

FOR LEGISLATIVE REVIEW

REGIONAL CENTER
LOCAL ASSISTANCE ESTIMATE

for

FISCAL YEAR

2016-17

Governor's Budget



STATE OF CALIFORNIA
DEPARTMENT OF DEVELOPMENTAL SERVICES
JANUARY 2016

Table of Contents

SECTION A: EXECUTIVE SUMMARY TABLES

FY 2015-16	A-1 to A-1.1
FY 2016-17	A-2 to A-2.1
FY 2015-16 vs. FY 2016-17	A-3 to A-3.1
FY 2015-16 & FY 2016-17—Operations.....	A-4.1 to A-4.2
FY 2015-16 & FY 2016-17—Purchase of Services.....	A-5.1 to A-5.2
FY 2015-16 & FY 2016-17—Early Start/Other Agency Costs.....	A-6.1 to A-6.2

SECTION B: EXECUTIVE HIGHLIGHTS B-1 to B-9

SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONS C-1 to C-8

SECTION D: POPULATION

FY 2015-16	D-1
FY 2016-17	D-1.1
FY 2015-16 & FY 2016-17	D-1.2
Active Status (Age 3 & Over) Population Graph.....	D-2
Early Start (Birth through 36 Months) Population Graph	D-3
Community Population Bar Chart	D-4

SECTION E: ESTIMATE METHODOLOGIES

OPERATIONS

FY 2015-16 Summary	E-1.1
FY 2016-17 Summary	E-1.2
Staffing	E-2.1 to E-2.13
Agnews Ongoing Workload	E-2.14 to E-2.15
Lanterman Development Center Closure/Ongoing Workload	E-2.16
Federal Compliance	E-3.1 to E-3.3
Compliance with HCBS Waiver Requirements	E-3.4
Increase in Case Managers to Meet Federal Audit Requirements	E-3.5 to E-3.6
Projects	E-4.1 to E-4.7

Table of Contents (continued)

SECTION E: ESTIMATE METHODOLOGIES (continued)

INTERMEDIATE CARE FACILITIES – DEVELOPMENTALLY DISABLED

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

PURCHASE OF SERVICES

Community Care Facilities	E-5.1 to E-5.3
Medical Facilities	E-6.1 to E-6.2
Day Programs	E-7.1 to E-7.3
Habilitation	E-8.1 to E-8.2
Transportation	E-9.1 to E-9.2
Support Services	E-10.1 to E-10.3
In-Home Respite	E-11.1 to E-11.2
Out-of-Home Respite	E-12.1 to E-12.2
Health Care	E-13.1 to E-13.2
Miscellaneous Services	E-14.1 to E-14.2

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

<i>PREVENTION PROGRAM/EARLY START FAMILY RESOURCE SERVICES</i>	E-16
--	------

<i>COMMUNITY PLACEMENT PLAN</i>	E-17.1 to E-17.11
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Table of Contents (continued)**SECTION E: ESTIMATE METHODOLOGIES (continued)***FUND SOURCES*

General Fund	E-18.1 to 18.2
Reimbursements	
Summary Table	E-19.1 to E-19.2
Home and Community-Based Services (HCBS) Waiver	E-20.1 to E-20.5
HCBS Waiver Administration.....	E-21.1 to E-21.5
Medicaid Administration	E-22.1 to E-22.4
Targeted Case Management (TCM).....	E-23
TCM Administration.....	E-24.1 to E-24.2
Title XX Block Grant	E-25.1 to E-25.3
Intermediate Care Facility-Developmentally Disabled	E-26.1 to E-26.2
Quality Assurance Fees	E-27.1 to E-27.2
1915(i) SPA.....	E-28.1 to E-28.4
Money Follows the Person Grant	E-29.1 to E-29.3
Early Periodic Screening Diagnosis and Treatment (EPSDT)	E-30
Race to the Top.....	E-31
Program Development Fund/Parental Fees	E-32
Developmental Disabilities Services Account.....	E-33
Mental Health Services Fund	E-34
Federal Funds:	
<i>Early Start Grant</i>	E-35.1 to E-35.3
<i>Foster Grandparent Program</i>	E-36

SECTION F: IMPACT FROM OTHER DEPARTMENTS

<i>IMPACT FROM OTHER DEPARTMENTS</i>	F-1
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SECTION G: POLICIES*POLICY CHANGES*

Assembly Bill (AB) 1522 Employment: Paid Sick Days	G-1
Assembly Bill (AB) 10, Minimum Wage Increase: Effective January 1, 2016	
AB 10 Purchase of Services.....	G-2
Federal Labor Regulations	G-3

NEW MAJOR ASSUMPTIONS

Alternative Residential Model.....	G-4
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Table of Contents (continued)

SECTION G: POLICIES (continued)

CPC to Improve Caseload Ratios.....	G-5
Compliance with HCBS Regulations - Operations.....	G-6
Compliance with HCBS Regulations - Purchase of Services	G-7

Table of Contents

SECTION A: EXECUTIVE SUMMARY TABLES

FY 2015-16	A-1 to A-1.1
FY 2016-17	A-2 to A-2.1
FY 2015-16 vs. FY 2016-17	A-3 to A-3.1
FY 2015-16 & FY 2016-17—Operations.....	A-4.1 to A-4.2
FY 2015-16 & FY 2016-17—Purchase of Services.....	A-5.1 to A-5.2
FY 2015-16 & FY 2016-17—Early Start/Other Agency Costs.....	A-6.1 to A-6.2

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2015-16**

	A Enacted Budget	B Governor's Budget	C Request (B - A)
I. BUDGET ITEMS:			
A. Operations (OPS)			
Caseload Growth			
1. Staffing	\$536,454,000	\$538,053,000	\$1,599,000
2. Federal Compliance	49,004,000	49,025,000	21,000
3. Projects	24,525,000	24,525,000	0
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman Developmental Center (DC) Closure	2,576,000	2,576,000	0
6. Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA) Administration Fee	1,708,000	1,712,000	4,000
7. Total OPS Caseload Growth (Items 1 thru 6)	\$617,213,000	\$618,837,000	\$1,624,000
Policy Changes			
8. DC Closure-Sonoma DC	\$1,300,000	\$1,300,000	\$0
9. Total Revised Policy Changes	\$1,300,000	\$1,300,000	\$0
10. Total Operations (Items 7 and 9)	\$618,513,000	\$620,137,000	\$1,624,000
B. Purchase of Services (POS)			
Caseload Growth			
1. Community Care Facilities	\$1,146,993,000	\$1,111,190,000	-\$35,803,000
2. Medical Facilities	21,489,000	19,401,000	-2,088,000
3. Day Programs	959,102,000	955,009,000	-4,093,000
4. Habilitation Services	149,168,000	150,942,000	1,774,000
5. Transportation	285,551,000	282,537,000	-3,014,000
6. Support Services	1,038,711,000	1,013,853,000	-24,858,000
7. In-Home Respite	277,178,000	279,472,000	2,294,000
8. Out-of-Home Respite	40,451,000	36,160,000	-4,291,000
9. Health Care	119,043,000	120,430,000	1,387,000
10. Miscellaneous	466,865,000	490,466,000	23,601,000
11. Quality Assurance Fees (Transfer from Department of Health Care Services (DHCS))	9,219,000	9,244,000	25,000
12. Total POS Caseload Growth (Items 1 thru 11)	\$4,513,770,000	\$4,468,704,000	-\$45,066,000
Policy Changes			
13. AB 10 Minimum Wage Increase, Effective 1/1/2016	\$62,357,000	\$62,357,000	\$0
14. Federal Labor Regulations, Effective 10/1/2015	32,493,000	32,493,000	0
15. AB 1522 Employment: Paid Sick Days, Effective 7/1/2015	27,001,000	27,001,000	0
16. Impacts from Other Departments, DHCS - Behavioral Health Treatment (BHT)	-5,080,000	-5,080,000	0
17. DC Closure- Sonoma DC	46,721,000	46,721,000	0
18. Total Policy Changes (Items 13 thru 17)	\$163,492,000	\$163,492,000	\$0
19. Total POS (Items 12 and 18)	\$4,677,262,000	\$4,632,196,000	-\$45,066,000
C. Early Start/Part C: Other Agency Costs	\$19,252,000	\$19,252,000	\$0
D. Early Start Family Resource Services	\$2,003,000	\$2,003,000	\$0
E. GRAND TOTAL	\$5,317,030,000	\$5,273,588,000	-\$43,442,000

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2015-16**

	A Enacted Budget	B Governor's Budget	C Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$3,136,434,000	\$3,067,786,000	-\$68,648,000
1. General Fund Match	1,889,333,000	1,911,527,000	22,194,000
2. General Fund - Other	1,247,101,000	1,156,259,000	-90,842,000
B. Reimbursements	\$2,125,619,000	\$2,150,825,000	\$25,206,000
1. Home and Community-Based Services (HCBS) Waiver	1,428,653,000	1,457,481,000	28,828,000
2. HCBS Waiver Administration	9,643,000	10,448,000	805,000
3. Medicaid Administration	11,192,000	12,551,000	1,359,000
4. Target Case Management (TCM)	162,687,000	157,149,000	-5,538,000
5. TCM Administration	4,932,000	4,952,000	20,000
6. Title XX Block Grant	214,555,000	213,421,000	-1,134,000
a. Social Services	137,088,000	136,264,000	-824,000
b. Temporary Assistance for Needy Families	77,467,000	77,157,000	-310,000
7. ICF-DD SPA	56,922,000	57,072,000	150,000
8. Quality Assurance Fees (QAF)	10,073,000	10,100,000	27,000
9. 1915(i) SPA	192,569,000	193,279,000	710,000
10. Money Follows the Person	7,976,000	9,411,000	1,435,000
11. Race to the Top	143,000	143,000	0
12. Early Periodic Screening Diagnosis and Treatment	26,274,000	24,818,000	-1,456,000
C. Program Development Fund / Parental Fees	\$2,733,000	\$2,733,000	\$0
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$51,354,000	\$51,354,000	\$0
1. Early Start/Part C Grant	50,542,000	50,542,000	0
2. Foster Grandparent Program	812,000	812,000	0
G. GRAND TOTAL	\$5,317,030,000	\$5,273,588,000	-\$43,442,000

Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2016-17

	A Enacted Budget	B Governor's Budget	C Request (B - A)
I. BUDGET ITEMS:			
A. Operations (OPS)			
Caseload Growth			
1. Staffing	\$536,454,000	\$557,575,000	\$21,121,000
2. Federal Compliance	49,004,000	49,592,000	588,000
3. Projects	24,525,000	25,107,000	582,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman DC Closure	2,576,000	2,576,000	0
6. ICF-DD SPA Administration Fee	1,708,000	1,712,000	4,000
7. Total OPS Caseload Growth (Items 1 thru 6)	\$617,213,000	\$639,508,000	\$22,295,000
Policy Changes			
8. DC Closure	\$1,300,000	\$5,434,000	\$4,134,000
a. Sonoma DC	1,300,000	3,616,000	2,316,000
b. Fairview DC	0	1,212,000	1,212,000
c. Porterville DC	0	606,000	\$606,000
9. Total Policy Changes (Item 8)	\$1,300,000	\$5,434,000	\$4,134,000
New Major Assumptions			
10. Improve Service Coordinator Caseload Ratios	\$0	\$17,000,000	\$17,000,000
11. Compliance with HCBS Regulations	0	\$1,600,000	\$1,600,000
12. Total New Major Assumptions (Items 10 and 11)	\$0	\$18,600,000	\$18,600,000
13. Total Operations (Items 7, 9 and 12)	\$618,513,000	\$663,542,000	\$45,029,000
B. Purchase of Services (POS)			
Caseload Growth			
1. Community Care Facilities	\$1,146,993,000	\$1,165,522,000	\$18,529,000
2. Medical Facilities	21,489,000	20,276,000	-1,213,000
3. Day Programs	959,102,000	1,000,649,000	41,547,000
4. Habilitation Services	149,168,000	151,640,000	2,472,000
5. Transportation	285,551,000	299,536,000	13,985,000
6. Support Services	1,038,711,000	1,101,415,000	62,704,000
7. In-Home Respite	277,178,000	308,587,000	31,409,000
8. Out-of-Home Respite	40,451,000	35,056,000	-5,395,000
9. Health Care	119,043,000	133,289,000	14,246,000
10. Miscellaneous	466,865,000	501,060,000	34,195,000
11. QAF (Transfer from DHCS)	9,219,000	9,244,000	25,000
12. POS Subtotal (Items 1 thru 11)	\$4,513,770,000	\$4,726,274,000	\$212,504,000
Policy Changes			
13. AB 10 Minimum Wage Increase, Effective 1/1/2016	\$62,357,000	\$124,714,000	\$62,357,000
14. Federal Labor Regulations, Effective 10/1/2015	32,493,000	86,648,000	54,155,000
15. AB 1522 Employment: Paid Sick Days, Effective 7/1/2015	27,001,000	27,001,000	0
16. Impacts from Other Departments, DHCS - BHT	-5,080,000	-9,561,000	-4,481,000
17. DC Closure	46,721,000	73,358,000	26,637,000
a. Sonoma DC	46,721,000	20,884,000	-25,837,000
b. Fairview DC	0	28,461,000	28,461,000
c. Porterville DC	0	24,013,000	24,013,000
18. Total Policy Changes (Items 13 thru 17)	\$163,492,000	\$302,160,000	\$138,668,000
New Major Assumptions			
19. Alternative Residential Model (ARM) 4-Bed Rate Model	\$0	\$46,000,000	\$46,000,000
20. Compliance with HCBS Regulations	0	\$15,000,000	\$15,000,000
21. Total New Major Assumptions (Items 19 and 20)	\$0	\$61,000,000	\$61,000,000
22. Total POS (Items 12, 18, and 21)	\$4,677,262,000	\$5,089,434,000	\$412,172,000
C. Early Start/Part C: Other Agency Costs	\$19,252,000	\$19,109,000	-\$143,000
D. Early Start Family Resource Services	\$2,003,000	\$2,003,000	\$0
E. GRAND TOTAL	\$5,317,030,000	\$5,774,088,000	\$457,058,000

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2016-17**

	A Enacted Budget	B Governor's Budget	C Request (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$3,136,434,000	\$3,426,912,000	\$290,478,000
1. General Fund Match	1,889,333,000	\$2,051,878,000	162,545,000
2. General Fund - Other	1,247,101,000	1,375,034,000	127,933,000
B. Reimbursements	\$2,125,619,000	\$2,292,395,000	\$166,776,000
1. HCBS Waiver	1,428,653,000	1,574,286,000	145,633,000
2. HCBS Waiver Administration	9,643,000	11,279,000	1,636,000
3. Medicaid Administration	11,192,000	12,551,000	1,359,000
4. TCM	162,687,000	166,385,000	3,698,000
5. TCM Administration	4,932,000	4,952,000	20,000
6. Title XX Block Grant	214,555,000	213,421,000	-1,134,000
a. Social Services	137,088,000	136,264,000	-824,000
b. Temporary Assistance for Needy Families	77,467,000	77,157,000	-310,000
7. ICF-DD SPA	56,922,000	57,072,000	150,000
8. QAF	10,073,000	10,100,000	27,000
9. 1915(i) SPA	192,569,000	205,086,000	12,517,000
10. Money Follows the Person	7,976,000	11,353,000	3,377,000
11. Race to the Top	143,000	0	-143,000
12. Early Periodic Screening Diagnosis and Treatment	26,274,000	25,910,000	-364,000
C. Program Development Fund / Parental Fees	\$2,733,000	\$2,537,000	-\$196,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$51,354,000	\$51,354,000	\$0
1. Early Start/Part C Grant	50,542,000	50,542,000	0
2. Foster Grandparent Program	812,000	812,000	0
G. GRAND TOTAL	\$5,317,030,000	\$5,774,088,000	\$457,058,000

Comparison Fiscal Year 2015-16 to Fiscal Year 2016-17

	A	B	C
	Fiscal Year 2015-16	Fiscal Year 2016-17	Incremental Increase (B - A)
I. BUDGET ITEMS:			
A. Operations (OPS)			
Caseload Growth			
1. Staffing	\$538,053,000	\$557,575,000	\$19,522,000
2. Federal Compliance	49,025,000	49,592,000	567,000
3. Projects	24,525,000	25,107,000	582,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman DC Closure	2,576,000	2,576,000	0
6. ICF-DD SPA Administration Fee	1,712,000	1,712,000	0
7. Total OPS Caseload Growth (Items 1 thru 6)	\$618,837,000	\$639,508,000	\$20,671,000
Policy Changes			
8. DC Closure	\$1,300,000	\$5,434,000	\$4,134,000
a. Sonoma DC	1,300,000	3,616,000	2,316,000
b. Fairview DC	0	1,212,000	1,212,000
c. Porterville DC	0	606,000	606,000
9. Total Policy Changes	\$1,300,000	\$5,434,000	\$4,134,000
New Major Assumptions			
10. Improve Service Coordinator Caseload Ratios	\$0	\$17,000,000	\$17,000,000
11. Compliance with HCBS Regulations	0	1,600,000	1,600,000
12. Total New Major Assumptions (Items 10 and 11)	\$0	\$18,600,000	\$18,600,000
11. Total Operations (Items 7, 9, and 12)	\$620,137,000	\$663,542,000	\$43,405,000
B. Purchase of Services (POS)			
Caseload Growth			
1. Community Care Facilities	\$1,111,190,000	\$1,165,522,000	\$54,332,000
2. Medical Facilities	19,401,000	20,276,000	875,000
3. Day Programs	955,009,000	1,000,649,000	45,640,000
4. Habilitation Services	150,942,000	151,640,000	698,000
5. Transportation	282,537,000	299,536,000	16,999,000
6. Support Services	1,013,853,000	1,101,415,000	87,562,000
7. In-Home Respite	279,472,000	308,587,000	29,115,000
8. Out-of-Home Respite	36,160,000	35,056,000	-1,104,000
9. Health Care	120,430,000	133,289,000	12,859,000
10. Miscellaneous	490,466,000	501,060,000	10,594,000
11. QAF (Transfer from DHCS)	9,244,000	9,244,000	0
12. Total POS Caseload (Items 1 thru 11)	\$4,468,704,000	\$4,726,274,000	\$257,570,000
Policy Changes			
13. AB 10 Minimum Wage Increase, Effective 1/1/16	\$62,357,000	\$124,714,000	\$62,357,000
14. Federal Labor Regulations, Effective 10/1/2015	32,493,000	86,648,000	54,155,000
15. AB 1522 Employment: Paid Sick Days, Effective 7/1/2015	27,001,000	27,001,000	0
16. Impacts from Other Departments, DHCS - BHT	-5,080,000	-9,561,000	-4,481,000
17. DC Closure	46,721,000	73,358,000	26,637,000
a. Sonoma DC	46,721,000	20,884,000	-25,837,000
b. Fairview DC	0	28,461,000	28,461,000
c. Porterville DC	0	24,013,000	24,013,000
18. Total Policy Changes (Items 13 thru 17)	\$163,492,000	\$302,160,000	\$138,668,000
New Major Assumptions			
19. ARM 4-Bed Rate Model	\$0	\$46,000,000	\$46,000,000
20. Compliance with HCBS Regulations	0	15,000,000	15,000,000
21. Total New Major Assumptions (Items 19 and 20)	\$0	\$61,000,000	\$61,000,000
22. Total POS (Items 12, 18 and 21)	\$4,632,196,000	\$5,089,434,000	\$457,238,000
C. Early Start/Part C: Other Agency Costs	\$19,252,000	\$19,109,000	-\$143,000
D. Early Start Family Resource Services	\$2,003,000	\$2,003,000	\$0
F. GRAND TOTAL	\$5,273,588,000	\$5,774,088,000	\$500,500,000

Comparison Fiscal Year 2015-16 to Fiscal Year 2016-17

	A	B	C
	Fiscal Year 2015-16	Fiscal Year 2016-17	Incremental Increase (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$3,067,786,000	\$3,426,912,000	\$359,126,000
1. General Fund Match	1,911,527,000	2,051,878,000	140,351,000
2. General Fund - Other	1,156,259,000	1,375,034,000	218,775,000
B. Reimbursements	\$2,150,825,000	\$2,292,395,000	\$141,570,000
1. HCBS Waiver	1,457,481,000	1,574,286,000	116,805,000
2. HCBS Waiver Administration	10,448,000	11,279,000	831,000
3. Medicaid Administration	12,551,000	12,551,000	0
4. TCM	157,149,000	166,385,000	9,236,000
5. TCM Administration	4,952,000	4,952,000	0
6. Title XX Block Grant	213,421,000	213,421,000	0
a. Social Services	136,264,000	136,264,000	0
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	0
7. ICF-DD SPA	57,072,000	57,072,000	0
8. QAF	10,100,000	10,100,000	0
9. 1915(i) SPA	193,279,000	205,086,000	11,807,000
10. Money Follows the Person	9,411,000	11,353,000	1,942,000
11. Race to the Top	143,000	0	-143,000
12. Early Periodic Screening Diagnosis and Treatment	24,818,000	25,910,000	1,092,000
C. Program Development Fund / Parental Fees	\$2,733,000	\$2,537,000	-\$196,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$51,354,000	\$51,354,000	\$0
1. Early Start/Part C Grant	50,542,000	50,542,000	0
2. Foster Grandparent Program	812,000	812,000	0
G. GRAND TOTAL	\$5,273,588,000	\$5,774,088,000	\$500,500,000

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2015-16
OPERATIONS**

	A	B	C
	Enacted Budget	Updated 2015-16	2015-16 Request (B - A)
I. BUDGET ITEMS:			
Caseload Growth			
1. Staffing	\$536,454,000	\$538,053,000	\$1,599,000
2. Federal Compliance	49,004,000	49,025,000	21,000
3. Projects	24,525,000	24,525,000	0
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman DC Closure	2,576,000	2,576,000	0
6. ICF-DD SPA Administration Fee	1,708,000	1,712,000	4,000
7. Total OPS Caseload Growth (Items 1 thru 6)	\$617,213,000	\$618,837,000	\$1,624,000
Policy Changes			
8. DC Closure- Sonoma DC	\$1,300,000	\$1,300,000	\$0
9. Total Policy Changes	\$1,300,000	\$1,300,000	\$0
10. Total OPS (Items 7 and 9)	\$618,513,000	\$620,137,000	\$1,624,000
II. FUND SOURCES:			
A. General Fund Total	\$424,036,000	\$426,714,000	\$2,678,000
1. General Fund Match	184,915,000	178,880,000	-6,035,000
2. General Fund Other	239,121,000	247,834,000	8,713,000
B. Reimbursements	\$192,775,000	\$191,721,000	-\$1,054,000
1. HCBS Waiver Administration	9,643,000	10,448,000	805,000
2. Medicaid Administration	11,192,000	12,551,000	1,359,000
3. TCM	162,687,000	157,149,000	-5,538,000
4. TCM Administration	4,932,000	4,952,000	20,000
5. QAF	854,000	856,000	2,000
6. Money Follows the Person	3,467,000	5,765,000	2,298,000
C. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
D. Mental Health Services Fund	\$740,000	\$740,000	\$0
E. Federal Funds	\$812,000	\$812,000	\$0
1. Foster Grandparent Program	812,000	812,000	0
F. Grand Total	\$618,513,000	\$620,137,000	\$1,624,000

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2016-17
OPERATIONS**

	A	B	C
	Enacted Budget	2016-17	2016-17 Request (B - A)
I. BUDGET ITEMS:			
Caseload Growth			
1. Staffing	\$536,454,000	\$557,575,000	\$21,121,000
2. Federal Compliance	49,004,000	49,592,000	588,000
3. Projects	24,525,000	25,107,000	582,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman DC Closure	2,576,000	2,576,000	0
6. ICF-DD SPA Administration Fee	1,708,000	1,712,000	4,000
7. Total OPS Caseload Growth (Items 1 thru 6)	\$617,213,000	\$639,508,000	\$22,295,000
Policy Changes			
8. DC Closure	\$1,300,000	\$5,434,000	\$4,134,000
a. Sonoma DC	1,300,000	3,616,000	2,316,000
b. Fairview DC	0	1,212,000	1,212,000
c. Porterville DC	0	606,000	606,000
9. Total Policy Changes	\$1,300,000	\$5,434,000	\$4,134,000
New Major Assumptions			
10. Improve Service Coordinator Caseload Ratios	\$0	\$17,000,000	\$17,000,000
11. Compliance with HCBS Regulations	0	1,600,000	\$1,600,000
12. Total New Major Assumptions (Items 10 and 11)	\$0	\$18,600,000	\$18,600,000
13. Total OPS (Items 7, 9, and 12)	\$618,513,000	\$663,542,000	\$45,029,000
II. FUND SOURCES:			
A. General Fund Total	\$424,036,000	\$458,311,000	\$34,275,000
1. General Fund Match	184,915,000	189,526,000	4,611,000
2. General Fund Other	239,121,000	268,785,000	29,664,000
B. Reimbursements	\$192,775,000	\$203,529,000	\$10,754,000
1. HCBS Waiver Administration	9,643,000	11,279,000	1,636,000
2. Medicaid Administration	11,192,000	12,551,000	1,359,000
3. TCM	162,687,000	166,385,000	3,698,000
4. TCM Administration	4,932,000	4,952,000	20,000
5. QAF	854,000	856,000	2,000
6. Money Follows the Person	3,467,000	7,506,000	4,039,000
C. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
D. Mental Health Services Fund	\$740,000	\$740,000	\$0
E. Federal Funds	\$812,000	\$812,000	\$0
1. Foster Grandparent Program	812,000	812,000	0
F. Grand Total	\$618,513,000	\$663,542,000	\$45,029,000

