 thru 10)	<u>\$3,581,491,000</u>	<u>\$3,743,280,000</u>	<u>\$161,789,000</u>
12. Quality Assurance Fees (Transfer from DHCS)	\$8,804,000	\$9,010,000	\$206,000
13. Impacts from Other Departments	\$355,000	\$355,000	\$0
14. Copayments	\$15,000,000	\$9,865,000	-\$5,135,000
15. Total POS (Items 12 thru 14)	<u>\$3,605,650,000</u>	<u>\$3,762,510,000</u>	<u>\$156,860,000</u>
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
F. GRAND TOTAL	<u>\$4,166,367,000</u>	<u>\$4,349,632,000</u>	<u>\$183,265,000</u>

1. This estimate includes a savings erosion of \$1.0 million in 2012-13 and \$3.7 million in 2013-14 associated with behavioral health treatment services for consumers with Healthy Families health care coverage who have a diagnosis of autism. With the shift of the Healthy Families program to Medi-Cal Managed Care, the cost of behavioral health treatment services would revert to the Department of Developmental Services (DDS) as Healthy Families would no longer be required to cover these services.

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

	A	B	C
	Fiscal Year 2012-13	Fiscal Year 2013-14	Difference (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,296,105,000	\$2,455,125,000	\$159,020,000
1. General Fund Match	1,516,178,000	1,579,677,000	63,499,000
2. General Fund - Other	779,927,000	875,448,000	95,521,000 ^{1/}
B. Reimbursements	\$1,808,099,000	\$1,832,344,000	\$24,245,000
1. Home & Community-Based Services (HCBS) Waiver	1,129,428,000	1,169,109,000	39,681,000
2. HCBS Waiver Administration	6,406,000	6,616,000	210,000
3. Medicaid Administration	11,701,000	12,010,000	309,000
4. Targeted Case Management (TCM)	138,693,000	142,347,000	3,654,000
5. TCM Administration	3,545,000	3,545,000	0
6. Title XX Block Grant	225,060,000	225,060,000	0
a. Social Services	147,903,000	147,903,000	0
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. Intermediate Care Facility-Developmentally Disabled	52,915,000	55,630,000	2,715,000
8. Quality Assurance Fees	9,620,000	9,845,000	225,000
9. Vocational Rehabilitation	0	0	0
10. 1915(i) State Plan Amendment	161,804,000	169,122,000	7,318,000
11. 1915 (k) Medicaid State Plan	1,924,000	7,000,000	5,076,000
12. Money Follows the Person	14,867,000	14,867,000	0
13. Homeland Security Grant	57,000	391,000	334,000
14. California First Five Commission	40,000,000	0	-40,000,000
15. Race to the Top	286,000	286,000	0
16. Early Periodic Screening Diagnosis and Treatment	11,793,000	16,516,000	4,723,000
C. Program Development Fund / Parental Fees	\$9,267,000	\$9,267,000	\$0
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	\$4,349,632,000	\$183,265,000

1. This estimate includes a savings erosion of \$1.0 million in 2012-13 and \$3.7 million in 2013-14 associated with behavioral health treatment services for consumers with Healthy Families health care coverage who have a diagnosis of autism. With the shift of the Healthy Families program to Medi-Cal Managed Care, the cost of behavioral health treatment services would revert to the Department of Developmental Services (DDS) as Healthy Families would no longer be required to cover these services.

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SECTION B: EXECUTIVE HIGHLIGHTS B-1 to B-10

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 \$20.2 million (-\$18.8 million General Fund (GF)) compared to the enacted budget.

Fiscal Year 2012-13 Costs and Fund Sources <i>(in thousands)</i>			
	Enacted Budget	Updated 2012-13	Request
Total Costs	\$4,146,177	\$4,166,367	\$20,190
Operations	534,957	538,333	3,376
Purchase of Services	3,588,836	3,605,650	16,814
Early Start - Other Agency Costs	20,381	20,381	0
Prevention Program	2,003	2,003	0
Fund Sources	\$4,146,177	\$4,166,367	\$20,190
General Fund (GF)	2,314,964	2,296,105	-18,859
<i>GF Match</i>	(1,475,950)	(1,516,178)	(40,228)
<i>GF Other</i>	(839,014)	(779,927)	(-59,087)
Reimbursements	1,768,794	1,808,099	39,305
Program Development Fund/Parental Fees	9,523	9,267	-256
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:

- \$3.4 million (\$5.0 million GF) increase in Operations (OPS) to reflect updated caseload and expenditure data;
- \$32.6 million (-\$8.0 million GF) increase in Purchase of Services (POS) to reflect updated caseload, utilization change and expenditure data;
- -\$30.8 million decrease GF for Impacts from Other Departments in POS to reflect the Department of Health Care Services (DHCS) outcome regarding Medi-Cal co-payments for physician, dental office visits, pharmacy co-payments, emergency room visits, and hospital inpatient days; and
- \$15.0 million increase GF to reflect co-payments for health care related services.

B. Caseload

The 2012-13 community caseload as of January 31, 2013 is estimated to increase by 900 consumers over the enacted budget caseload estimate of 255,972 to the level of 256,872.

	Fiscal Year 2012-13		
	Enacted Budget	Updated 2012-13	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	226,107	227,007	900
Early Start (Birth through 2 Years)	29,865	29,865	0
Total Community Caseload	255,972	256,872	900

C. Total Regional Center Costs: \$20.2 Million (-\$18.8 Million GF) Increase

1. Updated Costs for Regional Center Operations: \$3.4 million (\$5.0 million GF) increase to reflect updated caseload and decreased reimbursements as discussed in fund sources on page B-4 and B-5 as follows:

	Fiscal Year 2012-13		
	Enacted Budget	Updated 2012-13	Request
	(in thousands)		
<u>Operations Total</u>			
Core Staffing	\$457,162	\$460,385	\$3,223
Federal Compliance	47,173	47,236	63
Agnews Ongoing Workload	2,788	2,946	158
Lanterman Developmental Center Closure	3,537	3,537	0
Projects	22,666	22,598	-68
Intermediate Care Facility-Developmentally Disabled Administrative Fees	1,631	1,631	0
Total Operations	\$534,957	\$538,333	\$3,376

- Staffing: \$3.2 million (\$3.4 million GF) increase to reflect updated caseload and expenditure data;
- Federal Compliance : \$0.1 million (\$1.4 million GF) increase 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;

- Agnews Ongoing Workload: \$0.2 million (\$0.5 million GF) increase to reflect updated regional center costs for State Employees in the Community; and
 - Projects: -\$68 thousand (-\$332 thousand GF) decrease as follows:
 - -\$233 thousand decrease GF to reflect an Office of Technology Services (OTech) rate reduction and updated information technology costs;
 - \$201 thousand increase (-\$41 thousand GF decrease) to reflect updated costs related to clients rights advocacy services for regional center consumers residing in the community;
 - -\$58 thousand decrease GF to reflect updated regional center costs to process court related actions for regional center consumers; and
 - \$22 thousand (\$0 thousand GF) increase to reflect updated information for the Homeland Security grant.
2. Updated Costs for Regional Center Purchase of Services: \$16.8 million (-\$23.8 million GF) increase.
- POS: \$32.6 million (-\$8.0 million GF) increase to reflect updated caseload, utilization change and expenditure data;
 - POS: \$15.0 million GF to reflect increased expenditures associated with a recent regional center legal opinion challenging regional center practices regarding funding of health insurance co-payments; and
 - Impacts from Other Departments: -\$30.8 million decrease GF for Impacts from Other Departments to reflect the DHCS' outcome regarding Medi-Cal co-payments.

D. Fund Sources

1. GF: -\$18.8 million decrease to reflect the following:
- -\$3.0 million decrease to reflect updated caseload, utilization change, expenditure and HCBS Waiver enrollment data;
 - -\$30.8 million decrease to reflect DHCS' outcome regarding Medi-Cal co-payments; and
 - \$15.0 million GF to reflect increased expenditures associated with a recent regional center legal opinion challenging regional center practices regarding funding of health insurance co-payments;

2. Reimbursements: \$39.3 million increase to reflect the following:

Fiscal Year 2012-13			
Reimbursements			
<i>(in thousands)</i>			
	Enacted Budget	Updated 2012-13	Request
Home and Community-Based Services (HCBS) Waiver	\$1,078,771	\$1,129,428	\$50,657
HCBS Waiver Administration	6,279	6,406	127
Medicaid Administration	12,941	11,701	-1,240
Targeted Case Management (TCM)	139,065	138,693	-372
TCM Administration	3,668	3,545	-123
Title XX Block Grant	225,060	225,060	0
(1) Social Services	(147,903)	(147,903)	0
(2) Temporary Assistance for Needy Families	(77,157)	(77,157)	0
Intermediate Care Facility - Developmentally Disabled	52,798	52,915	117
Quality Assurance Fees (Transfer from DHCS)	9,620	9,620	0
Vocational Rehabilitation	118	0	-118
1915(i) State Plan Amendment (SPA)	183,362	161,804	-21,558
1915(k) Medicaid State Plan	1,924	1,924	0
Money Follows the Person	14,867	14,867	0
Homeland Security Grant	35	57	22
California First Five Commission	40,000	40,000	0
Race to the Top	286	286	0
Early Periodic Screening Diagnosis and Treatment (EPSDT)	0	11,793	11,793
TOTAL	\$1,768,794	\$1,808,099	\$39,305

- HCBS Waiver (POS): The \$50.7 million increase reflects additional Federal Financial Participation (FFP) from updated enrollments and service costs for consumers under the Waiver;
- HCBS Waiver Administration (OPS): The \$0.1 million increase reflects updated regional center expenditures;
- Medicaid Administration (OPS): The -\$1.2 million decrease reflects updated regional center expenditures;
- Targeted Case Management (TCM) (OPS): The -\$0.4 million decrease reflects updated data on billable units;
- TCM Administration (OPS): The -\$0.1 million decrease reflects updated regional center expenditures;
- Intermediate Care Facility – Developmentally Disabled (ICF-DD) (POS): \$0.1 million increase reflects updated POS expenditures for adult day treatment and transportation services for consumers residing in an ICF-DD;
- Vocational Rehabilitation (POS): -\$0.1 million decrease reflects updated reimbursement information from the Department of Rehabilitation (DOR);

- 1915(i) SPA (POS): -\$21.6 million decrease reflects updated POS expenditures for consumers under the 1915(i) (offset by increases in HCBS Waiver and EPSDT);
- EPSDT (POS): \$11.8 million increase reflects a request for a new Medicaid State Plan Amendment to obtain federal funding for participants of infant development program services, effective October 1, 2012; and
- Homeland Security Grant (OPS): \$22 thousand increase to reflect updated information for the Homeland Security grant.

3. Other Funds: -\$0.3 million decrease to reflect the following:

- Parental Fees (POS): -\$0.3 million decrease in the Program Development Fund to reflect updated information on revenue collection.

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 \$203.5 million (\$140.2 million GF) increase compared to the enacted budget.

Fiscal Year 2013-14 Costs and Fund Sources <i>(in thousands)</i>			
	Enacted Budget	Updated 2013-14	Request
Total Costs	\$4,146,177	\$4,349,632	\$203,455
Operations	534,957	564,738	29,781
Purchase of Services	3,588,836	3,762,510	173,674
Early Start - Other Agency Costs	20,381	20,381	0
Prevention Program	2,003	2,003	0
Fund Sources	\$4,146,177	\$4,349,632	\$203,455
General Fund (GF)	2,314,964	2,455,125	140,161
<i>GF Match</i>	(1,475,950)	(1,579,677)	(103,727)
<i>GF Other</i>	(839,014)	(875,448)	(36,434)
Reimbursements	1,768,794	1,832,344	63,550
Program Development Fund/Parental Fees	9,523	9,267	-256
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:

- \$23.1 million (\$22.2 million GF) increase in OPS to reflect updated caseload and expenditure data, including additional HCBS Waiver enrollment;
- \$154.4 million (\$67.0 million GF) increase in POS to reflect updated caseload, utilization change, and expenditure data.
- -\$30.8 million decrease GF for Impacts from Other Departments in POS to reflect the Department of Health Care Services (DHCS) outcome regarding Medi-Cal co-payments;
- \$9.9 million GF to reflect increased expenditures associated with a recent regional center legal opinion challenging regional center practices regarding funding of health insurance and proposed statute to limit the funding of health insurance co-payments and deductibles;
- \$6.7 million (\$4.6 million GF) increase in OPS to reflect the sunset of the 1.25 percent payment reduction on June 30, 2013;
- \$40.0 million increase (\$27.3 million GF) increase GF in POS to reflect the sunset of the 1.25 percent provider payment reduction on June 30, 2013;
- \$0.2 million increase (\$0.0 million GF) in POS for Quality Assurance Fees (QAF) to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD; and
- A fund shift of \$40.0 million to reflect the GF backfill due to the sunset of funding from the California First Five Commission.

B. Caseload

The 2013-14 community caseload as of January 31, 2014 is estimated to increase by 10,128 consumers over the Enacted Budget caseload estimate of 255,972 to the level of 266,100.

	Fiscal Year 2013-14		
	Enacted Budget	Updated 2013-14	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	226,107	234,702	8,595
Early Start (Birth through 2 Years)	29,865	31,398	1,533
Total Community Caseload	255,972	266,100	10,128

C. Total Regional Center Costs: \$203.5 Million (\$140.2 Million GF) Increase

1. Operations to Reflect Budget Year Costs: \$29.8 million (\$26.8 million GF) increase
 - a) \$23.1 million (\$22.2 million GF) increase to reflect updated caseload as follows:

- Core Staffing: \$21.8 million (\$20.2 million GF) increase to reflect updated caseload and expenditure data, including HCBS Waiver enrollment above budgeted levels;
 - Federal Compliance : \$0.6 million (\$1.6 million 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;
 - Agnews Ongoing Workload: \$0.2 million (\$0.5 million GF) increase to reflect updated regional center costs for State Employees in the Community; and
 - Projects: \$459 thousand (-\$139 thousand GF) increase as follows:
 - -\$233 thousand decrease GF to reflect an Office of Technology Services (OTech) rate reduction and updated information technology costs;
 - \$394 thousand increase GF to reflect updated costs due to population changes related to clients rights advocacy services for regional center consumers residing in the community;
 - -\$58 thousand decrease GF to reflect updated regional center costs to process court actions for regional center consumers residing in a developmental center; and
 - \$356 thousand (\$0 thousand GF) increase to reflect updated information for the Homeland Security grant.
 - Intermediate Care Facility – Developmentally Disabled Administrative Fees: \$38 thousand (\$19 thousand GF) increase to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD.
- b) \$6.7 million (\$4.6 million GF) increase to reflect the sunset of the 1.25 percent payment reduction.

	Fiscal Year 2013-14		
	Enacted Budget	Updated 2012-13	Request
	(in thousands)		
Operations Total			
Core Staffing	\$457,162	\$485,694	\$28,532
Federal Compliance	47,173	47,767	594
Agnews Ongoing Workload	2,788	2,946	158
Lanterman Developmental Center Closure	3,537	3,537	0
Projects	22,666	23,125	459
Intermediate Care Facility-Developmentally Disabled Administrative Fees	1,631	1,669	38
Total Operations	\$534,957	\$564,738	\$29,781

2. Purchase of Services to Reflect Budget Year Costs: \$173.7 million (\$113.4 million GF) increase to reflect the following:
 - \$154.4 million (\$67.0 million GF) increase to reflect updated caseload, utilization change and expenditure data;
 - \$9.9 million GF to reflect increased expenditures associated with a recent regional center legal opinion challenging regional center practices regarding funding of health insurance and proposed statute to limit the funding of health insurance co-payments and deductibles;
 - -\$30.8 million decrease GF for Impacts from Other Departments to reflect the DHCS' outcome regarding Medi-Cal co-payments;
 - \$40.0 million (\$27.3 million GF) increase to reflect the sunset of the 1.25 percent payment reduction on June 30, 2013;
 - \$0.2 million (\$0.0 million GF) increase for QAF to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD; and
 - A fund shift of \$40.0 million from California First Five Commission to GF for a net program change of \$0.0 million.

D. Fund Sources

1. GF: \$140.2 million increase to reflect the following:
 - \$89.2 million increase to reflect updated caseload, additional utilization change and expenditure data, including HCBS waiver enrollment;
 - -\$30.8 million decrease to reflect DHCS' withdrawal of implementation of Medi-Cal co-payments;
 - \$31.9 million increase to reflect sunset of the 1.25 percent payment reduction on June 30, 2013;
 - \$9.9 million GF to reflect increased expenditures associated with a recent regional center legal opinion challenging regional center practices regarding funding of health insurance and proposed statute to limit the funding of health insurance co-payments and deductibles; and
 - \$40.0 million increase to reflect the GF backfill due to the sunset of funding from the California First Five Commission.

2. Reimbursements: \$63.6 million increase to reflect the following:

Fiscal Year 2013-14 Reimbursements <i>(in thousands)</i>			
	Enacted Budget	2013-14	Request
Home and Community-Based Services (HCBS) Waiver	\$1,078,771	\$1,169,109	\$90,338
HCBS Waiver Administration	6,279	6,616	337
Medicaid Administration	12,941	12,010	-931
Targeted Case Management (TCM)	139,065	142,347	3,282
TCM Administration	3,668	3,545	-123
Title XX Block Grant	225,060	225,060	0
(1) Social Services	(147,903)	(147,903)	0
(2) Temporary Assistance for Needy Families	(77,157)	(77,157)	0
Intermediate Care Facility - Developmentally Disabled	52,798	55,630	2,832
Quality Assurance Fees (Transfer from DHCS)	9,620	9,845	225
Vocational Rehabilitation	118	0	-118
1915(i) State Plan Amendment	183,362	169,122	-14,240
1915(k) Medicaid State Plan	1,924	7,000	5,076
Money Follows the Person	14,867	14,867	0
Homeland Security Grant	35	391	356
California First Five Commission	40,000	0	-40,000
Race to the Top	286	286	0
Early Periodic Screening Diagnosis and Treatment (EPSDT)	0	16,516	16,516
TOTAL	\$1,768,794	\$1,832,344	\$63,550

- Caseload: \$88.6 million increase
 - HCBS Waiver (POS): \$77.6 million increase to reflect additional FFP from updated enrollments and services costs for consumers under the Waiver;
 - HCBS Waiver Administration (OPS): \$0.3 million increase to reflect updated regional center expenditures;
 - Medicaid Administration (OPS): -\$1.1 million decrease to reflect updated regional center expenditures;
 - TCM (OPS): \$1.5 million increase due to updated data on billable units;
 - TCM Administration (OPS): -\$0.1 million decrease to reflect the most current expenditure data;
 - ICF-DD (POS): The \$2.8 million increase reflects updated POS expenditures for adult day treatment and transportation services for consumers residing in an ICF-DD;
 - Vocational Rehabilitation (POS): -\$0.1 million decrease reflects updated reimbursement information from DOR;

- 1915(i) SPA (POS): The -\$14.2 million decrease reflects updated POS expenditures for consumers under the 1915(i) (offset by increases in HCBS Waiver and EPSDT);
 - 1915(k) Medicaid State Plan (POS): The \$5.0 million increase reflects the inclusion of federal matching funds for certain eligible personal care activities;
 - Homeland Security Grant (OPS): \$0.4 million increase reflects updated grant information; and
 - EPSDT (POS): The \$16.5 million increase million reflects a request for a new Medicaid State Plan Amendment to obtain federal funding for participants of infant development program services.
- 1.25 Percent Payment Restoration: \$14.8 million increase
 - HCBS Waiver (POS): \$12.7 million increase to reflect sunset of the 1.25 percent payment reduction;
 - HCBS Waiver Administration (OPS): \$0.1 million increase to reflect sunset of the 1.25 percent payment reduction;
 - Medicaid Administration (OPS): \$0.2 million increase to reflect sunset of the 1.25 percent payment reduction; and
 - TCM (OPS): \$1.8 million increase to reflect sunset of the 1.25 percent payment reduction.
 - Fund Shift: \$40.0 million decrease
 - California First Five Commission (POS): The \$40.0 million decrease reflects the GF backfill due to the sunset of funding from the California First Five Commission.
 - Quality Assurance Fees (QAF): \$0.2 million increase
 - QAF, POS: \$0.2 million increase to reflect updated day treatment and transportation expenditures for consumers residing in an ICF-DD.
3. Other Funds: \$0.3 million decrease to reflect the following:
- Parental Fees (POS): \$0.3 million decrease in the Program Development Fund to reflect updated information on revenue collection.

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SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONS C-1

FUTURE FISCAL ISSUES AND MAJOR ASSUMPTIONS

REVISED MAJOR ASSUMPTIONS

Regional Center Operations and Vendor Payment Reduction

From February 1, 2009, to June 30, 2010, regional centers were required to reduce vendor payments for services and supports by 3 percent; and from July 1, 2010, to June 30, 2012, by 4.25 percent. Chapter 25, Statutes of 2012, Sections 10, 16, and 34 amended the payment reduction requirement and authorized a reduction of 1.25 percent effective July 1, 2012 until June 30, 2013. The reduction does not apply to payments for supported employment services; some usual and customary rates for businesses that serve the general public without specialty services for persons with developmental disabilities; and payments to offset reductions in Supplemental Security Income/State Supplementary Payment benefits to consumers receiving supported and independent living services.

The requirement for a payment reduction also applies to regional center operations funding received from the Department. While the payment reduction is in effect, regional centers may temporarily suspend specific operational requirements and the 1:66 average caseload ratio requirements for consumers residing in the community with specified exemptions, and the requirement that regional centers have, or contract for, specialized expertise in specified areas.

Proposed Funding: With the sunset of the payment reduction, the Department requests in Fiscal Year 2013-14 \$46.7 million (\$31.9 million GF) be restored to the Department's Local Assistance for Regional Center's budget.