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2015-16
PURCHASE OF SERVICES**

	A	B	C
	Enacted Budget	Updated 2015-16	2015-16 Request (B - A)
I. BUDGET ITEMS:			
Caseload Growth			
A. Purchase of Services			
1. Community Care Facilities	\$1,146,993,000	\$1,111,190,000	-\$35,803,000
2. Medical Facilities	21,489,000	19,401,000	-2,088,000
3. Day Programs	959,102,000	955,009,000	-4,093,000
4. Habilitation Services	149,168,000	150,942,000	1,774,000
5. Transportation	285,551,000	282,537,000	-3,014,000
6. Support Services	1,038,711,000	1,013,853,000	-24,858,000
7. In-Home Respite	277,178,000	279,472,000	2,294,000
8. Out-of-Home Respite	40,451,000	36,160,000	-4,291,000
9. Health Care	119,043,000	120,430,000	1,387,000
10. Miscellaneous	466,865,000	490,466,000	23,601,000
11. QAF (Transfer from DHCS)	9,219,000	9,244,000	25,000
12. Total POS Caseload Growth (Items 1 thru 11)	\$4,513,770,000	\$4,468,704,000	-\$45,066,000
Policy Changes			
13. AB 10 Minimum Wage Increase, Effective 1/1/2016	\$62,357,000	\$62,357,000	\$0
14. Federal Labor Regulations, Effective 10/1/2015	32,493,000	32,493,000	0
15. AB 1522 Employment: Paid Sick Days	27,001,000	27,001,000	0
16. Impacts from Other Departments, DHCS - BHT	-5,080,000	-5,080,000	0
17. DC Closure-Sonoma DC	46,721,000	46,721,000	0
18. Total Policy Changes (Items 13 thru 17)	\$163,492,000	\$163,492,000	\$0
19. Total POS (Items 12 and 18)	\$4,677,262,000	\$4,632,196,000	-\$45,066,000
II. FUND SOURCES:			
A. General Fund Total	\$2,710,395,000	\$2,639,069,000	-\$71,326,000
1. General Fund Match	1,704,418,000	1,729,320,000	24,902,000
2. General Fund Other	1,005,977,000	909,749,000	-96,228,000
B. Reimbursements	\$1,932,701,000	\$1,958,961,000	\$26,260,000
1. HCBS Waiver	1,428,653,000	1,457,481,000	28,828,000
2. Title XX Block Grant	214,555,000	213,421,000	-1,134,000
a. Social Services	137,088,000	136,264,000	-824,000
b. Temporary Assistance for Needy Families	77,467,000	77,157,000	-310,000
3. ICF-DD SPA	56,922,000	57,072,000	150,000
4. QAF	9,219,000	9,244,000	25,000
5. 1915(i) SPA	192,569,000	193,279,000	710,000
6. Money Follows the Person	4,509,000	3,646,000	-863,000
7. Early Periodic Screening Diagnosis and Treatment	26,274,000	24,818,000	-1,456,000
C. Program Development Fund / Parental Fees	\$2,733,000	\$2,733,000	\$0
D. Federal Funds	\$31,433,000	\$31,433,000	\$0
1. Early Start/Part C Grant	31,433,000	31,433,000	0
E. Grand Total	\$4,677,262,000	\$4,632,196,000	-\$45,066,000

**Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2016-17
PURCHASE OF SERVICES**

	A	B	C
	Enacted Budget	2016-17	2016-17 Request (B - A)
I. BUDGET ITEMS:			
Caseload Growth			
A. Purchase of Services			
1. Community Care Facilities	\$1,146,993,000	\$1,165,522,000	\$18,529,000
2. Medical Facilities	21,489,000	20,276,000	-1,213,000
3. Day Programs	959,102,000	1,000,649,000	41,547,000
4. Habilitation Services	149,168,000	151,640,000	2,472,000
5. Transportation	285,551,000	299,536,000	13,985,000
6. Support Services	1,038,711,000	1,101,415,000	62,704,000
7. In-Home Respite	277,178,000	308,587,000	31,409,000
8. Out-of-Home Respite	40,451,000	35,056,000	-5,395,000
9. Health Care	119,043,000	133,289,000	14,246,000
10. Miscellaneous	466,865,000	501,060,000	34,195,000
11. QAF (Transfer from DHCS)	9,219,000	9,244,000	25,000
12. Total POS Caseload Growth (Items 1 thru 11)	\$4,513,770,000	\$4,726,274,000	\$212,504,000
Policy Changes			
13. AB 10 Minimum Wage Increase, Effective 1/1/2016	\$62,357,000	\$124,714,000	\$62,357,000
14. Federal Labor Regulations, Effective 10/1/15	32,493,000	86,648,000	54,155,000
15. AB 1522 Employment: Paid Sick Days	27,001,000	27,001,000	0
16. Impacts from Other Departments, DHCS - BHT	-5,080,000	-9,561,000	-4,481,000
17. DC Closure	46,721,000	73,358,000	26,637,000
a. Sonoma DC	46,721,000	20,884,000	-25,837,000
b. Fairview DC	0	28,461,000	28,461,000
c. Porterville DC	0	24,013,000	24,013,000
18. Total Policy Changes (Items 13 thru 17)	\$163,492,000	\$302,160,000	\$138,668,000
New Major Assumptions			
19. ARM 4-Bed Rate Model	\$0	\$46,000,000	\$46,000,000
20. Compliance with HCBS Regulations	0	15,000,000	15,000,000
21. Total New Major Assumptions (Item 19 and 20)	\$0	\$61,000,000	\$61,000,000
22. Total POS (Items 12, 18 and 21)	\$4,677,262,000	\$5,089,434,000	\$412,172,000
II. FUND SOURCES:			
A. General Fund Total	\$2,710,395,000	\$2,966,598,000	\$256,203,000
1. General Fund Match	1,704,418,000	1,862,352,000	157,934,000
2. General Fund Other	1,005,977,000	1,104,246,000	98,269,000
B. Reimbursements	\$1,932,701,000	\$2,088,866,000	\$156,165,000
1. HCBS Waiver	1,428,653,000	1,574,286,000	145,633,000
2. Title XX Block Grant	214,555,000	213,421,000	-1,134,000
a. Social Services	137,088,000	136,264,000	-824,000
b. Temporary Assistance for Needy Families	77,467,000	77,157,000	-310,000
3. ICF-DD SPA	56,922,000	57,072,000	150,000
4. QAF	9,219,000	9,244,000	25,000
5. 1915(i) SPA	192,569,000	205,086,000	12,517,000
6. Money Follows the Person	4,509,000	3,847,000	-662,000
7. Early Periodic Screening Diagnosis and Treatment	26,274,000	25,910,000	-364,000
C. Program Development Fund / Parental Fees	\$2,733,000	\$2,537,000	-\$196,000
D. Federal Funds	\$31,433,000	\$31,433,000	\$0
1. Early Start/Part C Grant	31,433,000	31,433,000	0
E. Grand Total	\$4,677,262,000	\$5,089,434,000	\$412,172,000

Comparison of Enacted Budget to Governor's Budget

Fiscal Year 2015-16

EARLY START/OTHER AGENCY COSTS

	A	B	C
	Enacted Budget	Updated 2015-16	2015-16 Request (B - A)
I. BUDGET ITEMS:			
Other Agency Costs			
1. California Department of Education	\$14,600,000	\$14,600,000	\$0
a. Local Education Agencies	14,245,000	14,245,000	\$0
b. Support	355,000	355,000	\$0
2. System Requirements	\$1,850,000	\$1,850,000	\$0
3. Family Resource Centers	\$2,659,000	\$2,659,000	\$0
4. Other Agency Costs (Items 1 thru 3)	\$19,109,000	\$19,109,000	\$0
II. FUND SOURCES:			
A. Reimbursements			
1. Race to the Top	\$143,000	\$143,000	\$0
B. Federal Funds			
1. Early Start/Part C Grant	\$19,109,000	\$19,109,000	\$0
C. Grand Total	\$19,252,000	\$19,252,000	\$0

Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2016-17
EARLY START/OTHER AGENCY COSTS

	A	B	C
	Enacted Budget	2016-17	2016-17 Request (B - A)
I. BUDGET ITEMS:			
Other Agency Costs			
1. California Department of Education	\$14,600,000	\$14,600,000	\$0
a. Local Education Agencies	14,245,000	14,245,000	\$0
b. Support	355,000	355,000	\$0
2. System Requirements	\$1,850,000	\$1,850,000	\$0
3. Family Resource Centers	\$2,659,000	\$2,659,000	\$0
4. Other Agency Costs (Items 1 thru 3)	\$19,109,000	\$19,109,000	\$0
II. FUND SOURCES:			
A. Reimbursements			
1. Race to the Top	\$143,000	\$0	-\$143,000
B. Federal Funds			
1. Early Start/Part C Grant	\$19,109,000	\$19,109,000	\$0
C. Grand Total	\$19,252,000	\$19,109,000	-\$143,000

Table of Contents

SECTION B: EXECUTIVE HIGHLIGHTS	B-1 to B-9
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EXECUTIVE HIGHLIGHTS

Overview

This document provides a brief, high-level summary of the most noteworthy changes to the November 2015 Estimates for the Department of Developmental Services (DDS). The items listed in this document represent significant policy changes and/or substantial changes to estimated dollars compared to the Budget Act of 2015. A more complete presentation of all budget proposals may be found in the November 2015 Estimate (<http://www.dds.ca.gov/Budget/Home.cfm>).

GENERAL BUDGET OVERVIEW

Fiscal Year 2015-16

Costs and Fund Sources

The Fiscal Year (FY) 2015-16 updated regional center budget includes \$5.3 billion Total Funds (TF) (\$3.1 billion General Fund [GF]), which is a net decrease of \$43.4 million (-\$68.6 million GF) from the Enacted Budget, or a 0.82 percent decrease. The decrease is the result of a projected \$45 million reduction in Purchase of Service (POS) expenditures slightly offset by an increase in Operations costs.

Fiscal Year 2015-16 Costs and Fund Sources <i>(in thousands)</i>			
	Enacted Budget	Updated 2016-16	Request
Total Costs	\$5,317,030	\$5,273,588	-\$43,442
Operations	618,513	620,137	1,624
Purchase of Services	4,677,262	4,632,196	-45,066
Early Start - Other Agency Costs	19,252	19,252	0
Early Start Family Resource Services	2,003	2,003	0
Fund Sources	\$5,317,030	\$5,273,588	-\$43,442
General Fund (GF)	3,136,434	3,067,786	-68,648
<i>GF Match</i>	1,889,333	1,911,527	22,194
<i>GF Other</i>	1,247,101	1,156,259	-90,842
Reimbursements	2,125,619	2,150,825	25,206
Program Development Fund	2,733	2,733	0
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	51,354	51,354	0

Population

As of January 31, 2016, the FY 2015-16 community population is estimated to increase by 565 consumers over the Enacted Budget population. There is no change in the Early Start (Birth through 36 months) population.

	Fiscal Year 2015-16		
	Enacted Budget	Updated 2015-16	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	253,618	254,183	565
Total Early Start (Birth through 36 Months)	36,313	36,313	0
Total Community Caseload	289,931	290,496	565

Regional Center Operations

There is an overall increase in the regional center operations budget of \$1.6 million which is attributed to increased caseload.

	Fiscal Year 2015-16		
	Enacted Budget	Updated 2015-16	Request
-	(in thousands)		
<u>Operations Total</u>			
Core Staffing	\$536,454	\$538,053	\$1,599
Federal Compliance	49,004	49,025	21
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure	2,576	2,576	0
Projects	24,525	24,525	0
Intermediate Care Facility-Developmentally Disabled (ICF-DD) Administration Fee	1,708	1,712	4
Sonoma Development Center Closure	1,300	1,300	0
Total Operations	\$618,513	\$620,137	\$1,624

Purchase of Service Expenditures

The updated FY 2015-16 POS expenditures reflect a net decrease of 1.0 percent as compared to the Enacted Budget. While there is a net decrease in POS utilization and growth for FY 2015-16, the estimated expenditures are continuing to increase, but at a slower pace than projected in the 2015 May Revision.

Fiscal Year 2015-16 Purchase of Services Caseload (Utilization and Growth) <i>(in thousands)</i>				
	Enacted Budget	Updated 2015-16	Change over Enacted Budget	Percent Change
Community Care Facilities	\$1,146,993	\$1,111,190	-\$35,803	-3.10%
Medical Facilities	21,489	19,401	-2,088	-9.70%
Day Programs	959,102	955,009	-4,093	-0.40%
Habilitation	149,168	150,942	1,774	1.20%
Transportation	285,551	282,537	-3,014	-1.10%
Support Services	1,038,711	1,013,853	-24,858	-2.40%
In-Home Respite	277,178	279,472	2,294	0.80%
Out of Home Respite	40,451	36,160	-4,291	-10.60%
Health Care	119,043	120,430	1,387	1.20%
Miscellaneous	466,865	490,466	23,601	5.10%
Quality Assurance Fees (QAF)	9,219	9,244	25	0.30%
TOTAL	\$4,513,770	\$4,468,704	-\$45,066	-1.00%

Reimbursements:

The FY 2015-16 Reimbursements reflect an overall increase of 1.2 percent in expenditures that are eligible for federal financial participation (FFP). The key reasons for the additional FFP are attributed to an additional \$28.8 million in Home and Community-Based Services (HCBS) Waiver funds slightly offset by a \$5.5 million decrease in Targeted Case Management (TCM) eligible expenditures.

Fiscal Year 2015-16 Reimbursements <i>(in thousands)</i>			
	Enacted Budget	Updated 2015-16	Request
HCBS Waiver	\$1,428,653	\$1,457,481	\$28,828
HCBS Waiver Administration	9,643	10,448	805
Medicaid Administration	11,192	12,551	1,359
TCM	162,687	157,149	-5,538
TCM Administration	4,932	4,952	20
Title XX Block Grant	214,555	213,421	-1,134
(1) Social Services	137,088	136,264	-824
(2) Temporary Assistance for Needy Families	77,467	77,157	-310
ICF-DD	56,922	57,072	150
QAF	10,073	10,100	27
1915(i) State Plan Amendment (SPA)	192,569	193,279	710
Money Follows the Person	7,976	9,411	1,435
Race to the Top	143	143	0
Early Periodic Screening Diagnostic and Treatment (EPSDT)	26,274	24,818	-1,456
TOTAL	\$2,125,619	\$2,150,825	\$25,206

FY 2016-17**Costs and Fund Sources**

The FY 2016-17 budget includes \$5.8 billion TF (\$3.4 billion GF); a net increase of \$457 million from the Enacted Budget, or an 8.6 percent increase.

Fiscal Year 2016-17 Costs and Fund Sources <i>(in thousands)</i>			
	Enacted Budget	2016-17	Request
Total Costs	\$5,317,030	\$5,774,088	\$457,058
Operations	618,513	663,542	45,029
Purchase of Services	4,677,262	5,089,434	412,172
Early Start - Other Agency Costs	19,252	19,109	-143
Early Start Family Resource Services	2,003	2,003	0
Fund Sources	\$5,317,030	\$5,774,088	\$457,058
General Fund	3,136,434	3,426,912	290,478
<i>GF Match</i>	1,889,333	2,051,878	162,545
<i>GF Other</i>	1,247,101	1,375,034	127,933
Reimbursements	2,125,619	2,292,395	166,776
Program Development Fund	2,733	2,537	-196
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	51,354	51,354	0

Population

As of January 31, 2017, the FY 2016-17 community population is estimated to increase by 12,488 (4.3 percent) over the Enacted Budget population.

	Fiscal Year 2016-17		
	Enacted Budget	2016-17	Request
<u>CASELOAD</u>			
Active (Age 3 & Older)	253,618	264,526	10,908
Early Start (Birth through 2 Years)	36,313	37,893	1,580
Total Community Caseload	289,931	302,419	12,488

Regional Center Operations

There is an overall increase of \$45 million in FY 2016-17 over the Enacted Budget. The increase is the result of updated caseload and additional costs to develop community resources resulting from Developmental Center (DC) closures. There is also \$1.6 million (\$0.9 million GF) included to fund an additional 21 Program Evaluator positions needed to comply with HCBS Waiver Regulations as well as \$17 million (\$13 million GF) to fund additional Service Coordinators to improve the provision of services to consumers and reduce caseload ratios.

	Fiscal Year 2016-17		
	Enacted Budget	2016-17	Request
-	(in thousands)		
<u>Caseload</u>			
Core Staffing	\$536,454	\$557,575	\$21,121
Federal Compliance	49,004	49,592	588
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure	2,576	2,576	0
Projects	24,525	25,107	582
ICF-DD Administration Fee	1,708	1,712	4
Total Caseload	\$617,213	\$639,508	\$22,295
<u>New and/or Revised Major Assumptions</u>			
DC Closure	\$1,300	\$5,434	\$4,134
a. Sonoma	\$1,300	\$3,616	\$2,316
b. Fairview	\$0	\$1,212	\$1,212
c. Porterville - GTA	\$0	\$606	\$606
Improve Service Coordinator Caseload Ratios	\$0	\$17,000	\$17,000
Compliance with HCBS Regulations	\$0	\$1,600	\$1,600
Total, New and/or Revised Major Assumptions	\$1,300	\$24,034	\$22,734
Total Operations	\$618,513	\$663,542	\$45,029

Purchase of Service Expenditures

The FY 2016-17 POS expenditures reflect a net increase of 4.7 percent over the Enacted Budget.

Fiscal Year 2016-17 Purchase of Services Caseload (Utilization and Growth) <i>(in thousands)</i>				
	Enacted Budget	2016-17	Change over Enacted Budget	Percent Change
Community Care Facilities	\$1,146,993	\$1,165,522	\$18,529	1.60%
Medical Facilities	21,489	20,276	-1,213	-5.60%
Day Programs	959,102	1,000,649	41,547	4.30%
Habilitation	149,168	151,640	2,472	1.70%
Transportation	285,551	299,536	13,985	4.90%
Support Services	1,038,711	1,101,415	62,704	6.00%
In-Home Respite	277,178	308,587	31,409	11.30%
Out of Home Respite	40,451	35,056	-5,395	-13.30%
Health Care	119,043	133,289	14,246	12.00%
Miscellaneous	466,865	501,060	34,195	7.30%
QAF	9,219	9,244	25	0.30%
TOTAL	\$4,513,770	\$4,726,274	\$212,504	4.70%

Policy

The FY 2016-17 net increase reflects full year costs for the AB 10 Minimum Wage Increase and the federal Fair Labor Standards Act. There is also an increase in costs to reflect the development of community resources and placement of consumers from closing the Sonoma, Fairview, and Porterville General Treatment Area (GTA).

The FY 2016-17 budget also includes \$46 million (\$26 million GF) to develop a 4-Bed Alternative Residential Model Rate as well as \$15 million (\$11 million GF) which will be available to provide resources for modifications and additional staffing as needed for service providers to come into compliance with the CMS final regulations.

These increases are slightly offset by a full year impact of consumers who will receive Behavioral Health Treatment services through the Department of Health Care Services.

Please refer to the Policy Methodology pages for detailed information.

Fiscal Year 2016-17 Policy Changes <i>(in thousands)</i>			
	Enacted Budget	2016-17	Change over Enacted Budget
AB 10 Minimum Wage Increase, Effective 1/1/2016	\$62,357	\$124,714	\$62,357
Federal Labor Regulations, Effective 10/1/2015	32,493	86,648	54,155
AB 1522 Employment: Paid Sick Days, Effective 7/1/2015	27,001	27,001	0
Impacts from Other Departments, DHCS - Behavioral Health Treatment	-5,080	-9,561	-4,481
DC Closure	46,721	73,358	26,637
a. Sonoma	46,721	20,884	-25,837
b. Fairview	0	28,461	28,461
c. Porterville - GTA	0	24,013	24,013
Alternative Residential Model - 4-Bed Rate Model	0	46,000	46,000
Compliance with HCBS Regulations	0	15,000	15,000
TOTAL	\$163,492	\$363,160	\$199,668

Reimbursements:

The FY 2016-17 Reimbursements reflect an overall increase of \$166.8 million, 7.85 percent, in expenditures that are eligible for FFP. The key reasons for the additional FFP are attributed to an additional \$145.6 million in HCBS Waiver funds and an additional \$12.5 million in 1915(i) SPA funds.

Fiscal Year 2016-17 Reimbursements <i>(in thousands)</i>			
	Enacted		
	Budget	2016-17	Request
HCBS Waiver	\$1,428,653	\$1,574,286	\$145,633
HCBS Waiver Administration	9,643	11,279	1,636
Medicaid Administration	11,192	12,551	1,359
TCM	162,687	166,385	3,698
TCM Administration	4,932	4,952	20
Title XX Block Grant	214,555	213,421	-1,134
(1) Social Services	137,088	136,264	-824
(2) Temporary Assistance for Needy Families	77,467	77,157	-310
ICF-DD	56,922	57,072	150
QAF	10,073	10,100	27
1915(i) SPA	192,569	205,086	12,517
Money Follows the Person	7,976	11,353	3,377
Race to the Top	143	0	-143
EPSDT	26,274	25,910	-364
TOTAL	\$2,125,619	\$2,292,395	\$166,776

Table of Contents

SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONS	C-1 to C-8
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FUTURE FISCAL ISSUES, NEW AND REVISED MAJOR ASSUMPTIONS

Future Fiscal Issues

Self-Determination

In 2013 Senate Bill (SB) 468 (Chapter 683) required Department of Developmental Services (DDS) to implement a statewide Self-Determination Program (SDP), subject to approval of federal funding. DDS submitted an application for federal funding to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2014. The SDP will allow Regional Center (RC) consumers and their families more freedom, control, and responsibility in choosing services and supports to help meet the objectives in their individual program plans. Participation is limited to 2,500 individuals in the first 3 years of the SDP, including approximately 140 participants in the current State-only funded self-determination pilot projects. To ensure the required cost neutrality of the SDP, SB 468 General Fund (GF) savings shall be used to offset administrative costs to DDS, including the required criminal background checks. Any remaining funds can be used to offset costs to the RCs in implementing the SDP.

After making changes required by CMS, the Home and Community Based Services (HCBS) Waiver application was formally resubmitted to CMS on September 29, 2015. In a December 11, 2015 letter, CMS indicated that additional information and clarification was needed before the Waiver could be approved. This request for additional information is typical in response to applications for Medicaid funding.

The Budget Bill for Fiscal Year (FY) 2016-17 includes the following provisional language to administer the SDP once federal approval has been received:

X. The Department of Finance may authorize a transfer of up to \$2,800,000 to this item from Item 4300-101-0001 in order to effectively administer the Self-Determination Program. The Director of Finance shall notify the Joint Legislative Budget Committee of the transfer, including the amount transferred, how the amount transferred was determined, and how the amount transferred will be utilized not less than 30 days before the effective date of the approval.

Uniform Holiday Schedule

Between FY 2009-10 and 2011-12, DDS implemented various cost containment measures, including implementation of a Uniform Holiday Schedule and Half-Day Billing Rule. Most day programs, look-alike day programs, and work activity programs previously recognized an average of 10 holidays, but these holidays could be different between programs. The Uniform Holiday Schedule standardized holidays for these programs and increased the total number of holidays to fourteen days. In addition to savings from the decreased number of program days, there were savings from reduced

transportation costs. The Uniform Holiday Schedule went into effect on August 1, 2009. The Half-Day Billing Rule went into effect on July 1, 2011, and limited the RC payment to providers of many site based programs for only a half day if a recipient of that program was present for less than 65 percent of the program day.

The Arc of California filed suit in federal court to prevent DDS from enforcing the Uniform Holiday Schedule and from continuing to implement the Half Day Billing Rule. On February 13, 2015, the United States District Court ruled that when the State enacted the "Uniform Holiday Schedule" and the "Half-Day Billing Rule," the State violated federal Medicaid laws by failing to first follow a specific process of review and obtaining prior approvals from the federal government, and issued an injunction against the Uniform Holiday Schedule and the Half-Day Billing Rule. On March 17, 2015, DDS issued an official directive to the 21 RCs announcing elimination of the "Uniform Holiday Schedule" and the "Half-Day Billing Rule" reductions effective immediately.