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Community Caseload Bar Chart	D-4

CASELOAD

Fiscal Year 2012-13

<i>Estimated Caseload as of 1/31/13</i>				
	<i>ENACTED BUDGET</i>	<i>GOVERNOR'S BUDGET</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Caseload (Age 3 & Older)	226,107	227,007	900	0.40%
B. Early Start (Birth through 2 Years)	29,865	29,865	0	0.00%
C. Total Community Caseload	255,972	256,872	900	0.35%
D. Developmental Center (DC) Average Population	1,559	1,567	8	0.51%
E. On Leave	-15	-15	0	0.00%
F. Total Avg. In Center DC Population	1,544	1,552	8	0.52%
G. Total Regional Center (RC) Caseload (C + F)	257,516	258,424	908	0.35%

CASELOAD

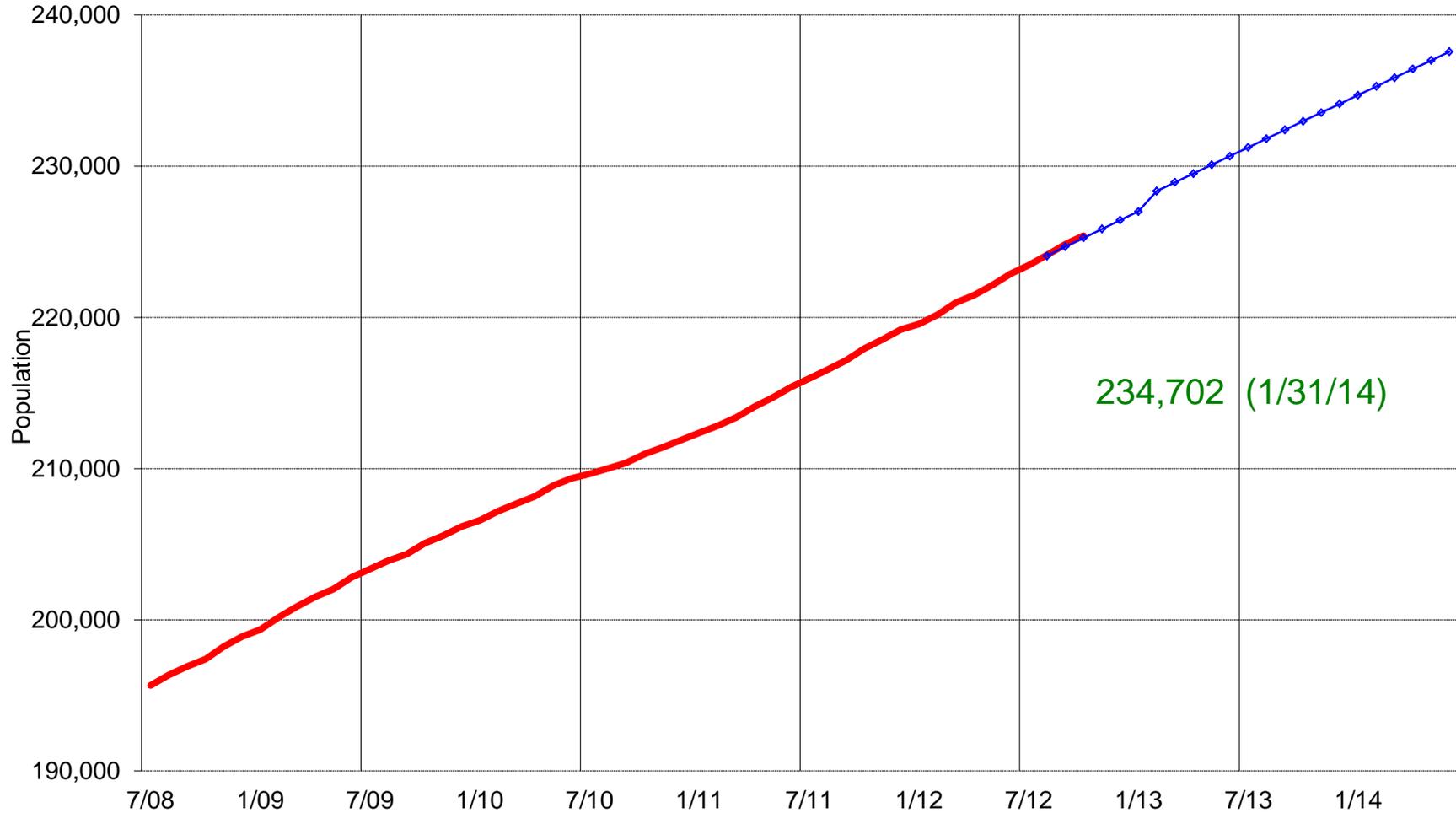
Fiscal Year 2013-14

<i>Estimated Caseload as of 1/31/14</i>				
	<i>ENACTED BUDGET</i>	<i>GOVERNOR'S BUDGET</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Caseload (Age 3 & Older)	226,107	234,702	8,595	3.80%
B. Early Start (Birth through 2 Years)	29,865	31,398	1,533	5.13%
C. Total Community Caseload	255,972	266,100	10,128	3.96%
D. Developmental Center (DC) Average Population	1,559	1,319	-240	-15.39%
E. On Leave	-15	-15	0	0.00%
F. Total Avg. In Center DC Population	1,544	1,304	-240	-15.54%
G. Total Regional Center (RC) Caseload (C + F)	257,516	267,404	9,888	3.8%

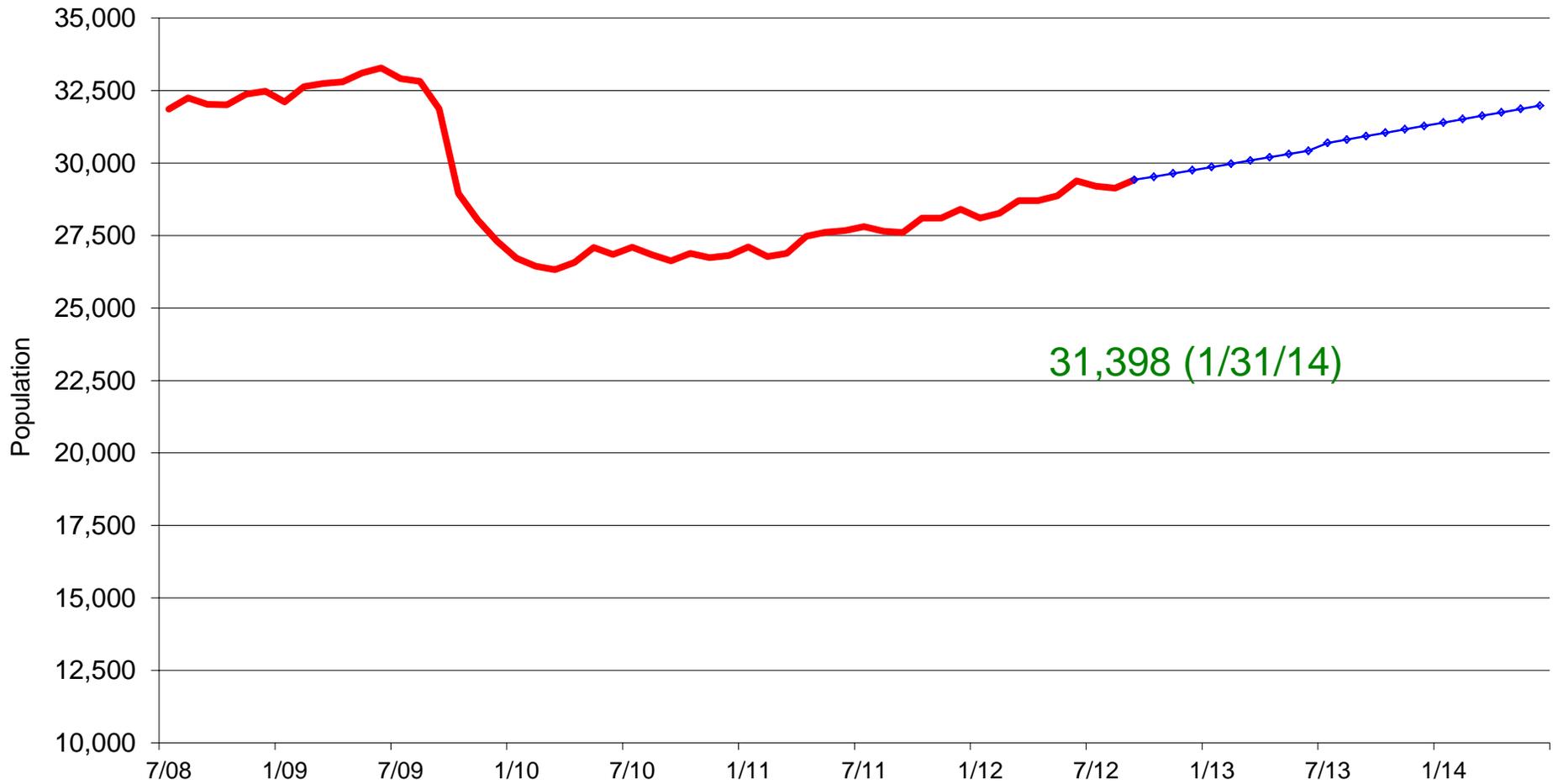
CASELOAD*Fiscal Year 2012-13 vs. Fiscal Year 2013-14*

	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)	29,865	31,398	1,533	5.1%
C. Total Community Caseload	256,872	266,100	9,228	3.6%
D. Developmental Center (DC) Average Population	1,567	1,319	-248	-15.8%
E. On Leave	-15	-15	0	0%
F. Total Avg. In Center DC Population	1,552	1,304	-248	-16.0%
G. Total Regional Center (RC) Caseload (D + G)	258,424	267,404	8,980	3.5%

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)

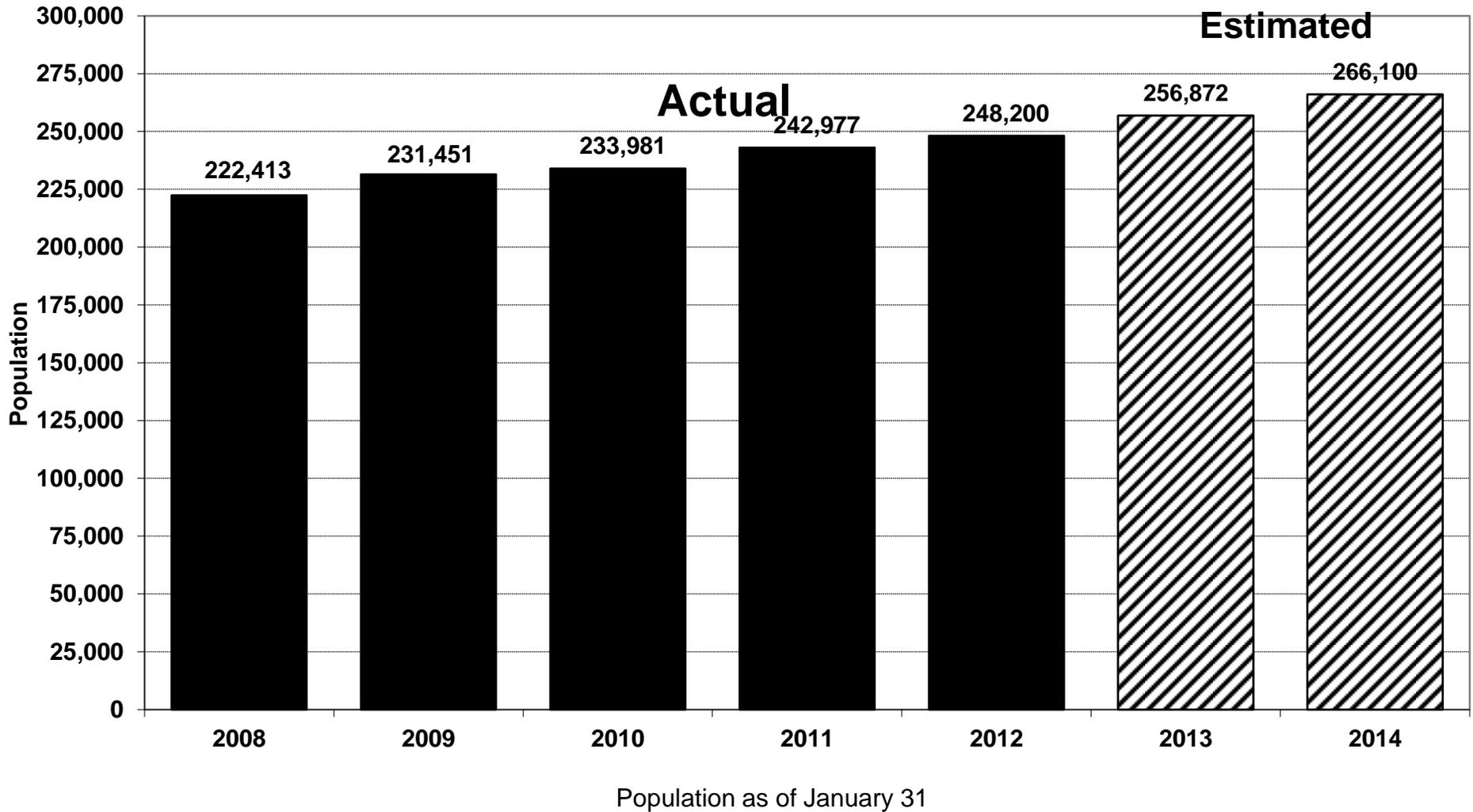


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Operations
POPULATION AND OPERATIONS SUMMARY
Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2012-13

	Enacted Budget	Governor's Budget	Request
POPULATION			
Active (Age 3 & Older)	226,107	227,007	900
Early Start (Birth through 2 Years)	29,865	29,865	0
Total Population	255,972	256,872	900
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$493,568,000	\$496,380,000	\$2,812,000
B. Community Placement Plan	12,472,000	12,472,000	0
C. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	0
D. Less: Intake and Assessment	-4,465,000	-4,465,000	0
E. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	0
F. Less: Cost Containment	-5,968,000	-5,968,000	0
G. Less: Savings Target	-14,145,000	-14,145,000	0
H. Less: 4.25% Payment Reduction ^{1/}	-583,000	0	583,000
I. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
J. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
K. Less: 1.25% Payment Reduction (2012-13)	-6,500,000	-6,672,000	-172,000
L. Total Staffing	\$457,162,000	\$460,385,000	\$3,223,000
II. A. Agnews Ongoing Workload			
	\$2,788,000	\$2,946,000	\$158,000
B. Lanterman Development Center Closure			
	3,537,000	3,537,000	0
C. Total Developmental Centers Closure	\$6,325,000	\$6,483,000	\$158,000
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	11,252,000	11,315,000	63,000
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	\$47,173,000	\$47,236,000	\$63,000
IV. PROJECTS			
A. Information Technology Costs:	\$3,150,000	\$2,917,000	-\$233,000
1. <i>Regional Center Application Support</i>	1,800,000	1,567,000	-233,000
2. <i>Data Processing</i>	1,350,000	1,350,000	0
B. Clients' Rights Advocacy Contract	5,170,000	5,371,000	201,000
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	379,000	321,000	-58,000
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	35,000	57,000	22,000
Q. Total Projects	\$22,666,000	\$22,598,000	-\$68,000
V. Intermediate Care Facility-Developmentally Disabled Administrative Fees			
	\$1,631,000	\$1,631,000	\$0
VI. GRAND TOTAL	\$534,957,000	\$538,333,000	\$3,376,000

^{1/} Represents 4.25% restoration adjustment calculation for updated expenditures in the 2012 May Revision.

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

	Enacted Budget	Governor's Budget	Request
POPULATION			
Active (Age 3 & Older)	226,107	234,702	8,595
Early Start (Birth through 2 Years)	29,865	31,398	1,533
Total Population	255,972	266,100	10,128
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$493,568,000	\$514,845,000	\$21,277,000
B. Community Placement Plan	12,472,000	12,472,000	0
C. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	0
D. Less: Intake and Assessment	-4,465,000	-4,465,000	0
E. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	0
F. Less: Cost Containment	-5,968,000	-5,968,000	0
G. Less: Savings Target	-14,145,000	-14,145,000	0
H. Less: 4.25% Payment Reduction ^{1/}	-583,000	0	583,000
I. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
J. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
K. Less: 1.25% Payment Reduction (2012-13)	-6,500,000	172,000	6,672,000
L. Total Staffing	\$457,162,000	\$485,694,000	\$28,532,000
II.			
A. Agnews Ongoing Workload	\$2,788,000	\$2,946,000	\$158,000
B. Lanterman Development Center Closure	3,537,000	3,537,000	0
C. Total Developmental Centers Closure	\$6,325,000	\$6,483,000	\$158,000
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	11,252,000	11,846,000	594,000
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	\$47,173,000	\$47,767,000	\$594,000
IV. PROJECTS			
A. Information Technology Costs:	\$3,150,000	\$2,917,000	-\$233,000
1. <i>Regional Center Application Support</i>	1,800,000	1,567,000	-233,000
2. <i>Data Processing</i>	1,350,000	1,350,000	0
B. Clients' Rights Advocacy Contract	5,170,000	5,564,000	394,000
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	379,000	321,000	-58,000
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	35,000	391,000	356,000
Q. Total Projects	\$22,666,000	\$23,125,000	\$459,000
V. Intermediate Care Facility-Developmentally Disabled Administrative Fees			
	\$1,631,000	\$1,669,000	\$38,000
VI. GRAND TOTAL			
	\$534,957,000	\$564,738,000	\$29,781,000

^{1/} Represents 4.25% restoration adjustment calculation for updated expenditures in the 2012 May Revision.

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)

- Active Caseload (Age 3 and Over)
- Early Start (Birth through 2 Years and Active)
- Developmental Center Population

Informational:

- Community Care Facility Consumers (including PC)
- Home and Community-Based Services (HCBS) Waiver-Enrolled Consumers
- Early Start (Assessment and Active)
- PC Consumers
- Intake cases per month
- Vendors
- Mediations per year

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
• Active Caseload (Age 3 and Over)	226,107	227,007	900	234,702	7,695	8,595
• Early Start (Birth through 2 Years and Active)	29,865	29,865	0	31,398	1,533	1,533
Subtotal	255,972	256,872	900	266,100	9,228	10,128
• Developmental Center Population	1,544	1,552	8	1,304	-248	-240
Total Caseload	257,516	258,424	908	267,404	8,980	9,888
Informational:						
• Community Care Facility Consumers (including PC)	25,809	25,569	-240	26,004	435	195
• Home and Community-Based Services (HCBS) Waiver-Enrolled Consumers	99,622	100,514	892	105,825	5,311	6,203
• Early Start (Assessment and Active)	34,573	34,246	-327	35,801	1,555	1,228
• PC Consumers	197	197	0	197	0	0
• Intake cases per month	5,413	5,413	0	5,846	433	433
• Vendors	42,032	47,932	5,900	47,932	0	5,900
• Mediations per year	400	400	0	400	0	0

METHODOLOGY:

CORE STAFFING

PERSONAL SERVICES:

- **Direct Services and Administration:**

Total Estimated Number of Positions:

Enacted Budget 9,683.66
2012-13 9,730.16
2013-14 10,179.12

See Attachment A for Core Staffing Expenditure Detail.
See Attachment B for Core Staffing Formulas.

- **Fringe Benefits:**

Based on 23.7% per position.

• Direct Services and Administration:	\$337,923,000	\$339,786,000	\$1,863,000	\$353,275,000	\$13,489,000	15,352,000
• Fringe Benefits:	80,088,000	80,529,000	441,000	83,726,000	3,197,000	3,638,000

Staffing

METHODOLOGY (continued):

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> Salary Savings: <i>Client Program Coordinators:</i> 1.0% Per Position <i>All Other Staff:</i> 5.5% Per Position 	-13,939,000	-14,059,000	-120,000	-14,657,000	-598,000	-718,000
	-2,011,000	-2,013,000	-2,000	-2,084,000	-71,000	-73,000
	-11,928,000	-12,046,000	-118,000	-12,573,000	-527,000	-645,000
<ul style="list-style-type: none"> Early Start /Part C Administrative and Clinical Support: Includes salaries, fringe benefits and salary savings. 	694,000	694,000	0	694,000	0	0
TOTAL PERSONAL SERVICES	<u>\$404,766,000</u>	<u>\$406,950,000</u>	<u>\$2,184,000</u>	<u>\$423,038,000</u>	<u>\$16,088,000</u>	<u>18,272,000</u>
OPERATING EXPENSES:						
<ul style="list-style-type: none"> Operating Expenses: Base amount plus the following adjustments: Professional Positions: \$3,400 Per New Position Clerical Positions: \$2,400 Per New Position 	\$38,279,000	\$38,409,000	\$130,000	\$39,785,000	\$1,376,000	1,506,000
<ul style="list-style-type: none"> Rent: Base amount plus \$8,086 per new position 	50,523,000	51,021,000	498,000	52,022,000	1,001,000	1,499,000
TOTAL OPERATING EXPENSES	<u>\$88,802,000</u>	<u>\$89,430,000</u>	<u>\$628,000</u>	<u>\$91,807,000</u>	<u>\$2,377,000</u>	<u>3,005,000</u>
TOTAL CORE STAFFING	<u>\$493,568,000</u>	<u>\$496,380,000</u>	<u>\$2,812,000</u>	<u>\$514,845,000</u>	<u>\$18,465,000</u>	<u>21,277,000</u>
CPP:						
<ul style="list-style-type: none"> See CPP for the methodology detail. 	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$0	\$0
STAFFING FOR COLLECTION OF FEDERAL FINANCIAL PARTICIPATION (FFP) FOR CONTRACTED SERVICES						
<ul style="list-style-type: none"> Funding provides one Community Program Specialist I and one Account Clerk II for each RC. This funding will be required until the RC have a billing system that allows the processing of vendor invoices that do not include the individual consumer data required to support HCBS Waiver billing. 	2,228,000	2,228,000	0	2,228,000	0	0

Staffing

METHODOLOGY (continued):

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
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	0	0
LESS UNALLOCATED REDUCTION (2001-02)	-10,559,000	-10,559,000	0	-10,559,000	0	0
LESS COST CONTAINMENT (2004-05)	-5,968,000	-5,968,000	0	-5,968,000	0	0
LESS SAVINGS TARGET (2009-10)	-14,145,000	-14,145,000	0	-14,145,000	0	0
LESS 4.25% PAYMENT REDUCTION ^{1/}	-583,000	0	583,000	0	0	583,000
<ul style="list-style-type: none"> This payment reduction expired on June 30, 2012. 						
LESS COST CONTAINMENT (2011-12)	-3,486,000	-3,486,000	0	-3,486,000	0	0
LESS UNALLOCATED REDUCTION (2011-12)	-5,400,000	-5,400,000	0	-5,400,000	0	0
LESS 1.25% PAYMENT REDUCTION (2012-13)	-6,500,000	-6,672,000	-172,000	172,000	6,844,000	6,672,000
EXPENDITURES	<u>\$457,162,000</u>	<u>\$460,385,000</u>	<u>\$3,223,000</u>	<u>\$485,694,000</u>	<u>\$25,309,000</u>	<u>\$28,532,000</u>

^{1/} Represents 4.25% restoration adjustment calculation for updated expenditures in the 2012 May Revision.