Subsequently, on March 31, 2015, the United States Supreme Court decision held that providers could not file suit against a state for alleged violations of the federal Medicaid laws and DDS asked the federal district court to "vacate" or set aside its previous ruling that struck down the two cuts. On September 1, 2015 the federal district court issued its order denying the State's motion to "vacate" its previous ruling, and reinstate the two reductions. The court is reviewing the various arguments of the parties and will issue rulings in writing.

New Major Assumption

Centers for Medicare and Medicaid Services Final Regulations for Home and Community-Based Services

In early 2014, CMS published final regulations affecting 1915(c) Waiver programs, 1915(i) State Plan programs, and 1915(k) Community First Choice State Plans for HCBS provided through Medicaid (Medi-Cal in California). The purpose of the regulations is to ensure that individuals receive HCBS in settings that are integrated and support full access to the greater community, including opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have a free choice of where they live and who provides services to them, and that individual rights and freedoms are not restricted, among other provisions. The CMS has moved away from defining HCBS settings based on specific locations, geography, or physical characteristics, to defining them by the nature and quality of the individual's experiences.

In California, there are currently eight 1915(c) Waiver programs and two 1915(i) State Plan programs impacted by the regulations, as overseen by Department of Health Care Services (DHCS) which is the single state agency for Medicaid. DDS administers one 1915(c) Waiver (the HCBS Waiver for Persons with Developmental Disabilities) and the two 1915(i) State Plan programs. These programs provide HCBS to approximately 130,000 consumers. Because the DDS programs only use HCBS eligibility for identification and billing purposes, providers are not separately identified for participation in these programs. Therefore, all providers that could potentially be utilized for HCBS must meet the new requirements, which could impact residential and non-residential services across the State. Compliance with these federal regulations is necessary in order to maintain HCBS funding (estimated at \$1.8 billion for FY 2016-17.)

On August 14, 2015, DHCS re-submitted the Statewide Transition Plan for CMS approval that describes at a high level, California's overall commitment to, and plan for achieving compliance on or before March 17, 2019. In a November 16, 2015 letter, CMS responded indicating more information and further modifications were necessary before the plan could be approved. Concurrent with the development of the Statewide Transition Plan, DDS is engaged in the multi-year process of implementing the federal regulations. Under the framework of the Statewide Transition Plan, DDS has organized a comprehensive stakeholder process to guide and develop the activities needed to achieve compliance. To enable DDS to complete some of the required activities, the proposed budget for FY 2016-17 includes the following:

- \$1.6 million (\$900,000 GF) for RC staffing to assist with conducting individual provider assessments and coordinating other required activities. Additionally, the

DDS Headquarters proposed budget includes \$483,000 (\$330,000 GF) for provider assessment and State level coordination activities.

- \$15 million (\$11 million GF) to enable service providers to make necessary modifications to comply with the federal regulations. This funding would be distributed to service providers upon approval of modification plans submitted to the RC and DDS.
- Budget Bill Language (BBL) to require RCs to report annually to DDS the number of providers receiving these funds.
- Trailer Bill Language (TBL) that gives DDS authority to implement the federal regulations by policy directive until such time that new State statute and/or regulations are promulgated.

Alternative Residential Model 4-Bed Rate Model

The Alternative Residential Model (ARM) rate structure for Community Care Facilities (CCFs) was established in FY 1988-89. The resulting schedule established 14 rate levels based on the amount of support required by the residents. At the time this rate structure was developed, the rates were based on the assumption that there were six residents in each facility. Therefore, all overhead and staffing costs were split six ways to determine the per-resident rate.

Over the last several years, a large number of smaller facilities have been developed based on Regional Center and consumer preferences. This smaller facility size is also in line with the CMS preference toward more individualized settings. However, the current ARM rates, which were based on 6 residents per facility, do not provide adequate funding to the smaller facilities with less than 6 residents.

This funding will allow for the development and implementation of ARM rates based on a 4-resident model for those CCFs vendored to serve 4 or fewer individuals.

BBL is being proposed to require RCs to report annually to DDS the number of facilities receiving these rates.

Improve Service Coordinator Caseload Ratios

Case management is the core function of RCs. Service Coordinators perform this critical case management function for consumers and families by ensuring they are aware of and accessing needed services and that through generic, natural or RC funded services, individuals are enabled to maximize their independence and fully integrate into their communities.

Since 2003, RCs are required to have overall average service coordinator-to-consumer ratios, as follows:

- 1:62 for consumers on the HCBS Waiver.

- 1:62 for consumers under age 3.
- 1:62 for consumers who moved from a Developmental Center (DC) to the community and lived in the community for **more** than 12 months.
- 1:45 for consumers who moved from a DC to the community and have lived in the community for **less** than 12 months.
- 1:66 for consumers who are not on the HCBS Waiver, not under age 3, and have not moved from a DC to the community.

The caseload ratio for consumers on the HCBS Waiver was established in response to the 1997 CMS compliance review of the HCBS Waiver which found that case management activities were not adequate, in part due to excessive caseloads. Compliance with CMS requirements is necessary in order to continue to receive HCBS Waiver funding (currently over \$1.4 billion.)

Based on the current average Service Coordinator salaries, the funding proposed will enable RCs to hire more than 200 additional Service Coordinators to improve caseload ratios. Most importantly, reduced caseloads will provide an increase in the quality of services that consumers receive from Service Coordinators with smaller and more manageable caseloads.

BBL is also being proposed to require that regional centers report annually to DDS the number of staff hired with the additional funds and the effectiveness of these funds in reducing average caseload ratios.

Revised Major Assumption

Additional Community Placement Plan Funding to Implement Developmental Center Closure Plans

Due to the announcement in May 2015 to initiate the closure planning process for the 3 remaining DCs over the next 6 years; Sonoma, Fairview, and the General Treatment Area of Porterville, DDS will work with RC's regarding the development of community resources specific to the needs of the individuals who will be transitioning from the DCs. This is consistent with the recommendations of the DC Task Force "*Plan for the Future of Developmental Centers*," issued January 13, 2014 which recommended that the future role of the State be to operate a limited number of smaller, safety-net crisis and residential services, to continue serving individuals judicially committed to the State for competency training at the Porterville DC Secure Treatment Program, and to provide transition services at the Canyon Springs Community Facility.

In response to SB 82, Chapter 23, Statutes of 2015, Section 6, which required the Department to submit a plan or plans to close one or more developmental center(s) to the Legislature by October 1, 2015, the Department submitted a plan to close Sonoma DC December 31, 2018. Similarly, on November 30, 2015, the Department announced its intent to submit to the Legislature a closure plan by April 1, 2016, for both Fairview DC and the General Treatment Area of Porterville.

The Budget Act of 2015 included Community Placement Plan (CPP) funding of \$48.0 million (\$45.6 million GF) for FY 2015-16 for additional placement, start-up, and RC operations costs to initiate the Sonoma DC closure. There are also additional services that will require funding related to Sonoma DC closure above the FY 2015-16 funding to ensure there is an adequate amount and type of community services available to consumers transitioning to community living. The time it takes to complete the process can take anywhere from two to three years and as long as five years. While a majority of the development is funded in FY 2015-16, there is an additional \$24.5 million in FY 2016-17 to continue developing community resources and providing services to the consumers transitioning from Sonoma DC.

For the planned closure of Fairview DC and PDC-GTA, DDS has included additional CPP funding for the initial development of homes to support consumers, provide additional training for providers, and develop additional services such as supported living services, crisis services, and transportation support and services for individuals transitioning from FDC and PDC-GTA. The FY 2016-17 budget includes \$29.7 million for the Fairview DC closure and \$24.6 million for the Porterville DC closure. Please refer to the Community Placement Program section for additional information.

Impact from Other Departments: Department of Health Care Services-Behavioral Health Treatment Services under Medi-Cal

SB 870 (Chapter 40, Statutes of 2014) added Welfare and Institution Code, Section 14132.56 to direct DHCS to implement Behavioral Health Treatment (BHT) services to the extent it is required by the federal government to be covered by Medi-Cal for individuals under the age of 21. Once implemented, the retroactive date of this new service will be July 1, 2014.

On September 30, 2014, DHCS submitted a State Plan Amendment to CMS seeking approval to add BHT services as a Medi-Cal benefit for individuals under the age of 21 with an Autism Spectrum Disorder diagnosis. The policy change directly impacts DDS. It is estimated that approximately 14,000 individuals currently receiving behavior intervention services through the RC's may be eligible to receive these services under the proposed Medi-Cal benefit.

Consistent with DHCS' interim policy guidance issued on September 15, 2014, and the BHT transition plan issued November 20, 2015, all individuals receiving BHT services through the RC's on September 14, 2014 will continue to receive those services through the RC's until the responsibility for the provision of BHT services transitions from RCs to DHCS beginning February 1, 2016.

The transition of fee-for-service beneficiaries will occur on February 1, 2016. However, the transition of BHT services to Managed Care Plans will be phased in according to the number of beneficiaries in the Plan's county:

- Counties with less than 100 beneficiaries will transition all beneficiaries at once on February 1, 2016;
- Counties with more than 100 beneficiaries will start the transition by the beneficiaries birth month over a period of 6 months beginning February 1, 2016; and
- Los Angeles County will transition beneficiaries by RC over a period of 6 months beginning February 1, 2016.

The Budget Act of 2015 (Assembly Bill 93, Chapter 10) provides provisional language for fiscal responsibility to transfer from DDS to DHCS once all consumers have fully transitioned over to Medi-Cal.

Prevention Program/Early Start Family Resource Services

The Prevention Resources and Referral Services (PRRS) program, operated by Family Resource Centers (FRCs), was established in 2011 to provide resource and referral services for children who were not eligible for the Early Start program due to eligibility changes enacted in 2009. With the reversal of these eligibility changes effective January 1, 2015, the children formerly served in PRRS are again eligible for the Early

Start program. As a result, the Governor's Budget reflects that the funds (\$2.003 million GF) previously allocated to PRRS, are now allocated to the FRCs to provide support for the Early Start program.

DDS is proposing companion TBL to amend Welfare and Institution Code 4435.1 to provide authority to use the PRRS funds for Early Start Family Resource Centers.

Enhanced Behavioral Supports Homes and Crisis Homes

Enhanced Behavioral Supports Homes, which are a new model of residential care, are expected to begin operation in FY 2015-16, with approximately 6 homes opening throughout the fiscal year. It is anticipated that approximately twenty Enhanced Behavioral Supports Homes will be approved for funding in FY 2016-17. These homes are intended to provide services to consumers with more intensive behavioral needs. While many individuals will transition into these homes from DC's, others will transition out of locked facilities ineligible for federal funding, such as institutions for mental disease. DDS has developed a rate structure that allows for support to be layered and flexible and account for individualized planning and enhanced staffing requirements.

Community Crisis Homes are also an additional new model of care, with approximately 4 new homes projected to open in FY2016-17. These homes are necessary to serve consumers who are in an acute crisis while in the community. DDS assumes these homes will provide individuals in acute crisis an immediate resource for stabilization so they can return to their prior or an alternative community living arrangement. In addition, these homes will serve as an alternative to the acute crisis units at Fairview and Sonoma DCs. Per current statute, Community Crisis Homes can accommodate no more than 8 individuals at a time.

Table of Contents

SECTION D: POPULATION

FY 2015-16	D-1
FY 2016-17	D-1.1
FY 2015-16 vs. FY 2016-17	D-1.2
Active Status (Age 3 & Older) Population Graph.....	D-2
Early Start (Birth through 36 Months) Population Graph	D-3
Community Population Bar Chart	D-4

Population

Fiscal Year 2015-16

<i>Estimated Population as of 1/31/16</i>				
	<i>ENACTED BUDGET</i>	<i>GOVERNOR'S BUDGET</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Status (Age 3 & Older)	253,618	254,183	565	0.22%
B. Total Early Start (Birth through 36 Months)	36,313	36,313	0	0.00%
C. Total Community Population	289,931	290,496	565	0.19%
D. Developmental Center (DC) Average Population	1,050	1,026	-24	-2.29%
E. On Leave	-15	-15	0	0.00%
F. Total Average In-Center DC Population	1,035	1,011	-24	-2.32%
G. Total Regional Center Population (C + F)	290,966	291,507	541	0.19%

Population

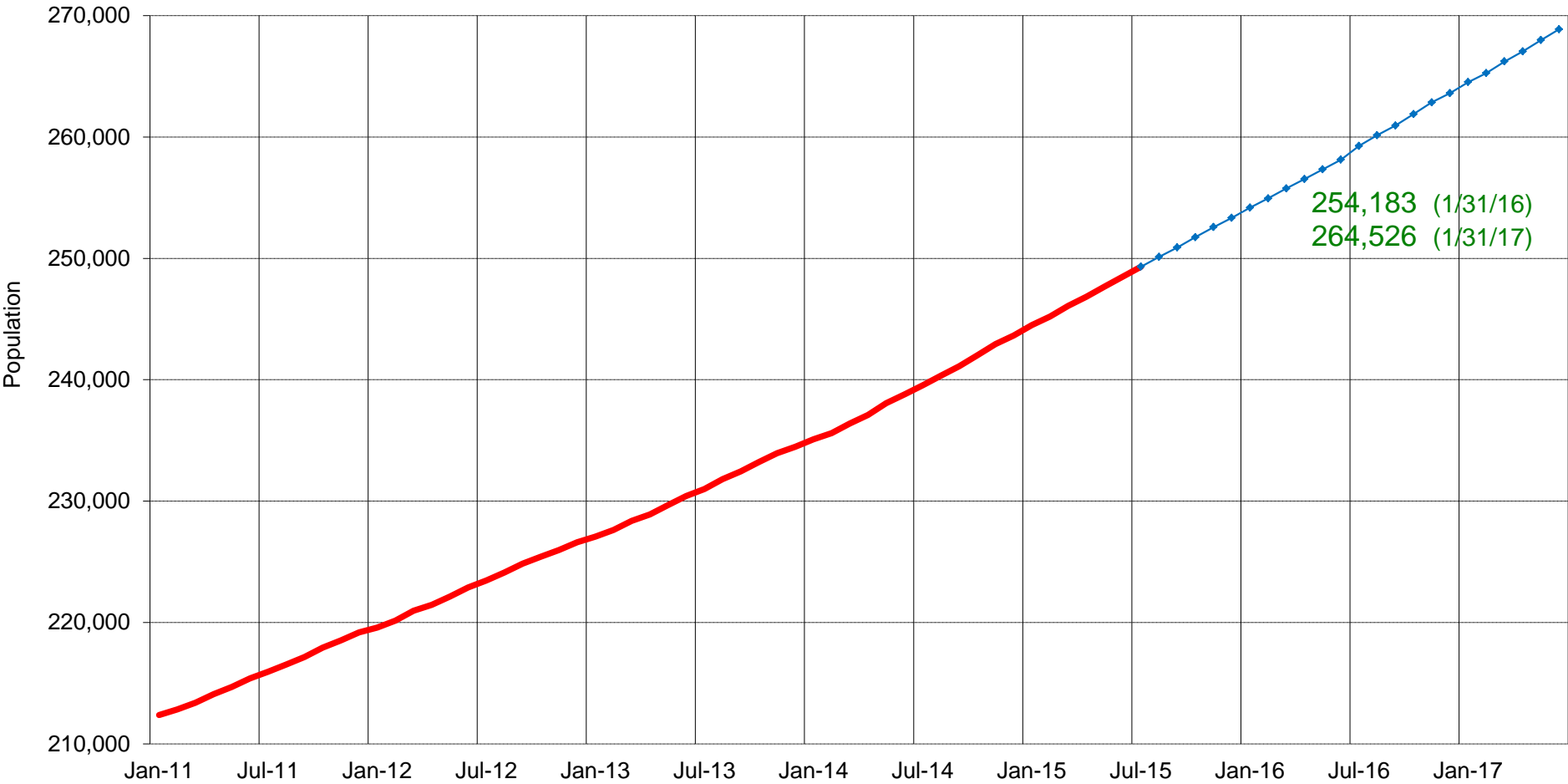
Fiscal Year 2016-17

<i>Estimated Population as of 1/31/17</i>				
	<i>ENACTED BUDGET</i>	<i>GOVERNOR'S BUDGET</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Status (Age 3 & Older)	253,618	264,526	10,908	4.30%
B. Total Early Start (Birth through 36 Months)	36,313	37,893	1,580	4.35%
C. Total Community Population	289,931	302,419	12,488	4.31%
D. Developmental Center (DC) Average Population	1,050	862	-188	-17.90%
E. On Leave	-15	-15	0	0.00%
F. Total Average In-Center DC Population	1,035	847	-188	-18.16%
G. Total Regional Center Population (C + F)	290,966	303,266	12,300	4.23%

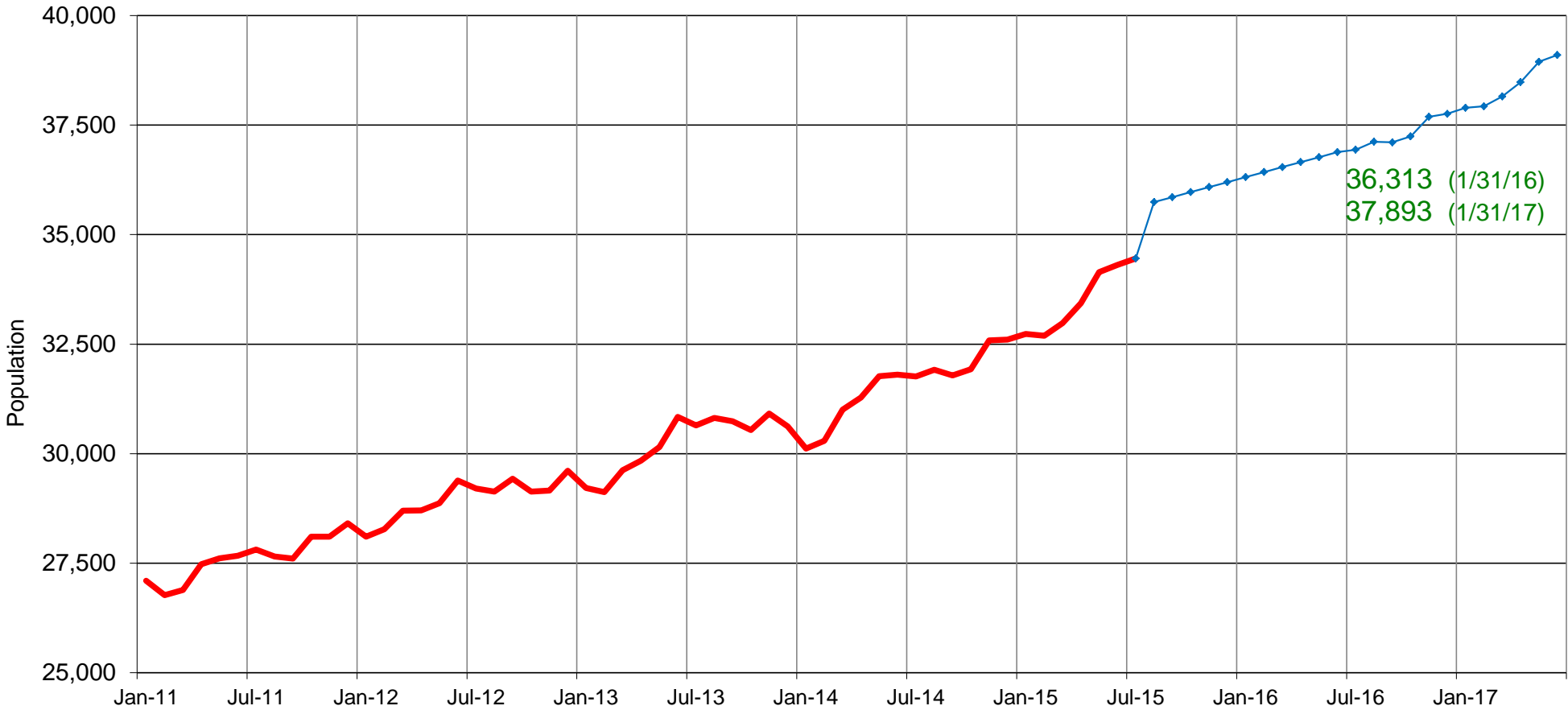
Population*Fiscal Year 2015-16 vs. Fiscal Year 2016-17*

	Fiscal Year 2015-16	Fiscal Year 2016-17		
	<i>Estimated Population as of 1/31/16</i>	<i>Estimated Population as of 1/31/17</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Status (Age 3 & Older)	254,183	264,526	10,343	4.07%
B. Total Early Start (Birth through 36 Months)	36,313	37,893	1,580	4.35%
C. Total Community Population	290,496	302,419	11,923	4.10%
D. Developmental Center (DC) Average Population	1,026	862	-164	-15.98%
E. On Leave	-15	-15	0	0%
F. Total Average In-Center DC Population	1,011	847	-164	-16.22%
G. Total Regional Center Caseload (C + F)	291,507	303,266	11,759	4.03%

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

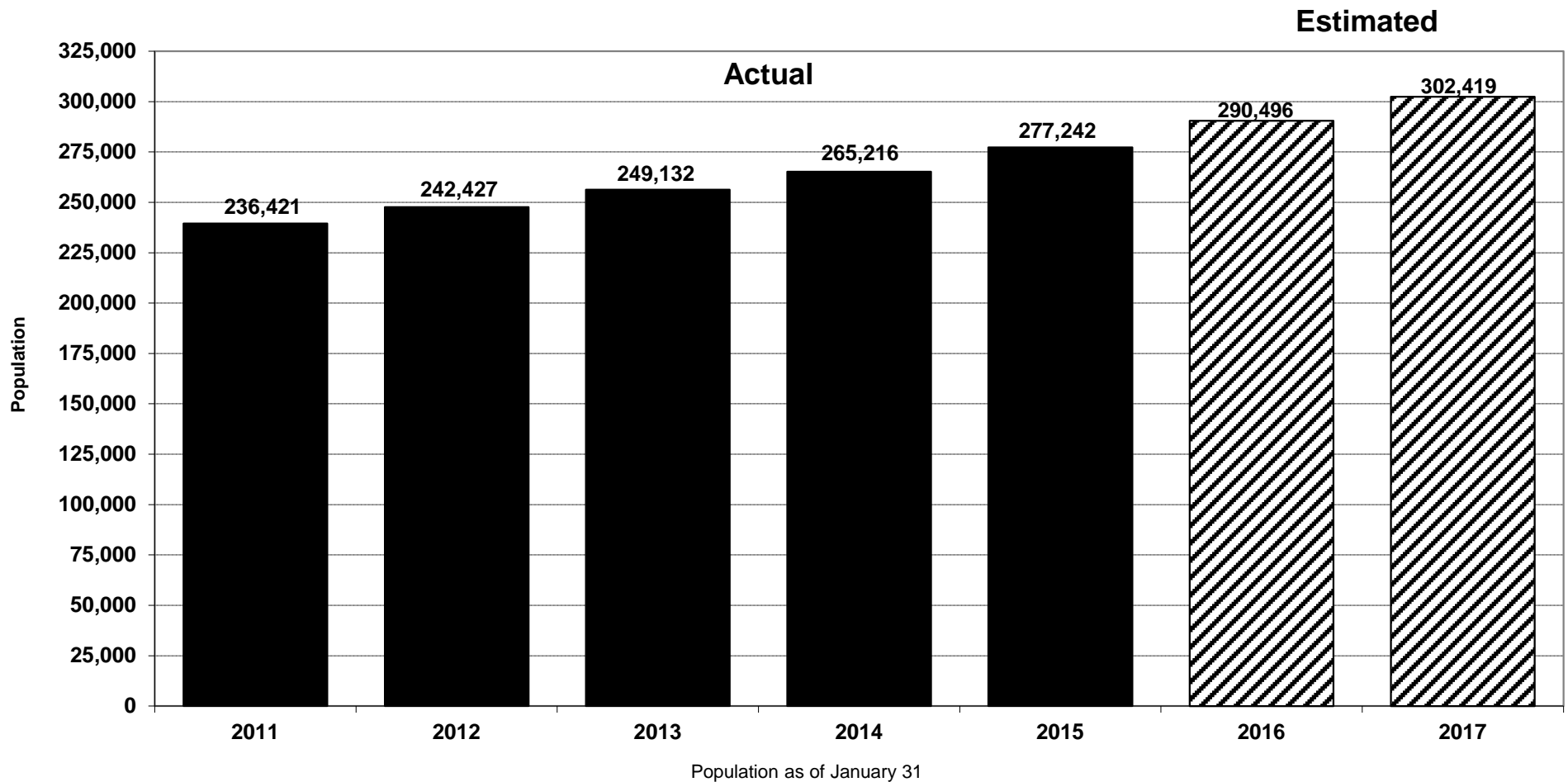


Early Start
(Birth through 36 Months)
Client Master File Trend Analysis



Community Population

(Active Status, Early Start, and Prevention)