Staffing

FUNDING:

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

REASON FOR YEAR-TO-YEAR CHANGE:

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

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$457,162,000	\$460,385,000	\$3,223,000	\$485,694,000	\$25,309,000	\$28,532,000
GF	\$308,477,000	\$311,849,000	\$3,372,000	\$333,250,000	\$21,401,000	\$24,773,000
<i>GF Match</i>	139,940,000	140,377,000	437,000	144,077,000	3,700,000	4,137,000
<i>GF Other</i>	168,537,000	171,472,000	2,935,000	189,173,000	17,701,000	20,636,000
Reimbursements	\$148,685,000	\$148,536,000	-\$149,000	\$152,444,000	\$3,908,000	\$3,759,000
<i>MA</i>	9,368,000	8,492,000	-876,000	8,801,000	309,000	-567,000
<i>HCBS Waiver Administration</i>	1,760,000	1,664,000	-96,000	1,874,000	210,000	114,000
<i>TCM</i>	130,139,000	131,085,000	946,000	134,474,000	3,389,000	4,335,000
<i>TCM Administration</i>	3,668,000	3,545,000	-123,000	3,545,000	0	-123,000
<i>MFP</i>	3,750,000	3,750,000	0	3,750,000	0	0

Attachment A
CORE STAFFING - CY 2012-13
Comparison of Enacted Budget to the Governor's Budget

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

	Enacted Budget	Governor's Budget			
		Positions	Budgeted Salary	Cost	Request
(a) Physician	\$10,206,141	129.21	\$79,271	\$10,242,606	\$36,465
(b) Psychologist	10,751,655	258.42	41,754	10,790,069	38,414
(c) Nurse	4,785,766	129.21	37,171	4,802,865	17,099
(d) Nutritionist	3,621,738	129.21	28,130	3,634,677	12,939

(2) Clinical Support Teams

(a) Physician/Psychiatrist	5,982,210	67.00	92,034	6,166,278	184,068
(b) Consulting Pharmacist	3,929,250	67.00	60,450	4,050,150	120,900
(c) Behavioral Psychologist	3,573,180	67.00	54,972	3,683,124	109,944
(d) Nurse	3,281,070	67.00	50,478	3,382,026	100,956

(3) SB 1038 Health Reviews

(a) Physician	2,102,057	22.57	92,034	2,077,207	-24,850
(b) Nurse	5,379,945	105.34	50,478	5,317,353	-62,592

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)	21,230,286	406.67	52,392	21,306,255	75,969
(4) Supervising Counselor (Capitol People First) (DC Case Management 1:10 CPCs)	222,432	3.61	67,200	242,592	20,160
(5) Client Program Coordinator (CPC), 1:66 DC Consumers Capitol People First	1,603,818	36.12	47,019	1,698,326	94,508
(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES)	65,161,070	1,914.82	34,032	65,165,154	4,084
(7) CPC (Waiver, Early Start only), 1:62 Consumers	71,075,832	2,102.89	34,032	71,565,552	489,720
(8) CPC, Quality Assurance for ARM	1,666,547	48.97	34,032	1,666,547	0
(9) Supervising Counselor, DSS Incidental Medical Care Regulations (1:10 CPCs)	65,490	1.34	52,392	70,205	4,715
(10) CPC, DSS Incidental Medical Care Regs	473,178	13.36	37,824	505,329	32,151

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,064,245	38.21	52,392	2,001,898	-62,347
(2) CPC	13,409,629	382.10	34,032	13,003,627	-406,002

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	1,103,899	20.87	52,392	1,093,421	-10,478
(b) CPC	7,169,181	208.67	34,032	7,101,457	-67,724
(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	1,214,663	25.76	50,844	1,309,741	95,078
(3) Program Evaluator	898,653	21.00	42,793	898,653	0
(4) Resource Developer	898,653	21.00	42,793	898,653	0
(5) Transportation Coordinator	898,653	21.00	42,793	898,653	0
(6) Administrative Services Analyst (SB 1039 Consumer Complaints)	449,327	10.50	42,793	449,327	0
(7) Developmental Center Liaison	144,917	5.96	38,036	226,695	81,778
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation: (a) Supervising Counselor	6,287	0.12	52,392	6,287	0
(b) CPC (Supplement at 1:45 Consumers)	40,838	1.20	34,032	40,838	0

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	378,270	7.24	52,392	379,318	1,048
(2) QA/CPC	2,456,770	72.37	34,032	2,462,896	6,126
(3) Nurses	1,822,256	36.19	50,478	1,826,799	4,543

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

	\$281,919,554	7,424.18		\$282,816,226	\$896,672
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Attachment A
CORE STAFFING, CY 2012-13 (continued)

	Enacted Budget	Governor's Budget			
		Positions	Budgeted Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	3,973,543	100.51	39,887	4,009,042	35,499
(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	1,233,309	65.76	20,617	1,355,774	122,465
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	5,921,442	342.59	18,397	6,695,566	774,124
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	267,091	11.29	23,388	264,051	-3,040
(5) MD/Psychologist Secretary I	4,224,912	193.82	21,876	4,240,006	15,094
(6) Secretary II	3,849,197	162.85	23,388	3,808,736	-40,461
(7) Secretary I	18,498,716	989.04	18,757	18,551,423	52,707
(8) Secretary I (DC Case Management - Capitol People First)	200,961	6.62	31,848	210,834	9,873
e. SUBTOTAL ADMINISTRATION	\$56,003,730	2,305.98		\$56,969,991	\$966,261
3. TOTAL POSITIONS AND SALARIES (Item A.1.i. + Item A.2.e.)	\$337,923,284	9,730.16		\$339,786,217	\$1,862,933
a. CPCs	162,601,041			162,721,753	120,712
b. All Other Staff	175,322,243			177,064,464	1,742,221
4. Fringe Benefits					
a. CPCs 23.7%	\$38,536,447			\$38,565,055	\$28,608
b. All Other Staff 23.7%	41,551,372			41,964,278	412,906
c. Total Fringe Benefits	\$80,087,819			\$80,529,333	\$441,514
5. Salary Savings					
a. CPCs 1.0%	-\$2,011,375			-\$2,012,868	-\$1,493
b. All Other Staff 5.5%	-11,928,049			-12,046,581	-118,532
c. Total Salary Savings	-\$13,939,424			-\$14,059,449	-\$120,025
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	\$404,765,679	9,730.00		\$406,950,101	\$2,184,422
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$38,279,000			\$38,409,000	\$130,000
2. Rent	\$50,523,000			\$51,021,000	\$498,000
3. Subtotal Operating Expenses and Rent	\$88,802,000			\$89,430,000	\$628,000
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	\$493,568,000			\$496,380,000	\$2,812,000

Attachment A
CORE STAFFING - BY 2013-14
Comparison of the Enacted Budget to the Governor's Budget

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

	Enacted Budget	Governor's Budget			
		Positions	Budgeted Salary	Cost	Difference
(a) Physician	\$10,206,141	133.70	\$79,271	\$10,598,533	\$392,392
(b) Psychologist	10,751,655	267.40	41,754	11,165,020	413,365
(c) Nurse	4,785,766	133.70	37,171	4,969,763	183,997
(d) Nutritionist	3,621,738	133.70	28,130	3,760,981	139,243

(2) Clinical Support Teams

(a) Physician/Psychiatrist	5,982,210	69.00	92,034	6,350,346	368,136
(b) Consulting Pharmacist	3,929,250	69.00	60,450	4,171,050	241,800
(c) Behavioral Psychologist	3,573,180	69.00	54,972	3,793,068	219,888
(d) Nurse	3,281,070	69.00	50,478	3,482,982	201,912

(3) SB 1038 Health Reviews

(a) Physician	2,102,057	23.85	92,034	2,195,011	92,954
(b) Nurse	5,379,945	111.30	50,478	5,618,201	238,256

b. Intake / Case Management

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	2,941,324	83.52	38,036	3,176,767	235,443
(2) Intake Worker	24,383,380	835.15	31,532	26,333,950	1,950,570
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6) and (7) below)	21,230,286	421.32	52,392	22,073,797	843,511
(4) Supervising Counselor (Capitol People First)					
(DC Case Management 1:10 CPCs)	222,432	3.61	67,200	242,592	20,160
(5) Client Program Coordinator (CPC), 1:66 DC Consumers					
Capitol People First	1,603,818	36.12	47,019	1,698,326	94,508
(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES)	65,161,070	1,950.94	34,032	66,394,390	1,233,320
(7) CPC (Waiver, Early Start only), 1:62 Consumers	71,075,832	2,213.27	34,032	75,322,005	4,246,173
(8) CPC, Quality Assurance for ARM	1,666,547	48.97	34,032	1,666,547	0
(9) Supervising Counselor, DSS Incidental Medical					
Care Regulations (1:10 CPCs)	65,490	1.36	52,392	71,253	5,763
(10) CPC, DSS Incidental Medical Care Regs	473,178	13.63	37,824	515,541	42,363

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,064,245	39.34	52,392	2,061,101	-3,144
(2) CPC	13,409,629	393.37	34,032	13,387,168	-22,461

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	1,103,899	21.81	52,392	1,142,670	38,771
(b) CPC	7,169,181	218.14	34,032	7,423,740	254,559
(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	1,214,663	25.76	50,844	1,309,741	95,078
(3) Program Evaluator	898,653	21.00	42,793	898,653	0
(4) Resource Developer	898,653	21.00	42,793	898,653	0
(5) Transportation Coordinator	898,653	21.00	42,793	898,653	0
(6) Administrative Services Analyst (SB 1039					
Consumer Complaints)	449,327	10.50	42,793	449,327	0
(7) Developmental Center Liaison	144,917	5.96	38,036	226,695	81,778
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation:					
(a) Supervising Counselor	6,287	0.12	52,392	6,287	0
(b) CPC (Supplement at 1:45 Consumers)	40,838	1.20	34,032	40,838	0

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	378,270	7.42	52,392	388,749	10,479
(2) QA/CPC	2,456,770	74.22	34,032	2,525,855	69,085
(3) Nurses	1,822,256	37.11	50,478	1,873,239	50,983

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

Enacted Budget	\$281,919,554	7,717.12		\$293,658,436	\$11,738,882
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Attachment A
CORE STAFFING, BY (continued)

	Enacted Budget	Governor's Budget			
		Positions	Budgeted Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	3,973,543	105.83	39,887	4,221,241	247,698
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	875,232	24.21	36,468	882,890	7,658
(5) Revenue Clerk	1,233,309	59.88	20,617	1,234,546	1,237
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	5,921,442	445.67	18,397	8,198,991	2,277,549
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	267,091	11.93	23,388	279,019	11,928
(5) MD/Psychologist Secretary I	4,224,912	200.55	21,876	4,387,232	162,320
(6) Secretary II	3,849,197	167.34	23,388	3,913,748	64,551
(7) Secretary I	18,498,716	1,030.47	18,757	19,328,526	829,810
(8) Secretary I (DC Case Management - Capitol People First)	200,961	6.62	31,848	210,834	9,873
e. SUBTOTAL ADMINISTRATION	\$56,003,730	2,462.00		\$59,616,354	\$3,612,624
3. TOTAL POSITIONS AND SALARIES					
(Item A.1.i. + Item A.2.e.)	\$337,923,284	10,179.12		\$353,274,790	\$15,351,506
a. CPCs	162,601,041			168,476,225	5,875,184
b. All Other Staff	175,322,243			184,798,565	9,476,322
4. Fringe Benefits					
a. CPCs 23.7%	\$38,536,447			\$39,928,865	\$1,392,418
b. All Other Staff 23.7%	41,551,372			43,797,260	2,245,888
c. Total Fringe Benefits	\$80,087,819			\$83,726,125	\$3,638,306
5. Salary Savings					
a. CPCs 1.0%	-\$2,011,375			-\$2,084,051	-\$72,676
b. All Other Staff 5.5%	-11,928,049			-12,572,770	-644,721
c. Total Salary Savings	-\$13,939,424			-\$14,656,821	-\$717,397
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.)	\$404,765,679			\$423,038,094	\$18,272,415
ROUNDED	\$404,766,000	10,179.00		\$423,038,000	\$18,272,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$38,279,000			\$39,785,000	\$1,506,000
2. Rent	\$50,523,000			\$52,022,000	\$1,499,000
3. Subtotal Operating Expenses and Rent	\$88,802,000			\$91,807,000	\$3,005,000
C. SUBTOTAL CORE STAFFING (Items A.7. + B.3.)	\$493,568,000			\$514,845,000	\$21,277,000

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	\$1,736,000	\$1,736,000
<i>GF Match</i>	492,000	492,000
<i>GF Other</i>	1,244,000	1,244,000
Reimbursements	\$492,000	\$492,000
<i>HCBS Waiver Administration</i>	492,000	492,000

Agnews Ongoing Workload (Operations)

A. Community Placement Plan Staffing	Enacted Budget		Updated 2012-13		2012-13 Request		2013-14		2013-14 Over 2012-13		2013-14 Over Enacted Budget	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
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	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	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	0.00	\$0	0.00	\$0
b. Operating Expenses												
(1) Operating Expenses		\$27,718		\$27,718		\$0		\$27,718		\$0		\$0
(2) Rent		51,800		51,800		0		51,800		0		0
(3) Total Operating Expenses		\$79,518		\$79,518		\$0		\$79,518		\$0		\$0
c. Subtotal Unified Operational Costs (Rounded)		\$1,086,006		\$1,086,006		\$0		\$1,086,006		\$0		\$0
2. State Employees in the Community												
a. Personal Services	13.40	\$1,016,167	13.40	\$1,193,669	0.00	\$177,502	13.40	\$1,193,669	0.00	\$0	0.00	\$177,502
b. Operating Expenses		93,526		73,833		-19,693		73,833		0		-19,693
c. Total State Employees in the Community (Rounded)		\$1,109,693		\$1,267,502		\$157,809		\$1,267,502		\$0		\$157,809
		\$1,110,000		\$1,268,000		\$158,000		\$1,268,000		\$0		\$158,000
3. Total CPP Staffing	13.40	\$2,196,000	13.40	\$2,354,000	0.00	\$158,000	13.40	\$2,354,000	0.00	\$0	0.00	\$158,000
B. Placement Continuation Staffing												
1. Nurse	3.00	\$356,000	3.00	\$356,000	0.00	\$0	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	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	0.00	\$0	0.00	\$0
C. Total (A + B) (Rounded)	29.90	\$2,788,000	29.90	\$2,946,000	0.00	\$158,000	29.90	\$2,946,000	0.00	\$0	0.00	\$158,000

**Agnews Ongoing Workload
(Operations)**

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$2,788,000	\$2,946,000	\$158,000	\$2,946,000	\$0	\$158,000
GF	977,000	1,518,000	541,000	1,518,000	0	541,000
<i>GF Match</i>	728,000	590,000	-138,000	590,000	0	-138,000
<i>GF Other</i>	249,000	928,000	679,000	928,000	0	679,000
Reimbursements	1,811,000	1,428,000	-383,000	1,428,000	0	-383,000
<i>HCBS Waiver Administration</i>	188,000	169,000	-19,000	169,000	0	-19,000
<i>Medicaid Administration</i>	1,623,000	1,259,000	-364,000	1,259,000	0	-364,000

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:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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	\$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	\$0	\$0

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14	2013-14
					Over 2012-13	Over Enacted Budget
<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>Enacted Budget: 2012-13: \$5,626,000 GF Match, \$5,626,000 TCM. November 2012 Estimate 2012-13: \$5,657,000 GF Match, \$5,658,000 TCM. 2013-14: \$5,923,000 GF Match, \$5,923,000 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>	\$11,252,000	\$11,315,000	\$63,000	\$11,846,000	\$531,000	\$594,000
<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	\$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	\$0	\$0

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14	2013-14
					Over 2012-13	Over Enacted Budget
<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	\$0	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$47,173,000	\$47,236,000	\$63,000	\$47,767,000	\$531,000	\$594,000

Federal Compliance

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14	2013-14
					Over 2012-13	Over Enacted Budget
TOTAL	\$47,173,000	\$47,236,000	\$63,000	\$47,767,000	\$531,000	\$594,000
GF	\$35,805,000	\$37,186,000	\$1,381,000	\$37,452,000	\$266,000	\$1,647,000
<i>GF Match</i>	10,068,000	8,749,000	-1,319,000	9,015,000	266,000	-1,053,000
<i>GF Other</i>	25,737,000	28,437,000	2,700,000	28,437,000	0	2,700,000
Reimbursements	\$11,368,000	\$10,050,000	-\$1,318,000	\$10,315,000	\$265,000	-\$1,053,000
<i>HCBS Waiver Administration</i>	492,000	492,000	0	492,000	0	0
<i>MA</i>	1,950,000	1,950,000	0	1,950,000	0	0
<i>TCM</i>	8,926,000	7,608,000	-1,318,000	7,873,000	265,000	-1,053,000

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

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 over Enacted Budget
A. Total Number of Budgeted HCBS Waiver-related Client Program Coordinator (CPC) Positions	1,991.42	1,997.18	5.76	2,091.05	93.87	99.63
B. Case Management Coverage Factor (e.g., immediate coverage for CPC vacancies) ^{a/}	7.4%	7.4%	0.0%	7.4%	0.0%	0.0%
C. Number of CPC Vacancies Related to HCBS Waiver Consumers (Item A x Item B) ^{b/}	147.37	147.79	0.43	154.74	6.95	7.37
D. CPC Salary	\$39,606	\$39,606	\$0.00	\$39,606	\$0	\$0.00
E. Total CPC Salary Expenditures (Item C x Item D)	\$5,836,541	\$5,853,423	\$16,882	\$6,128,541	\$275,118	\$292,000
F. Supervising Counselors (at 1:10 CPCs)						
2012-13 147.79 x 1/10 = 14.78	14.74	14.78	0.04			
2013-14 154.74 x 1/10 = 15.47				15.47	0.69	0.73
G. Supervising Counselor Salary	\$62,784	\$62,784	\$0	\$62,784	\$0	\$0.00
H. Total Supervising Counselor Salary Expenditures (Item F x Item G)	\$925,436	\$927,948	\$2,512	\$971,268	\$0	\$45,832
I. Secretary II (at 1:6 CPCs and Supervising Counselors)						
Enacted Budget 147.37 + 14.74 = 162.11						
162.11 x 1/6 = 27.02						
2012-13 147.79 + 14.78 = 162.57						
162.57 x 1/6 = 27.10	27.02	27.10	0.08			
2013-14 154.74 + 15.47 = 170.21						
170.21 x 1/6 = 28.37				28.37	1.27	1.35
J. Secretary II Salary	\$28,736	\$28,736	\$0	\$28,736	\$0	\$0
Total Secretary II Salary Expenditures (Item I x Item J)	\$776,447	\$778,746	\$2,299	\$815,240	\$0	\$38,793

Increase in Case Managers to Meet Federal Audit Requirements

		Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 over Enacted Budget
K. Fringe Benefits							
CPC's and All Other Staff	23.7%	\$1,761,954	\$1,791,748	\$29,794	\$1,875,867	\$84,119	\$113,913
		\$1,761,954	\$1,791,748	\$29,794	\$1,875,867	\$84,119	\$113,913
L. Salary Savings							
CPCs	1.0%	-\$71,206	-\$72,407	-1,201	-\$75,810	-\$3,403	-4,604
All Other Staff	5.5%	-114,167	-116,115	-1,948	-121,545	-5,430	-7,378
		-185,373	-188,522	-3,149	-197,355	-8,833	-11,982
M. Total Personal Services (Item E + Item G + Item J + Item I + Item K)		\$9,115,005	\$9,163,343	\$48,338	\$9,593,560	\$350,404	\$478,555
N. Operating Expenses							
Professional Positions	\$3,400	\$543,558	\$552,742	\$9,184	\$578,706	\$25,964	\$35,148
Clerical Positions	\$2,400	63,960	65,040	1,080	68,088	3,048	4,128
Rent	\$8,086	1,529,265	1,533,682	4,417	1,605,699	72,017	76,434
Total Operating Expenses		\$2,136,783	\$2,151,464	\$14,681	\$2,252,493	\$101,029	\$115,710
O. Total Costs (Item L + Item M)		\$11,251,788	\$11,314,807	63,019	\$11,846,053	\$531,247	594,265
Rounded		\$11,252,000	\$11,315,000	\$63,000	\$11,846,000	\$531,000	\$594,000
	TOTAL	\$11,252,000	\$11,315,000	\$63,000	\$11,846,000	\$531,000	\$594,000
	General Fund (GF)	\$5,626,000	\$5,657,000	\$31,000	\$5,923,000	\$266,000	\$297,000
	<i>GF Match</i>	5,626,000	5,657,000	31,000	5,923,000	266,000	297,000
	<i>GF Other</i>	0	0	0	0	0	0
	Reimbursements	\$5,626,000	\$5,658,000	\$32,000	\$5,923,000	\$265,000	297,000
	<i>Targeted Case Management</i>	5,626,000	5,658,000	32,000	5,923,000	265,000	297,000