*The Prevention Program ended on June 30, 2012

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES

OPERATIONS

FY 2015-16 Summary	E-1.1
FY 2016-17 Summary	E-1.2
Staffing	E-2.1 to E-2.13
Agnews Ongoing Workload.....	E-2.14 to E-2.15
Lanterman Development Center Closure/Ongoing Workload.....	E-2.16
Federal Compliance	E-3.1 to E-3.4
Increase in Case Managers to Meet Federal Audit Requirements	E-3.5 to E -3.6
Projects	E-4.1 to E-4.7

INTERMEDIATE CARE FACILITIES – DEVELOPMENTALLY DISABLED

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

POPULATION AND OPERATIONS SUMMARY
Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2015-16

	Enacted Budget	Governor's Budget	Request
POPULATION			
Active Status (Age 3 & Older)	253,618	254,183	565
Early Start (Birth through 36 Months)	36,313	36,313	0
Total Population	289,931	290,496	565
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$560,495,000	\$562,094,000	\$1,599,000
B. Enhanced Caseload Ratio 1:45 for Two Years	344,000	344,000	0
C. Community Placement Plan	15,265,000	15,265,000	0
D. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	0
E. Less: Intake and Assessment (2003-04)	-4,465,000	-4,465,000	0
F. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	0
G. Less: Cost Containment (2004-05)	-5,968,000	-5,968,000	0
H. Less: Savings Target (2009-10)	-12,000,000	-12,000,000	0
I. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
J. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
K. Total Staffing	\$536,454,000	\$538,053,000	\$1,599,000
II.			
A. Agnews Ongoing Workload	2,946,000	2,946,000	0
B. Lanterman Development Center Closure	2,576,000	2,576,000	0
C. Total Developmental Centers Closure	\$5,522,000	\$5,522,000	\$0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	21,135,000	21,135,000	0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	13,083,000	13,104,000	21,000
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	\$49,004,000	\$49,025,000	\$21,000
IV. PROJECTS			
A. Information Technology Costs:	\$3,417,000	\$3,417,000	\$0
1. <i>Regional Center Application Support</i>	2,317,000	2,317,000	0
2. <i>Data Processing</i>	1,100,000	1,100,000	0
B. Clients' Rights Advocacy Contract	6,786,000	6,786,000	0
C. Quality Assessment Contract	3,129,000	3,129,000	0
D. Direct Support Professional Training	2,787,000	2,787,000	0
E. Office of Administrative Hearings Contract	2,910,000	2,900,000	-10,000
F. Wellness Projects	100,000	100,000	0
G. Foster Grandparent / Senior Companion Programs	2,518,000	2,518,000	0
H. Special Incident Reporting/Risk Assessment Contract	838,000	838,000	0
I. Increased Access to Mental Health Services	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	211,000	211,000	0
K. Enhancing FFP, Phase II, Proposal C, Consultant	500,000	500,000	0
L. University Enterprises, Inc.	113,000	123,000	10,000
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	232,000	232,000	0
P. Total Projects	\$24,525,000	\$24,525,000	\$0
V. Intermediate Care Facility-Developmentally Disabled Administrative Fees	\$1,708,000	\$1,712,000	\$4,000
VI. DC Closure	\$1,300,000	\$1,300,000	\$0
VII. GRAND TOTAL	\$618,513,000	\$620,137,000	\$1,624,000

Operations

POPULATION AND OPERATIONS SUMMARY
Comparison of Enacted Budget to Governor's Budget
Fiscal Year 2016-17

	Enacted Budget	Governor's Budget	Request
POPULATION			
Active Status (Age 3 & Older)	253,618	264,526	10,908
Early Start (Birth through 36 Months)	36,313	37,893	1,580
Total Population	289,931	302,420	12,488
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$560,495,000	\$581,616,000	\$21,121,000
B. Enhanced Caseload Ratio 1:45 for Two Years	\$344,000	\$344,000	\$0
C. Community Placement Plan	15,265,000	15,265,000	\$0
D. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	\$0
E. Less: Intake and Assessment (2003-04)	-4,465,000	-4,465,000	\$0
F. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	\$0
G. Less: Cost Containment (2004-05)	-5,968,000	-5,968,000	\$0
H. Less: Savings Target (2009-10)	-12,000,000	-12,000,000	\$0
I. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	\$0
J. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	\$0
K. Total Staffing	\$536,454,000	\$557,575,000	\$21,121,000
II. A. Agnews Ongoing Workload			
	2,946,000	2,946,000	0
B. Lanterman Development Center Closure			
	2,576,000	2,576,000	0
C. Total Developmental Centers Closure	\$5,522,000	\$5,522,000	\$0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	21,135,000	21,135,000	0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	13,083,000	13,671,000	588,000
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	\$49,004,000	\$49,592,000	\$588,000
IV. PROJECTS			
A. Information Technology Costs:	\$3,417,000	\$3,417,000	\$0
1. <i>Regional Center Application Support</i>	2,317,000	2,317,000	0
2. <i>Data Processing</i>	1,100,000	1,100,000	0
B. Clients' Rights Advocacy Contract	6,786,000	7,078,000	292,000
C. Quality Assessment Contract	3,129,000	3,129,000	0
D. Direct Support Professional Training	2,787,000	2,787,000	0
E. Office of Administrative Hearings Contract	2,910,000	3,190,000	280,000
F. Wellness Projects	100,000	100,000	0
G. Foster Grandparent / Senior Companion Programs	2,518,000	2,518,000	0
H. Special Incident Reporting/Risk Assessment Contract	838,000	838,000	0
I. Increased Access to Mental Health Services	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	211,000	211,000	0
K. Enhancing FFP, Phase II, Proposal C, Consultant	500,000	500,000	0
L. University Enterprises, Inc.	113,000	123,000	10,000
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	232,000	232,000	0
P. Total Projects	\$24,525,000	\$25,107,000	\$582,000
V. Intermediate Care Facility-Developmentally Disabled Administrative Fees	\$1,708,000	\$1,712,000	\$4,000
VI. DC Closure	\$1,300,000	\$5,434,000	\$4,134,000
VII. GRAND TOTAL	\$618,513,000	\$644,942,000	\$26,429,000

Staffing

DESCRIPTION:

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

ASSUMPTIONS:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• Population.						
• Population Projections: (See Section D, Population, for detail)						
• Active Status (Age 3 and Over)	253,618	254,183	565	264,526	10,343	10,908
• Early Start (Birth through 36 Months)	36,313	36,313	0	37,893	1,580	1,580
Subtotal	289,931	290,496	565	302,419	11,923	12,488
• Total Average In Center Developmental Center (DC) Population	1,035	1,011	-24	847	-164	-188
Total Population	290,966	291,507	541	303,266	11,759	12,300
Informational:						
• Community Care Facility Consumers (including Placement Continuation)	25,261	25,202	-59	25,243	41	-18
• Home and Community-Based Services (HCBS) Waiver-Enrolled Consumers	117,924	118,984	1,061	124,186	5,202	6,263
• Early Start (with Assessment)	40,669	40,982	313	42,862	1,880	2,193
• Placement Continuation Consumers	158	191	33	202	11	44
• Intake cases per month	7,052	7,055	3	7,196	141	144
• Vendors	44,158	44,158	0	44,158	0	0
• Mediations per year	400	400	0	400	0	0

METHODOLOGY:

CORE STAFFING

PERSONAL SERVICES:

• Direct Services and Administration:	\$385,809,431	\$386,648,897	\$839,466	\$399,551,665	\$12,902,768	13,742,234
May Revision						
Governor's Budget						
2014-15 10,483.07		2015-16 11,017.37				
2015-16: 10,995.21		2016-17 11,376.22				
See Attachment A for Core Staffing Expenditure Detail.						
See Attachment B for Core Staffing Formulas.						
• Fringe Benefits:	90,950,275	91,635,789	685,514	94,693,745	3,057,956	3,743,470
Based on 23.7% per position.						

Staffing

METHODOLOGY (continued):

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
● Salary Savings:	-15,886,107	-16,063,178	-177,071	-16,554,450	-491,272	-668,343
<i>Client Program Coordinators:</i> 1.0% Per Position	-2,271,725	-2,276,107	-4,382	-2,362,010	-85,903	-90,285
<i>All Other Staff:</i> 5.5% Per Position	-13,614,382	-13,787,071	-172,689	-14,192,440	-405,369	-578,058
● Early Start /Part C Administrative and Clinical Support:	694,000	694,000	0	694,000	0	0
Includes salaries, fringe benefits and salary savings.						
TOTAL PERSONAL SERVICES	\$461,567,599	\$462,916,508	\$1,348,909	\$478,384,960	\$15,468,452	16,817,361
OPERATING EXPENSES:						
● Operating Expenses:	\$42,512,000	\$42,584,000	\$72,000	\$43,735,000	\$1,151,000	1,223,000
Base amount plus the following adjustments:						
Professional Positions: \$3,400 Per New Position						
Clerical Positions: \$2,400 Per New Position						
● Rent:	56,415,000	56,594,000	179,000	59,496,000	2,902,000	3,081,000
Base amount plus \$8,086 per new position						
CY: \$8,086 Per New Position						
BY: \$8,086 Per New Position						
TOTAL OPERATING EXPENSES	\$98,927,000	\$99,178,000	\$251,000	\$103,231,000	\$4,053,000	4,304,000
TOTAL CORE STAFFING	\$560,495,000	\$562,094,000	\$1,599,000	\$581,616,000	\$19,522,000	21,121,000
● Enhanced Caseload Ratio 1:45 for Two Years	344,000	344,000	0	344,000	0	0
CPP:						
● See CPP for the methodology detail.	15,265,000	15,265,000	0	15,265,000	0	0
STAFFING FOR COLLECTION OF FEDERAL FINANCIAL PARTICIPATION (FFP) FOR CONTRACTED SERVICES						
● Funding provides one Community Program Specialist I and one Account Clerk II for each Regional Center (RC). This funding will be required until the RCs 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 2015-16	2015-16 Request	Updated 2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
LESS INTAKE AND ASSESSMENT (2003-04)	-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)	-12,000,000	-12,000,000	0	-12,000,000	0	0
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
TOTAL EXPENDITURES	<u>\$536,454,000</u>	<u>\$538,053,000</u>	<u>\$1,599,000</u>	<u>\$557,575,000</u>	<u>\$19,522,000</u>	<u>\$21,121,000</u>

Staffing**FUNDING:**

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

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

Reflects updated population and expenditure data.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$536,454,000	\$538,053,000	\$1,599,000	\$557,575,000	\$19,522,000	\$21,121,000
GF	\$363,601,000	\$366,646,000	\$3,045,000	\$380,175,000	\$13,529,000	\$16,574,000
Reimbursements	\$172,853,000	\$171,407,000	-\$1,446,000	\$177,400,000	\$5,993,000	\$4,547,000
MA	7,153,000	8,591,000	1,438,000	8,591,000	0	1,438,000
HCBS Waiver Administration	4,456,000	4,802,000	346,000	4,102,000	-700,000	-354,000
TCM	152,845,000	147,297,000	-5,548,000	152,249,000	4,952,000	-596,000
TCM Administration	4,932,000	4,952,000	20,000	4,952,000	0	20,000
TCM SPA		0	0		0	0
SDS HCBS Waiver Administration		0	0		0	0
MFP	3,467,000	5,765,000	2,298,000	7,506,000	1,741,000	4,039,000

Attachment A
CORE STAFFING - CY 2015-16
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	Positions	Budgeted Salary	Cost	Difference
(a) Physician	\$11,532,345	145.75	\$79,271	\$11,553,748	\$21,403
(b) Psychologist	12,149,161	291.51	41,754	12,171,709	22,548
(c) Nurse	5,407,637	145.75	37,171	5,417,673	10,036
(d) Nutritionist	4,092,352	145.75	28,130	4,099,948	7,596

(2) Clinical Support Teams

(a) Physician/Psychiatrist	6,810,516	75.00	92,034	6,902,550	92,034
(b) Consulting Pharmacist	4,473,300	75.00	60,450	4,533,750	60,450
(c) Behavioral Psychologist	4,067,928	75.00	54,972	4,122,900	54,972
(d) Nurse	3,735,372	75.00	50,478	3,785,850	50,478

(3) SB 1038 Health Reviews

(a) Physician	2,405,769	26.14	92,034	2,405,769	0
(b) Nurse	6,156,297	121.96	50,478	6,156,297	0

b. Intake / Case Management

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	3,831,747	100.79	38,036	3,833,648	1,901
(2) Intake Worker	31,766,283	1,007.87	31,532	31,780,157	13,874
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6) and (7) below)	24,048,976	459.93	52,392	24,096,653	47,677
(4) Supervising Counselor (Capitol People First)					
(DC Case Management 1:10 CPCs)	242,592	3.61	67,200	242,592	0
(5) Client Program Coordinator (CPC), 1:66 DC Consumers					
Capitol People First	1,698,326	36.12	47,019	1,698,326	0
(6) CPC, 1:66 Consumers (Total Pop w/o DCs, CPP, ES)	69,921,467	2,046.68	34,032	69,652,614	-268,853
(7) CPC (Waiver, Early Start only), 1:62 Consumers	84,661,066	2,504.80	34,032	85,243,354	582,288
(8) CPC, Quality Assurance for ARM	1,646,128	48.37	34,032	1,646,128	0
(9) Supervising Counselor, DSS Incidental Medical					
Care Regulations (1:10 CPCs)	75,968	1.39	52,392	72,825	-3,143
(10) CPC, DSS Incidental Medical Care Regs	548,826	13.87	37,824	524,619	-24,207

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,155,407	41.11	52,392	2,153,835	-1,572
(2) CPC	14,000,424	411.10	34,032	13,990,555	-9,869

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	1,298,274	24.97	52,392	1,308,228	9,954
(b) CPC	8,433,470	249.70	34,032	8,497,790	64,320
(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	1,248,729	24.56	50,844	1,248,729	0
(3) Program Evaluator	898,653	21.00	42,793	898,653	0
(4) Resource Developer	898,653	21.00	42,793	898,653	0
(5) Transportation Coordinator	898,653	21.00	42,793	898,653	0
(6) Administrative Services Analyst (SB 1039					
Consumer Complaints)	449,327	10.50	42,793	449,327	0
(7) Developmental Center Liaison	107,262	2.82	38,036	107,262	0
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation:					
(a) Supervising Counselor	5,239	0.12	52,392	6,287	1,048
(b) CPC (Supplement at 1:45 Consumers)	32,671	1.16	34,032	39,477	6,806

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	413,897	7.91	52,392	414,421	524
(2) QA/CPC	2,688,188	79.10	34,032	2,691,931	3,743
(3) Nurses	1,993,376	39.55	50,478	1,996,405	3,029

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

\$321,321,223	8,487.52	\$322,068,260	\$747,037
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Attachment A
CORE STAFFING, CY 2015-16 (continued)

	Enacted Budget	Governor's Budget			Difference
		Positions	Budgeted Salary	Cost	
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	\$1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	\$986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,703,475	118.98	39,887	4,745,755	42,280
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	883,255	24.22	36,468	883,255	0
(5) Revenue Clerk	1,175,896	56.72	20,732	1,175,896	0
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	8,574,564	364.38	23,526	8,572,446	-2,118
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	305,681	13.07	23,388	305,681	0
(5) MD/Psychologist Secretary I	4,773,999	218.63	21,876	4,782,750	8,751
(6) Secretary II	4,093,134	175.52	23,388	4,105,062	11,928
(7) Secretary I	22,808,043	1,142.21	19,996	22,839,631	31,588
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848	210,834	0
e. SUBTOTAL ADMINISTRATION	\$64,488,208	2,529.85		\$64,580,637	\$92,429
3. TOTAL POSITIONS AND SALARIES (Item A.1.i. + Item A.2.e.)	\$385,809,431	11,017.37		\$386,648,897	\$839,466
a. CPCs	183,647,922			184,002,150	354,228
b. All Other Staff	202,161,509			202,646,747	485,238
4. Fringe Benefits					
a. CPCs 23.7%	\$43,524,558			\$43,608,510	\$83,952
b. All Other Staff 23.7%	47,425,717			48,027,279	601,562
c. Total Fringe Benefits	\$90,950,275			\$91,635,789	\$685,514
5. Salary Savings					
a. CPCs 1.0%	-\$2,271,725			-\$2,276,107	-\$4,382
b. All Other Staff 5.5%	-13,614,382			-13,787,071	-172,689
c. Total Salary Savings	-\$15,886,107			-\$16,063,178	-\$177,071
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	\$461,567,599			\$462,915,508	\$1,347,909
	\$461,568,000	11,017.00		\$462,916,000	\$1,348,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$42,512,000			\$42,584,000	\$72,000
2. Rent	\$56,415,000			\$56,594,000	\$179,000
3. Subtotal Operating Expenses and Rent	\$98,927,000			\$99,178,000	\$251,000
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	\$560,495,000			\$562,094,000	\$1,599,000

Attachment A
CORE STAFFING - BY 2016-17
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	Positions	Budgeted Salary	Cost	Difference
(a) Physician	\$11,532,345	151.63	\$79,271	\$12,019,862	\$487,517
(b) Psychologist	12,149,161	303.27	41,754	12,662,736	513,575
(c) Nurse	5,407,637	151.63	37,171	5,636,239	228,602
(d) Nutritionist	4,092,352	151.63	28,130	4,265,352	173,000

(2) Clinical Support Teams

(a) Physician/Psychiatrist	6,810,516	77.00	92,034	7,086,618	276,102
(b) Consulting Pharmacist	4,473,300	77.00	60,450	4,654,650	181,350
(c) Behavioral Psychologist	4,067,928	77.00	54,972	4,232,844	164,916
(d) Nurse	3,735,372	77.00	50,478	3,886,806	151,434

(3) SB 1038 Health Reviews

(a) Physician	2,405,769	26.14	92,034	2,405,769	0
(b) Nurse	6,156,297	121.96	50,478	6,156,297	0

b. Intake / Case Management

(1) Supervising Counselor (Intake) (1:10 Intake Workers in Item (2) below)	3,831,747	102.80	38,036	3,910,101	78,354
(2) Intake Worker	31,766,283	1,028.03	31,532	32,415,842	649,559
(3) Supervising Counselor (Case Management) (1:10 CPCs in Items (6) and (7) below)	24,048,976	478.61	52,392	25,075,335	1,026,359
(4) Supervising Counselor (Capitol People First) (DC Case Management 1:10 CPCs)	242,592	3.61	67,200	242,592	0
(5) Client Program Coordinator (CPC), 1:66 DC Consumers Capitol People First	1,698,326	36.12	47,019	1,698,326	0
(6) CPC, 1:66 Consumers(Total Pop w/o DCs, CPP, ES)	69,921,467	2,124.03	34,032	72,284,989	2,363,522
(7) CPC (Waiver, Early Start only), 1:62 Consumers	84,661,066	2,614.19	34,032	88,966,114	4,305,048
(8) CPC, Quality Assurance for ARM	1,646,128	48.37	34,032	1,646,128	0
(9) Supervising Counselor, DSS Incidental Medical Care Regulations (1:10 CPCs)	75,968	1.40	52,392	73,349	-2,619
(10) CPC, DSS Incidental Medical Care Regs	548,826	13.95	37,824	527,645	-21,181

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,155,407	41.47	52,392	2,172,696	17,289
(2) CPC	14,000,424	414.68	34,032	14,112,390	111,966

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	1,298,274	26.12	52,392	1,368,479	70,205
(b) CPC	8,433,470	261.17	34,032	8,888,137	454,667
(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	1,248,729	24.56	50,844	1,248,729	0
(3) Program Evaluator	898,653	21.00	42,793	898,653	0
(4) Resource Developer	898,653	21.00	42,793	898,653	0
(5) Transportation Coordinator	898,653	21.00	42,793	898,653	0
(6) Administrative Services Analyst (SB 1039 Consumer Complaints)	449,327	10.50	42,793	449,327	0
(7) Developmental Center Liaison	107,262	2.82	38,036	107,262	0
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation: (a) Supervising Counselor	5,239	0.10	52,392	5,239	0
(b) CPC (Supplement at 1:45 Consumers)	32,671	0.96	34,032	32,671	0

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	413,897	8.15	52,392	426,995	13,098
(2) QA/CPC	2,688,188	81.48	34,032	2,772,927	84,739
(3) Nurses	1,993,376	40.74	50,478	2,056,474	63,098

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

\$321,321,223	8,772.75		\$332,711,823	\$11,390,600
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Attachment A
CORE STAFFING, BY 2016-17 (continued)

	Enacted Budget	Governor's Budget			
		Positions	Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	\$1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	\$986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,703,475	124.19	39,887	4,953,567	250,092
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	883,255	24.22	36,468	883,255	0
(5) Revenue Clerk	1,175,896	56.72	20,841.6	1,182,136	6,240
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	8,574,564	379.08	21,236.8	8,050,446	-524,118
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	305,681	13.07	23,388	305,681	0
(5) MD/Psychologist Secretary I	4,773,999	227.45	21,876	4,975,696	201,697
(6) Secretary II	4,093,134	178.31	23,388	4,170,314	77,180
(7) Secretary I	22,808,043	1,184.31	21,235	25,148,586	2,340,543
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848.0	210,834	0
e. SUBTOTAL ADMINISTRATION	\$64,488,208	2,603.47		\$66,839,842	\$2,351,634
3. TOTAL POSITIONS AND SALARIES					
(Item A.1.i. + Item A.2.e.)	\$385,809,431	11,376.22		\$399,551,665	\$13,742,234
a. CPCs	183,647,922			190,946,683	7,298,761
b. All Other Staff	202,161,509			208,604,982	6,443,473
4. Fringe Benefits					
a. CPCs 23.7%	\$43,524,558			\$45,254,364	\$1,729,806
b. All Other Staff 23.7%	47,425,717			49,439,381	2,013,664
c. Total Fringe Benefits	\$90,950,275			\$94,693,745	\$3,743,470
5. Salary Savings					
a. CPCs 1.0%	-\$2,271,725			-\$2,362,010	-\$90,285
b. All Other Staff 5.5%	-13,614,382			-14,192,440	-578,058
c. Total Salary Savings	-\$15,886,107			-\$16,554,450	-\$668,343
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.)	\$461,567,599			\$478,384,960	\$16,817,361
ROUNDED	\$461,568,000	11,376.00		\$478,385,000	\$16,817,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$42,512,000			\$43,735,000	\$1,223,000
2. Rent	\$56,415,000			\$59,496,000	\$3,081,000
3. Subtotal Operating Expenses and Rent	\$98,927,000			\$103,231,000	\$4,304,000
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	\$560,495,000			\$581,616,000	\$21,121,000

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) Supervising Counselor: Capitol People First	1.0 position : 10 CPCs in Items b.(7) below
(5) Client Program Coordinator (CPC) Capitol People First	1.0 position : 66 consumers (Developmental Center residents)
(6) CPC	1.0 position : 66 consumers (all other consumers, excluding Waiver, Early Start, and CPP placements)
(7) CPC	1.0 position : 62 Waiver and Early Start consumers (excluding CPP placements)
(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**STAFFING:**

				2015-16	2016-17
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 Waiver Administration.

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

No change.

EXPENDITURES:

TOTAL	\$2,228,000	\$2,228,000
GF	\$1,771,000	\$1,771,000
Reimbursements	\$457,000	\$457,000

Agnews Ongoing Workload

	Enacted Budget		Updated 2015-16		2015-16 Request		2016-17		2016-17 Over Enacted Budget	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
A. Community Placement Plan (CPP) Staffing										
1. Unified Operations Costs										
a. Personal Services										
(1) Quality Assurance/Management	6.50	\$503,488	6.50	\$503,488	0.00	\$0	6.50	\$503,488	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
(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
b. Operating Expenses										
(1) Operating Expenses		\$27,718		\$27,718		\$0		\$27,718		\$0
(2) Rent		51,800		51,800		0		51,800		0
(3) Total Operating Expenses		\$79,518		\$79,518		\$0		\$79,518		\$0
c. Subtotal Unified Operations Costs (Rounded)	10.50	\$1,086,006	10.50	\$1,086,006	0.00	\$0	10.50	\$1,086,006	0.00	\$0
		\$1,086,000		\$1,086,000		\$0		\$1,086,000		\$0
2. State Employees in the Community										
a. Personal Services	13.40	\$1,193,669	13.40	\$1,193,669	0.00	\$0	13.40	\$1,193,669	0.00	\$0
b. Operating Expenses		73,833		73,833		0		73,833		0
c. Total State Employees in the Community (Rounded)		\$1,267,502		\$1,267,502		\$0		\$1,267,502		\$0
		\$1,268,000		\$1,268,000		\$0		\$1,268,000		\$0
3. Total CPP Staffing	23.90	\$2,354,000	23.90	\$2,354,000	0.00	\$0	23.90	\$2,354,000	0.00	\$0
B. Placement Continuation Staffing										
1. Nurse	3.00	\$356,000	3.00	\$356,000	0.00	\$0	3.00	\$356,000	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
3. Subtotal Placement Continuation Staffing	6.00	\$592,000	6.00	\$592,000	0.00	\$0	6.00	\$592,000	0.00	\$0
C. Total (A + B) (Rounded)	29.90	\$2,946,000	29.90	\$2,946,000	0.00	\$0	29.90	\$2,946,000	0.00	\$0

Agnews Ongoing Workload**CHANGE FROM PRIOR ESTIMATE AND REASON FOR YEAR-TO-YEAR CHANGE:**

Reflects updated population and expenditure data.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Request
EXPENDITURES:					
TOTAL	\$2,946,000	\$2,946,000	\$0	\$2,946,000	\$0
General Fund (GF)	1,377,000	972,000	-405,000	972,000	-405,000
Reimbursements	1,569,000	1,974,000	405,000	1,974,000	405,000

Lanterman Developmental Center Closure/Ongoing Workload

Community Placement Plan Staffing	Enacted Budget		Updated 2015-16		2015-16 Request		2016-17		2016-17 Over Enacted Budget	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
1. Personal Services										
Quality Assurance/Management	3.00	\$255,000	3.00	\$255,000	0.00	\$0	3.00	\$255,000	0.00	\$0
Oral Health Care Consultant	8.00	624,000	8.00	624,000	0.00	0	8.00	624,000	0.00	0
Nurse Consultants	5.00	425,000	5.00	425,000	0.00	0	5.00	425,000	0.00	0
Health Care Community Specialists	8.00	1,006,000	8.00	1,006,000	0.00	0	8.00	1,006,000	0.00	0
Total Personal Services	24.00	\$ 2,310,000	24.00	\$ 2,310,000	0.00	\$0	24.00	\$ 2,310,000	0.00	\$0
2. Operating Expenses										
Operating Expenses		\$81,600		\$81,600		\$0		\$81,600		\$0
Rent		184,680		184,680		0		184,680		\$0
Total Operating Expenses		\$266,280		\$266,280		\$0		\$266,280		\$0
3. Grand Total (1 + 2)		\$2,576,280		\$2,576,280		\$0		\$2,576,280		\$0
(Rounded)	24.0	\$2,576,000	24.0	\$2,576,000	0.0	\$0	24.0	\$2,576,000	0.0	\$0

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

Reflects updated population and expenditure data. Fiscal Year (FY) 2015-16 and FY 2016-17 funding is for ongoing workload activities related to Lanterman Developmental Center closure.

EXPENDITURES:

TOTAL	\$2,576,000	\$2,576,000	\$0	\$2,576,000	\$0
General Fund	\$1,676,000	\$1,774,000	\$98,000	\$1,774,000	\$98,000
Reimbursements	\$900,000	\$802,000	-\$98,000	\$802,000	-\$98,000

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, Targeted Case Management (TCM), Nursing Home Reform (NHR), and Medicaid Administration (MA) programs.

There are both fiscal and program requirements placed on the RCs 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, RCs are required to complete ongoing tasks related to the TCM and NHR programs such as ensuring compliance with Medicaid State Plan requirements for case management activities and ensuring those admitted to the nursing facilities receive appropriate screenings.

ASSUMPTIONS/METHODOLOGY:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
<ul style="list-style-type: none"> HCBS Waiver Operations costs for HCBS Waiver activities in Fiscal Year (FY) 2015-16 and FY 2016-17 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-3.4 for fiscal detail. 	\$9,200,000	\$9,200,000	\$0	\$9,200,000	\$0	\$0

Funding: \$3,950,000 GF Match, \$3,300,000 TCM, \$1,950,000 MA.

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
<ul style="list-style-type: none"> Case Managers to Meet HCBS Waiver Requirements An April 21, 2006 letter from the Centers for Medicare and Medicaid Services (CMS) indicated that the State must "review and revise, as needed, its policies to assure that the waiver participant to case manager ratio of 62:1 is consistently met." This augmentation by the California Legislature is intended to ensure further compliance. See the attachment on page E-3.4 for fiscal detail. Enacted Budget FY 2015-16: \$6,541,000 GF Match, \$6,542,000 TCM. Governor's Budget Updated FY 2015-16: \$6,552,000 GF Match, \$6,552,000 TCM FY 2016-17: \$6,835,000 GF Match, \$6,836,000 TCM. Change from Prior Estimate and Reason for Year-to-Year Change: Reflects increase in the number of case manager positions to meet the ratio of 62:1. 	\$13,083,000	\$13,104,000	\$21,000	\$13,671,000	\$567,000	\$588,000
<ul style="list-style-type: none"> TCM Operations costs for TCM activities in FY 2015-16 and FY 2016-17 are based upon 5.8% of 1995-96 TCM reimbursements of \$71,181,000. (100% GF) 	\$4,129,000	\$4,129,000	\$0	\$4,129,000	\$0	\$0
<ul style="list-style-type: none"> NHR/Pre-Admission Screening and Resident Review (PASRR) Operations costs for RC to perform activities associated with NHR and to handle the increased workload of processing PASRR Levels I and II screening and evaluation activities. Persons determined to be eligible for services under the Lanterman Act will result in an increase in the number of consumers who require RC case management and other specialized services. RC, through clinical assessments, will identify individuals who meet the expanded federal definition of developmental disability. (100% GF) 	\$473,000	\$473,000	\$0	\$473,000	\$0	\$0

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):						2016-17 Over Enacted Budget
	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	
<ul style="list-style-type: none"> Federal Medicaid Requirement for RC HCBS Services <p>Pursuant to federal law and mandated by the 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 HCBS Waiver assurance that only qualified providers deliver Medicaid funded services. (Funding is 50% HCBS Wavier Administration, 50% GF)</p> <p>Funding: \$492,000 GF Match, \$492,000 HCBS Waiver Administration.</p>	\$984,000	\$984,000	\$0	\$984,000	\$0	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$49,004,000	\$49,025,000	\$21,000	\$49,592,000	\$567,000	\$588,000
EXPENDITURES:						
	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$49,004,000	\$49,025,000	\$21,000	\$49,592,000	\$567,000	\$588,000
GF	\$36,720,000	\$36,656,000	-\$64,000	\$36,239,000	-\$417,000	-\$481,000
Reimbursements	\$12,284,000	\$12,369,000	\$85,000	\$13,353,000	\$984,000	\$1,069,000

Attachment**Compliance with Home and Community-Based Services Waiver Requirements**

	<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>
Service										
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 (50% Federal Financial Participation [FFP] and Medicaid Administration (75% FFP). The State General Fund (GF) portion is that which is non-FFP.

EXPENDITURES:

	<u>2015-16</u>	<u>2016-17</u>
TOTAL	\$9,200,000	\$9,200,000
GF	\$3,950,000	\$3,950,000
Reimbursements	\$5,250,000	\$5,250,000

Increase in Case Managers to Meet Federal Audit Requirements

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
A. Total Number of Budgeted Home and Community Based Services (HCBS) Waiver-related Client Program Coordinator (CPC) Positions	2,309.39	2,312.94	3.55	2,413.02	100.08	103.63
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/}	170.89	171.16	0.26	178.56	7.41	7.67
D. CPC Salary	\$39,606	\$39,606	\$0.00	\$39,606	\$0	\$0.00
E. Total CPC Salary Expenditures (Item C x Item D)	\$6,768,462	\$6,778,866	\$10,404	\$7,072,185	\$293,319	\$303,723
F. Supervising Counselors (at 1:10 CPCs)						
Enacted Budget 170.89 x 1/10 = 17.09						
Fiscal Year (FY) 2015-16 171.16 x 1/10 = 17.12						
FY 2016-17 178.56 x 1/10 = 17.86						
	17.09	17.12	0.03	17.86	0.74	0.77
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)	\$1,072,979	\$1,074,862	\$1,883	\$1,121,322	\$0	\$48,343
I. Secretary II (at 1:6 CPCs and Supervising Counselors)						
Enacted Budget 170.89 + 17.09 = 187.98 x 1/6 = 31.33						
FY 2015-16 171.16 + 17.12 = 188.28						
188.28 x 1/6 = 31.38						
FY 2016-17 178.56 + 17.86 = 196.42						
196.42 x 1/6 = 32.74						
	31.33	31.38	0.05	32.74	1.36	1.41
J. Secretary II Salary	\$28,736	\$28,736	\$0	\$28,736	\$0	\$0
Total Secretary II Salary Expenditures (Item I x Item J)	\$900,299	\$901,736	\$1,437	\$940,817	\$0	\$40,518

Increase in Case Managers to Meet Federal Audit Requirements

			Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
K. Fringe Benefits								
CPC's and All Other Staff	23.7%		\$2,071,792	\$2,075,045	\$3,253	\$2,164,835	\$89,790	\$93,042
			\$2,071,792	\$2,075,045	\$3,253	\$2,164,835	\$89,790	\$93,042
L. Salary Savings								
CPCs	1.0%		-\$83,726	-\$83,855	-129	-\$87,483	-\$3,628	-3,757
All Other Staff	5.5%		-134,252	-134,478	-226	-140,298	-5,820	-6,046
			-217,978	-218,332	-355	-227,781	-9,448	-9,803
M. Total Personal Services (E + H + J + K + L)			\$10,595,555	\$10,612,177	\$16,622	\$11,071,378	\$373,661	\$475,824
N. Operating Expenses								
Professional Positions	\$3,400		\$639,149	\$640,144	\$995	\$667,840	\$27,696	\$28,691
Clerical Positions	\$2,400		75,192	75,312	120	78,576	3,264	3,384
Rent	\$8,086		1,773,380	1,776,151	2,771	1,853,016	76,865	79,636
Total Operating Expenses			\$2,487,721	\$2,491,607	\$3,886	\$2,599,432	\$107,825	\$111,711
O. Total Costs (Item M + Item N)			\$13,083,276	\$13,103,784	20,508	\$13,670,810	\$567,027	587,535
Rounded			\$13,083,000	\$13,104,000	\$21,000	\$13,671,000	\$567,000	\$588,000
CHANGE FROM PRIOR ESTIMATE AND REASON FOR YEAR-TO-YEAR CHANGE:								
Reflects increase in the number of case managers to meet the ratio of 62:1.								
		TOTAL	\$13,083,000	\$13,104,000	\$21,000	\$13,671,000	\$567,000	\$588,000
		General Fund (GF)	\$6,541,000	\$6,552,000	\$11,000	\$6,835,000	\$283,000	\$294,000
		<i>GF Match</i>	<i>6,541,000</i>	<i>6,552,000</i>	<i>11,000</i>	<i>6,835,000</i>	<i>283,000</i>	<i>294,000</i>
		Reimbursements	\$6,542,000	\$6,552,000	\$10,000	\$6,836,000	\$284,000	294,000
		<i>Targeted Case Management</i>	<i>6,542,000</i>	<i>6,552,000</i>	<i>10,000</i>	<i>6,836,000</i>	<i>284,000</i>	<i>294,000</i>

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

b/ Need to cover these vacancies to meet the Centers for Medicare & Medicaid 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 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
ASSUMPTIONS/METHODOLOGY:						
• Information Technology Costs	\$3,417,000	\$3,417,000	\$0	\$3,417,000	\$0	\$0
• RC Application Support	2,317,000	2,317,000	0	2,317,000	0	0
• Data Processing	1,100,000	1,100,000	0	1,100,000	0	0
100% General Fund (GF)						
• Clients' Rights Advocacy	\$6,786,000	\$6,786,000	\$0	\$7,078,000	\$292,000	\$292,000
The Department of Developmental Services (DDS) contracts with Disability Rights California for clients' rights advocacy services for RC consumers. 45% of costs are eligible for Home and Community Based Services Waiver Administration: 50% GF Match / 50% Federal Financial Participation (FFP).						
• Quality Assessment Contract	\$3,129,000	\$3,129,000	\$0	\$3,129,000	\$0	\$0
Assembly Bill 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. 45% of costs are eligible for HCBS Waiver Administration: 50% GF Match / 50% FFP.						

Projects

METHODOLOGY (continued):	Enacted	Updated	2015-16		2016-17	2016-17
	Budget	2015-16	Request	2016-17	Over	Over
					2015-16	Enacted
						Budget
<ul style="list-style-type: none"> Direct Support Professional Training WIC Section 4695.2, 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. 	\$2,787,000	\$2,787,000	\$0	\$2,787,000	\$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. 45% costs are eligible for HCBS Waiver Administration: 50% GF Match / 50% FFP. 	\$2,910,000	\$2,900,000	-\$10,000	\$3,190,000	\$290,000	\$280,000

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17	2016-17
					Over 2015-16	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 committees comprised of legislative staff, advocacy groups, consumers, RC representatives and the Community Services 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 (FG/SC) Through these programs, men and women, 55 years of age and older, devote up to 20 hours a week to help people with developmental disabilities lead more independent and productive lives. Fiscal Year (FY) 2015-16: \$812,000 FG/SC, \$1,706,000 GF FY 2016-17: \$812,000 FG/SC, \$1,706,000 GF 	\$2,518,000	\$2,518,000	\$0	\$2,518,000	\$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. 45% costs are eligible for HCBS Waiver Administration: 50% GF Match / 50% FFP. 	\$838,000	\$838,000	\$0	\$838,000	\$0	\$0

Projects

METHODOLOGY (continued):	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17	2016-17
					Over 2015-16	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 <p>100% Mental Health Services Fund</p>	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0
	740,000	654,000	-86,000	740,000	86,000	0
	0	86,000	86,000	0	-86,000	0
<ul style="list-style-type: none"> Sherry S. Court Case <p>In 1981 the Supreme Court ruled In Re Hop that before an adult is admitted to a developmental center, he/she must be afforded due process through a court hearing to determine if such a placement is warranted. Subsequently, in the Sherry S. case, the court ruled that a conservator or parent of an adult has authority to admit that adult through the Hop process. This estimate reflects the RC costs of processing Hop actions for RC consumers. (100% GF)</p>	\$211,000	\$211,000	\$0	\$211,000	\$0	\$0
<ul style="list-style-type: none"> 2003-04 FFP Enhancement, Phase II <p>These costs are associated with legal support for federal program activities. (100% GF)</p>	\$500,000	\$500,000	\$0	\$500,000	\$0	\$0
<ul style="list-style-type: none"> University Enterprises, Inc. <p>DDS contracts with University Enterprises, Inc. for statistical forecasting assistance in estimating RC costs. (100% GF)</p>	\$113,000	\$123,000	\$10,000	\$123,000	\$0	\$10,000

Projects

METHODOLOGY (continued):	Enacted	Updated	2015-16		2016-17	2016-17
	Budget	2015-16	Request	2016-17	Over 2015-16	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 Pursuant to Chapter 617, Statutes of 2008, (SB 1175), the Developmental Disabilities Account is used as a depository for application fees collected by DDS for conducting the review and approval of housing proposals. Developmental Disabilities Services Account 100%. 	\$150,000	\$150,000	\$0	\$150,000	\$0	\$0

Projects

METHODOLOGY (continued):	Enacted	Updated	2015-16		2016-17	2016-17
	Budget	2015-16	Request	2016-17	Over 2015-16	Over Enacted Budget
<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). 	\$232,000	\$232,000	\$0	\$232,000	\$0	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$24,525,000	\$24,525,000	\$0	\$25,107,000	\$582,000	\$582,000

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

Reflectes updated expenditure data.

Projects

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over Enacted
					2015-16	Budget
TOTAL	\$24,525,000	\$24,525,000	\$0	\$25,107,000	\$582,000	\$582,000
GF	\$18,508,000	\$18,510,000	\$2,000	\$18,961,000	\$451,000	\$453,000
Reimbursements	\$4,315,000	\$4,313,000	-\$2,000	\$4,444,000	\$131,000	\$129,000
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	\$812,000	\$812,000	\$0	\$812,000	\$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.

Fiscal Year (FY) 2015-16: Total billing costs are \$1.7 million for RC administration .

- Purchase of Services (POS) costs for day treatment and transportation for FY 2014-15 totals \$114.1 million. RC administration costs are 1.5% of the total or \$1.7 million.

FY 2016-17: Total billing costs are \$1.7 million for RC administration.

- POS costs for day treatment and transportation for 2014-15 totals \$114.1 million. RC administration costs are 1.5% of the total or \$1.7 million.

FUNDING:

The Federal Medical Assistance Percentages establishes the FFP for expenditures associated with Operations, which is 50% for FY 2015-16 and FY 2016-17.

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

Reflects updated POS expenditures for adult day treatment and transportation services for residents of ICF-DD's.

EXPENDITURES:		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over
						2015-16	Enacted Budget
	TOTAL	\$1,708,000	\$1,712,000	\$4,000	\$1,712,000	\$0	\$4,000
	General Fund	854,000	856,000	2,000	856,000	0	2,000
	Reimbursements	854,000	856,000	2,000	856,000	0	2,000

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES

PURCHASE OF SERVICES

Community Care Facilities	E-5.1 to E-5.3
Medical Facilities	E-6.1 to E-6.2
Day Programs	E-7.1 to E-7.3
Habilitation	E-8.1 to E-8.2
Transportation	E-9.1 to E-9.2
Support Services	E-10.1 to E-10.3
In-Home Respite	E-11.1 to E-11.2
Out-of-Home Respite	E-12.1 to E-12.2
Health Care	E-13.1 to E-13.2
Miscellaneous Services.....	E-14.1 to E-14.2

<i>QUALITY ASSURANCE FEES</i>	E-15
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Community Care Facilities

DESCRIPTION:

Pursuant to Health and Safety Code Section 1502 (a)(1), (4), (5), or (6); Section 1567.50. (a); and Section 1569.2(k), Regional Centers (RCs) contract with vendors of facilities licensed by the Department of Social Services (DSS) to provide 24-hour 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:

- Community Care Facilities (CCF) Consumer and Expenditure Data Source: Purchase of Services Claims Data file, dated September 1, 2015 with actuals through June 2015. 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% 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:

- Base:** Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments, was used as the base:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
	\$1,051,084,000	\$1,028,978,000	-\$22,106,000	\$1,072,535,000	\$43,557,000	\$21,451,000
<ul style="list-style-type: none"> <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i> 	997,800,000	1,028,978,000	31,178,000	1,072,535,000	43,557,000	74,735,000
<ul style="list-style-type: none"> <i>AB 10 Minimum Wage Increase, July 1, 2014</i> 	53,284,000	In Trends	-53,284,000	In Trends	In Trends	-53,284,000

Community Care Facilities

METHODOLOGY (continued):	Enacted	Updated	2015-16		2016-17	2016-17
	Budget	2015-16	Request	2016-17	Over 2015-16	Over Enacted Budget
<ul style="list-style-type: none"> Utilization Change/Growth: 						
Total Utilization Change/Growth for FY 2015-16	\$54,854,000	\$43,557,000	-\$11,297,000	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>
Total Utilization Change/Growth for FY 2016-17				\$50,400,000	\$6,843,000	-\$4,454,000
<p>The 2015-16 and 2016-17 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>						
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$1,105,938,000	\$1,072,535,000	-\$33,403,000	\$1,122,935,000	\$50,400,000	\$16,997,000
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 	\$17,229,000	\$12,992,000	-\$4,237,000	\$14,180,000	\$1,188,000	-\$3,049,000
<ul style="list-style-type: none"> SSI/SSP Increases Effective January 1, 2015 and January 1, 2017 <p>The SSI/SSP rate increases, effective January 1, 2015, increased from \$1,008 to \$1,014 per month. The SSI/SSP rate is estimated to increase from \$1,014 to \$1,027 per month on January 1, 2017.</p>	-\$4,274,000	-\$3,158,000	\$1,116,000	-\$3,455,000	-\$297,000	\$819,000
<ul style="list-style-type: none"> Continuation Costs: Second year costs for Developmental Center movers. 	\$28,100,000	\$28,821,000	\$721,000	\$31,862,000	\$3,041,000	\$3,762,000
<ul style="list-style-type: none"> TOTAL EXPENDITURES 	\$1,146,993,000	\$1,111,190,000	-\$35,803,000	\$1,165,522,000	\$54,332,000	\$18,529,000

Community Care Facilities

FUNDING:

CCF expenditures are funded by the General Fund (GF) and Reimbursements from Home and Community-Based Services (HCBS) Waiver, 1915 (i) State Plan Amendment (SPA), and the Title XX Block Grant, which includes Temporary Assistance to Needy Families and Money Follows the Person. Based on actual FY 2014-15 billing data, approximately 82% of CCF expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50% is federal financial participation (FFP). Of the Money Follows the Person eligible amount, 75% is FFP.

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

Current Year change reflects updated expenditure data as actual expenditures did not reach costs projected in the 2015 May Revision. Budget Year change reflects updated caseload and expenditure trends attributed to Staff-operated Community Care Facilities for Adults and DSS-Licensed Special Residential Facilities, the category's primary budget drivers.

EXPENDITURES:		Enacted	Updated	2015-16	2016-17	2016-17	2016-17
		Budget	2015-16	Request	2016-17	Over 2015-16	Over Enacted Budget
	TOTAL	\$1,146,993,000	\$1,111,190,000	-\$35,803,000	\$1,165,522,000	\$54,332,000	\$18,529,000
	GF	\$652,237,000	\$618,829,000	-\$33,408,000	\$656,559,000	\$37,730,000	\$4,322,000
	Reimbursements	\$494,756,000	\$492,361,000	-\$2,395,000	\$508,963,000	\$16,602,000	\$14,207,000

Medical Facilities

DESCRIPTION:

Pursuant to the Health and Safety Code, Sections 1250, 1255.6, and 1255.7, among others, the Regional Centers (RCs) vendor/contract with Intermediate Care Facilities (ICFs) and Developmentally Disabled Continuous Nursing Care (DD/CNC) to provide services for consumers not eligible for Medi-Cal. The types of Non-ICFs providing services for individuals with developmental disabilities are: Specialized Residential Facilities (Health) and Nursing Facilities (NF).

ASSUMPTIONS:

ICF/DD

- Assumptions regarding caseload and facility growth for Fiscal Year (FY) 2015-16 and FY 2016-17 are based on the 2015 Regional Center Spring Survey.

Non-ICF/DD

- Non-ICF Expenditure Data Source: Purchase of Services Claims Data file, dated August 1, 2015, with actuals through May 2015. Data were adjusted for lag based on historical data.

			Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
METHODOLOGY:								
<ul style="list-style-type: none"> Base: Actual FY 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments was used as the base: <ul style="list-style-type: none"> Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate 			\$20,182,000	\$17,309,000	-\$2,873,000	\$16,753,000	-\$556,000	-\$3,429,000
			20,182,000	17,309,000	-2,873,000	16,753,000	-556,000	-3,429,000
<ul style="list-style-type: none"> Utilization Change/Growth: 			\$439,000	-\$556,000	-\$995,000			
	Total Utilization Change/Growth for FY 2015-16	ICF/DD	\$148,000	\$93,000	-\$55,000		<i>In Base</i>	<i>In Base</i>
		Non ICF/DD	\$291,000	-\$649,000	-\$940,000	-\$50,000	\$506,000	-\$489,000
	Total Utilization Change/Growth for FY 2016-17	ICF/DD				\$114,000	\$21,000	
		Non ICF/DD				-\$164,000	\$485,000	
<ul style="list-style-type: none"> Subtotal Base and Growth 			\$20,621,000	\$16,753,000	-\$3,868,000	\$16,703,000	-\$50,000	-\$3,918,000

Medical Facilities

METHODOLOGY (continued):		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
<ul style="list-style-type: none"> Gap Resource Development (ICF/DD) <p>Gap is the time period between licensure and certification of small health facilities when Medi-Cal does not cover any person's facility costs.</p> <p>In FY 2015-16 and FY 2016-17 it is assumed that 3 Health facilities will require gap funding for 2 consumers each for not more than 60 days, and 7 NFs will need gap funding for 2 consumers each for not more than 60 days.</p>		\$336,000	\$346,000	\$10,000	\$346,000	\$0	\$10,000
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 		\$122,000	\$48,000	-\$74,000	\$53,000	\$5,000	-\$69,000
<ul style="list-style-type: none"> Continuation Costs: Second year costs for Developmental Center movers. 		\$410,000	\$2,254,000	\$1,844,000	\$3,174,000	\$920,000	\$2,764,000
<ul style="list-style-type: none"> TOTAL EXPENDITURES 		\$21,489,000	\$19,401,000	-\$2,088,000	\$20,276,000	\$875,000	-\$1,213,000

FUNDING:

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

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

The Current Year change reflects a decrease of 9.72% over the Enacted Budget, consistent with decreases over the previous years as a result of past cost containment measures. DDS assumes that it has reached its downward peak, and will begin to reflect slower growth patterns prior to cost containment measures which is reflected in FY 2016-17.