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:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
ASSUMPTIONS/METHODOLOGY:						
<ul style="list-style-type: none"> ● Information Technology Costs <ul style="list-style-type: none"> ● RC Application Support ● Data Processing <p style="margin-left: 40px;">100% General Fund (GF)</p>	\$3,150,000	\$2,917,000	-\$233,000	\$2,917,000	\$0	-\$233,000
RC Application Support	<i>1,800,000</i>	<i>1,567,000</i>	<i>-233,000</i>	<i>1,567,000</i>	0	<i>-233,000</i>
Data Processing	<i>1,350,000</i>	<i>1,350,000</i>	<i>0</i>	<i>1,350,000</i>	0	<i>0</i>
<ul style="list-style-type: none"> ● Clients' Rights Advocacy <p style="margin-left: 20px;">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>	\$5,170,000	\$5,371,000	\$201,000	\$5,564,000	\$193,000	\$394,000
<ul style="list-style-type: none"> ● Quality Assessment Contract <p style="margin-left: 20px;">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	\$0	\$0

Projects

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

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> Wellness Projects WIC Sections 4696 and 4646.5 contain requirements that are fulfilled through the Wellness Initiative. Project priorities are determined annually by a selection committee comprised of legislative staff, advocacy groups, consumers, RC representatives and the Community Services and Supports Division within DDS. The types of projects generally fall into the following categories: health professional training programs, medication reviews, health assessments, specialty clinics, telemedicine, resource development for persons with a dual diagnosis, training programs for parents and consumers, and dental health programs and services. (100% GF) 	\$100,000	\$100,000	\$0	\$100,000	\$0	\$0
<ul style="list-style-type: none"> Foster Grandparent/Senior Companion Through these programs, men and women, 60 years of age and older, devote up to 20 hours a week to help people with developmental disabilities lead more independent and productive lives. 	\$1,739,000	\$1,739,000	\$0	\$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	\$0	\$0

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> ● Increased Access to Mental Health Services <ul style="list-style-type: none"> ● Regional Best Practice Training ● RC Technical Assistance and Liaison Support 	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0
<ul style="list-style-type: none"> ● 100% Mental Health Services Fund (MHSF) 	675,000	675,000	0	675,000	0	0
<ul style="list-style-type: none"> ● RC Technical Assistance and Liaison Support 	65,000	65,000	0	65,000	0	0
<ul style="list-style-type: none"> ● Sherry S. Court Case 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) 	\$379,000	\$321,000	-\$58,000	\$321,000	\$0	-\$58,000
<ul style="list-style-type: none"> ● 2003-04 FFP Enhancement, Phase II These costs are associated with legal support for federal program activities. (100% GF) 	\$500,000	\$500,000	\$0	\$500,000		\$0
<ul style="list-style-type: none"> ● University Enterprises, Inc. DDS contracts with University Enterprises, Inc. for statistical forecasting assistance in estimating RC costs. (100% GF) 	\$113,000	\$113,000	\$0	\$113,000		\$0

Projects

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

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> ● Homeland Security Grant Program (HSGP) The RC portion of the HSGP award will fund projects at specific RC's that will include such things as equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events. (100% Homeland Security Grant) 	\$35,000	\$57,000	\$22,000	\$391,000	\$334,000	\$356,000
<ul style="list-style-type: none"> ● EXPENDITURES 	\$22,666,000	\$22,598,000	-\$68,000	\$23,125,000	\$527,000	\$459,000

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects information technology rate reductions pursuant to Control Section 15.25 and updated expenditure data.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in 2013-14 over 2012-13 reflects updated expenditure data.

Projects

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14 2013-14	2013-14	2013-14
					Over 2012-13	Over Enacted Budget
TOTAL	\$22,666,000	\$22,598,000	-\$68,000	\$23,125,000	\$527,000	\$459,000
GF	\$17,305,000	\$16,973,000	-\$332,000	\$17,166,000	\$193,000	-\$139,000
<i>GF Match</i>	3,339,000	4,079,000	740,000	4,079,000	0	740,000
<i>GF Other</i>	13,966,000	12,894,000	-1,072,000	13,087,000	193,000	-879,000
Reimbursements	\$3,874,000	\$4,138,000	\$264,000	\$4,472,000	\$334,000	\$598,000
<i>HCBS Waiver Administration</i>	3,839,000	4,081,000	242,000	4,081,000	0	242,000
<i>HSGP</i>	35,000	57,000	22,000	391,000	334,000	356,000
Developmental Disabilities Services Account	\$150,000	\$150,000	\$0	\$150,000	\$0	\$0
Mental Health Services Fund	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0
Federal Funds	\$597,000	\$597,000	\$0	\$597,000	\$0	\$0
<i>Foster Grandparent Program</i>	597,000	597,000	0	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 \$1.6 million for RC administration .

- POS costs for day treatment and transportation for 2012-13 totals \$107.2 million. RC administration costs are 1.5% of the total or \$1.6 million.

2013-14: Total billing costs are \$1.7 million for RC administration.

- POS costs for day treatment and transportation for 2012-13 totals \$112.9 million. RC administration costs are 1.5% of the total or \$1.7 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:

The estimate reflects the most current expenditures available.

REASON FOR YEAR-TO-YEAR CHANGE:

The estimate reflects the most current data available.

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$1,631,000	\$1,631,000	\$0	\$1,669,000	\$38,000	\$38,000
General Fund	815,000	815,000	0	834,000	19,000	19,000
<i>General Fund Match</i>	815,000	815,000	0	834,000	19,000	19,000
<i>General Fund Other</i>	0	0	0	0	0	
Reimbursements	816,000	816,000	0	835,000	19,000	19,000
<i>FFP (Quality Assurance Fees)</i>	816,000	816,000	0	835,000	19,000	19,000

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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 October 1, 2012. Data were adjusted for lag based on historical data.
- Supplemental Security Income/State Supplementary Program (SSI/SSP) payment is a grant received by persons in CCFs from the Social Security Administration (the "SSI" portion), along with a supplemental payment from the State (the "SSP" portion). For individuals who receive SSI/SSP (an estimated 94.9 percent of persons in CCFs), the RCs fund only the portion of the facility costs that is above the SSI/SSP level of payment (i.e., the "net" costs). Funds for the SSI/SSP grants are in the DSS budget. This factor is incorporated in the CCF estimate.

METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
• 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:	\$865,647,000	\$872,084,000	\$6,437,000	\$908,042,000	\$35,958,000	\$42,395,000
• Updated Costs without CPP/Prior Year Estimate	873,606,000	880,411,000	6,805,000	895,409,000	14,998,000	21,803,000
• Lanterman Continuation Costs in 2012-13	4,153,000	4,153,000	0	4,153,000	0	0
• Additional Cost Savings and Efficiencies (Downsizing Funding)(2012-13)	-2,000,000	-2,000,000	0	-2,000,000	0	0
• 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)	-10,112,000	-10,480,000	-368,000	10,480,000	20,960,000	20,592,000

Community Care Facilities

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
METHODOLOGY (continued):						
• Utilization Change/Growth:						
Total Utilization Change/Growth for 2012-13	\$32,056,000	\$25,478,000	-\$6,578,000	<i>In Base</i>	<i>In Base</i>	
Total Utilization Change/Growth for 2013-14				\$26,194,000	\$716,000	-\$5,862,000
• Caseload Growth						
<i>Estimate for 2012-13</i>	13,466,000	7,194,000	-6,272,000			
<i>Estimate for 2013-14</i>				7,401,000	207,000	-6,065,000
<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, implementation of cost containment measures in 2009-10, 2010-11 and 2011-12.</p>						
<p>Estimated Caseload Growth:</p> <p> Enacted Budget 4,941 Person Months</p> <p> Est. for 2012-13: 2,411 Person Months</p> <p> Est. for 2013-14: 2,431 Person Months</p>						
• Average Cost Increase:						
<i>Estimate for 2012-13</i>	18,590,000	18,284,000	-306,000			
<i>Estimate for 2013-14</i>				18,793,000	509,000	203,000
<p>Reflects the costs of consumers needing higher levels of CCF care than in the past.</p>						

Community Care Facilities

METHODOLOGY (continued):	Enacted	Updated	2012-13		2013-14	2013-14
	Budget	2012-13	Request	2013-14	over	Over
					2012-13	Enacted
						Budget
• Subtotal Base, Growth and Payment Reduction	\$897,703,000	\$897,562,000	-\$141,000	\$934,236,000	\$36,674,000	\$36,533,000
• CPP: See CPP methodology for detail.	\$21,153,000	\$20,376,000	-\$777,000	\$20,587,000	\$211,000	-\$566,000
• SSI/SSP Increases Effective January 1, 2013 The SSI/SSP rate is estimated to increase from \$961 to \$982 in January 2012 and to \$986 January 2013	-\$3,351,000	-\$3,351,000	\$0	-\$3,351,000	\$0	\$0
• TOTAL EXPENDITURES	\$915,505,000	\$914,587,000	-\$918,000	\$951,472,000	\$36,885,000	\$35,967,000

Community Care Facilities

FUNDING:

CCF expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, 1915 (i) State Plan Amendment (SPA), and the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), and Money Follows the Person. Based on actual 2010-11 billing data, approximately 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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$915,505,000	\$914,587,000	-\$918,000	\$951,472,000	\$36,885,000	\$35,967,000
GF	\$511,867,000	\$496,698,000	-\$15,169,000	\$519,269,000	\$22,571,000	\$7,402,000
<i>GF Match</i>	387,086,000	402,272,000	15,186,000	416,584,000	14,312,000	29,498,000
<i>GF Other</i>	124,781,000	94,426,000	-30,355,000	102,685,000	8,259,000	-22,096,000
Reimbursements	\$403,638,000	\$417,889,000	\$14,251,000	\$432,203,000	\$14,314,000	\$28,565,000
<i>HCBS Waiver</i>	356,773,000	371,807,000	15,034,000	384,871,000	13,064,000	28,098,000
<i>1915 (i) SPA</i>	27,493,000	27,643,000	150,000	28,893,000	1,250,000	1,400,000
<i>Title XX TANF</i>	10,908,000	9,975,000	-933,000	9,975,000	0	-933,000
<i>Money Follows the Person</i>	8,464,000	8,464,000	0	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 2012 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, 2010, as follows: \$185.68 for DD-Hs and \$211.87 for DD-Ns.
- Estimated New Consumers:

	<u>Enacted Budget</u>	<u>2012-13</u>	<u>2013-14</u>
DD-H	54	54	54
DD-N	72	72	72

- 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:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
• 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:	\$25,305,000	\$25,907,000	\$602,000	\$26,399,000	\$492,000	\$1,094,000
• <i>Updated Costs without CPP/Prior Year Estimate</i>	34,064,000	34,589,000	525,000	34,463,000	-126,000	399,000
• <i>Redesign Services for Individuals with Challenging Service Needs</i>	-8,073,000	-8,073,000	0	-8,073,000	0	0
• <i>Additional Cost Savings and Efficiencies (Gap Funding)(2012-13)</i>	-300,000	-300,000	0	-300,000	0	0
• <i>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</i>	-386,000	-309,000	77,000	309,000	618,000	695,000

Medical Facilities

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> Utilization Change/Growth: 						
Total Utilization Change/Growth for 2012-13	\$183,000	\$183,000	\$0	<i>In Base</i>	<i>In Base</i>	
Total Utilization Change/Growth for 2013-14				\$183,000	\$0	\$0
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 	\$25,488,000	\$26,090,000	\$602,000	\$26,582,000	\$492,000	\$1,094,000
<ul style="list-style-type: none"> Gap Resource Development (New Facilities) 	\$722,000	\$722,000	\$0	\$722,000	\$0	\$0
Gap is the time period between licensure and certification of small health facilities when Medi-Cal does not cover any person's facility costs.						
In 2012-13 and 2013-14 it is assumed that 12 DD-H facilities will need gap funding for 2 consumers each for not more than 60 days, and 14 DD-N facilities will need gap funding for 2 consumers each for not more than 60 days.						

Medical Facilities

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
• CPP	\$164,000	\$161,000	-\$3,000	\$157,000	-\$4,000	-\$7,000
• TOTAL EXPENDITURES	\$26,374,000	\$26,973,000	\$599,000	\$27,461,000	\$488,000	\$1,087,000

FUNDING:

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

EXPENDITURES:

TOTAL	\$26,374,000	\$26,973,000	\$599,000	\$27,461,000	\$488,000	\$1,087,000
GF	26,374,000	26,973,000	599,000	27,461,000	488,000	1,087,000
<i>GF Other</i>	<i>26,374,000</i>	<i>26,973,000</i>	<i>599,000</i>	<i>27,461,000</i>	<i>488,000</i>	<i>1,087,000</i>

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

METHODOLOGY:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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> 	\$770,687,000	\$770,336,000	-\$351,000	\$814,017,000	\$43,681,000	\$43,330,000
	<i>779,589,000</i>	<i>779,570,000</i>	<i>-19,000</i>	<i>804,783,000</i>	<i>25,213,000</i>	<i>25,194,000</i>
	<i>-8,902,000</i>	<i>-9,234,000</i>	<i>-332,000</i>	<i>9,234,000</i>	<i>18,468,000</i>	<i>18,136,000</i>

Day Programs

METHODOLOGY (continued):	Enacted	Updated	2012-13	2013-14	2013-14	2013-14
	Budget	2012-13	Request	2013-14	Over 2012-13	Over Enacted Budget
<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>Estimate for 2012-13</p> <p>Estimate for 2013-14</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, implementation of cost containment measures in 2009-10, 2010-11, and 2011-12.</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>Estimate for 2012-13</p> <p>Estimate for 2013-14</p> <p>Reflects the cost of new community-based day programs</p> 	\$27,272,000	\$31,582,000	\$4,310,000		<i>In Base</i>	<i>In Base</i>
				\$32,317,000	\$735,000	\$5,045,000
	20,505,000	29,960,000	9,455,000			
				30,717,000	757,000	10,212,000
	6,767,000	1,622,000	-5,145,000			
				1,600,000	-22,000	-5,167,000

Day Programs

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
METHODOLOGY (continued):						
• Subtotal Base and Growth	\$797,959,000	\$801,918,000	\$3,959,000	\$846,334,000	\$44,416,000	\$48,375,000
• CPP: See CPP methodology for detail.	\$3,948,000	\$3,886,000	-\$62,000	\$3,785,000	-\$101,000	-\$163,000
• TOTAL EXPENDITURES:	\$801,907,000	\$805,804,000	\$3,897,000	\$850,119,000	\$44,315,000	\$48,212,000

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 2010-11 billing data, approximately 52 percent of Day Program expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount and 1915(i) SPA amount, 50 percent is federal financial participation (FFP). The ICF-DD eligible amount is 50 percent FFP. The State GF portion is that which is non-FFP.

Day Programs

METHODOLOGY (continued):		Enacted	Updated	2012-13	2013-14	2013-14	2013-14
		Budget	2012-13	Request	2013-14	Over 2012-13	Over Enacted Budget
EXPENDITURES:							
	TOTAL	\$801,907,000	\$805,804,000	\$3,897,000	\$850,119,000	\$44,315,000	\$48,212,000
	GF	\$428,993,000	\$419,108,000	-\$9,885,000	\$447,447,000	\$28,339,000	\$18,454,000
	<i>GF Match</i>	316,490,000	316,434,000	-56,000	332,409,000	15,975,000	15,919,000
	<i>GF Other</i>	112,503,000	102,674,000	-9,829,000	115,038,000	12,364,000	2,535,000
	Reimbursements	\$355,141,000	\$368,923,000	\$13,782,000	\$384,899,000	\$15,976,000	\$29,758,000
	<i>HCBS Waiver</i>	213,395,000	227,354,000	13,959,000	235,343,000	7,989,000	21,948,000
	<i>1915 (i) SPA</i>	50,297,000	38,910,000	-11,387,000	40,670,000	1,760,000	-9,627,000
	<i>Title XX Social Services</i>	48,616,000	50,970,000	2,354,000	50,970,000	0	2,354,000
	<i>Title XX TANF</i>	1,712,000	1,518,000	-194,000	1,518,000	0	-194,000
	<i>ICF-DD</i>	41,121,000	40,355,000	-766,000	42,592,000	2,237,000	1,471,000
	<i>EPSDT</i>	0	9,816,000	9,816,000	13,806,000	3,990,000	13,806,000
	Federal Funds	\$17,773,000	\$17,773,000	\$0	\$17,773,000	\$0	\$0
	<i>Early Start Grant</i>	17,773,000	17,773,000	0	17,773,000	0	0

Habilitation

DESCRIPTION:

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

Types of Services available through Habilitation include:

Work Activity Program (WAP):

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

Supported Employment Program (SEP):

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

ASSUMPTIONS:

- Habilitation Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated October 1, 2012. Data were adjusted for lag based on historical data.

METHODOLOGY:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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> 	\$138,478,000	\$139,983,000	\$1,505,000	\$145,280,000	\$5,297,000	\$6,802,000
	<i>139,107,000</i>	<i>140,599,000</i>	<i>1,492,000</i>	<i>144,664,000</i>	<i>4,065,000</i>	<i>5,557,000</i>
	<i>-629,000</i>	<i>-616,000</i>	<i>13,000</i>	<i>616,000</i>	<i>1,232,000</i>	<i>1,245,000</i>

Habilitation

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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 style="margin-left: 40px;">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, implementation of cost containment measures in 2009-10, 2010-11 and 2011-12.</p> • Subtotal Base and Growth • CPP: See CPP methodology for detail. • TOTAL EXPENDITURES 	-\$260,000	\$1,815,000	\$2,075,000	\$1,904,000	\$89,000	\$2,164,000
				In Base	In Base	
	\$138,218,000	\$141,798,000	\$3,580,000	\$147,184,000	\$5,386,000	\$8,966,000
	\$176,000	\$173,000	-\$3,000	\$169,000	-\$4,000	-\$7,000
	\$138,394,000	\$141,971,000	\$3,577,000	\$147,353,000	\$5,382,000	\$8,959,000

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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14	2013-14
					Over 2012-13	Over Enacted Budget
EXPENDITURES:						
TOTAL	\$138,394,000	\$141,971,000	\$3,577,000	\$147,353,000	\$5,382,000	\$8,959,000
GF	\$85,627,000	\$86,821,000	\$1,194,000	\$90,058,000	\$3,237,000	\$4,431,000
<i>GF Match</i>	52,761,000	55,147,000	2,386,000	57,293,000	2,146,000	4,532,000
<i>GF Other</i>	32,866,000	31,674,000	-1,192,000	32,765,000	1,091,000	-101,000
Reimbursements	\$52,767,000	\$55,150,000	\$2,383,000	\$57,295,000	\$2,145,000	\$4,528,000
<i>HCBS Waiver</i>	33,031,000	34,561,000	1,530,000	35,774,000	1,213,000	2,743,000
<i>1915 (i) SPA</i>	19,732,000	20,587,000	855,000	21,519,000	932,000	1,787,000
<i>Title XX TANF</i>	4,000	2,000	-2,000	2,000	0	-2,000

Transportation

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC), Sections 4501, 4502, 4512, and 4646, (Lanterman Act), regional centers (RC) contract with vendors to provide services and supports to all qualifying regional center consumers. Transportation services are provided so persons with a developmental disability may participate in programs and/or other activities identified in their Individual Program Plan. A variety of sources may be used to provide transportation including: public transit and other providers: specialized transportation companies; day programs and/or residential vendors; and family members, friends, and others. Transportation services may include help in boarding and exiting a vehicle as well as assistance and monitoring while being transported.

ASSUMPTIONS:

- Transportation Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated October, 2012. Data were adjusted for lag based on historical data.