EXPENDITURES:		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL		\$21,489,000	\$19,401,000	-\$2,088,000	\$20,276,000	\$875,000	-\$1,213,000
GF		21,489,000	19,401,000	-2,088,000	20,276,000	875,000	-\$1,213,000

Day Programs

DESCRIPTION:

Pursuant to Welfare and Institutions Code 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 Claims Data file, dated August 1, 2015 with actuals through May 2015. Data were adjusted for lag based on historical data.

METHODOLOGY:

- **Base:** Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments, was used as the base:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
	\$917,317,000	\$913,806,000	-\$3,511,000	\$952,944,000	\$39,138,000	\$35,627,000
• <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i>	906,593,000	905,102,000	-1,491,000	944,240,000	39,138,000	37,647,000
• <i>AB 10 Minimum Wage Increase, July 1, 2014</i>	2,020,000	In Trends	-2,020,000	In Trends	In Trends	-2,020,000
• <i>Restoration of Early Start Eligibility Criteria, January 1, 2015</i>	8,704,000	8,704,000	0	8,704,000	0	0

Day Programs

METHODOLOGY (continued):	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• Utilization Change/Growth:						
• Total Utilization Change/Growth for FY 2015-16	\$39,545,000	\$39,138,000	-\$407,000		<i>In Base</i>	<i>In Base</i>
• Total Utilization Change/Growth for FY 2016-17				\$45,050,000	\$5,912,000	\$4,175,000
• Subtotal Base and Growth	\$956,862,000	\$952,944,000	-\$3,918,000	\$997,994,000	\$45,050,000	\$41,132,000
• CPP: See CPP methodology for detail.	\$722,000	\$477,000	-\$245,000	\$528,000	\$51,000	-\$194,000
• Continuation Costs: Second year costs for Developmental Center movers	\$1,518,000	\$1,588,000	\$70,000	\$2,127,000	\$539,000	\$609,000
• TOTAL EXPENDITURES:	\$959,102,000	\$955,009,000	-\$4,093,000	\$1,000,649,000	\$45,640,000	\$41,547,000

Day Programs

FUNDING:

Day Program expenditures are funded by the General Fund (GF), Reimbursements from Intermediate Care Facility-Developmentally Disabled (ICF-DD), Home and Community-Based Services (HCBS) Waiver, 1915(i) State Plan Amendment (SPA), Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families, Early Periodic Screening Diagnosis and Treatment (EPSDT), and Federal Funds from the Early Start Grant. Based on actual FY 2014-15 billing data, approximately 55% of Day Program expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount, 1915(i) SPA amount, the ICF-DD amount and EPSDT amount, 50% is federal financial participation.

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

Current Year change reflects updated expenditure data as actual expenditures did not reach costs projected in the 2015 May Revision. Budget Year changes reflect updated expenditure data, consumer growth, and increases attributed to Adult Development Center, Behavior Management Program and Infant Development Program Services.

EXPENDITURES:		Enacted	Updated	2015-16		2016-17	2016-17
		Budget	2015-16	Request	2016-17	Over 2015-16	Over Enacted Budget
	TOTAL	\$959,102,000	\$955,009,000	-\$4,093,000	\$1,000,649,000	\$45,640,000	\$41,547,000
	GF	\$525,584,000	\$521,282,000	-\$4,302,000	\$556,263,000	\$34,981,000	\$30,679,000
	Reimbursements	\$415,678,000	\$415,887,000	\$209,000	\$426,546,000	\$10,659,000	\$10,868,000
	Federal Funds	\$17,840,000	\$17,840,000	\$0	\$17,840,000	\$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 (individual or group) and with support services provided by community rehabilitation programs. These services enable consumers to learn necessary job skills and maintain employment.

ASSUMPTIONS:

- Habilitation Expenditure Data Source: Purchase of Services Claims Data file, dated August 1, 2015 with actuals through May 2015. Data were adjusted for lag based on historical data.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 over Enacted Budget
METHODOLOGY:						
• Base: Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments was used as the base:	\$150,584,000	\$150,397,000	-\$187,000	\$150,914,000	\$517,000	\$330,000
• <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i>	<i>150,504,000</i>	<i>150,397,000</i>	<i>-107,000</i>	<i>150,914,000</i>	<i>517,000</i>	<i>410,000</i>
• <i>AB 10 Minimum Wage Increase, July 1, 2014</i>	<i>80,000</i>	<i>In Trends</i>	<i>-80,000</i>	<i>In Trends</i>	<i>0</i>	<i>-80,000</i>
• Utilization Change/Growth:						
• Total Utilization Change/Growth for FY 2015-16	-\$1,430,000	\$517,000	\$1,947,000		In Base	In Base
• Total Utilization Change/Growth for FY 2016-17				\$698,000	\$181,000	\$2,128,000
The FY 2015-16 and FY 2016-17 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends						
• Subtotal Base and Growth	\$149,154,000	\$150,914,000	\$1,760,000	\$151,612,000	\$698,000	\$2,458,000
• CPP: See CPP methodology for detail.	\$8,000	\$9,000	\$1,000	\$10,000	\$1,000	\$2,000
• Continuation Costs: Second year costs for Developmental Center movers.	\$6,000	\$19,000	\$13,000	\$18,000	-\$1,000	\$12,000
• TOTAL EXPENDITURES	\$149,168,000	\$150,942,000	\$1,774,000	\$151,640,000	\$698,000	\$2,472,000

Habilitation**FUNDING:**

Habilitation Services expenditures are funded by the General Fund (GF) and Reimbursements from Home and Community-Based Services Waiver (HCBS) and the 1915(i) State Plan Amendment (SPA). Based on actual FY 2014-15 billing data, approximately 60% of WAP, 35% of SEP-Group, and 22% SEP Individual placement expenditures, are eligible for the HCBS Waiver reimbursement. Of the HCBS Waiver and 1915(i) SPA eligible amount, 50% is federal financial participation.

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

Change is due to updated expenditure and caseload data.

		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
EXPENDITURES:	TOTAL	\$149,168,000	\$150,942,000	\$1,774,000	\$151,640,000	\$698,000	\$2,472,000
	GF	\$91,122,000	\$94,233,000	\$3,111,000	\$93,701,000	-\$532,000	\$2,579,000
	Reimbursements	\$58,046,000	\$56,709,000	-\$1,337,000	\$57,939,000	\$1,230,000	-\$107,000

Transportation

DESCRIPTION:

Pursuant to Welfare and Institutions Code, Sections 4501, 4502, 4512, and 4646, (Lanterman Act), Regional Centers (RC) contract with vendors to provide services and supports to all qualifying RC 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 assistance in boarding and exiting a vehicle as well as assistance and monitoring while being transported.

ASSUMPTIONS:

- Transportation Expenditure Data Source: Purchase of Services Claims Data file, dated August 1, 2015, with actuals through May 2015. Data were adjusted for lag based on historical data.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
METHODOLOGY:						
<ul style="list-style-type: none"> Base: Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i> <i>AB 10 Minimum Wage Increase July 1, 2014</i> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for FY 2015-16 Total Utilization Change/Growth for FY 2016-17 <p>The FY 2015-16 and FY 2016-17 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p> Subtotal Base and Growth CPP: See CPP methodology for detail. Continuation Costs: Second year costs for Developmental Center movers. TOTAL EXPENDITURES 	\$267,500,000	\$266,749,000	-\$751,000	\$281,974,000	\$15,225,000	\$14,474,000
	267,386,000	266,749,000	-637,000	281,974,000	15,225,000	14,588,000
	114,000	In Trends	-114,000	In Trends	0	-114,000
	\$17,620,000	\$15,225,000	-\$2,395,000	\$16,824,000	In Base \$1,599,000	In Base -\$796,000
	\$285,120,000	\$281,974,000	-\$3,146,000	\$298,798,000	\$16,824,000	\$13,678,000
	\$116,000	\$130,000	\$14,000	\$144,000	\$14,000	\$28,000
	\$315,000	\$433,000	\$118,000	\$594,000	\$161,000	\$279,000
	\$285,551,000	\$282,537,000	-\$3,014,000	\$299,536,000	\$16,999,000	\$13,985,000

Transportation

FUNDING:

Transportation expenditures are funded by the General Fund (GF) and Reimbursements from Home and Community-Based Services (HCBS) Waiver, 1915(i) State Plan Amendment (SPA), Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families and Intermediate Care Facility - Developmentally Disabled (ICF-DD). Based on actual FY 2014-15 billing data, approximately 64% of Transportation expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver, 1915(i) SPA and ICF-DD eligible amount, 50% is federal financial participation..

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

Current Year change reflects updated expenditure data as actual expenditures did not reach costs projected in the 2015 May Revision. An increase in Budget Year is driven by Transportation Company services, which accounts for 57.14% of the increase.

		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
EXPENDITURES:	TOTAL	\$285,551,000	\$282,537,000	-\$3,014,000	\$299,536,000	\$16,999,000	\$13,985,000
	GF	\$162,387,000	\$158,057,000	-\$4,330,000	\$171,834,000	\$13,777,000	\$9,447,000
	Reimbursements	\$123,164,000	\$124,480,000	\$1,316,000	\$127,702,000	\$3,222,000	\$4,538,000

Support Services

DESCRIPTION:

Pursuant to Welfare and Institution Code 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 payments to adults who are in supported/independent living (SL/IL) settings and receiving Supplementary Security Income/State Supplementary Payment (SSI/SSP). RC's supplement the reduction in the SSP portion of the SSI/SSP grant to assure that consumers are able to remain in these settings instead of having to move into community care facilities.

ASSUMPTIONS:

Support Services Expenditure Data Source: Purchase of Services Claims Data file, dated August 1, 2015 with actuals through May 2015. Data were adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• Base: Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments, was used as the base:	\$946,335,000	\$927,965,000	-\$18,370,000	\$1,000,459,000	\$72,494,000	\$54,124,000
• <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i>	936,987,000	927,720,000	-9,267,000	1,000,214,000	72,494,000	63,227,000
• <i>Co-Payments and Deductibles</i>	2,942,000	In Trends	-2,942,000	In Trends	In Trends	-2,942,000
• <i>AB 10 Minimum Wage Increase, July 1, 2014</i>	6,161,000	In Trends	-6,161,000	In Trends	In Trends	-6,161,000
• <i>Restoration of Early Start Eligibility Criteria, January 1, 2015</i>	245,000	245,000	0	245,000	0	0

Support Services

METHODOLOGY (continued):	Enacted	Updated	2015-16		2016-17	2016-17
	Budget	2015-16	Request	2016-17	Over 2015-16	Over Enacted Budget
• Utilization Change/Growth:						
• Total Utilization Change/Growth for FY 2015-16	\$70,882,000	\$72,494,000	\$1,612,000			<i>In Base</i>
• Total Utilization Change/Growth for FY 2016-17				\$78,281,000	\$5,787,000	\$7,399,000
The FY 2015-16 and FY 2016-17 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.						
• Subtotal Base and Growth	\$1,017,217,000	\$1,000,459,000	-\$16,758,000	\$1,078,740,000	\$78,281,000	\$61,523,000
• CPP: See CPP methodology for detail.	\$4,420,000	\$3,719,000	-\$701,000	\$3,836,000	\$117,000	-\$584,000
• Continuation Costs: Second year costs for Developmental Center movers.	\$10,375,000	\$10,449,000	\$74,000	\$18,527,000	\$8,078,000	\$8,152,000
• Independent Living Supplement	\$6,699,000	-\$774,000	-\$7,473,000	\$312,000	\$1,086,000	-\$6,387,000
Based on Client Master File data as of September 1, 2015, it is estimated the following consumers will live in SL/IL arrangements. Of these totals, based on the 2015 Regional Center Survey, estimated persons who are part of a couple, who will receive their monthly supplemental payment of \$94.04, as well as the remainder who will receive their monthly payments of \$61.40 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.						
	Current Year	Budget Year				
Total SL/IL Consumers	24,866	25,290				
Part of a Couple	-1,002	-1,002				
Individuals	23,864	24,288				
• TOTAL EXPENDITURES	\$1,038,711,000	\$1,013,853,000	-\$24,858,000	\$1,101,415,000	\$87,562,000	\$62,704,000

Support Services

FUNDING:

Support Services expenditures are funded by the General Fund (GF), Reimbursements from Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families, 1915(i) State Plan Amendment, and Federal Funds from the Early Start Grant. Based on actual FY 2014-15 billing data, approximately 74% of Support Services expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount, 50% is federal financial participation.

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

Current Year change reflects updated expenditure data as actual expenditures did not reach costs projected in the 2015 May Revision. Budget Year change reflects updated caseload and expenditure trends attributed to Supported Living Services, the Community Integration Program, and Personal Assistance which accounted for over 90% of the total expenditure growth in FY 2014-15.

EXPENDITURES:		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over
						2015-16	Enacted Budget
	TOTAL	\$1,038,711,000	\$1,013,853,000	-\$24,858,000	\$1,101,415,000	\$87,562,000	\$62,704,000
	GF	\$572,718,000	\$531,646,000	-\$41,072,000	\$606,126,000	\$74,480,000	\$33,408,000
	Reimbursements	\$465,489,000	\$481,703,000	\$16,214,000	\$494,785,000	\$13,082,000	\$29,296,000
	Federal Funds	\$504,000	\$504,000	\$0	\$504,000	\$0	\$0

In Home Respite

DESCRIPTION:

Pursuant to Welfare and Institutions Code 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 Services Claims Data file, dated August 1, 2015, with actuals through May 2015. Data was adjusted for lag based on historical data.

METHODOLOGY:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 over Enacted Budget
• Base: Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments, was used as the base:	\$255,861,000	\$255,477,000	-\$384,000	\$278,577,000	\$23,100,000	\$22,716,000
• <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i>	242,733,000	255,389,000	12,656,000	278,489,000	23,100,000	35,756,000
• <i>Co-Payments and Deductibles</i>	87,000	In Trends	-87,000	In Trends	In Trends	-87,000
• <i>AB 10 Minimum Wage Increase, July 1, 2014</i>	12,953,000	In Trends	-12,953,000	In Trends	In Trends	-12,953,000
• <i>Restoration of Early Start Eligibility Criteria, January 1, 2015</i>	88,000	88,000	0	88,000	0	0
• Utilization Change/Growth:						
• Total Utilization Change/Growth for FY 2015-16	\$20,656,000	\$23,100,000	\$2,444,000		<i>In Base</i>	<i>In Base</i>
• Total Utilization Change/Growth for FY 2016-17				\$28,830,000	\$5,730,000	\$8,174,000
The utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.						
• Subtotal Base and Growth	\$276,517,000	\$278,577,000	\$2,060,000	\$307,407,000	\$28,830,000	\$30,890,000
• CPP: See CPP methodology for detail.	\$311,000	\$391,000	\$80,000	\$433,000	\$42,000	\$122,000
• Continuation Costs: Second year costs for Developmental Center movers.	\$350,000	\$504,000	\$154,000	\$747,000	\$243,000	\$397,000
• TOTAL EXPENDITURES:	\$277,178,000	\$279,472,000	\$2,294,000	\$308,587,000	\$29,115,000	\$31,409,000

In Home Respite

FUNDING:

In Home Respite expenditures are funded by the General Fund (GF) and Reimbursements from Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families, 1915(i) State Plan Amendment (SPA), and Federal Funds from the Early Start Grant. Based on actual FY 2014-15 billing data, approximately 74% In-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50% is federal financial participation.

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

Current Year and Budget Year changes reflect an increase in consumers and an expenditure shift from In-Home Respite Service-Family Member to In-Home Respite Agency.

EXPENDITURES:		Enacted	Updated	2015-16		2016-17	2016-17
		Budget	2015-16	Request	2016-17	Over 2015-16	over Enacted Budget
	TOTAL	\$277,178,000	\$279,472,000	\$2,294,000	\$308,587,000	\$29,115,000	\$31,409,000
	GF	\$142,271,000	\$137,884,000	-\$4,387,000	\$163,479,000	\$25,595,000	\$21,208,000
	Reimbursements	\$134,728,000	\$141,409,000	\$6,681,000	\$144,929,000	\$3,520,000	\$10,201,000
	Federal Funds	\$179,000	\$179,000	\$0	\$179,000	\$0	\$0

Out of Home Respite

DESCRIPTION:

Pursuant to Welfare and Institution Code 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 Services Claims Data file, dated August 1, 2015, with actuals through May 2015. Data was adjusted for lag based on historical data.

METHODOLOGY:	Enacted	Updated	2015-16		2016-17	2016-17
	Budget	2015-16	Request	2016-17	Over 2015-16	over Enacted Budget
<ul style="list-style-type: none"> Base: Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i> <i>AB 10 Minimum Wage Increase, July 1, 2014</i> <i>Restoration of Early Start Eligibility Criteria, January 1, 2015</i> 	\$39,565,000	\$37,353,000	-\$2,212,000	\$36,062,000	-\$1,291,000	-\$3,503,000
<ul style="list-style-type: none"> <i>Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate</i> <i>AB 10 Minimum Wage Increase, July 1, 2014</i> <i>Restoration of Early Start Eligibility Criteria, January 1, 2015</i> 	39,318,000	37,292,000	-2,026,000	36,001,000	-1,291,000	-3,317,000
	186,000	In Trends	-186,000	In Trends	In Trends	-186,000
	61,000	61,000	0	61,000	0	0
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for FY 2015-16 Total Utilization Change/Growth for FY 2016-17 <p>The utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	\$815,000	-\$1,291,000	-\$2,106,000		In Base	In Base
				-\$1,152,000	\$139,000	-\$1,967,000
<ul style="list-style-type: none"> Subtotal Base and Growth CPP: See CPP methodology for detail. 	\$40,380,000	\$36,062,000	-\$4,318,000	\$34,910,000	-\$1,152,000	-\$5,470,000
	\$46,000	\$26,000	-\$20,000	\$29,000	\$3,000	-\$17,000
<ul style="list-style-type: none"> Continuation Costs: Second year costs for Developmental Center movers. 	\$25,000	\$72,000	\$47,000	\$117,000	\$45,000	\$92,000
<ul style="list-style-type: none"> TOTAL EXPENDITURES: 	\$40,451,000	\$36,160,000	-\$4,291,000	\$35,056,000	-\$1,104,000	-\$5,395,000

Out of Home Respite

FUNDING:

Out-of-Home Respite expenditures are funded by the General Fund (GF), Reimbursements from Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families, 1915(i) State Plan Amendment (SPA), and Federal Funds from the Early Start Grant. Based on actual 2014 calendar year billing data, approximately 65% of Out-of-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50% is federal financial participation.

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

Current Year and Budget Year have a significant decrease from 2015 May Revision due to the decrease in caseload.

		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 over Enacted Budget
EXPENDITURES:							
	TOTAL	\$40,451,000	\$36,160,000	-\$4,291,000	\$35,056,000	-\$1,104,000	-\$5,395,000
	GF	\$19,705,000	\$19,515,000	-\$190,000	\$17,981,000	-\$1,534,000	-\$1,724,000
	Reimbursements	\$20,620,000	\$16,519,000	-\$4,101,000	\$16,949,000	\$430,000	-\$3,671,000
	Federal Funds	\$126,000	\$126,000	\$0	\$126,000	\$0	\$0

Health Care

DESCRIPTION:

Pursuant to Welfare and Institutions Code 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 Services Claims Data file dated August 1, 2015 with actuals through May 2015. Data was adjusted for lag based on historical data.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 over Enacted Budget
METHODOLOGY:						
• Base: Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments was used as the base:	\$108,533,000	\$104,686,000	-\$3,847,000	\$114,813,000	\$10,127,000	\$6,280,000
• <i>Updated Costs without Community Placement Plan (CPP)/ Prior Year Estimate</i>	110,289,000	103,338,000	-6,951,000	113,465,000	10,127,000	3,176,000
• <i>Medi-Cal Hard Cap on Hearing Aids, November 2012</i>	355,000	In Trends	-355,000	In Trends	In Trends	-355,000
• <i>Restoration of Adult Dental as Medi-Cal Benefit, May 2014</i>	-756,000	In Trends	756,000	In Trends	In Trends	756,000
• <i>Redesign Services for Individuals with Challenging Needs</i>	-1,813,000	In Trends	1,813,000	In Trends	In Trends	1,813,000
• <i>Co-Payments and Deductibles</i>	610,000	In Trends	-610,000	In Trends	In Trends	-610,000
• <i>Restoration of Enteral Nutrition as Medi-Cal Benefit, May 2014</i>	-1,500,000	In Trends	1,500,000	In Trends	In Trends	1,500,000
• <i>Restoration of Early Start Eligibility Criteria, January 1, 2015</i>	1,348,000	1,348,000	0	1,348,000	0	0
• Utilization Change/Growth:						
• Total Utilization Change/Growth for FY 2015-16	\$9,916,000	\$10,127,000	\$211,000		In Base	In Base
• Total Utilization Change/Growth for FY 2016-17 The utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.				\$11,778,000	\$1,651,000	\$1,862,000
• Subtotal Base and Growth	\$118,449,000	\$114,813,000	-\$3,636,000		\$11,778,000	\$8,142,000
• CPP: See CPP methodology for detail.	\$370,000	\$3,789,000	\$3,419,000	\$4,188,000	\$399,000	\$3,818,000
• Continuation Costs: Second year costs for Developmental Center movers.	\$224,000	\$1,828,000	\$1,604,000	\$2,510,000	\$682,000	\$2,286,000
• TOTAL EXPENDITURES	\$119,043,000	\$120,430,000	\$1,387,000	\$133,289,000	\$12,859,000	\$14,246,000

Health Care

FUNDING:

Health Care expenditures are funded by the General Fund (GF), Reimbursements from Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Temporary Assistance for Needy Families, 1915(i) State Plan Amendment (SPA), and Federal Funds from the Early Start Grant. Based on actual FY 2014-15 billing data, approximately 20% of Health Care expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915(i) SPA eligible amount, 50% is federal financial participation.

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

Current Year change reflects a 2.1% increase from Enacted Budget which takes into account Denti-Cal and Acute Care Hospital services. Budget Year change reflects an 18.8% increase from the Enacted Budget with Acute Care Hospital expenditures increasing while the remainder of the category has a growth rate of 6%.

		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 over Enacted Budget
EXPENDITURES:							
	TOTAL	\$119,043,000	\$120,430,000	\$1,387,000	\$133,289,000	\$12,859,000	\$14,246,000
	GF	\$100,145,000	\$101,789,000	\$1,644,000	\$114,268,000	\$12,479,000	\$14,123,000
	Reimbursements	\$16,134,000	\$15,877,000	-\$257,000	\$16,257,000	\$380,000	\$123,000
	Federal Funds	\$2,764,000	\$2,764,000	\$0	\$2,764,000	\$0	\$0

DESCRIPTION:

ASSUMPTIONS:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 over Enacted Budget
METHODOLOGY:						
• Base: Actual Fiscal Year (FY) 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17 the prior-year estimate for base and growth, with the following adjustments, was used as the base:	\$434,884,000	\$448,347,000	\$13,463,000	\$457,365,000	\$9,018,000	\$22,481,000
• Updated Costs without Community Placement Plan (CPP)/Prior Year Estimate	423,291,000	443,456,000	20,165,000	452,474,000	9,018,000	29,183,000
• AB 10 Minimum Wage, July 1, 2014	476,000	In Trends	-476,000	In Trends	In Trends	-476,000
• Co-Payments and Deductibles	6,226,000	In Trends	-6,226,000	In Trends	In Trends	-6,226,000
• Restoration of Early Start Eligibility Criteria, January 1, 2015	4,891,000	4,891,000	0	4,891,000	0	0
• Utilization Change/Growth:						
• Total Utilization Change/Growth for FY 2015-16	\$1,983,000	\$9,018,000	\$7,035,000		In Base	In Base
• Total Utilization Change/Growth for FY 2016-17				\$11,619,000	\$2,601,000	\$9,636,000
The FY 2015-16 and FY 2016-17 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.						
• Subtotal Base and Growth	\$436,867,000	\$457,365,000	\$20,498,000	\$468,984,000	\$11,619,000	\$32,117,000
• CPP: See CPP methodology for detail.	\$29,245,000	\$31,008,000	\$1,763,000	\$29,188,000	-\$1,820,000	-\$57,000
• Continuation Costs: Second year costs for Developmental Center movers.	\$753,000	\$2,093,000	\$1,340,000	\$2,888,000	\$795,000	\$2,135,000
• TOTAL EXPENDITURES	\$466,865,000	\$490,466,000	\$23,601,000	\$501,060,000	\$10,594,000	\$34,195,000

Miscellaneous Services**FUNDING:**

Miscellaneous Services expenditures are funded by the General Fund (GF), Reimbursements from Home and Community-Based Services (HCBS) Waiver, Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families, 1915(i) State Plan Amendment (SPA), Intermediate-Care Facility-Developmentally Disabled, Federal Funds from the Early Start Grant and Program Development Funds. Based on actual FY 2014-15 billing data, approximately 40% of Miscellaneous Services expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915(i) SPA eligible amount, 50% is federal financial participation.