METHODOLOGY:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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"> • Updated Costs without CPP/Prior Year Estimate • 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14) 	\$214,793,000	\$222,201,000	\$7,408,000	\$230,492,000	\$8,291,000	\$15,699,000
	217,274,000	224,826,000	7,552,000	227,867,000	3,041,000	10,593,000
	-2,481,000	-2,625,000	-144,000	2,625,000	5,250,000	5,106,000

Transportation

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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 style="margin-left: 20px;">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, implementation of cost containment measures in 2009-10, 2010-11 and 2011-12.</p>					<i>In Base</i>	<i>In Base</i>
	\$6,619,000	\$5,332,000	-\$1,287,000			
				\$5,685,000	\$353,000	-\$934,000
• Subtotal Base and Growth	\$221,412,000	\$227,533,000	\$6,121,000	\$236,177,000	\$8,644,000	\$14,765,000
• CPP: See CPP methodology for detail.	\$744,000	\$732,000	-\$12,000	\$713,000	-\$19,000	-\$31,000
• Financial Management Services for Participant-Directed Services	\$814,000	\$814,000	\$0	\$814,000	\$0	\$0
• TOTAL EXPENDITURES	\$222,970,000	\$229,079,000	\$6,109,000	\$237,704,000	\$8,625,000	\$14,734,000

Transportation

FUNDING:

Transportation expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, 1915(i) State Plan Amendment (SPA), the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families, Vocational Rehabilitation and Intermediate Care Facility - Developmentally Disabled (ICF-DD). 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:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$222,970,000	\$229,079,000	\$6,109,000	\$237,704,000	\$20,001,000	\$14,734,000
GF	\$126,068,000	\$126,947,000	\$879,000	\$132,068,000	\$5,121,000	\$6,000,000
<i>GF Match</i>	90,721,000	95,331,000	4,610,000	98,835,000	3,504,000	8,114,000
<i>GF Other</i>	35,347,000	31,616,000	-3,731,000	33,233,000	1,617,000	-2,114,000
Reimbursements	\$96,902,000	\$102,132,000	\$5,230,000	\$105,636,000	\$14,880,000	\$8,734,000
<i>HCBS Waiver</i>	67,788,000	71,154,000	3,366,000	73,654,000	2,500,000	5,866,000
<i>1915 (i) SPA</i>	11,256,000	11,617,000	361,000	12,143,000	11,902,000	887,000
<i>Title XX Social Services</i>	5,398,000	6,133,000	735,000	6,133,000	0	735,000
<i>Title XX TANF</i>	665,000	668,000	3,000	668,000	0	3,000
<i>Vocational Rehabilitation</i>	118,000	0	-118,000	0	0	-118,000
<i>ICF-DD</i>	11,677,000	12,560,000	883,000	13,038,000	478,000	1,361,000

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 October 2012.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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 of 2012</i> <i>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</i> 	\$675,952,000	\$704,996,000	\$29,044,000	\$746,887,000	\$41,891,000	\$70,935,000
	717,434,000	746,394,000	28,960,000	770,402,000	24,008,000	52,968,000
	-7,600,000	-7,600,000	0	-7,600,000	0	0
	-25,608,000	-25,292,000	316,000	-24,421,000	871,000	1,187,000
	-8,274,000	-8,506,000	-232,000	8,506,000	17,012,000	16,780,000

Support Services

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget									
<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, implementation of cost containment measures in 2009-10, 2010-11 and 2011-12.</p> • Subtotal Base and Growth • CPP: See CPP methodology for detail. • Independent Living Supplement <p>Based on Client Master File data as of July 28, 2012, it is estimated the following consumers will live in SL/IL arrangements. Of these totals, based on the 2012 May Revision RC Survey (March 2012), estimated persons who are part of a couple, who will receive their monthly supplemental payment of \$53.14, as well as the remainder who will receive their monthly payments of \$41.60 as individuals, are also displayed. All consumers are assumed to receive their payments in each month of the fiscal year. Prior year costs remain in the base, therefore only the incremental costs are added.</p> <table style="margin-left: 40px; border-collapse: collapse;"> <tr> <td>Total SL/IL Consumers</td> <td style="text-align: right;">23,620</td> <td style="text-align: right;">24,420</td> </tr> <tr> <td>Part of a Couple</td> <td style="text-align: right;">- 1,261</td> <td style="text-align: right;">- 1,304</td> </tr> <tr> <td>Individuals</td> <td style="text-align: right; border-top: 1px solid black;">22,359</td> <td style="text-align: right; border-top: 1px solid black;">23,116</td> </tr> </table> • TOTAL EXPENDITURES	Total SL/IL Consumers	23,620	24,420	Part of a Couple	- 1,261	- 1,304	Individuals	22,359	23,116	<p>\$42,996,000</p> <p>\$42,996,000</p> <p>\$718,948,000</p> <p>\$4,610,000</p> <p>\$309,000</p> <p>\$723,867,000</p>	<p>\$32,514,000</p> <p>\$32,514,000</p> <p>\$737,510,000</p> <p>\$4,493,000</p> <p>\$309,000</p> <p>\$742,312,000</p>	<p>-10,482,000</p> <p>-10,482,000</p> <p>\$18,562,000</p> <p>-\$117,000</p> <p>\$0</p> <p>\$18,445,000</p>	<p>\$34,516,000</p> <p>\$34,516,000</p> <p>\$781,403,000</p> <p>\$4,450,000</p> <p>\$498,000</p> <p>\$786,351,000</p>	<p><i>In Base</i></p> <p><i>In Base</i></p> <p>\$43,893,000</p> <p>-\$43,000</p> <p>\$189,000</p> <p>\$44,039,000</p>	<p><i>In Base</i></p> <p><i>In Base</i></p> <p>\$62,455,000</p> <p>-\$160,000</p> <p>\$189,000</p> <p>\$62,484,000</p>
Total SL/IL Consumers	23,620	24,420													
Part of a Couple	- 1,261	- 1,304													
Individuals	22,359	23,116													

Support Services

FUNDING:

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

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$723,867,000	\$742,312,000	\$18,445,000	\$786,351,000	\$44,039,000	\$62,484,000
GF	\$351,422,000	\$355,195,000	\$3,773,000	\$384,460,000	\$29,265,000	\$33,038,000
<i>GF Match</i>	300,052,000	313,649,000	13,597,000	328,423,000	14,774,000	28,371,000
<i>GF Other</i>	51,370,000	41,546,000	-9,824,000	56,037,000	14,491,000	4,667,000
Reimbursements	\$371,944,000	\$386,616,000	\$14,672,000	\$401,390,000	\$14,774,000	\$29,446,000
<i>HCBS Waiver</i>	262,235,000	278,969,000	16,734,000	288,770,000	9,801,000	26,535,000
<i>1915 (i) SPA</i>	35,893,000	33,367,000	-2,526,000	34,876,000	1,509,000	-1,017,000
<i>1915 (k) SPA</i>	1,227,000	1,313,000	86,000	4,777,000	3,464,000	3,550,000
<i>Title XX Social Services</i>	58,614,000	58,877,000	263,000	58,877,000	0	263,000
<i>Title XX TANF</i>	13,975,000	14,090,000	115,000	14,090,000	0	115,000
Federal Funds	\$501,000	\$501,000	\$0	\$501,000	\$0	\$0
<i>Early Start Grant</i>	501,000	501,000	0	501,000	0	0

In Home Respite

DESCRIPTION:

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

ASSUMPTIONS:

- In-Home Respite Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated October 1, 2012.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 over Enacted Budget
<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> 	\$199,540,000	\$190,172,000	-\$9,368,000	\$197,114,000	\$6,942,000	-\$2,426,000
	<i>201,807,000</i>	<i>192,476,000</i>	<i>-9,331,000</i>	<i>194,810,000</i>	<i>2,334,000</i>	<i>-6,997,000</i>
	<i>-2,267,000</i>	<i>-2,304,000</i>	<i>-37,000</i>	<i>2,304,000</i>	<i>4,608,000</i>	<i>4,571,000</i>

In Home Respite

METHODOLOGY (continued):	Enacted	Updated	2012-13		2013-14	2013-14
	Budget	2012-13	Request	2013-14	Over	over
					2012-13	Enacted
						Budget
<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, implementation of cost containment measures in 2009-10, 2010-11, and 2011-12.</p>	\$4,638,000	\$4,638,000	\$0		<i>In Base</i>	<i>In Base</i>
				\$4,638,000	\$0	\$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: 	\$204,178,000	\$194,810,000	-\$9,368,000	\$201,752,000	\$6,942,000	-\$2,426,000
	\$24,000	\$24,000	\$0	\$23,000	-\$1,000	-\$1,000
	\$6,212,000	\$6,212,000	\$0	\$6,212,000	\$0	\$0
	\$210,414,000	\$201,046,000	-\$9,368,000	\$207,987,000	\$6,941,000	-\$2,427,000

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:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 over Enacted Budget
TOTAL	\$210,414,000	\$201,046,000	-\$9,368,000	\$207,987,000	\$6,941,000	-\$2,427,000
GF	\$94,661,000	\$93,472,000	-\$1,189,000	\$97,731,000	\$4,259,000	\$3,070,000
<i>GF Match</i>	79,039,000	73,423,000	-5,616,000	76,106,000	2,683,000	-2,933,000
<i>GF Other</i>	15,622,000	20,049,000	4,427,000	21,625,000	1,576,000	6,003,000
Reimbursements	\$115,574,000	\$107,395,000	-\$8,179,000	\$110,077,000	\$2,682,000	-\$5,497,000
<i>HCBS Waiver</i>	65,751,000	63,361,000	-2,390,000	65,587,000	2,226,000	-164,000
<i>1915 (i) SPA</i>	13,287,000	10,055,000	-3,232,000	10,508,000	453,000	-2,779,000
<i>Title XX Social Services</i>	22,378,000	20,102,000	-2,276,000	20,102,000	0	-2,276,000
<i>Title XX TANF</i>	14,158,000	13,870,000	-288,000	13,870,000	0	-288,000
<i>EPSDT</i>	0	7,000	7,000	10,000	3,000	10,000
Federal Funds	\$179,000	\$179,000	\$0	\$179,000	\$0	\$0
<i>Early Start Grant</i>	179,000	179,000	0	179,000	0	0

Out of Home Respite

DESCRIPTION:

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

ASSUMPTIONS:

- Out-of-Home Respite Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated October 1, 2012.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
• 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:	\$49,134,000	\$45,452,000	-\$3,682,000	\$43,380,000	-\$2,072,000	-\$5,754,000
• <i>Updated Costs without CPP/Prior Year Estimate</i>	49,697,000	45,985,000	-3,712,000	42,847,000	-3,138,000	-6,850,000
• <i>1.25 Percent Payment Reduction (2012-13)/Restoration 2013-14</i>	-563,000	-533,000	30,000	533,000	1,066,000	1,096,000

Out of Home Respite

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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, implementation of cost containment measures in 2009-10, 2010-11, and 2011-12.</p> 	\$275,000	-\$2,605,000	-\$2,880,000		<i>In Base</i>	<i>In Base</i>
				-\$931,000	\$1,674,000	-\$1,206,000
● Subtotal Base and Growth	\$49,409,000	\$42,847,000	-\$6,562,000	\$42,449,000	-\$398,000	-\$6,960,000
● CPP: See CPP methodology for detail.	\$76,000	\$75,000	-\$1,000	\$73,000	-\$2,000	-\$3,000
● Financial Management Services for Participant-Directed Services	\$3,562,000	\$3,562,000	\$0	\$3,562,000	\$0	\$0
● TOTAL EXPENDITURES:	\$53,047,000	\$46,484,000	-\$6,563,000	\$46,084,000	-\$400,000	-\$6,963,000

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 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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$53,047,000	\$46,484,000	-\$6,563,000	\$46,084,000	-\$400,000	-\$6,963,000
GF	\$26,167,000	\$23,378,000	-\$2,789,000	\$22,423,000	-\$955,000	-\$3,744,000
<i>GF Match</i>	18,393,000	15,249,000	-3,144,000	15,805,000	556,000	-2,588,000
<i>GF Other</i>	7,774,000	8,129,000	355,000	6,618,000	-1,511,000	-1,156,000
Reimbursements	\$26,755,000	\$22,981,000	-\$3,774,000	\$23,536,000	\$555,000	-\$3,219,000
<i>HCBS Waiver</i>	15,554,000	13,327,000	-2,227,000	13,795,000	468,000	-1,759,000
<i>1915 (i) SPA</i>	2,839,000	1,922,000	-917,000	2,009,000	87,000	-830,000
<i>Title XX Social Services</i>	5,058,000	4,324,000	-734,000	4,324,000	0	-734,000
<i>Title XX TANF</i>	3,304,000	3,408,000	104,000	3,408,000	0	104,000
Federal Funds	\$125,000	\$125,000	\$0	\$125,000	\$0	\$0
<i>Early Start Grant</i>	125,000	125,000	0	125,000	0	0

Health Care

DESCRIPTION:

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

ASSUMPTIONS:

Health Care Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated October 1, 2012.
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*
- *Redesign Services for Individuals with Challenging Needs*
- *1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)*

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
	\$78,919,000	\$82,186,000	\$3,267,000	\$86,871,000	\$4,685,000	\$7,952,000
	83,487,000	86,806,000	3,319,000	89,505,000	2,699,000	6,018,000
	-3,627,000	-3,627,000	0	-3,627,000		
	-941,000	-993,000	-52,000	993,000	1,986,000	1,934,000

Health Care

METHODOLOGY (continued):	Enacted	Updated	2012-13		2013-14	2013-14
	Budget	2012-13	Request	2013-14	Over	Over
					2012-13	Enacted
						Budget
<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, implementation of cost containment measures in 2009-10, 2010-11, and 2011-12.</p> 	\$2,899,000	\$3,692,000	\$793,000		<i>In Base</i>	<i>In Base</i>
				\$3,878,000	\$186,000	\$979,000
<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 	\$81,818,000	\$85,878,000	\$4,060,000	\$90,749,000	\$4,871,000	\$8,931,000
	\$670,000	\$659,000	-\$11,000	\$642,000	-\$17,000	-\$28,000
	\$139,000	\$139,000	\$0	\$139,000	\$0	\$0
	\$82,627,000	\$86,676,000	\$4,049,000	\$91,530,000	\$4,854,000	\$8,903,000

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:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$82,627,000	\$86,676,000	\$4,049,000	\$91,530,000	\$4,854,000	\$8,903,000
GF	\$72,451,000	\$74,458,000	\$2,007,000	\$78,977,000	\$4,519,000	\$6,526,000
<i>GF Match</i>	6,552,000	8,512,000	1,960,000	8,847,000	335,000	2,295,000
<i>GF Other</i>	65,899,000	65,946,000	47,000	70,130,000	4,184,000	4,231,000
Reimbursements	\$7,422,000	\$9,464,000	\$2,042,000	\$9,799,000	\$335,000	\$2,377,000
<i>HCBS Waiver</i>	3,169,000	4,969,000	1,800,000	5,144,000	175,000	1,975,000
<i>1915 (i) SPA</i>	3,382,000	3,543,000	161,000	3,703,000	160,000	321,000
<i>Title XX TANF</i>	871,000	952,000	81,000	952,000	0	81,000
Federal Funds	\$2,754,000	\$2,754,000	\$0	\$2,754,000	\$0	\$0
<i>Early Start Grant</i>	2,754,000	2,754,000	0	2,754,000	0	0

Miscellaneous Services

DESCRIPTION:

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

ASSUMPTIONS:

Miscellaneous Services Expenditure Data Source:
Purchase of Service (POS) Claims Data file dated October 1, 2012.
Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	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> <i>Coverage for Behavioral Health Treatment, SB 946, Statutes of 2012</i> <i>Cost Savings and Efficiencies (Use of Technology)</i> 	\$325,485,000	\$349,336,000	\$23,851,000	\$364,873,000	\$15,537,000	\$39,388,000
	386,172,000	409,337,000	23,165,000	414,173,000	4,836,000	28,001,000
	-4,445,000	-4,429,000	16,000	4,429,000	8,858,000	8,874,000
	-54,192,000	-53,522,000	670,000	-51,679,000	1,843,000	2,513,000
	-2,050,000	-2,050,000	0	-2,050,000	0	0

Miscellaneous Services

METHODOLOGY (continued):	Enacted Budget	Updated 2012-13	2012-13 Request	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 <div style="display: flex; justify-content: space-between; width: 80%;"> \$19,875,000 \$7,857,000 -\$12,018,000 </div> ● Total Utilization Change/Growth for 2013-14 <div style="display: flex; justify-content: space-between; width: 80%;"> \$8,008,000 \$151,000 -\$11,867,000 </div> <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, implementation of cost containment measures in 2009-10, 2010-11 and 2011-12.</p> 						
<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>	<i>In Base</i>
<ul style="list-style-type: none"> ● Subtotal Base, Growth, and SSP 	\$350,368,000	\$362,201,000	\$11,833,000	\$372,881,000	\$15,688,000	\$27,521,000
<ul style="list-style-type: none"> ● CPP: See CPP methodology for detail. 	\$23,372,000	\$24,358,000	\$986,000	\$24,338,000	-\$20,000	\$966,000
<ul style="list-style-type: none"> ● TOTAL EXPENDITURES 	\$373,740,000	\$386,559,000	\$12,819,000	\$397,219,000	\$15,668,000	\$28,487,000

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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Request
EXPENDITURES:						
TOTAL	\$373,740,000	\$386,559,000	\$12,819,000	\$397,219,000	\$10,660,000	\$23,479,000
GF	\$193,881,000	\$206,472,000	\$12,591,000	\$251,904,000	\$45,432,000	\$58,023,000
<i>GF Match</i>	82,183,000	80,667,000	-1,516,000	85,896,000	5,229,000	3,713,000
<i>GF Other</i>	111,698,000	125,805,000	14,107,000	166,008,000	40,203,000	54,310,000
Reimbursements	\$160,354,000	\$160,838,000	\$484,000	\$126,066,000	-\$34,772,000	-\$34,288,000
<i>HCBS Waiver</i>	61,075,000	63,926,000	2,851,000	66,171,000	2,245,000	5,096,000
<i>1915 (i) SPA</i>	19,183,000	14,160,000	-5,023,000	14,801,000	641,000	-4,382,000
<i>1915 (k) SPA</i>	697,000	611,000	-86,000	2,223,000	1,612,000	1,526,000
<i>Title XX Social Services</i>	7,839,000	7,497,000	-342,000	7,497,000	0	-342,000
<i>Title XX TANF</i>	31,560,000	32,674,000	1,114,000	32,674,000	0	1,114,000
<i>California First Five Commission</i>	40,000,000	40,000,000	0	0	-40,000,000	-40,000,000
<i>EPSDT</i>	0	1,970,000	1,970,000	2,700,000	730,000	2,700,000
Federal Funds	\$9,982,000	\$9,982,000	\$0	\$9,982,000	\$0	\$0
<i>Early Start Grant</i>	9,982,000	9,982,000	0	9,982,000	0	0
Program Development Fund	\$9,523,000	\$9,267,000	-\$256,000	\$9,267,000	\$0	-\$256,000

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 \$1.6 million ICF-DD administration and \$7.1 million QAF

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

2013-14: Total billing costs are \$1.7 million ICF-DD administration and \$9.0 million QAF.

- POS costs for day treatment and transportation including Regional Center administration costs for 2013-14 totals \$112.9 million. ICF-DD administration costs are 1.5% of the total or \$1.7 million. QAF set by DHCS are \$9.0 million.

FUNDING:

100 percent reimbursement to the Department of Developmental Services includes FFP for the QAF Administration Fees and a transfer from DHCS of the General Fund match.

CHANGE FROM PRIOR ESTIMATE:

The estimate reflects the most current data available.

REASON FOR YEAR-TO-YEAR CHANGE:

The estimate reflects the most current expenditures

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$8,804,000	\$8,804,000	\$0	\$9,010,000	\$206,000	\$206,000
Reimbursements	8,804,000	8,804,000	0	9,010,000	206,000	206,000
<i>QAF Administration Fees</i>	<i>4,402,000</i>	<i>4,402,000</i>	<i>0</i>	<i>4,505,000</i>	<i>103,000</i>	<i>103,000</i>
<i>Transfer from DHCS</i>	<i>4,402,000</i>	<i>4,402,000</i>	<i>0</i>	<i>4,505,000</i>	<i>103,000</i>	<i>103,000</i>

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:

Copayments are a purchase of services (POS) expense, however, for this estimate we are identifying and showing separately. In future estimates expenditures related to copayments will be spread to each of the POS categories.

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

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PREVENTION PROGRAME-17

Prevention Program

DESCRIPTION:

Effective July 1, 2011, regional centers no longer add 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:

The Prevention Program for services directly provided by Regional Centers became inoperative on July 1, 2012. Pursuant to Welfare and Institutions Code, Section 4435.1, Regional Centers refer eligible children to FRCs.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 over Enacted Budget
General Fund	\$2,003,000	\$2,003,000	\$0	\$2,003,000	\$0	\$0
Prevention Program	<i>2,003,000</i>	<i>2,003,000</i>	<i>0</i>	<i>2,003,000</i>	<i>0</i>	<i>0</i>

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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 enhance the capacity of the community service delivery system and to reduce reliance on Developmental Centers (DCs), mental health facilities, including institutions for mental disease ineligible for Federal Financial Participation (FFP), and out-of-state placements. Additionally, the CPPs are established to achieve a safe and successful transition of individuals with developmental disabilities into community living arrangements as determined through the individualized planning process. 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 transition regional center consumers from a DC, mental health facility ineligible for FFP, or from an out of state placement. CPPs are developed through negotiations with each regional center (RC) and are based on individualized planning efforts. A summary of the CPP funds associated with Lanterman Developmental Center (LDC) closure is available on page E - 18.11

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, Mental Health Rehabilitation Center (MHRC) ineligible for Federal Financial Participation (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 regional center consumers moving from DCs, MHRCs 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 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:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
● OPERATIONS TOTAL	\$12,472,000	\$12,472,000 ^{1/}	\$0	\$12,472,000	\$0	\$0
● PURCHASE OF SERVICES TOTAL	\$54,937,000	\$54,937,000 ^{2/}	\$0	\$54,937,000	\$0	\$0
● TOTAL EXPENDITURES	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0	\$0

See Pages E-18.4 to E-18.10 for Operations CPP funding detail and Purchase of Services (POS) distribution of CPP funding to start-up, assessment, placement and deflection.

^{1/} Operations updated 2012-13 CPP total estimated expenditures will be assessed a portion of the 1.25 percent payment reduction. The reduction amount for Operations will be -\$156,000, which will reduce estimated expenditures from \$12,472,000 to \$12,316,000. Payment reduction sunsets on June 30, 2013 and is restored in FY 2013-14.

^{2/} Purchase of Services (POS) updated 2012-13 CPP total estimated expenditures will be assessed a portion of the 1.25 percent payment reduction. The reduction for POS will be -\$688,000, which will reduce estimated expenditures from \$54,937,000 to \$54,249,000. Payment reduction sunsets on June 30, 2013 and is restored in FY 2013-14.

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:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14	
					Over 2012-13	Over Enacted Budget
TOTAL	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0	\$0
RC Operations	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$0	\$0
RC Purchase of Services	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$0	\$0
Community Care Facilities	21,153,000	20,376,000	-777,000	20,587,000	211,000	-566,000
Medical Facilities	164,000	161,000	-3,000	157,000	-4,000	-7,000
Day Programs	3,948,000	3,886,000	-62,000	3,785,000	-101,000	-163,000
Work Activity Program	0	0	0	0	0	0
Supported Employment Program: Group Placement	176,000	173,000	-3,000	169,000	-4,000	-7,000
Supported Employment Program: Individual Placement	0	0	0	0	0	0
Transportation	744,000	732,000	-12,000	713,000	-19,000	-31,000
Support Services	4,610,000	4,493,000	-117,000	4,450,000	-43,000	-160,000
In-Home Respite	24,000	24,000	0	23,000	-1,000	-1,000
Out-of-Home Respite	76,000	75,000	-1,000	73,000	-2,000	-3,000
Health Care	670,000	659,000	-11,000	642,000	-17,000	-28,000
Miscellaneous Services	23,372,000	24,358,000	986,000	24,338,000	-20,000	966,000
FUND SOURCES:						
TOTAL	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0	\$0
GF	\$43,175,000	\$43,926,000	\$751,000	\$44,878,000	\$952,000	\$1,703,000
GF Match	15,900,000	17,650,000	1,750,000	16,698,000	-952,000	798,000
GF Other	27,275,000	26,276,000	-999,000	28,180,000	1,904,000	905,000
Reimbursements	\$24,234,000	\$23,483,000	-\$751,000	\$22,531,000	-\$952,000	-\$1,703,000
HCBS Waiver	14,234,000	14,733,000	499,000	13,781,000	-952,000	-453,000
MFP Grant	10,000,000	8,750,000	-1,250,000	8,750,000	0	-1,250,000

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

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over Enacted Budget
I. OPERATIONS	\$12,472,000	\$12,472,000	\$0	\$12,472,000	\$0
II. PURCHASE OF SERVICES					
A. Start-Up	\$22,075,000	\$22,075,000	\$0	\$22,075,000	\$0
B. Assessment	\$501,000 186 consumers	\$1,500,000 470 consumers	\$999,000 284 consumers	\$1,500,000 470 consumers	\$999,000 284 consumers
C. Placement a/	\$24,145,000 177 *1 consumers	\$23,765,000 220 *2 consumers	-\$380,000 43 consumers	\$23,146,000 218 *3 consumers	-\$999,000 41 consumers
D. Deflection	\$8,216,000 93 consumers	\$7,597,000 86 consumers	-\$619,000 -7 consumers	\$8,216,000 93 consumers	\$0 0 consumers
E. SUBTOTAL POS	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$0
III. TOTAL CPP	\$67,409,000	\$67,409,000	\$0	\$67,409,000	\$0

*1 - For Enacted Budget, of the 177 consumers in placement, 110 are from LDC.

*2 - For 2012-13, 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/Institutions for Mental Disease (IMD) are not reflected since costs are reflected in non CPP Purchase of Services (POS) base)

*3 - For 2013-14, 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 reflected since costs are reflected in non CPP POS base)

a/ For 2012-13 and 2013-14 the estimate is based on an average placement cost of \$100,000 per placement.

COMMUNITY PLACEMENT PLANOperations
2012-13

	Enacted Budget		Updated 2012-13		2012-13 Request	
	Positions	Cost	Positions	Cost	Positions	Cost
A. STAFFING						
1. PERSONAL SERVICES						
a. Resource Development Quality Assurance/ Management	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
2. OPERATING EXPENSES						
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 (Rounded)		\$14,373,999 \$14,374,000		\$14,373,999 \$14,374,000	0.00 0.00	\$0 \$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

	Enacted Budget		2013-14		2013-14 Request	
	Positions	Cost	Positions	Cost	Positions	Cost
A. STAFFING						
1. PERSONAL SERVICES						
a. Resource Development Quality Assurance/	50.83	\$4,391,000	50.83	\$4,391,000	0	\$0
b. Management	12.51	1,213,000	12.51	1,213,000	0	\$0
c. Assessment	13.88	1,494,000	13.88	1,494,000	0	\$0
d. Placement	55.46	4,442,000	55.46	4,442,000	0	\$0
e. Crisis Services Teams	6.13	1,137,999	6.13	1,137,999	0	\$0
f. Total Personal Services	138.81	\$12,677,999	138.81	\$12,677,999	0	\$0
2. OPERATING EXPENSES						
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 (Rounded)		\$14,373,999		\$14,373,999		\$0
		\$14,374,000		\$14,374,000		\$0
B. Budget Balancing Reduction 2009-10 Reduce CPP Operations		-\$1,902,000		-\$1,902,000		\$0
C. Total (A+B)		\$12,472,000		\$12,472,000		\$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.	CY 2012-13 Total POS
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,075,000	\$22,075,000
B. Assessment	470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,500,000	\$1,500,000
C. Placement	220	\$13,462,000	\$0	\$161,000	\$2,504,000	\$3,886,000	\$0	\$173,000	\$0	\$732,000	\$1,306,000	\$24,000	\$75,000	\$659,000	\$783,000	\$23,765,000
D. Deflection b/	86	\$6,914,000	\$0	\$0	\$683,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,597,000
E. Governor's Budget 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
F. Enacted Budget Total		\$21,153,000	\$0	\$164,000	\$3,283,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$23,372,000	\$54,937,000
G. DIFFERENCE		-\$777,000	\$0	-\$3,000	-\$96,000	-\$62,000	\$0	-\$3,000	\$0	-\$12,000	-\$21,000	\$0	-\$1,000	-\$11,000	\$986,000	\$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.	BY 2013-14 Total POS
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,075,000	\$22,075,000
B. Assessment	470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,500,000	\$1,500,000
C. Placement	218	\$13,110,000	\$0	\$157,000	\$2,439,000	\$3,785,000	\$0	\$169,000	\$0	\$713,000	\$1,272,000	\$23,000	\$73,000	\$642,000	\$763,000	\$23,146,000
D. Deflection b/	93	\$7,477,000	\$0	\$0	\$739,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,216,000
E. Governor's Budget 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
F. Enacted Budget Total		\$21,153,000	\$0	\$164,000	\$3,283,000	\$3,948,000	\$0	\$176,000	\$0	\$744,000	\$1,327,000	\$24,000	\$76,000	\$670,000	\$23,372,000	\$54,937,000
G. DIFFERENCE		-\$566,000	\$0	-\$7,000	-\$105,000	-\$163,000	\$0	-\$7,000	\$0	-\$31,000	-\$55,000	-\$1,000	-\$3,000	-\$28,000	\$966,000	\$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 Governor's Budget, 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	31	14%	258	\$1,843,000	\$0	\$0	\$689,000	\$0	\$0	\$0	\$0	\$93,000	\$311,000	\$0	\$6,000	\$24,000	\$156,000	\$3,122,000
● Specialized Residential Facilities (SRF)	145	66%	1,140	\$11,285,000	\$0	\$0	\$2,621,000	\$0	\$0	\$173,000	\$0	\$510,000	\$879,000	\$0	\$33,000	\$569,000	\$387,000	\$16,457,000
● Intermediate Care Facilities (ICF)	13	6%	67	\$0	\$161,000	\$0	\$156,000	\$0	\$0	\$0	\$0	\$20,000	\$72,000	\$0	\$9,000	\$15,000	\$86,000	\$519,000
● Supported Living	26	12%	172	\$0	\$0	\$2,504,000	\$372,000	\$0	\$0	\$0	\$0	\$93,000	\$43,000	\$0	\$4,000	\$50,000	\$154,000	\$3,220,000
Avg Cost/Consumer Mo						\$14,560	\$2,163	\$0	\$0	\$0	\$0	\$541	\$250		\$23	\$291	\$895	\$18,722
● Other (Own Home, etc.)	4	2%	27	\$334,000	\$0	\$0	\$48,000	\$0	\$0	\$0	\$0	\$16,000	\$1,000	\$24,000	\$23,000	\$1,000	\$0	\$447,000
TOTAL	220	100%	1,664	\$13,462,000	\$161,000	\$2,504,000	\$3,886,000	\$0	\$0	\$173,000	\$0	\$732,000	\$1,306,000	\$24,000	\$75,000	\$659,000	\$783,000	\$23,765,000

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

For the Governor's Budget, 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	31	14%	256	\$1,795,000		\$0	\$0	\$671,000		\$0		\$90,000	\$303,000	\$0	\$6,000	\$23,000	\$152,000	\$3,040,000
● Specialized Residential Facilities (SRF)	144	66%	1,130	\$10,990,000		\$0	\$0	\$2,554,000		\$169,000		\$499,000	\$856,000	\$0	\$32,000	\$555,000	\$378,000	\$16,033,000
● Intermediate Care Facilities (ICF)	13	6%	66	\$0		\$157,000	\$0	\$151,000		\$0		\$19,000	\$70,000	\$0	\$9,000	\$14,000	\$83,000	\$503,000
● Supported Living	26	12%	170	\$0		\$0	\$2,439,000	\$362,000		\$0		\$90,000	\$42,000	\$0	\$4,000	\$49,000	\$150,000	\$3,136,000
Avg Cost/Consumer Mo							\$14,312	\$2,124				\$528	\$246		\$23	\$288	\$880	\$18,401
● Other (Own Home, etc.)	4	2%	27	\$325,000		\$0	\$0	\$47,000		\$0		\$15,000	\$1,000	\$23,000	\$22,000	\$1,000	\$0	\$434,000
TOTAL	218	100%	1,649	\$13,110,000	\$0	\$157,000	\$2,439,000	\$3,785,000	\$0	\$169,000	\$0	\$713,000	\$1,272,000	\$23,000	\$73,000	\$642,000	\$763,000	\$23,146,000

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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13 Enacted Budget
I. OPERATIONS*	\$11,192,000	\$11,192,000	\$0	\$11,192,000	\$0
II. PURCHASE OF SERVICES					
A. Start-Up	\$15,196,000	\$15,196,000	\$0	\$7,598,000	-\$7,598,000
B. Assessment	\$576,000	\$650,000	\$74,000	\$0	-\$576,000
C. Placement	\$14,168,000	\$14,168,000	\$0	\$15,488,000	\$1,320,000
D. Deflection^{1/}	\$1,936,000	\$0	-\$1,936,000	\$0	-\$1,936,000
E. SUBTOTAL POS (A + B + C + D)	\$31,876,000	\$30,014,000	-\$1,862,000	\$23,086,000	-\$8,790,000
III. TOTAL CPP (I + II)	\$43,068,000	\$41,206,000	-\$1,862,000	\$34,278,000	-\$8,790,000

^{1/}Deflection amount as of Enacted Budget in error; corrected for updated 2012-13 and 2013-14.

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General Fund

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget																																																																																																			
<ul style="list-style-type: none"> GF Match: <p>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:</p> <p>FMAP % of GF Match</p> <table border="1"> <tr> <td>1</td> <td>Home and Community-Based Services (HCBS) Waiver</td> <td>50.00%</td> <td>1,078,771,000</td> <td>1,129,427,000</td> <td>50,656,000</td> <td>1,169,108,000</td> <td>39,681,000</td> <td>90,337,000</td> </tr> <tr> <td>2</td> <td>HCBS Waiver Administration</td> <td>50.00%</td> <td>6,279,000</td> <td>6,405,000</td> <td>126,000</td> <td>6,616,000</td> <td>211,000</td> <td>337,000</td> </tr> <tr> <td>3</td> <td>Medicaid Administration</td> <td>25.00%</td> <td>4,314,000</td> <td>3,902,000</td> <td>-412,000</td> <td>4,003,000</td> <td>101,000</td> <td>-311,000</td> </tr> <tr> <td>4</td> <td>Targeted Case Management (TCM)</td> <td>50.00%</td> <td>139,064,000</td> <td>138,693,000</td> <td>-371,000</td> <td>142,347,000</td> <td>3,654,000</td> <td>3,283,000</td> </tr> <tr> <td>5</td> <td>TCM Administration</td> <td>50.00%</td> <td>3,668,000</td> <td>3,545,000</td> <td>-123,000</td> <td>3,545,000</td> <td>0</td> <td>-123,000</td> </tr> <tr> <td>6</td> <td>Intermediate Care Facility/Developmentally Disabled (ICF-DD)</td> <td>50.00%</td> <td>52,798,000</td> <td>52,914,000</td> <td>116,000</td> <td>55,630,000</td> <td>2,716,000</td> <td>2,832,000</td> </tr> <tr> <td>7</td> <td>Quality Assurance Fees (Operations)</td> <td>50.00%</td> <td>815,000</td> <td>815,000</td> <td>0</td> <td>834,000</td> <td>19,000</td> <td>19,000</td> </tr> <tr> <td>8</td> <td>1915(i) State Plan Amendment (SPA)</td> <td>50.00%</td> <td>183,361,000</td> <td>161,804,000</td> <td>-21,557,000</td> <td>169,122,000</td> <td>7,318,000</td> <td>-14,239,000</td> </tr> <tr> <td>9</td> <td>1915(k) SPA</td> <td>50.00%</td> <td>1,924,000</td> <td>1,924,000</td> <td>0</td> <td>7,000,000</td> <td>5,076,000</td> <td>5,076,000</td> </tr> <tr> <td>10</td> <td>Money Follows the Person Grant</td> <td>25.00%</td> <td>4,956,000</td> <td>4,956,000</td> <td>0</td> <td>4,956,000</td> <td>0</td> <td>0</td> </tr> <tr> <td>11</td> <td>Early Periodic Screening Diagnosis and Treatment (EPSDT)</td> <td>50.00%</td> <td>0</td> <td>11,793,000</td> <td>11,793,000</td> <td>16,516,000</td> <td>4,723,000</td> <td>16,516,000</td> </tr> </table> GF Other: <p>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.</p> 	1	Home and Community-Based Services (HCBS) Waiver	50.00%	1,078,771,000	1,129,427,000	50,656,000	1,169,108,000	39,681,000	90,337,000	2	HCBS Waiver Administration	50.00%	6,279,000	6,405,000	126,000	6,616,000	211,000	337,000	3	Medicaid Administration	25.00%	4,314,000	3,902,000	-412,000	4,003,000	101,000	-311,000	4	Targeted Case Management (TCM)	50.00%	139,064,000	138,693,000	-371,000	142,347,000	3,654,000	3,283,000	5	TCM Administration	50.00%	3,668,000	3,545,000	-123,000	3,545,000	0	-123,000	6	Intermediate Care Facility/Developmentally Disabled (ICF-DD)	50.00%	52,798,000	52,914,000	116,000	55,630,000	2,716,000	2,832,000	7	Quality Assurance Fees (Operations)	50.00%	815,000	815,000	0	834,000	19,000	19,000	8	1915(i) State Plan Amendment (SPA)	50.00%	183,361,000	161,804,000	-21,557,000	169,122,000	7,318,000	-14,239,000	9	1915(k) SPA	50.00%	1,924,000	1,924,000	0	7,000,000	5,076,000	5,076,000	10	Money Follows the Person Grant	25.00%	4,956,000	4,956,000	0	4,956,000	0	0	11	Early Periodic Screening Diagnosis and Treatment (EPSDT)	50.00%	0	11,793,000	11,793,000	16,516,000	4,723,000	16,516,000	\$1,475,950,000	\$1,516,178,000	\$40,228,000	\$1,579,677,000	\$63,499,000	\$103,727,000
1	Home and Community-Based Services (HCBS) Waiver	50.00%	1,078,771,000	1,129,427,000	50,656,000	1,169,108,000	39,681,000	90,337,000																																																																																																	
2	HCBS Waiver Administration	50.00%	6,279,000	6,405,000	126,000	6,616,000	211,000	337,000																																																																																																	
3	Medicaid Administration	25.00%	4,314,000	3,902,000	-412,000	4,003,000	101,000	-311,000																																																																																																	
4	Targeted Case Management (TCM)	50.00%	139,064,000	138,693,000	-371,000	142,347,000	3,654,000	3,283,000																																																																																																	
5	TCM Administration	50.00%	3,668,000	3,545,000	-123,000	3,545,000	0	-123,000																																																																																																	
6	Intermediate Care Facility/Developmentally Disabled (ICF-DD)	50.00%	52,798,000	52,914,000	116,000	55,630,000	2,716,000	2,832,000																																																																																																	
7	Quality Assurance Fees (Operations)	50.00%	815,000	815,000	0	834,000	19,000	19,000																																																																																																	
8	1915(i) State Plan Amendment (SPA)	50.00%	183,361,000	161,804,000	-21,557,000	169,122,000	7,318,000	-14,239,000																																																																																																	
9	1915(k) SPA	50.00%	1,924,000	1,924,000	0	7,000,000	5,076,000	5,076,000																																																																																																	
10	Money Follows the Person Grant	25.00%	4,956,000	4,956,000	0	4,956,000	0	0																																																																																																	
11	Early Periodic Screening Diagnosis and Treatment (EPSDT)	50.00%	0	11,793,000	11,793,000	16,516,000	4,723,000	16,516,000																																																																																																	
	\$839,014,000	\$779,927,000	-\$59,087,000	\$875,448,000	\$95,521,000	\$36,434,000																																																																																																			

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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
• TOTAL EXPENDITURES:	\$2,314,964,000	\$2,296,105,000	-\$18,859,000	\$2,455,125,000	\$159,020,000	\$140,161,000
Total General Fund	\$2,314,964,000	\$2,296,105,000	-\$18,859,000	\$2,455,125,000	\$159,020,000	\$140,161,000
<i>GF Match</i>	1,475,950,000	1,516,178,000	40,228,000	1,579,677,000	63,499,000	103,727,000
<i>GF Other</i>	839,014,000	779,927,000	-59,087,000	875,448,000	95,521,000	36,434,000

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

REIMBURSEMENTS a/	Enacted Budget	Governor's Budget	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,157,542,000	\$2,258,855,000	\$101,313,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	1,078,771,000	1,129,428,000	50,657,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	1,078,771,000	1,129,427,000	50,656,000
B. HCBS Waiver Administration	\$12,558,000	\$12,811,000	\$253,000
1. Reimbursement (from DHCS) = 50%	6,279,000	6,406,000	127,000
2. DDS GF Match = 50% (Operations)	6,279,000	6,405,000	126,000
C. Medicaid Administration	\$17,255,000	\$15,603,000	-\$1,652,000
1. Reimbursement (from DHCS) = 75%	12,941,000	11,701,000	-1,240,000
2. DDS GF Match = 25% (Operations)	4,314,000	3,902,000	-412,000
D. Targeted Case Management (TCM)	\$278,129,000	\$277,386,000	-\$743,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	139,065,000	138,693,000	-372,000
2. DDS GF Match =CY 50% and BY 50% (Operations)	139,064,000	138,693,000	-371,000
E. Targeted Case Management Administration	\$7,336,000	\$7,090,000	-\$246,000
1. Reimbursement (from DHCS) = 50%	3,668,000	3,545,000	-123,000
2. DDS GF Match = 50% (Operations)	3,668,000	3,545,000	-123,000
F. Title XX Block Grant	\$225,060,000	\$225,060,000	\$0
1a. Social Services (from DSS) = 100%	147,903,000	147,903,000	0
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157,000	77,157,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
G. Intermediate Care Facility-Developmentally Disabled	\$105,596,000	\$105,829,000	\$233,000
1. Reimbursement (from DHCS)	52,798,000	52,915,000	117,000
2. DDS GF Match (Purchase of Services)	52,798,000	52,914,000	116,000
H. Quality Assurance Admin Fees(Transfer from DHCS)	\$10,435,000	\$10,435,000	\$0
1. Reimbursement (from DHCS)	9,620,000	9,620,000	0
2. DDS GF Match (Purchase of Services & Operations)	815,000	815,000	0
I. Vocational Rehabilitation	\$118,000	\$0	-\$118,000
1. VR Reimbursement (from DOR) 100%	118,000	0	-118,000
2. DDS GF Match (Purchase of Services)	0	0	0
J. 1915(j) State Plan Amendment	\$366,723,000	\$323,608,000	-\$43,115,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	183,362,000	161,804,000	-21,558,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	183,361,000	161,804,000	-21,557,000
K. 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
L. Homeland Security Grant	\$35,000	\$57,000	\$22,000
1. Reimbursement (from DHCS) = 100%	35,000	57,000	22,000
2. DDS GF Match (Operations)	0	0	0
M. California First Five Commission	\$40,000,000	\$40,000,000	\$0
1. Reimbursement = 100%;	40,000,000	40,000,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
N. 1915(k) Medicaid State Plan	\$3,848,000	\$3,848,000	\$0
1. Reimbursement (from DHCS)	1,924,000	1,924,000	0
2. DDS GF Match (Purchase of Services)	1,924,000	1,924,000	0
O. 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
P. Early Periodic Screening Diagnosis and Treatment	\$0	\$23,586,000	\$23,586,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	0	11,793,000	11,793,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	0	11,793,000	11,793,000
Q. TOTAL	\$3,244,744,000	\$3,324,277,000	\$79,533,000
1. Reimbursements	\$1,768,794,000	\$1,808,099,000	\$39,305,000
2. Total GF Match	\$1,475,950,000	\$1,516,178,000	\$40,228,000

a/ Reimbursements are funds received via other state agencies.