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

Current Year and Budget Year changes reflect updated expenditure data and an increase use of Client/Parent Support Behavior Intervention Training and Behavior Analyst Services.

EXPENDITURES:		Enacted	Updated	2015-16		2016-17	2016-17
		Budget	2015-16	Request	2016-17	Over 2015-16	Over Enacted Budget
	TOTAL	\$466,865,000	\$490,466,000	\$23,601,000	\$501,060,000	\$10,594,000	\$34,195,000
	GF	\$313,078,000	\$325,928,000	\$12,850,000	\$333,325,000	\$7,397,000	\$20,247,000
	Reimbursements	\$141,034,000	\$151,785,000	\$10,751,000	\$155,178,000	\$3,393,000	\$14,144,000
	Federal Funds	\$10,020,000	\$10,020,000	\$0	\$10,020,000	\$0	\$0
	Program Development Fund	\$2,733,000	\$2,733,000	\$0	\$2,537,000	-\$196,000	-\$196,000

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.

Fiscal Year (FY) 2015-16: Total billing costs are \$1.7 million ICF-DD administration and \$7.5 million QAF.

- Purchase of Service (POS) costs for day treatment and transportation including Regional Center Administration Costs for FY 2014-15 totals \$114.1 million. ICF-DD administration costs are 1.5% of the total or \$1.7 million. QAF is set by DHCS and are \$7.5 million. Total administration and QAF is \$9.2 million.

FY 2016-17: Total billing costs are \$1.7 million ICF-DD administration and \$7.5 million QAF.

- POS costs for day treatment and transportation including Regional Center Administration Costs for FY 2014-15 totals \$114.1 million. ICF-DD administration costs are 1.5% of the total or \$1.7 million. QAF is set by DHCS and are \$7.5 million. Total administration and QAF is \$9.2 million.

FUNDING:

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

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

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

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$9,219,000	\$9,244,000	\$25,000	\$9,244,000	\$0	\$25,000
Reimbursements	9,219,000	9,244,000	25,000	9,244,000	0	25,000

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES

PREVENTION PROGRAM/EARLY START FAMILY RESOURCE SERVICES.....E-16

Early Start Family Resource Services

DESCRIPTION:

In accordance with the California Early Intervention Services Act (Title 14 of the Government Code (GC) Sections 95000 – 95029), the Department of Developmental Services is the lead agency for the administration of the Early Start program which provides services for infants and toddlers with developmental delays, disabilities, or conditions that place them at risk of disabilities. As noted in GC 95001, family-to-family support, provided through California's network of Family Resource Centers (FRCs), strengthens families' ability to fully participate in service planning and their capacity to care for their infants or toddlers. This was called Prevention Program in prior estimates.

ASSUMPTIONS:

The estimate assumes FRCs will support the Early Start program by providing services including, but no limited to, family-to-family support, outreach and information sharing to assist in identifying children potentially eligible for Early Start services.

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

There is no change.

EXPENDITURES:		Enacted	Updated	2015-16		2016-17	2016-17
		Budget	2015-16	Request	2016-17	Over	Over
						2015-16	Enacted
							Budget
	General Fund	\$2,003,000	\$2,003,000	\$0	\$2,003,000	\$0	\$0

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES

COMMUNITY PLACEMENT PLAN.....	E-17.1 to E-17.11
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Community Placement Plan

DESCRIPTION:

The purpose of Community Placement Plan (CPP) funding is to enhance the capacity of the community service delivery system and to reduce reliance on Developmental Centers (DC), mental health facilities [e.g., Mental Health Rehabilitation Centers (MHRC) and Institutions for Mental Disease (IMD)] ineligible for federal financial participation (FFP), and out-of-state placements. This estimate is based on projected costs and historical experience derived from individualized assessments of community services and support needs, and reflects what is needed to place an individual from a DC, IMD, MHRC, or out-of-state placement into the community, in addition to deflecting an individual to avoid admission to a DC acute crisis facility, a mental health facility ineligible for FFP, or an out-of-state service. It also reflects costs associated with performing individualized assessments and developing necessary community resources. CPPs are developed through negotiations with each Regional Center (RC) and are based on individualized planning efforts.

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, IMD, MHRC, or out-of-state.
- Deflect the admission of individuals to a DC, MHRCs and IMDs ineligible for FFP, and out-of-state services.
- Stabilize current community living arrangements.

Regular CPP funding covers these Operations and POS categories:

OPERATIONS:

Personal Services:

- **Resource Development:** Positions needed to develop community living arrangements for consumers moving from DCs, MHRCs and IMDs ineligible for FFP, and out-of-state services into the community. These positions are critical to developing living arrangements that will safely meet the challenges of people moving into the community.
- **Assessment:** Positions needed to identify the needs of DC residents, in addition to individuals residing in a MHRC and IMDs ineligible for FFP, and in out-of-state services ready for placement in community living arrangements. A 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.
- **Quality Management:** Provide face-to-face visits with the individuals in the community who have moved from DCs, MHRCs, IMDs and from out-of-state, in order to ensure monitoring and quality assurance.
- **DC Task Force:** Positions needed to carry out the new models of care, such as Enhanced Behavioral Supports Homes and Community Crisis Homes that began in Fiscal Year 2014-15 will continue as ongoing positions. These positions primarily have an area of expertise such as Board Certified Behavior Specialists who oversee challenging behaviors while in community living and nurses who monitor clinical needs in a community living arrangement.

Community Placement Plan

DESCRIPTION (continued):

Operating Expenses:

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

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 first year of operational residential costs of facilities developed with 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:

- Due to the announced plans to close Sonoma DC, Fairview DC and the General Treatment Area of Porterville DC, additional RC Operations and POS funding is needed to ensure there are adequate resources available for safe and successful transition of consumers from these DCs.
- 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	Updated	2015-16		2016-17	2016-17
	Budget	2015-16	Request	2016-17	Over 2015-16	Over Enacted Budget
• OPERATIONS TOTAL	\$16,565,000	\$16,565,000	\$0	\$20,699,000	\$4,134,000	\$4,134,000
• PURCHASE OF SERVICES TOTAL	\$99,310,000	\$99,310,000	\$0	\$125,947,000	\$26,637,000	\$26,637,000
• TOTAL EXPENDITURES	\$115,875,000	\$115,875,000	\$0	\$146,646,000	\$30,771,000	\$30,771,000

See Pages E-17.4 to E-17.11

FUNDING:

CPP expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver and Money Follows the Person (MFP) Grant.

Community Placement Plan

EXPENDITURES:		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over
						2015-16	Enacted Budget
	TOTAL	\$115,875,000	\$115,875,000	\$0	\$146,646,000	\$30,771,000	\$30,771,000
	RC Operations	\$16,565,000	\$16,565,000	\$0	\$20,699,000	\$4,134,000	\$4,134,000
	RC Purchase of Services	\$99,310,000	\$99,310,000	\$0	\$125,947,000	\$26,637,000	\$26,637,000
	Community Care Facilities	18,445,000	14,454,000	-3,991,000	23,356,000	8,902,000	4,911,000
	Medical Facilities	131,000	54,000	-77,000	89,000	35,000	-42,000
	Day Programs	773,000	533,000	-240,000	879,000	346,000	106,000
	Work Activity Program	9,000	10,000	1,000	17,000	7,000	8,000
	Supported Employment Program: Group Placement	0	0	0	0	0	0
	Supported Employment Program: Individual Placement	0	0	0	0	0	0
	Transportation	124,000	146,000	22,000	240,000	94,000	116,000
	Support Services	4,732,000	4,062,000	-670,000	5,989,000	1,927,000	1,257,000
	In-Home Respite	333,000	437,000	104,000	721,000	284,000	388,000
	Out-of-Home Respite	49,000	29,000	-20,000	48,000	19,000	-1,000
	Health Care	396,000	4,233,000	3,837,000	6,976,000	2,743,000	6,580,000
	Miscellaneous Services	74,318,000	75,352,000	1,034,000	87,632,000	12,280,000	13,314,000
FUND SOURCES:							
	TOTAL	\$115,875,000	\$115,875,000	\$0	\$146,646,000	30,771,000	30,771,000
	GF	\$100,180,000	\$97,020,000	-\$3,160,000	\$122,916,000	25,896,000	22,736,000
	Reimbursements	\$15,695,000	\$18,855,000	\$3,160,000	\$23,730,000	\$4,875,000	8,035,000

COMMUNITY PLACEMENT PLAN OPERATIONS AND PURCHASE OF SERVICES 2015-16

	Enacted Budget 2015-16			Updated 2015-16			2015-16 Request
	Sonoma Developmental Center (SDC) Closure CPP ^{3/}	Regular CPP	Total CPP	SDC Closure CPP ^{4/}	Regular CPP ^{5/}	Total CPP	Total CPP
I. OPERATIONS	\$1,300,000	\$15,265,000	\$16,565,000	\$1,300,000	\$15,265,000	\$16,565,000	\$0
II. PURCHASE OF SERVICES (POS)							
A. Start-Up	\$43,010,000	\$25,436,000	\$68,446,000	\$44,300,000	\$29,434,000	\$73,734,000	\$5,288,000
B. Assessment^{1/}	\$0 0 consumers	\$3,016,000 1,080 consumers	\$3,016,000 1,080 consumers	\$0 0 consumers	\$1,189,000 1,075 consumers	\$1,189,000 1,075 consumers	-\$1,827,000 -5 consumers
C. Placement^{2/}	\$3,711,000 20 consumers	\$22,824,000 168 consumers	\$26,535,000 188 consumers	\$2,421,000 38 consumers	\$20,649,000 164 consumers	\$23,070,000 202 consumers	-\$3,465,000 14 consumers
D. Deflection	\$0 0 consumers	\$1,313,000 70 consumers	\$1,313,000 70 consumers	\$0 0 consumers	\$1,317,000 71 consumers	\$1,317,000 71 consumers	\$4,000 1 consumers
E. SUBTOTAL POS	\$46,721,000	\$52,589,000	\$99,310,000	\$46,721,000	\$52,589,000	\$99,310,000	\$0
III. TOTAL CPP	\$48,021,000	\$67,854,000	\$115,875,000	\$48,021,000	\$67,854,000	\$115,875,000	\$0

1/ Based on an initial and updated assessments.

2/ For 2015-16, there are 202 planned consumer placements from developmental centers.

3/ SDC Closure CPP detail for the Enacted Budget previously displayed on Page 3 of DC Closure Tab (H.) in the 2015 May Revision.

4/ SDC Closure CPP funding displays the CPP funding needed in addition to Regular CPP funding to ensure there are adequate resources available for the transition of consumers from SDC into the community.

5/ Regular CPP includes start-up funding for SDC consumers.

- \$14.7m start-up funding for 42 SDC consumers.

**COMMUNITY PLACEMENT PLAN
OPERATIONS AND PURCHASE OF SERVICES
2016-17**

	Enacted Budget 2015-16			2016-17					2016-17 Over 2015-16	2016-17 Over Enacted Budget
	SDC Closure CPP ^{3/}	Regular CPP	Total CPP	SDC Closure CPP ^{4/}	Fairview Developmental Center (FDC) Closure CPP ^{4/}	Porterville Developmental Center (PDC) Closure CPP ^{4/}	Regular CPP ^{5/}	Total CPP	Total CPP	Total CPP
I. OPERATIONS	\$1,300,000	\$15,265,000	\$16,565,000	\$3,616,000	\$1,212,000	\$606,000	\$15,265,000	\$20,699,000	\$4,134,000	\$4,134,000
II. PURCHASE OF SERVICES (POS)										
A. Start-Up	\$43,010,000	\$25,436,000	\$68,446,000	\$10,637,000	\$25,575,000	\$21,950,000	\$27,265,000	\$85,427,000	\$11,693,000	\$16,981,000
B. Assessment^{1/}	\$0 0 consumers	\$3,016,000 1,080 consumers	\$3,016,000 1,080 consumers	\$0 0 consumers	\$0 0 consumers	\$0 0 consumers	\$1,500,000 878 consumers	\$1,500,000 878 consumers	\$311,000 -197 consumers	-\$1,516,000 -202 consumers
C. Placement^{2/}	\$3,711,000 20 consumers	\$22,824,000 168 consumers	\$26,535,000 188 consumers	\$10,247,000 54 consumers	\$2,886,000 24 consumers	\$2,063,000 17 consumers	\$22,824,000 145 consumers	\$38,020,000 240 ^{1/} consumers	\$14,950,000 38 consumers	\$11,485,000 52 consumers
D. Deflection	\$0 0 consumers	\$1,313,000 70 consumers	\$1,313,000 70 consumers	\$0 0 consumers	\$0 0 consumers	\$0 0 consumers	\$1,000,000 70 consumers	\$1,000,000 70 consumers	-\$317,000 -1 consumers	-\$313,000 0 consumers
E. SUBTOTAL POS	\$46,721,000	\$52,589,000	\$99,310,000	\$20,884,000	\$28,461,000	\$24,013,000	\$52,589,000	\$125,947,000	\$26,637,000	\$26,637,000
III. TOTAL CPP	\$48,021,000	\$67,854,000	\$115,875,000	\$24,500,000	\$29,673,000	\$24,619,000	\$67,854,000	\$146,646,000	\$30,771,000	\$30,771,000

1/ Based on an initial and updated assessments.

2/ For 2016-17, there are 240 planned consumer placements from developmental centers.

3/ SDC Closure CPP detail for the Enacted Budget previously displayed on Page 3 of DC Closure Tab (H.) in the 2015 May Revision.

4/ SDC, FDC, and PDC Closure CPP funding displays the CPP funding needed in addition to Regular CPP funding to ensure there are adequate resources available for the transition of consumers from SDC, FDC, and PDC into the community.

5/ Regular CPP includes start-up funding for SDC, FDC, and PDC consumers.

- \$10,636,000 start-up funding for 81 SDC consumers.
- \$8,525,000 start-up funding for 36 FDC consumers.
- \$5,488,000 start-up funding for 25 PDC consumers.

COMMUNITY PLACEMENT PLANOperations
2015-16**A. STAFFING**

	Enacted Budget						Updated 2015-16						2015-16 Request	
	SDC Closure CPP		Regular CPP		Total CPP		SDC Closure CPP		Regular CPP		Total CPP		Total CPP	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
1. PERSONAL SERVICES														
a. Resource Development Quality Assurance/	11.00	\$637,000	55.83	\$4,773,500	66.83	\$5,410,500	8.75	\$637,000	55.83	\$4,773,500	64.58	\$5,410,500	-2.25	\$0
b. Management	1.50	\$59,000	12.51	\$1,213,000	14.01	\$1,272,000	0.50	\$59,000	12.51	\$1,213,000	13.01	\$1,272,000	-1.00	\$0
c. Assessment	1.50	\$75,000	13.88	\$1,494,000	15.38	\$1,569,000	4.00	\$75,000	13.88	\$1,494,000	17.88	\$1,569,000	2.50	\$0
d. Placement	2.00	\$240,000	59.96	\$4,824,500	61.96	\$5,064,500	6.00	\$240,000	59.96	\$4,824,500	65.96	\$5,064,500	4.00	\$0
e. Crisis Services Teams	2.00	\$189,000	6.13	\$1,137,999	8.13	\$1,326,999	0.00	\$189,000	6.13	\$1,137,999	6.13	\$1,326,999	-2.00	\$0
f. DC Task Force Staffing 1/														
f(1). Quality Assurance	0.00	\$0	6.00	\$505,000	6.00	\$505,000	0.00	\$0	6.00	\$505,000	6.00	\$505,000	0.00	\$0
f(2). Resource Developer	0.00	\$0	2.00	\$168,000	2.00	\$168,000	0.00	\$0	2.00	\$168,000	2.00	\$168,000	0.00	\$0
f(3). Board Certified Behavior Analyst	0.00	\$0	6.00	\$876,000	6.00	\$876,000	0.00	\$0	6.00	\$876,000	6.00	\$876,000	0.00	\$0
f(4). Nurses to Support Complex Medical Needs	0.00	\$0	2.00	\$196,000	2.00	\$196,000	0.00	\$0	2.00	\$196,000	2.00	\$196,000	0.00	\$0
g. Regional Center Indirect Costs	0.00	\$100,000			0.00	\$100,000	0.00	\$100,000			0.00	\$100,000	0.00	\$0
h. Total Personal Services	18.00	\$1,300,000	164.31	\$15,187,999	182.31	\$16,487,999	19.25	\$1,300,000	164.31	\$15,187,999	183.56	\$16,487,999	1.25	\$0
2. OPERATING EXPENSES														
a. Operating Expenses		\$0		\$551,600		\$551,600		\$0		\$551,600		\$551,600		\$0
b. Rent		\$0		\$1,272,255		\$1,272,255		\$0		\$1,272,255		\$1,272,255		\$0
c. Training, Travel, Consultants		\$0		\$155,000		\$155,000		\$0		\$155,000		\$155,000		\$0
d. DDS Adjustment		\$0		\$0		\$0		\$0		\$0		\$0		\$0
d. Total Operating Expenses ^{1/}		\$0		\$1,978,855		\$1,978,855		\$0		\$1,978,855		\$1,978,855		\$0
3. SUBTOTAL STAFFING (Rounded)	18.00	\$1,300,000	164.31	\$17,166,854	182.31	\$18,466,854	19.25	\$1,300,000	164.31	\$17,166,854	183.56	\$18,466,854	1.25	\$0
		\$1,300,000		\$17,167,000		\$18,467,000		\$1,300,000		\$17,167,000		\$18,467,000		\$0
B. Budget Balancing Reduction 2009-10 Reduce CPP Operations				-\$1,902,000		-\$1,902,000				-\$1,902,000		-\$1,902,000		\$0
C. Total (A+B)	18.00	\$1,300,000	164.31	\$15,265,000	182.31	\$16,565,000	19.25	\$1,300,000	164.31	\$15,265,000	183.56	\$16,565,000	1.25	\$0

1/ Operating expenses for SDC Closure positions included in personal services costs.

COMMUNITY PLACEMENT PLAN Operations 2016-17

A. STAFFING	Enacted Budget						2016-17										2016-17 Over Enacted Budget	
	SDC Closure CPP		Regular CPP		Total CPP		SDC Closure CPP		FDC Closure CPP		PDC Closure CPP		Regular CPP		Total CPP		Total CPP	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
1. PERSONAL SERVICES																		
a. Resource Development Quality Assurance/	11.00	\$637,000	55.83	\$4,773,500	66.83	\$5,410,500	11.00	\$925,000	4.00	\$250,000	2.00	\$126,000	55.83	\$4,773,500	72.83	\$6,074,500	6.00	\$664,000
b. Management	1.50	\$59,000	12.51	\$1,213,000	14.01	\$1,272,000	2.50	\$134,000	1.50	\$116,000	1.50	\$58,000	12.51	\$1,213,000	18.01	\$1,521,000	4.00	\$249,000
c. Assessment	1.50	\$75,000	13.88	\$1,494,000	15.38	\$1,569,000	2.50	\$161,000	2.00	\$214,000	2.00	\$108,000	13.88	\$1,494,000	20.38	\$1,977,000	5.00	\$408,000
d. Placement	2.00	\$240,000	59.96	\$4,824,500	61.96	\$5,064,500	4.00	\$640,000	3.00	\$165,000	1.00	\$81,000	59.96	\$4,824,500	67.96	\$5,710,500	6.00	\$646,000
e. Crisis Services Teams	2.00	\$189,000	6.13	\$1,137,999	8.13	\$1,326,999	6.00	\$756,000	4.00	\$267,000	2.00	\$133,000	6.13	\$1,137,999	18.13	\$2,293,999	10.00	\$967,000
f. DC Task Force Staffing 1/ f(1). Quality Assurance	0.00	\$0	6.00	\$505,000	6.00	\$505,000	0.00	\$0	0.00	\$0	0.00	\$0	6.00	\$505,000	6.00	\$505,000	0.00	\$0
f(2). Resource Developer	0.00	\$0	2.00	\$168,000	2.00	\$168,000	0.00	\$0	0.00	\$0	0.00	\$0	2.00	\$168,000	2.00	\$168,000	0.00	\$0
f(3). Board Certified Behavior Analyst	0.00	\$0	6.00	\$876,000	6.00	\$876,000	0.00	\$0	0.00	\$0	0.00	\$0	6.00	\$876,000	6.00	\$876,000	0.00	\$0
f(4). Nurses to Support Complex Medical Needs	0.00	\$0	2.00	\$196,000	2.00	\$196,000	0.00	\$0	0.00	\$0	0.00	\$0	2.00	\$196,000	2.00	\$196,000	0.00	\$0
g. Regional Center Indirect Costs		\$100,000				\$100,000		\$1,000,000		\$200,000		\$100,000			0.00	\$1,300,000	0.00	\$1,200,000
h. Total Personal Services	18.00	\$1,300,000	164.31	\$15,187,999	182.31	\$16,487,999	26.00	\$3,616,000	14.50	\$1,212,000	8.50	\$606,000	164.31	\$15,187,999	213.31	\$20,621,999	31.00	\$4,134,000
2. OPERATING EXPENSES																		
a. Operating Expenses ^{1/}		\$0		\$551,600		\$551,600		\$0		\$0		\$0		\$551,600		\$551,600		\$0
b. Rent		\$0		\$1,272,255		\$1,272,255		\$0		\$0		\$0		\$1,272,255		\$1,272,255		\$0
c. Training, Travel, Consultants		\$0		\$155,000		\$155,000		\$0		\$0		\$0		\$155,000		\$155,000		\$0
d. DDS Adjustment		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
d. Total Operating Expenses		\$0		\$1,978,855		\$1,978,855		\$0		\$0		\$0		\$1,978,855		\$1,978,855		\$0
3. SUBTOTAL STAFFING (Rounded)	18.00	\$1,300,000	164.31	\$17,166,854	182.31	\$18,466,854	26.00	\$3,616,000	14.50	\$1,212,000	8.50	\$606,000	164.31	\$17,166,854	213.31	\$22,600,854	31.00	\$4,134,000
		\$1,300,000		\$17,167,000		\$18,467,000		\$3,616,000		\$1,212,000		\$606,000		\$17,167,000		\$22,601,000		\$4,134,000
B. Budget Balancing Reduction 2009-10 Reduce CPP Operations				-\$1,902,000		-\$1,902,000								-\$1,902,000		-\$1,902,000		\$0
C. Total (A+B)	18.00	\$1,300,000	164.31	\$15,265,000	182.31	\$16,565,000	26.00	\$3,616,000	14.50	\$1,212,000	8.50	\$606,000	164.31	\$15,265,000	213.31	\$20,699,000	31.00	\$4,134,000

1/ Operating expenses for SDC, FDC, PDC Closure positions included in personal services costs.

Community Placement Plan
Purchase of Services
Summary of Costs by POS Category
2015-16

CPP Activity	# of Consumers	Living Arrangement			Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
		Community Care Facilities	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,734,000	\$73,734,000
B. Assessment	1,075	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,189,000	\$1,189,000
C. Placement	202	\$13,931,000	\$54,000	\$1,928,000	\$533,000	\$10,000	\$0	\$0	\$146,000	\$1,340,000	\$437,000	\$29,000	\$4,233,000	\$429,000	\$23,070,000
D. Deflection a/	71	\$523,000	\$0	\$794,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,317,000
E. November 2015 Estimate 2015-16 TOTAL		\$14,454,000	\$54,000	\$2,722,000	\$533,000	\$10,000	\$0	\$0	\$146,000	\$1,340,000	\$437,000	\$29,000	\$4,233,000	\$75,352,000	\$99,310,000
F. Enacted Budget 2015-16 Total		\$18,445,000	\$131,000	\$2,856,000	\$773,000	\$9,000	\$0	\$0	\$124,000	\$1,876,000	\$333,000	\$49,000	\$396,000	\$74,318,000	\$99,310,000
G. DIFFERENCE		-\$3,991,000	-\$77,000	-\$134,000	-\$240,000	\$1,000	\$0	\$0	\$22,000	-\$536,000	\$104,000	-\$20,000	\$3,837,000	\$1,034,000	\$0

a/ Deflection is defined as Placement POS for first year of operational residential costs of facilities developed with CPP start-up to deflect admission from a DC.