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

REIMBURSEMENTS a/	Enacted Budget	Governor's Budget	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,157,542,000	\$2,338,217,000	\$180,675,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	1,078,771,000	1,169,109,000	90,338,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	1,078,771,000	1,169,108,000	90,337,000
B. HCBS Waiver Administration	\$12,558,000	\$13,232,000	\$674,000
1. Reimbursement (from DHCS) = 50%	6,279,000	6,616,000	337,000
2. DDS GF Match = 50% (Operations)	6,279,000	6,616,000	337,000
C. Medicaid Administration	\$17,255,000	\$16,013,000	-\$1,242,000
1. Reimbursement (from DHCS) = 75%	12,941,000	12,010,000	-931,000
2. DDS GF Match = 25% (Operations)	4,314,000	4,003,000	-311,000
D. Targeted Case Management (TCM)	\$278,129,000	\$284,694,000	\$6,565,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	139,065,000	142,347,000	3,282,000
2. DDS GF Match =CY 50% and BY 50% (Operations)	139,064,000	142,347,000	3,283,000
E. Targeted Case Management Administration	\$7,336,000	\$7,090,000	-\$246,000
1. Reimbursement (from DHCS) = 50%	3,668,000	3,545,000	-123,000
2. DDS GF Match = 50% (Operations)	3,668,000	3,545,000	-123,000
F. Title XX Block Grant	\$225,060,000	\$225,060,000	\$0
1a. Social Services (from DSS) = 100%	147,903,000	147,903,000	0
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157,000	77,157,000	0
2. DDS GF Match (Purchase of Services)	0	0	0
G. Intermediate Care Facility-Developmentally Disabled	\$105,596,000	\$111,260,000	\$5,664,000
1. Reimbursement (from DHCS)	52,798,000	55,630,000	2,832,000
2. DDS GF Match (Purchase of Services)	52,798,000	55,630,000	2,832,000
H. Quality Assurance Admin Fees(Transfer from DHCS)	\$10,435,000	\$10,679,000	\$244,000
1. Reimbursement (from DHCS)	9,620,000	9,845,000	225,000
2. DDS GF Match (Purchase of Services & Operations)	815,000	834,000	19,000
I. Vocational Rehabilitation	\$118,000	\$0	-\$118,000
1. VR Reimbursement (from DOR) 100%	118,000	0	-118,000
2. DDS GF Match (Purchase of Services)	0	0	0
J. 1915(j) State Plan Amendment	\$366,723,000	\$338,244,000	-\$28,479,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	183,362,000	169,122,000	-14,240,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	183,361,000	169,122,000	-14,239,000
K. 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
L. Homeland Security Grant	\$35,000	\$391,000	\$356,000
1. Reimbursement (from DHCS) = 100%	35,000	391,000	356,000
2. DDS GF Match (Operations)	0	0	0
M. California First Five Commission	\$40,000,000	\$0	-\$40,000,000
1. Reimbursement = 100%;	40,000,000	0	-40,000,000
2. DDS GF Match (Purchase of Services)	0	0	0
N. 1915(k) Medicaid State Plan	\$3,848,000	\$14,000,000	\$10,152,000
1. Reimbursement (from DHCS)	1,924,000	7,000,000	5,076,000
2. DDS GF Match (Purchase of Services)	1,924,000	7,000,000	5,076,000
O. 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
P. Early Periodic Screening Diagnosis and Treatment	\$0	\$33,032,000	\$33,032,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	0	16,516,000	16,516,000
2. DDS GF Match =CY 50% and BY 50% (Purchase of Services)	0	16,516,000	16,516,000
Q. TOTAL	\$3,244,744,000	\$3,412,021,000	\$167,277,000
1. Reimbursements	\$1,768,794,000	\$1,832,344,000	\$63,550,000
2. Total GF Match	\$1,475,950,000	\$1,579,677,000	\$103,727,000

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 August 6 2012 for the period of July 2011 through June 2012.

METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> • Base: • 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 	\$2,039,508,000 2,000,086,000	\$2,137,762,000 2,050,355,000	\$98,254,000	\$2,184,234,000	\$46,472,000	\$144,726,000
<ul style="list-style-type: none"> Less 2012-13 Community Placement Plan (CPP) Placements, Deflections, Assessments and Continuation 	-48,240,000			-52,209,000		
<ul style="list-style-type: none"> Less Financial Management Services for Participant-Directed Services 	-2,124,000			-8,497,000		
<ul style="list-style-type: none"> Plus SSI/SSP RC Savings 	2,379,000			2,880,000		
<ul style="list-style-type: none"> Restoration of 4.25% Payment Reduction 	87,407,000	87,407,000		0		
<ul style="list-style-type: none"> • Annual Growth, New RC Consumers • 2012-13 • 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 \$16,000 (annual cost/consumer) x .51 (phase-in factor) = \$25,826,000). • 2011-12 Annual Growth, Continuation for RC Consumers Added in 2011-12 	\$43,762,000 24,019,000	\$63,656,000 25,826,000	\$19,894,000 1,807,000	\$53,844,000	-\$9,812,000	\$10,082,000
<ul style="list-style-type: none"> • 2013-14 • 2013-14 Annual Growth Add annual growth costs in 2013-14 for 3,360 consumers who will be new to the RC system and added to the HCBS Waiver in 2013-14 (3,360 x \$16,000 (annual cost/consumer) x .54 (phase-in factor) = \$29,030,000). • 2012-13 Annual Growth, Continuation for RC Consumers Added in 2012-13 				29,030,000 24,814,000	3,204,000 -13,016,000	5,011,000 5,071,000

Home and Community-Based Services Waiver

METHODOLOGY (continued):

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<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 	\$52,452,000	\$31,781,000	-\$20,671,000	\$22,799,000	-\$8,982,000	-\$29,653,000
	<i>24,033,000</i>	<i>11,946,000</i>				
	<i>28,419,000</i>	<i>19,835,000</i>				
				<i>11,322,000</i>		
				<i>11,477,000</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. 	\$28,779,000	\$29,465,000	\$686,000	\$27,562,000	-\$1,903,000	-\$1,217,000
<ul style="list-style-type: none"> ● 2012-13 and 2013-14 Total HCBS Waiver-billable costs for 183 Waiver-eligible Deflections and Assessments in 2012-13 and 182 in 2013-14. 	<i>20,624,000</i>	<i>21,108,000</i>		<i>18,620,000</i>		
	<i>8,155,000</i>	<i>8,357,000</i>		<i>8,942,000</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. 	\$20,624,000	\$22,744,000	\$2,120,000	\$18,791,000	-\$3,953,000	-\$1,833,000
<ul style="list-style-type: none"> ● 2012-13 and 2013-14 Total HCBS Waiver-billable costs for 162 Waiver-eligible consumers 	<i>20,624,000</i>	<i>22,744,000</i>		<i>18,791,000</i>		

Home and Community-Based Services Waiver

METHODOLOGY (continued):

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14 2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
• 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	\$0	\$0
• Fiscal Management Services (FMS) for Participant-Directed Services	\$8,497,000	\$8,497,000	\$0	\$8,497,000	\$0	\$0
• Legislative Changes	\$3,400,000	\$3,400,000		\$0		
• FFP for Large Residential Facilities(CCFs)	3,400,000	3,400,000	0	In Base		
• 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)	-\$26,012,000	-\$25,370,000	\$642,000	\$25,370,000	\$50,740,000	\$51,382,000
• Redesign Services for Individuals with Challenging Needs & Redesign Supported Living Assessments (2012-13)	-\$10,588,000	-\$10,200,000	\$388,000	In Base		
• TOTAL EXPENDITURES	\$2,157,542,000	\$2,258,855,000	\$101,313,000	\$2,338,217,000	\$72,562,000	\$173,487,000
• Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%		50.00%		
• Total Federal Financial Participation (FFP)	\$1,078,771,000	\$1,129,428,000	\$50,657,000	\$1,169,109,000	\$39,681,000	\$90,338,000
• General Fund (GF) Match	\$1,078,771,000	\$1,129,427,000	\$50,656,000	\$1,169,108,000	\$39,681,000	\$90,337,000

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 Estimated % of Costs	% of Actual 2011-12 Waiver	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
	Billable to HCBS Waiver	Expenditures by Budget Category						
Total Estimated HCBS Waiver-Billable Expenditures			\$2,157,542,000	\$2,258,855,000	\$101,313,000	\$2,338,217,000	\$79,362,000	\$180,675,000
<i>GF Match</i>			1,078,771,000	1,129,427,000	50,656,000	1,169,108,000	39,681,000	90,337,000
<i>FFP (from DHCS)</i>			1,078,771,000	1,129,428,000	50,657,000	1,169,109,000	39,681,000	90,338,000
<i>FMAP</i>			50.00%	50.00%		50.00%		
Purchase of Services								
Community Care Facilities	80%	32.92%	713,545,000	743,615,000	30,070,000	769,741,000	26,126,000	56,196,000
<i>GF Match</i>			356,772,000	371,808,000	15,036,000	384,870,000	13,062,000	28,098,000
<i>FFP</i>			356,773,000	371,807,000	15,034,000	384,871,000	13,064,000	28,098,000
Day Programs	54%	20.13%	426,790,000	454,708,000	27,918,000	470,683,000	15,975,000	43,893,000
<i>GF Match</i>			213,395,000	227,354,000	13,959,000	235,340,000	7,986,000	21,945,000
<i>FFP</i>			213,395,000	227,354,000	13,959,000	235,343,000	7,989,000	21,948,000
Work Activity Program	60%	1.62%	34,588,000	36,593,000	2,005,000	37,879,000	1,286,000	3,291,000
<i>GF Match</i>			17,294,000	18,296,000	1,002,000	18,940,000	644,000	1,646,000
<i>FFP</i>			17,294,000	18,297,000	1,003,000	18,939,000	642,000	1,645,000
Supported Employment Placement (SEI / Group)	37%	1.24%	27,102,000	28,010,000	908,000	28,994,000	984,000	1,892,000
<i>GF Match</i>			13,551,000	14,005,000	454,000	14,497,000	492,000	946,000
<i>FFP</i>			13,551,000	14,005,000	454,000	14,497,000	492,000	946,000
SEP / Individual	23%	0.20%	4,371,000	4,518,000	147,000	4,676,000	158,000	305,000
<i>GF Match</i>			2,185,000	2,259,000	74,000	2,338,000	79,000	153,000
<i>FFP</i>			2,186,000	2,259,000	73,000	2,338,000	79,000	152,000
Transportation	59%	6.30%	135,577,000	142,308,000	6,731,000	147,308,000	5,000,000	11,731,000
<i>GF Match</i>			67,789,000	71,154,000	3,365,000	73,654,000	2,500,000	5,865,000
<i>FFP</i>			67,788,000	71,154,000	3,366,000	73,654,000	2,500,000	5,866,000
Support Services	70%	24.70%	524,470,000	557,937,000	33,467,000	577,540,000	19,603,000	53,070,000
<i>GF Match</i>			262,235,000	278,968,000	16,733,000	288,770,000	9,802,000	26,535,000
<i>FFP</i>			262,235,000	278,969,000	16,734,000	288,770,000	9,801,000	26,535,000

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

EXPENDITURES

	FYI Only Estimated % of Costs	% of Actual 2011-12 Waiver	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
	Billable to HCBS Waiver	Expenditures by Budget Category						
In-Home Respite	66%	5.61%	131,503,000	126,722,000	-4,781,000	131,174,000	4,452,000	-329,000
<i>GF Match</i>			65,752,000	63,361,000	-2,391,000	65,587,000	2,226,000	-165,000
<i>FFP</i>			65,751,000	63,361,000	-2,390,000	65,587,000	2,226,000	-164,000
Out-of-Home Respite	56%	1.18%	31,107,000	26,654,000	-4,453,000	27,591,000	937,000	-3,516,000
<i>GF Match</i>			15,553,000	13,327,000	-2,226,000	13,796,000	469,000	-1,757,000
<i>FFP</i>			15,554,000	13,327,000	-2,227,000	13,795,000	468,000	-1,759,000
Health Care	14%	0.44%	6,338,000	9,939,000	3,601,000	10,288,000	349,000	3,950,000
<i>GF Match</i>			3,169,000	4,970,000	1,801,000	5,144,000	174,000	1,975,000
<i>FFP</i>			3,169,000	4,969,000	1,800,000	5,144,000	175,000	1,975,000
Miscellaneous	30%	5.66%	122,151,000	127,851,000	5,700,000	132,343,000	4,492,000	10,192,000
<i>GF Match</i>			61,076,000	63,925,000	2,849,000	66,172,000	2,247,000	5,096,000
<i>FFP</i>			61,075,000	63,926,000	2,851,000	66,171,000	2,245,000	5,096,000

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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
Training for DSP Staff	\$2,788,000	\$2,618,000	-\$170,000	\$2,618,000	\$0	-\$170,000

- 2012-13 and 2013-14: Total cost of DSP Training is \$2,942,000.
- 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).

$$\$2,942,000 \times .89 = \$2,618,000$$

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

$$\$2,618,000 \times .50 = \$1,309,000$$

- 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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
Staffing for Collection of FFP for Contracted Services	\$824,000	\$869,000	\$45,000	\$869,000	\$0	\$45,000

- Total cost of Staffing for Collection of FFP for Contracted Services is \$2,228,000.
- 39% of the total community population is FFP eligible, therefore it is assumed that 39% of the costs are eligible for FFP.
- Therefore 39% of the total costs would be FFP + General Fund (GF) Match.
\$2,228,000 x .39 = \$869,000.
- The FFP portion of the HCBS Waiver Administration eligible costs is 50%.
\$869,000 x .50 = \$434,000

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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
FFP Enhancement (related to 2003-04 Enhancing FFP BCP)						
<ul style="list-style-type: none"> • Total RC Administrative Costs are \$7,627,000 	\$7,627,000	\$7,627,000	\$0	\$7,627,000	\$0	\$0
<ul style="list-style-type: none"> • 100% of costs are eligible for FFP. 						
<ul style="list-style-type: none"> • The FFP portion of total HCBS Waiver Administration eligible costs is 50%. \$7,627,000 x .50= \$3,814,000 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	\$377,000	\$339,000	-\$38,000	\$339,000	\$0	-\$38,000
<ul style="list-style-type: none"> • Total personal services and operating expenses costs are \$346,000. 						
<ul style="list-style-type: none"> • 98% of Agnews Consumers are HCBS Waiver eligible, 						
<ul style="list-style-type: none"> • therefore it is assumed that 98% of these costs are eligible for FFP. 						
<ul style="list-style-type: none"> • Therefore, 98% of the costs would be \$339,000 						
<ul style="list-style-type: none"> • The FFP portion of the HCBS Waiver Administration costs is 50%. \$339,000 x .50 = \$169,000. These costs are reflected in the Agnews Ongoing Workload 						

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
Federal Medicaid Requirements for RC Vended Providers	\$984,000	\$984,000	\$0	\$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 eligible costs is 50%. $\\$984,000 \times .50 = \\$492,000$ These costs are reflected in the Federal Medicaid Requirements for RC HCBS Services estimate under Operations, Federal 						
Office of Administrative Hearings	\$1,260,000	\$1,386,000	\$126,000	\$1,386,000	\$0	\$126,000
<ul style="list-style-type: none"> Total Costs \$3,150,000 44% of costs are eligible for FFP. $\\$3,150,000 \times .44 = \\$1,386,000$ The FFP portion of the HCBS Waiver Administration costs is 50%. $\\$1,386,000 \times .50 = \\$693,000$ These costs are reflected in the Office of Administrative Hearings estimate under Operations, Projects. 						
Clients' Rights Advocacy	\$2,068,000	\$2,363,000	\$295,000	\$2,448,000	\$85,000	\$380,000
<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 \times .44 = \\$2,363,000$ BY: $\\$5,564,000 \times .44 = \\$2,448,000$ The FFP portion of the HCBS Waiver Administration costs is 50%. CY: $\\$2,363,000 \times .50 = \\$1,182,000$ BY: $\\$2,448,000 \times .50 = \\$1,224,000$ <p>These costs are reflected in the Clients' Rights Advocacy estimate under Operations, Projects.</p>						

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Enacted Budget	Updated 2012-13	2012-13 Request	0 2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
Quality Assessment Contract	\$1,294,000	\$1,423,000	\$129,000	\$1,423,000	\$0	\$129,000
<ul style="list-style-type: none"> • Total Costs \$3,235,000 • 44% of costs are eligible for FFP. \$3,235,000 x .44 = \$1,423,000 • The FFP portion of the HCBS Waiver Administration costs is 50%. \$1,423,000 x .50 = \$712,000 These costs are reflected in the Quality Assessment Contract estimate under Operations, Projects. 						
Special Incident Reporting/Risk Assessment	\$336,000	\$370,000	\$34,000	\$370,000	\$0	\$34,000
<ul style="list-style-type: none"> • Total Costs \$840,000 • 44% of costs are eligible for FFP. \$840,000 x .44 = \$370,000 • The FFP portion of the HCBS Waiver Administration costs is 50%. \$370,000 x .50 = \$185,000 These costs are reflected in the Special Incident Reporting/Risk Assessment estimate under Operations, Projects. 						
<u>1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)</u>	\$0	-\$168,000	-\$168,000	\$168,000	\$336,000	\$168,000
<u>Savings Proposal</u>	-\$5,000,000	-\$5,000,000	\$0	-\$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):

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$12,558,000	\$12,811,000	\$253,000	\$13,232,000	\$421,000	\$674,000
FFP	6,279,000	6,406,000	127,000	6,616,000	210,000	337,000
GF Match	6,279,000	6,405,000	126,000	6,616,000	211,000	337,000

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:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 over Enacted Budget
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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, 72% are Medicaid eligible; therefore, it is assumed that 72% of costs are eligible for MA reimbursement . 	\$17,726,000	\$16,387,000	-\$1,339,000	\$16,387,000	\$0	-\$1,339,000
	0.72	0.72		0.72		
Total	\$12,762,720	\$11,798,640	\$0	\$11,798,640	\$0	-\$964,080
Rounded	\$12,763,000	\$11,799,000		\$11,799,000	\$0	-\$964,000
<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 	\$9,572,250	\$8,849,250	\$0	\$8,849,250	\$0	-\$723,000
	0.75	0.75		0.75		
Total	\$9,572,250	\$8,849,250	\$0	\$8,849,250	\$0	-\$723,000
Rounded	\$9,572,000	\$8,849,000		\$8,849,000	\$0	-\$723,000
<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	\$0	\$0
	1.00	1.00		1.00		
Total	\$2,600,000	\$2,600,000	\$0	\$2,600,000	\$0	\$0
Rounded	\$2,600,000	\$2,600,000		\$2,600,000	\$0	\$0
<ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 75% . <ul style="list-style-type: none"> Total Rounded 	\$1,950,000	\$1,950,000	\$0	\$1,950,000	\$0	\$0
	0.75	0.75		0.75		
Total	\$1,950,000	\$1,950,000	\$0	\$1,950,000	\$0	\$0
Rounded	\$1,950,000	\$1,950,000		\$1,950,000	\$0	\$0
<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 	\$169,000	\$205,000	\$36,000	\$205,000	\$0	\$36,000
	0.98	0.98		0.98		
Total	\$165,620	\$200,900	\$35,280	\$200,900	\$0	\$35,280
Rounded	\$166,000	\$201,000	\$35,000	\$201,000	\$0	\$35,000
<ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 75% . <ul style="list-style-type: none"> Total Rounded 	\$124,500	\$150,750	\$26,250	\$150,750	\$0	\$26,250
	0.75	0.75		0.75		
Total	\$124,500	\$150,750	\$26,250	\$150,750	\$0	\$26,250
Rounded	\$125,000	\$151,000	\$26,000	\$151,000	\$0	\$26,000

Medicaid Administration

METHODOLOGY: (continued)

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 over Enacted Budget
• State Employees in the Community						
• Total personal services and operating costs related to MA.	\$1,815,000	\$1,268,000	-\$547,000	\$1,268,000		-\$547,000
• Consistent with CPP assumptions, 98% of these costs are eligible for MA	0.98	0.98		0.98		
Total	\$1,778,700	\$1,242,640	\$0	\$1,242,640	\$0	-\$536,060
Rounded	\$1,779,000	\$1,243,000	\$0	\$1,243,000	\$0	-\$536,000
• The FFP portion of total MA-eligible costs is 75% .	0.75	0.75		0.75		
Total	\$1,334,250	\$932,250	\$0	\$932,250	\$0	-\$402,000
Rounded	\$1,334,000	\$932,000	\$0	\$932,000	\$0	-\$402,000
• Dental Coordinators						
• Total personal services and operating costs related to MA.	\$222,000	\$240,000	\$18,000	\$240,000		\$18,000
• 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		
Total	\$217,560	\$235,200	\$17,640	\$235,200	\$0	\$17,640
Rounded	\$217,000	\$235,000	\$18,000	\$235,000	\$0	\$18,000
• The FFP portion of total MA-eligible costs is 75% (\$235,000 x .75 = \$176,000).	0.75	0.75		0.75		
Total	\$162,750	\$176,250	\$13,500	\$176,250	\$0	\$13,500
Rounded	\$163,000	\$176,000	\$14,000	\$176,000	\$0	\$14,000
• 1.25 Percent Payment Reduction (2012-13)/Restoration (2013-14)						
• Total personal services and operating costs related to MA.	\$0	-\$205,000	-\$205,000	\$205,000		\$205,000
• It is assumed that 100% of these costs are eligible for MA.	1.00	1.00		1.00		
Total	\$0	-\$205,000	-\$205,000	\$205,000	\$410,000	\$205,000
Rounded	\$0	-\$205,000	-\$205,000	\$205,000	\$410,000	\$205,000
• The FFP portion of this reduction for MA-eligible costs is 75%	0.75	0.75		0.75		
Total	\$0	-\$153,750	\$0	\$153,750	\$307,500	\$153,750
Rounded	\$0	-\$154,000	\$0	\$154,000	\$308,000	\$154,000

Medicaid Administration

METHODOLOGY: (continued)

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 over Enacted Budget
• Target Savings of \$270,000 (2009-10)						
• Total personal services and operating costs related to MA.	-\$270,000	-\$270,000	\$0	-\$270,000		\$0
• It is assumed that 100% of these costs are eligible for MA.	1.00	1.00		1.00		
Total	-\$270,000	-\$270,000	\$0	-\$270,000	\$0	\$0
Rounded	-\$270,000	-\$270,000	\$0	-\$270,000	\$0	\$0
• The FFP portion of total MA-eligible costs is 75% (-\$270,000 x .75 = -\$203,000).						
	0.75	0.75		0.75		
Total	-\$202,500	-\$202,500	\$0	-\$202,500	\$0	\$0
Rounded	-\$203,000	-\$203,000	\$0	-\$203,000	\$0	\$0

FUNDING:

The MA reimbursement is 75% 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:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 over Enacted Budget
TOTAL	\$17,255,000	\$15,603,000	-\$1,652,000	\$16,013,000	\$410,000	-\$1,242,000
FFP	12,941,000	11,701,000	-1,240,000	12,010,000	309,000	-931,000
GF Match	4,314,000	3,902,000	-412,000	4,003,000	101,000	-311,000

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 159,000 Medi-Cal eligible persons in the RC system. Federal legislation enacted in 1986 defined these case management services as services which "...will assist individuals...in gaining access to needed medical, social, educational, and other services." This means that the cost for most of the RC case manager's time spent on Medi-Cal eligible developmentally disabled persons is eligible for federal financial participation (FFP).

KEY DATA/ASSUMPTIONS:

Source data is from the TCM RC Billed Units report dated August 2, 2012 for the period June 2011 - May 2012.

METHODOLOGY:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> Base: TCM expenditures are based on actual TCM billable units for a 12-month period (June 2011 - May 2012) multiplied by the RC TCM rates effective June 2012 for Current Year (CY) and Budget Year (BY). 	\$275,038,000	\$278,704,000	\$3,666,000	\$278,704,000	\$0	\$3,666,000
<ul style="list-style-type: none"> RC Service Coordination Enhancement 	3,091,000	2,336,000	-755,000	2,336,000	0	-755,000
<ul style="list-style-type: none"> 1.25 Percent Payment Reduction (2012-13)/ Restoration (2013-14) 	0	-3,654,000	-3,654,000	3,654,000	7,308,000	3,654,000
<ul style="list-style-type: none"> TOTAL TCM-ELIGIBLE COSTS: 	278,129,000	277,386,000	-743,000	284,694,000	7,308,000	6,565,000

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:

	Enacted Budget	Updated 2012-13	2012-13 Request	Updated 2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$278,129,000	\$277,386,000	-\$743,000	\$284,694,000	\$7,308,000	\$6,565,000
FFP	139,065,000	138,693,000	-372,000	142,347,000	3,654,000	3,282,000
GF Match	139,064,000	138,693,000	-371,000	142,347,000	3,654,000	3,283,000

Targeted Case Management Administration

DESCRIPTION:

The Targeted Case Management (TCM) program provides Medicaid federal matching funds for case management services for specific client groups. There are approximately 159,000 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.

Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
\$7,336,000	\$7,090,000	-\$246,000	\$7,090,000	\$0	-\$246,000

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, and update of 1.25% payment reduction.

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, and restoration of 1.25% payment reduction.

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	Updated 2013-14	2013-14 over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$7,336,000	\$7,090,000	-\$246,000	\$7,090,000	\$0	-\$246,000
<i>FFP</i>	<i>3,668,000</i>	<i>3,545,000</i>	<i>-123,000</i>	<i>3,545,000</i>	<i>0</i>	<i>-123,000</i>
<i>GF Match</i>	<i>3,668,000</i>	<i>3,545,000</i>	<i>-123,000</i>	<i>3,545,000</i>	<i>0</i>	<i>-123,000</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.

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 In California, the program is administered by the California Department of Social Services (DSS).;
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:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL TITLE XX BLOCK GRANT	\$225,060,000	\$225,060,000	\$0	\$225,060,000	\$0	\$0
SOCIAL SERVICES	\$147,903,000	\$147,903,000	\$0	\$147,903,000	\$0	\$0
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES						
<i>Day Programs</i>	48,616,000	50,970,000	2,354,000	50,970,000	0	\$2,354,000
<i>Transportation</i>	5,398,000	6,133,000	735,000	6,133,000	0	\$735,000
<i>Support Services</i>	58,614,000	58,877,000	263,000	58,877,000	0	\$263,000
<i>In-Home Respite</i>	22,378,000	20,102,000	-2,276,000	20,102,000	0	-\$2,276,000
<i>Out-of-Home Respite</i>	5,058,000	4,324,000	-734,000	4,324,000	0	-\$734,000
<i>Miscellaneous Services</i>	7,839,000	7,497,000	-342,000	7,497,000	0	-\$342,000

Title XX Block Grant

EXPENDITURES (Cont'd):	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TANF	\$77,157,000	\$77,157,000	\$0	\$77,157,000	\$0	\$0
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES						
<i>Community Care Facilities</i>	10,908,000	9,975,000	-933,000	9,975,000	0	-933,000
<i>Day Programs</i>	1,712,000	1,518,000	-194,000	1,518,000	0	-194,000
<i>Habilitation Services</i>	4,000	2,000	-2,000	2,000	0	-2,000
<i>Transportation</i>	665,000	668,000	3,000	668,000	0	3,000
<i>Support Services</i>	13,975,000	14,090,000	115,000	14,090,000	0	115,000
<i>In-Home Respite</i>	14,158,000	13,870,000	-288,000	13,870,000	0	-288,000
<i>Out-of-Home Respite</i>	3,304,000	3,408,000	104,000	3,408,000	0	104,000
<i>Health Care</i>	871,000	952,000	81,000	952,000	0	81,000
<i>Miscellaneous Services</i>	31,560,000	32,674,000	1,114,000	32,674,000	0	1,114,000

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 are based on estimated expenditures projected from the actual expenditures of FY 2011-12.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
Estimated day and transportation costs for ICF-DD residents	\$105,596,000	\$105,829,000	\$233,000	\$111,260,000	\$5,431,000	\$5,664,000

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 FY 2011-12 expenditures and updated Regional Center POS expenditures.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated RC POS expenditures.

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	Updated 2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$105,596,000	\$105,829,000	\$233,000	\$111,260,000	\$5,431,000	\$5,664,000
FFP	52,798,000	52,915,000	117,000	55,630,000	2,715,000	2,832,000
GF Match	52,798,000	52,914,000	116,000	55,630,000	2,716,000	2,832,000

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: \$1.6 million for RC administration, \$1.6 million for ICF-DD administration, and \$7.0 million QAF.

- POS costs for day treatment and transportation for 2012-13 totals \$105.8 million. RC and ICF-DD administration costs are each 1.5%. QAF set by DHCS are \$8.6 million.

2013-14: Total billing costs: \$1.7 million for RC administration, \$1.7 million for ICF-DD administration, and \$7.3 million QAF.

- POS costs for day treatment and transportation for 2013-14 totals \$112.9 million. RC and ICF-DD administration costs are each 1.5%. QAF set by DHCS are \$9.0 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:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$10,435,000	\$10,435,000	\$0	\$10,679,000	\$244,000	\$244,000
Operations	1,631,000	1,631,000	0	1,669,000	38,000	38,000
General Fund	815,000	815,000	0	834,000	19,000	19,000
<i>General Fund Match</i>	815,000	815,000	0	834,000	19,000	19,000
Reimbursements	816,000	816,000	0	835,000	19,000	19,000
<i>FFP (Quality Assurance Fees)</i>	816,000	816,000	0	835,000	19,000	19,000
Purchase of Services	8,804,000	8,804,000	0	9,010,000	206,000	206,000
<i>QAF Admin Fees (FFP)</i>	4,402,000	4,402,000	0	4,505,000	103,000	103,000
<i>Transfer from DHCS (GF)</i>	4,402,000	4,402,000	0	4,505,000	103,000	103,000

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$10,435,000	\$10,435,000	\$0	\$10,679,000	\$244,000	\$244,000
<i>FFP</i>	5,218,000	5,218,000	0	5,340,000	122,000	122,000
<i>Transfer from DHCS (GF)</i>	4,402,000	4,402,000	0	4,505,000	103,000	103,000
<i>GF Match</i>	815,000	815,000	0	834,000	19,000	19,000

Vocational Rehabilitation

DESCRIPTION:

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

ASSUMPTIONS:

This program is only open to HSP consumers enrolled in a work activity program.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

DDS will not receive reimbursement from DOR for the transportation expenditures related to consumers enrolled in a work activity program.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$118,000	\$0	-\$118,000	\$0	\$0	-\$118,000

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 in fiscal year 2012-13.

ASSUMPTIONS:

DDS expects \$323.6 million in expenditures in 2012-13 and \$338.2 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 General Fund (GF).

CHANGE FROM PRIOR ESTIMATE:

Reflects FY 2011-12 expenditures and updated RC POS expenditures.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated RC POS expenditures.

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14	2013-14
					Over 2012-13	Over Enacted Budget
TOTAL EXPENDITURES	\$366,723,000	\$323,608,000	-\$43,115,000	\$338,244,000	\$14,636,000	-\$28,479,000
<i>GF Match</i>	\$183,361,000	\$161,804,000	-\$21,557,000	\$169,122,000	\$7,318,000	-\$14,239,000
<i>FFP</i>	\$183,362,000	\$161,804,000	-\$21,558,000	\$169,122,000	\$7,318,000	-\$14,240,000

1915(i) State Plan Amendment

Estimated Distribution in Purchase of Services

EXPENDITURES:	% of		Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2012-13 Over 2011-12	2013-14 Over Enacted Budget
	Expenditures by Budget Category 2012-13 & 2013-14							
TOTAL EXPENDITURES			\$366,723,000	\$323,608,000	-\$43,115,000	\$338,244,000	\$14,636,000	-\$28,479,000
<i>GF Match</i>			183,361,000	161,804,000	-21,557,000	169,122,000	7,318,000	-14,239,000
<i>FFP</i>			183,362,000	161,804,000	-21,558,000	169,122,000	7,318,000	-14,240,000
Community Care Facilities	17.08%	17.08%	\$54,985,000	\$55,285,000	\$300,000	\$57,785,000	\$2,500,000	\$2,800,000
<i>GF Match</i>			27,492,000	27,642,000	150,000	28,892,000	1,250,000	1,400,000
<i>FFP</i>			27,493,000	27,643,000	150,000	28,893,000	1,250,000	1,400,000
Day Programs	24.05%	24.05%	\$100,594,000	\$77,820,000	-\$22,774,000	\$81,340,000	\$3,520,000	-\$19,254,000
<i>GF Match</i>			50,297,000	38,910,000	-11,387,000	40,670,000	1,760,000	-9,627,000
<i>FFP</i>			50,297,000	38,910,000	-11,387,000	40,670,000	1,760,000	-9,627,000
Habilitation-Work Activity Program	12.72%	12.72%	\$39,463,000	\$41,174,000	\$1,711,000	\$43,037,000	\$1,863,000	\$3,574,000
<i>GF Match</i>			19,731,000	20,587,000	856,000	21,518,000	931,000	1,787,000
<i>FFP</i>			19,732,000	20,587,000	855,000	21,519,000	932,000	1,787,000
Transportation	7.18%	7.18%	\$22,511,000	\$23,235,000	\$724,000	\$24,286,000	\$1,051,000	\$1,775,000
<i>GF Match</i>			11,255,000	11,618,000	363,000	12,143,000	525,000	888,000
<i>FFP</i>			11,256,000	11,617,000	361,000	12,143,000	526,000	887,000
Support Services	20.62%	20.62%	\$71,786,000	\$66,735,000	-\$5,051,000	\$69,752,000	\$3,017,000	-\$2,034,000
<i>GF Match</i>			35,893,000	33,368,000	-2,525,000	34,876,000	1,508,000	-1,017,000
<i>FFP</i>			35,893,000	33,367,000	-2,526,000	34,876,000	1,509,000	-1,017,000
In-Home Respite	6.21%	6.21%	\$26,574,000	\$20,110,000	-\$6,464,000	\$21,018,000	\$908,000	-\$5,556,000
<i>GF Match</i>			13,287,000	10,055,000	-3,232,000	10,510,000	455,000	-2,777,000
<i>FFP</i>			13,287,000	10,055,000	-3,232,000	10,508,000	453,000	-2,779,000

1915(i) State Plan Amendment

Estimated Distribution in Purchase of Services

EXPENDITURES:	% of Expenditures by Budget Category 2012-13 & 2013-14		Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
	Out-of-Home Respite	1.19%	1.19%	\$5,679,000	\$3,844,000	-\$1,835,000	\$4,018,000	\$174,000
<i>GF Match</i>			2,840,000	1,922,000	-918,000	2,009,000	87,000	-831,000
<i>FFP</i>			2,839,000	1,922,000	-917,000	2,009,000	87,000	-830,000
Health Care	2.19%	2.19%	\$6,765,000	\$7,085,000	\$320,000	\$7,406,000	\$321,000	\$641,000
<i>GF Match</i>			3,383,000	3,542,000	159,000	3,703,000	161,000	320,000
<i>FFP</i>			3,382,000	3,543,000	161,000	3,703,000	160,000	321,000
Miscellaneous	8.75%	8.75%	\$38,366,000	\$28,320,000	-\$10,046,000	\$29,602,000	\$1,282,000	-\$8,764,000
<i>GF Match</i>			19,183,000	14,160,000	-5,023,000	14,801,000	641,000	-4,382,000
<i>FFP</i>			19,183,000	14,160,000	-5,023,000	14,801,000	641,000	-4,382,000

1915(k) Medicaid State Plan

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 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) Medicaid State Plan funds home and community-based attendant services and supports costs for eligible individuals. The 1915(k) Medicaid State Plan expenditures are in Support Services, In-Home Respite and Miscellaneous POS budget categories. Funding for the 1915(k) Medicaid State Plan is 50% federal financial participation (FFP) and 50% General Fund (GF).

CHANGE FROM PRIOR ESTIMATE:

N/A

REASON FOR YEAR-TO-YEAR CHANGE:

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

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
Total Medicaid State Plan Eligible Expenditures	\$3,848,000	\$3,848,000	\$0	\$14,000,000	\$10,152,000	\$10,152,000
<i>FFP</i>	1,924,000	1,924,000	0	7,000,000	5,076,000	5,076,000
<i>GF Match</i>	1,924,000	1,924,000	0	7,000,000	5,076,000	5,076,000

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:

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

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

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
	\$3,537,000	\$3,537,000	\$0	\$3,537,000	\$0	\$0
	5,000,000	5,000,000	0	5,000,000	0	0

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$8,537,000	\$8,537,000	\$0	\$8,537,000	\$0	\$0
FFP	6,403,000	6,403,000	0	6,403,000	0	0
GF Match	2,134,000	2,134,000	0	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:

- Community Placement Plan, Purchase of Services, see Page E - 17.3.
- Community Care Facilities (transition from Lanterman Developmental Center), see Pages E-5.1 through E-5.4.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2012-13 over 2011-12	2013-14 Over Enacted Budget
	\$6,667,000	\$6,667,000	\$0	\$6,667,000	\$0	\$0
	4,619,000	4,619,000	0	4,619,000	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 institution.

CHANGE FROM PRIOR ESTIMATE:

No change

REASON FOR YEAR-TO-YEAR CHANGE:

No change

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$11,286,000	\$11,286,000	\$0	\$11,286,000	\$0	\$0
FFP	8,464,000	8,464,000	0	8,464,000	0	0
GF Match	2,822,000	2,822,000	0	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:

The estimate reflects updated information regarding grant award amounts.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated information regarding grant award amounts.

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
Grant Amount Allocation:	\$35,000	\$57,000	\$22,000	\$391,000	\$334,000	\$356,000

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:

Reflects the unavailability of funds from the California First Five Commission in 2013-14.

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$40,000,000	\$40,000,000	\$0	\$0	-\$40,000,000	-\$40,000,000

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.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

New fund source for the department.

REASON FOR YEAR-TO-YEAR CHANGE:

CY 2012-13 expenditures reflect partial-year implementation. Implementation date is October 1, 2012.

EXPENDITURES:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL EXPENDITURES	\$0	\$23,586,000	\$23,586,000	\$33,032,000	\$9,446,000	\$33,032,000
<i>GF Match</i>	0	11,793,000	11,793,000	16,516,000	4,723,000	16,516,000
<i>FFP</i>	0	11,793,000	11,793,000	16,516,000	4,723,000	16,516,000

Early Periodic Screening Diagnosis and Treatment

Estimated Distribution in Purchase of Services

EXPENDITURES:	% of Expenditures by Budget Category 2012-13 & 2013-14		Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2012-13	2013-14
							Over 2011-12	Over Enacted Budget
TOTAL EXPENDITURES			\$0	\$23,586,000	\$23,586,000	\$33,032,000	\$9,446,000	\$33,032,000
GF Match			0	11,793,000	11,793,000	16,516,000	4,723,000	16,516,000
FFP			0	11,793,000	11,793,000	16,516,000	4,723,000	16,516,000
Day Programs	83.23%	83.60%	\$0	\$19,631,000	\$19,631,000	\$27,613,000	\$7,982,000	\$27,613,000
GF Match			0	9,815,000	9,815,000	13,807,000	3,992,000	13,807,000
FFP			0	9,816,000	9,816,000	13,806,000	3,990,000	13,806,000
In-Home Respite	0.06%	0.06%	\$0	\$14,000	\$14,000	\$19,000	\$5,000	\$19,000
GF Match			0	7,000	7,000	9,000	2,000	9,000
FFP			0	7,000	7,000	10,000	3,000	10,000
Miscellaneous	16.71%	16.35%	\$0	\$3,941,000	\$3,941,000	\$5,400,000	\$1,459,000	\$5,400,000
GF Match			0	1,971,000	1,971,000	2,700,000	729,000	2,700,000
FFP			0	1,970,000	1,970,000	2,700,000	730,000	2,700,000

Program Development Fund/Parental Fees

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

PDF amounts are based on current information regarding available funds.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

PDF amounts reflect updated information regarding revenue collection.

REASON FOR YEAR-TO-YEAR CHANGE:

No change

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
Parental Fees	\$2,323,000	\$2,067,000	-\$256,000	\$2,067,000	\$0	-\$256,000
Annual Family Program Fees	7,200,000	7,200,000	0	7,200,000	0	0
TOTAL	\$9,523,000	\$9,267,000	-\$256,000	\$9,267,000	\$0	-\$256,000

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:

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

Mental Health Services Fund

DESCRIPTION:

Initiative Statute (Proposition 63) imposes an additional tax on taxable income over \$1 million to provide funds to counties to expand services and develop innovative programs and integrated service plans for mentally ill children, adults and seniors. Consistent with the requirements of the Mental Health Services Act (MHSA - Proposition 63), the Department of Developmental Services, 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:	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
<ul style="list-style-type: none"> • Regional Best Practice Training • Regional Center Technical Assistance and Liaison Support • TOTAL EXPENDITURES 	\$675,000	\$675,000	\$0	\$675,000	\$0	\$0
	65,000	65,000	0	65,000	0	0
	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

No change

REASON FOR YEAR-TO-YEAR CHANGE:

No change

EXPENDITURES:

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

DESCRIPTION:

Part C of the federal Individuals with Disabilities Education Act (IDEA) provides federal grant funding for states to develop and operate early intervention programs for families and their children with developmental delays, disabilities, or conditions, which place them at high risk of disabilities from birth to under age 3 years. The program, known as Early Start in California, is administered according to federal 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.

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
• Other Agencies	\$20,095,000	\$20,095,000	\$20,095,000	\$20,095,000	\$0	\$0
• 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>0</i>	<i>0</i>

Early Start Part C Grant, Federal Funds

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
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	0	0
• Family Resource Centers (FRC): Funds pay for services that are provided by 33 contractors. Services, which are specified in GC 95024(d)(2), include parent-to-parent support, information dissemination, public awareness and family professional collaboration activities.	2,750,000	2,750,000	0	2,750,000	0	0
• 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	\$0	\$0
Day Programs	17,773,000	17,773,000	0	17,773,000	0	0
Support Services	501,000	501,000	0	501,000	0	0
In-Home Respite	179,000	179,000	0	179,000	0	0
Out-of-Home Respite	125,000	125,000	0	125,000	0	0
Health Care	2,754,000	2,754,000	0	2,754,000	0	0
Miscellaneous Services	9,982,000	9,982,000	0	9,982,000	0	0
• TOTAL EXPENDITURES	\$51,409,000	\$51,409,000	\$0	\$51,409,000	\$0	\$0

Early Start Part C Grant, Federal Funds

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

FUNDING:

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

EXPENDITURES:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 Over Enacted Budget
TOTAL	\$51,409,000	\$51,409,000	\$0	\$51,409,000	\$0	\$0
Grant	51,409,000	51,409,000	0	51,409,000	0	0

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:

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

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:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	Over Enacted Budget
Grant Allocation	\$286,000	\$286,000	\$0	\$286,000	\$0	\$0

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SECTION F: IMPACT FROM OTHER DEPARTMENTS

IMPACT FROM OTHER DEPARTMENTS F-1.1

Impact from Other Departments

DESCRIPTION:

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

ASSUMPTIONS:

METHODOLOGY:

	Enacted Budget	Updated 2012-13	2012-13 Request	2013-14	2013-14 Over 2012-13	2013-14 over Enacted Budget
<ul style="list-style-type: none"> DHCS Medi-Cal Hard Cap on Hearing Aids (Implemented July 2012). 	\$31,187,000	\$355,000	-\$30,832,000	\$355,000	\$0	-\$30,832,000
<ul style="list-style-type: none"> CHANGE FROM PRIOR ESTIMATE: Reflects DHCS' withdrawal of implementation of Medi-Cal co-payments for physician, dental office visits, pharmacy co-payments, emergency room visits, and hospital inpatient days leaving only funding needed for hard cap on hearing aids. 						
<ul style="list-style-type: none"> TOTAL EXPENDITURES: 	\$31,187,000	\$355,000	-\$30,832,000	\$355,000	\$0	-\$30,832,000
EXPENDITURES:						
TOTAL	\$31,187,000	\$355,000	-\$30,832,000	\$355,000	\$0	-\$30,832,000
GF	\$31,187,000	\$355,000	-\$30,832,000	\$355,000	\$0	-\$30,832,000
<i>GF Match</i>	0	0	0	0	0	0
<i>GF Other</i>	31,187,000	355,000	-30,832,000	355,000	0	-30,832,000
Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0

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SECTION G: PAYMENT REDUCTION

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

	November Estimate
Grand Total Payment Restoration	\$46,701,000
General Funds (GF)	31,951,000
Reimbursements	14,750,000
Total Operations (Ops)	\$6,672,000
GF	4,607,000
Reimbursements	2,065,000
Total Purchase of Services (POS)	\$40,029,000
GF	27,344,000
Reimbursements	12,685,000

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