Community Placement Plan
Purchase of Services
Summary of Costs by POS Category
2016-17

CPP Activity	# of Consumers	Living Arrangement			Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
		Community Care Facilities	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,427,000	\$85,427,000
B. Assessment	878	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,500,000	\$1,500,000
C. Placement	240	\$22,959,000	\$89,000	\$3,178,000	\$879,000	\$17,000	\$0	\$0	\$240,000	\$2,208,000	\$721,000	\$48,000	\$6,976,000	\$705,000	\$38,020,000
D. Deflection ^{a/}	70	\$397,000	\$0	\$603,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000,000
E. November 2015 Estimate 2016-17 TOTAL		\$23,356,000	\$89,000	\$3,781,000	\$879,000	\$17,000	\$0	\$0	\$240,000	\$2,208,000	\$721,000	\$48,000	\$6,976,000	\$87,632,000	\$125,947,000
F. Enacted Budget 2015-16 Total		\$18,445,000	\$131,000	\$2,856,000	\$773,000	\$9,000	\$0	\$0	\$124,000	\$1,876,000	\$333,000	\$49,000	\$396,000	\$74,318,000	\$99,310,000
G. DIFFERENCE		\$4,911,000	-\$42,000	\$925,000	\$106,000	\$8,000	\$0	\$0	\$116,000	\$332,000	\$388,000	-\$1,000	\$6,580,000	\$13,314,000	\$26,637,000

^{a/} Deflection is defined as Placement POS for first year of operational residential costs of facilities developed with CPP start-up to deflect admission from a DC.

Community Placement Plan
Purchase of Services
Cost and Service Utilization Assumptions for Placements
2015-16

For November 2015 Estimate, Total 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	Intermediate Care Facilities	Supported Living			Group	Individual							
Total CPP																	
• Community Care Facilities (CCF) ^{1/}	153	76%	921	\$13,931,000	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,000	\$13,964,000
• Intermediate Care Facilities (ICF)	12	6%	54	\$0	\$54,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,000
• Supported Living	27	13%	151	\$0	\$0	\$1,928,000	\$533,000	\$10,000	\$0	\$0	\$146,000	\$0	\$0	\$29,000	\$4,233,000	\$396,000	\$7,275,000
• Other (Own Home, etc.)	10	5%	65	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,340,000	\$437,000	\$0	\$0	\$0	\$1,777,000
TOTAL	202	100%	1,191	\$13,931,000	\$54,000	\$1,928,000	\$533,000	\$10,000	\$0	\$0	\$146,000	\$1,340,000	\$437,000	\$29,000	\$4,233,000	\$429,000	\$23,070,000

^{1/} CCF's include Residential Facilities, Specialized Residential Facilities, and Adult Residential Facilities for Persons with Special Health Care Needs

Community Placement Plan
Purchase of Services
Cost and Service Utilization Assumptions for Placements
2016-17

For November 2015 Estimate, Total 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	Intermediate Care Facilities	Supported Living			Group	Individual							
Total CPP																	
• Community Care Facilities (CCF) ^{1/}	182	76%	1094	\$22,959,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,000	\$23,012,000
• Intermediate Care Facilities (ICF)	14	6%	64	\$0	\$89,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,000
• Supported Living	33	13%	180	\$0	\$0	\$3,178,000	\$879,000	\$17,000	\$0	\$0	\$240,000	\$0	\$0	\$48,000	\$6,976,000	\$652,000	\$11,990,000
• Other (Own Home, etc.)	11	5%	77	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,208,000	\$721,000	\$0	\$0	\$0	\$2,929,000
TOTAL	240	100%	1,415	\$22,959,000	\$89,000	\$3,178,000	\$879,000	\$17,000	\$0	\$0	\$240,000	\$2,208,000	\$721,000	\$48,000	\$6,976,000	\$705,000	\$38,020,000

1/ CCF's include Residential Facilities, Specialized Residential Facilities, and Adult Residential Facilities for Persons with Special Health Care Needs

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES

FUND SOURCES

General Fund	E-18.1 to 18.2
Reimbursements	
Summary Table	E-19.1 to E-19.2
Home and Community-Based Services (HCBS) Waiver	E-20.1 to E-20.5
HCBS Waiver Administration.....	E-21.1 to E-21.5
Medicaid Administration	E-22.1 to E-22.4
Targeted Case Management (TCM).....	E-23
TCM Administration.....	E-24.1 to E-24.2
Title XX Block Grant	E-25.1 to E-25.3
Intermediate Care Facility-Developmentally Disabled	E-26.1 to E-26.2
Quality Assurance Fees	E-27.1 to E-27.2
1915(i) SPA.....	E-28.1 to E-28.4
Money Follows the Person Grant	E-29.1 to E-29.3
Early Periodic Screening Diagnosis and Treatment (EPSDT)	E-30
Race to the Top.....	E-31
Program Development Fund/Parental Fees	E-32
Developmental Disabilities Services Account.....	E-33
Mental Health Services Fund	E-34
Federal Funds:	
<i>Early Start Grant</i>	E-35.1 to E-35.3
<i>Foster Grandparent Program</i>	E-36

General Fund

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

			Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
ASSUMPTIONS/METHODOLOGY:								
● GF Match:			\$1,889,333,000	\$1,911,527,000	\$22,194,000	\$2,051,878,000	\$140,351,000	\$162,545,000
This portion of GF is required to use as a match to reimbursements received from the Department of Health Care Services (DHCS). These reimbursements are originally funded by the federal government and passed through DHCS (the federally-recognized single state agency for Medicaid). The federal financial participation (FFP) costs are established by utilizing the Federal Medical Assistance Program (FMAP) percentages. They are as follows:								
FMAP % of GF Match								
1	Home and Community-Based Services (HCBS) Waiver	50.00%	1,428,654,000	1,457,480,000	28,826,000	1,574,285,000	116,805,000	145,631,000
2	HCBS Waiver Administration	50.00%	9,642,000	10,448,000	806,000	11,279,000	831,000	1,637,000
3	Medicaid Administration	25.00%	3,729,000	3,561,000	-168,000	3,561,000	0	-168,000
4	Targeted Case Management (TCM)	50.00%	164,166,000	157,149,000	-7,017,000	166,386,000	9,237,000	2,220,000
5	TCM Administration	50.00%	4,932,000	4,952,000	20,000	4,952,000	0	20,000
6	Intermediate Care Facility/Developmentally Disabled (ICF-DD)	50.00%	56,921,000	57,072,000	151,000	57,072,000	0	151,000
7	Quality Assurance Fees (Operations portion only) *	50.00%	854,000	856,000	2,000	856,000	0	2,000
8	1915(i) State Plan Amendment (SPA)	50.00%	192,569,000	193,278,000	709,000	205,086,000	11,808,000	12,517,000
9	Money Follows the Person Grant (Operations portion only) *	25.00%	1,592,000	1,914,000	322,000	2,492,000	578,000	900,000
10	Early Periodic Screening Diagnosis and Treatment (EPSDT)	50.00%	26,274,000	24,817,000	-1,457,000	25,909,000	1,092,000	-365,000
● GF Other:			\$1,247,101,000	\$1,156,259,000	-\$90,842,000	\$1,375,034,000	\$218,775,000	\$127,933,000
These costs consist of the remainder of total regional center expenditures not included in the GF Match, Reimbursements, Program Development Fund, Developmental Disabilities Services Account, Mental Health Services Fund or Federal Funds.								

* For Quality Assurance Fees, the GF Match for Purchase of Services is in the DHCS Budget. For Money Follows the Person, the GF Match is included in the HCBS Waiver (\$3,646,000 for Updated 2015-16 and \$3,847,000 for 2016-17).

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 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• TOTAL EXPENDITURES:	\$3,136,434,000	\$3,067,786,000	-\$68,648,000	\$3,426,912,000	\$359,126,000	\$290,478,000
Total General Fund	\$3,136,434,000	\$3,067,786,000	-\$68,648,000	\$3,426,912,000	\$359,126,000	\$290,478,000
<i>GF Match</i>	<i>1,889,333,000</i>	<i>1,911,527,000</i>	<i>22,194,000</i>	<i>2,051,878,000</i>	<i>140,351,000</i>	<i>162,545,000</i>
<i>GF Other</i>	<i>1,247,101,000</i>	<i>1,156,259,000</i>	<i>-90,842,000</i>	<i>1,375,034,000</i>	<i>218,775,000</i>	<i>127,933,000</i>

Reimbursements
Summary of Reimbursements and General Fund (GF) Match
Fiscal Year 2015-16

REIMBURSEMENTS a/	Enacted Budget	Governor's Budget	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,857,307,000	\$2,914,961,000	\$57,654,000
1. Reimbursement (from DHCS) = 50%	1,428,653,000	1,457,481,000	28,828,000
2. DDS GF Match = 50%	1,428,654,000	1,457,480,000	28,826,000
(Purchase of Services)			
B. HCBS Waiver Administration	\$19,285,000	\$20,896,000	\$1,611,000
1. Reimbursement (from DHCS) = 50%	9,643,000	10,448,000	805,000
2. DDS GF Match = 50%	9,642,000	10,448,000	806,000
(Operations)			
C. Medicaid Administration	\$14,921,000	\$16,112,000	\$1,191,000
1. Reimbursement (from DHCS) = 75%	11,192,000	12,551,000	1,359,000
2. DDS GF Match = 25%	3,729,000	3,561,000	-168,000
(Operations)			
D. Targeted Case Management (TCM)	\$326,853,000	\$314,298,000	-\$12,555,000
1. Reimbursement (from DHCS) = 50%	162,687,000	157,149,000	-5,538,000
2. DDS GF Match = CY 50% and BY 50%	164,166,000	157,149,000	-7,017,000
(Operations)			
E. TCM Administration	\$9,864,000	\$9,904,000	\$40,000
1. Reimbursement (from DHCS) = 50%	4,932,000	4,952,000	20,000
2. DDS GF Match = 50%	4,932,000	4,952,000	20,000
(Operations)			
F. Title XX Block Grant	\$214,555,000	\$213,421,000	-\$1,134,000
1a. Social Services (from DSS) = 100%	137,088,000	136,264,000	-824,000
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,467,000	77,157,000	-310,000
2. DDS GF Match = 0%	0	0	0
(Purchase of Services)			
G. Intermediate Care Facility-Developmentally Disabled (ICF-DD)	\$113,843,000	\$114,144,000	\$301,000
1. Reimbursement (from DHCS) = 50%	56,922,000	57,072,000	150,000
2. DDS GF Match = 50%	56,921,000	57,072,000	151,000
(Purchase of Services)			
H. Quality Assurance Admin Fees (Transfer from DHCS) ^{b/}	\$10,927,000	\$10,956,000	\$29,000
1a. Operations:			
Reimbursements from DHCS = 50%	1,708,000	1,712,000	4,000
DDS GF Match = 50%	854,000	856,000	2,000
1b. Purchase of Services:			
Reimbursements from DHCS = 100%	9,219,000	9,244,000	25,000
DDS GF Match = 0%	9,219,000	9,244,000	25,000
	0	0	0
I. 1915(i) State Plan Amendment	\$385,138,000	\$386,557,000	\$1,419,000
1. Reimbursement (from DHCS) = 50%	192,569,000	193,279,000	710,000
2. DDS GF Match = 50%	192,569,000	193,278,000	709,000
(Purchase of Services)			
J. Money Follows the Person Grant	\$9,568,000	\$11,325,000	\$1,757,000
1a. Operations:			
Reimbursements from DHCS = 75%	5,059,000	7,679,000	2,620,000
DDS GF Match = 25%	3,467,000	5,765,000	2,298,000
1b. Purchase of Services:			
Reimbursements from DHCS	1,592,000	1,914,000	322,000
	4,509,000	3,646,000	-863,000
	4,509,000	3,646,000	-863,000
K. Race to the Top	\$143,000	\$143,000	\$0
1. Reimbursement (from CDE) = 100%	143,000	143,000	0
2. DDS GF Match = 0%	0	0	0
(Other Agency Costs)			
L. Early Periodic Screening Diagnosis and Treatment	\$52,548,000	\$49,635,000	-\$2,913,000
1. Reimbursement (from DHCS) = 50%	26,274,000	24,818,000	-1,456,000
2. DDS GF Match = 50%	26,274,000	24,817,000	-1,457,000
(Purchase of Services)			
M. TOTAL	\$4,014,952,000	\$4,062,352,000	\$47,400,000
1. Reimbursements	\$2,125,619,000	\$2,150,825,000	\$25,206,000
2. Total GF Match	\$1,889,333,000	\$1,911,527,000	\$22,194,000

a/ Reimbursements are funds received via other state agencies.

b/ For Quality Assurance Admin Fees, GF Match is in the DHCS Budget.

DHCS = Department of Health Care Services

DSS = Department of Social Services

CDE = California Department of Education

Cal OES = California Office of Emergency Services

Reimbursements
Summary of Reimbursements and General Fund (GF) Match
Fiscal Year 2016-17

REIMBURSEMENTS a/	Enacted Budget	Governor's Budget	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,857,307,000	\$3,148,571,000	\$291,264,000
1. Reimbursement (from DHCS) = 50%	1,428,653,000	1,574,286,000	145,633,000
2. DDS GF Match = 50%	1,428,654,000	1,574,285,000	145,631,000
(Purchase of Services)			
B. HCBS Waiver Administration	\$19,285,000	\$22,558,000	\$3,273,000
1. Reimbursement (from DHCS) = 50%	9,643,000	11,279,000	1,636,000
2. DDS GF Match = 50%	9,642,000	11,279,000	1,637,000
(Operations)			
C. Medicaid Administration	\$14,921,000	\$16,112,000	\$1,191,000
1. Reimbursement (from DHCS) = 75%	11,192,000	12,551,000	1,359,000
2. DDS GF Match = 25%	3,729,000	3,561,000	-168,000
(Operations)			
D. Targeted Case Management (TCM)	\$326,853,000	\$332,771,000	\$5,918,000
1. Reimbursement (from DHCS) = 50%	162,687,000	166,385,000	3,698,000
2. DDS GF Match = 50%	164,166,000	166,386,000	2,220,000
(Operations)			
E. TCM Administration	\$9,864,000	\$9,904,000	\$40,000
1. Reimbursement (from DHCS) = 50%	4,932,000	4,952,000	20,000
2. DDS GF Match = 50%	4,932,000	4,952,000	20,000
(Operations)			
F. Title XX Block Grant	\$214,555,000	\$213,421,000	-\$1,134,000
1a. Social Services (from DSS) = 100%	137,088,000	136,264,000	-824,000
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,467,000	77,157,000	-310,000
2. DDS GF Match = 0%	0	0	0
(Purchase of Services)			
G. Intermediate Care Facility-Developmentally Disabled (ICF-DD)	\$113,843,000	\$114,144,000	\$301,000
1. Reimbursement (from DHCS) = 50%	56,922,000	57,072,000	150,000
2. DDS GF Match = 50%	56,921,000	57,072,000	151,000
(Purchase of Services)			
H. Quality Assurance Admin Fees (Transfer from DHCS) b/	\$10,927,000	\$10,956,000	\$29,000
1a. Operations:			
Reimbursements from DHCS = 50%	1,708,000	1,712,000	4,000
DDS GF Match = 50%	854,000	856,000	2,000
1b. Purchase of Services:			
Reimbursements from DHCS = 100%	9,219,000	9,244,000	25,000
DDS GF Match = 0%	9,219,000	9,244,000	25,000
	0	0	0
I. 1915(i) State Plan Amendment	\$385,138,000	\$410,172,000	\$25,034,000
1. Reimbursement (from DHCS) = 50%	192,569,000	205,086,000	12,517,000
2. DDS GF Match = 50%	192,569,000	205,086,000	12,517,000
(Purchase of Services)			
J. Money Follows the Person Grant	\$9,568,000	\$13,845,000	\$4,277,000
1a. Operations:			
Reimbursements from DHCS = 75%	5,059,000	9,998,000	4,939,000
DDS GF Match = 25%	3,467,000	7,506,000	4,039,000
1b. Purchase of Services:			
Reimbursements from DHCS	1,592,000	2,492,000	900,000
	4,509,000	3,847,000	-662,000
	4,509,000	3,847,000	-662,000
K. Race to the Top	\$143,000	\$0	-\$143,000
1. Reimbursement (from CDE) = 100%	143,000	0	-143,000
2. DDS GF Match = 0%	0	0	0
(Other Agency Costs)			
L. Early Periodic Screening Diagnosis and Treatment	\$52,548,000	\$51,819,000	-\$729,000
1. Reimbursement (from DHCS) = 50%	26,274,000	25,910,000	-364,000
2. DDS GF Match = 50%	26,274,000	25,909,000	-365,000
(Purchase of Services)			
M. TOTAL	\$4,014,952,000	\$4,344,273,000	\$329,321,000
1. Reimbursements	\$2,125,619,000	\$2,292,395,000	\$166,776,000
2. Total GF Match	\$1,889,333,000	\$2,051,878,000	\$162,545,000

a/ Reimbursements are funds received via other state agencies.

b/ For Quality Assurance Admin Fees, GF Match is in the DHCS Budget.

DHCS = Department of Health Care Services

DSS = Department of Social Services

CDE = California Department of Education

Cal OES = California Office of Emergency Services

Home and Community-Based Services Waiver**DESCRIPTION:**

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

KEY DATA/ASSUMPTIONS:

Data Source: Medicaid Waiver Total Billed Dollar Amounts and Client Counts report, dated September 4, 2015 for the period of July 2014 through June 2015.

METHODOLOGY:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17 2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• Base:	\$2,614,922,000	\$2,703,528,000	\$88,606,000	\$2,812,754,000	\$109,226,000	\$197,832,000
• Fiscal Year (FY) 2015-16						
Total estimated expenditures based on billing data for the period of July 2014 - June 2015	2,614,922,000	2,703,528,000				
• FY 2016-17						
Total Estimated prior-year HCBS Waiver Expenditures				2,929,704,000		
Less FY 2015-16 Community Placement Plan (CPP) Placements, Deflections, and Continuation				-34,016,000		
Less Federal Labor Regulations, December 1, 2015				-23,805,000		
Less AB 10 Minimum Wage Increase, January 1, 2016				-44,068,000		
Less AB 1522 Employment: Paid Sick Days				-19,115,000		
Less Impacts from Other Departments, DHCS- Behavioral Health Treatment (BHT)				4,470,000		
Less Developmental Center (DC) Closure				-3,006,000		
Plus SSI/SSP Regional Center (RC) Savings in Community Care Facilities				2,590,000		
• Annual Growth, New RC Consumers	\$62,964,000	\$71,800,000	\$8,836,000	\$61,440,000	-\$10,360,000	-\$1,524,000
• FY 2015-16						
• FY 2015-16 Annual Growth	34,472,000	29,911,000	-4,561,000			
Add annual growth costs in FY 2015-16 for 3,540 consumers who will be new to the RC system and added to the HCBS Waiver with \$1,400 monthly cost per consumer phased-in.						
• FY 2014-15 Annual Growth Continuation for RC Consumers Added in FY 2013-14	28,492,000	41,889,000	13,397,000			

Home and Community-Based Services Waiver

METHODOLOGY (continued):

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
<ul style="list-style-type: none"> FY 2016-17 <ul style="list-style-type: none"> Add annual growth costs in FY 2016-17 for 3,501 consumers who will be new to the Regional Center (RC) system and added to the HCBS Waiver with \$1,400 monthly cost per consumer phased-in. FY 2016-17 Annual Growth, Continuation for RC Consumers Added in FY 2015-16 				31,877,000		
				29,563,000		
<ul style="list-style-type: none"> Increase of Waiver Base Growth, Existing RC Consumers <ul style="list-style-type: none"> FY 2015-16 Increase of Waiver Base Growth <ul style="list-style-type: none"> Add increase of waiver base growth costs in FY 2015-16 for 1,304 consumers to the HCBS Waiver with \$1,200 monthly cost per consumer phased-in. FY 2015-16 Increase of Waiver Base Growth Continuation for consumers added in FY 2014-15 FY 2016-17 Increase of Waiver Base Growth <ul style="list-style-type: none"> Add increase of waiver base growth costs in FY 2016-17 for 1,289 consumers to the HCBS Waiver with \$1,200 monthly cost per consumer phased-in. FY 2016-17 Increase of Waiver Base Growth Continuation for consumers added in FY 2015-16 	\$13,354,000	\$22,683,000	\$9,329,000	\$19,394,000	-\$3,289,000	\$6,040,000
	5,723,000	9,445,000	3,722,000			
	7,631,000	13,238,000	5,607,000	10,060,000		
				9,334,000		
<ul style="list-style-type: none"> CPP <ul style="list-style-type: none"> FY 2015-16 <ul style="list-style-type: none"> Add CPP & HCBS Waiver costs in FY 2015-16 for 180 consumers in the RC system with \$16,500 monthly cost per consumer phased-in. FY 2016-17 <ul style="list-style-type: none"> Add CPP & HCBS Waiver costs in FY 2016-17 for 234 consumers in the RC system with \$16,500 monthly cost per consumer phased-in. 	\$15,477,000	\$19,298,000	\$3,821,000	\$24,816,000	\$5,518,000	\$9,339,000
	15,477,000	19,298,000	3,821,000	24,816,000		
<ul style="list-style-type: none"> Placement Continuation: <ul style="list-style-type: none"> FY 2015-16 <ul style="list-style-type: none"> The annual estimated Placement Continuation costs for 175 HCBS Waiver-eligible consumers in each living arrangement with \$16,500 monthly cost per consumer phased-in. FY 2016-17 <ul style="list-style-type: none"> The annual estimated Placement Continuation costs for 180 HCBS Waiver-eligible consumers in each living arrangement with \$16,500 monthly cost per consumer phased-in. 	\$8,060,000	\$14,718,000	\$6,658,000	\$16,315,000	\$1,597,000	\$8,255,000
	8,060,000	14,718,000	6,658,000	16,315,000		

Home and Community-Based Services Waiver**METHODOLOGY (continued):**

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
● SSI/SSP Increase/RC Savings in Community Care Facilities	-\$3,462,000	-\$2,590,000	\$872,000	-\$2,833,000	-\$243,000	\$629,000
● DC Closure	\$4,698,000	\$3,006,000	-\$1,692,000	\$9,726,000	\$6,720,000	\$5,028,000
● AB 10 Minimum Wage Increase, July 1, 2014	\$58,776,000	In Trends	-\$58,776,000	In Trends	\$0	-\$58,776,000
● AB 10 Minimum Wage Increase, January 1, 2016	\$44,068,000	\$44,068,000	\$0	\$88,135,000	\$44,067,000	\$44,067,000
● AB 1522 Employment: Paid Sick Days, July 1, 2015	\$19,115,000	\$19,115,000	\$0	\$19,115,000	\$0	\$0
● Impacts from Other Departments, DHCS - BHT	-\$4,470,000	-\$4,470,000	\$0	-\$8,413,000	-\$3,943,000	-\$3,943,000
● Federal Labor Regulations, October 1, 2015	\$23,805,000	\$23,805,000	\$0	\$63,482,000	\$39,677,000	\$39,677,000
● Alternative Residential Model (ARM) 4-Bed Rate Model	\$0	\$0	\$0	\$37,200,000	\$37,200,000	\$37,200,000
● Compliance with HCBS Regulations	\$0	\$0	\$0	\$7,440,000	\$7,440,000	\$7,440,000
● TOTAL EXPENDITURES	\$2,857,307,000	\$2,914,961,000	\$57,654,000	\$3,148,571,000	\$233,610,000	\$291,264,000
● Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%		50.00%		
● Total Federal Financial Participation (FFP)	\$1,428,653,000	\$1,457,481,000	\$28,828,000	\$1,574,286,000	\$116,805,000	\$145,633,000
● General Fund (GF) Match	\$1,428,654,000	\$1,457,480,000	\$28,826,000	\$1,574,285,000	\$116,805,000	\$145,631,000

FUNDING:

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

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

Reflects the additional growth in HCBS Waiver billables, updated expenditures, and additional consumers added to the waiver.

Home and Community-Based Services Waiver

Estimated Distribution in Purchase of Services

EXPENDITURES:

	FYI Only Estimated % of Costs Billable to HCBS Waiver	% of Actual 2014-15 Waiver Expenditures by Budget Category	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
Total Estimated HCBS Waiver-Billable Expenditures			\$2,857,307,000	\$2,914,961,000	\$57,654,000	\$3,148,571,000	\$233,610,000	\$291,264,000
<i>GF Match</i>			1,428,654,000	1,457,480,000	28,826,000	1,574,285,000	116,805,000	145,631,000
<i>FFP (from DHCS)</i>			1,428,653,000	1,457,481,000	28,828,000	1,574,286,000	116,805,000	145,633,000
<i>FMAP</i>			50.00%	50.00%		50.00%		
Purchase of Services								
Community Care Facilities	82%	32.02%	907,075,000	905,874,000	-1,201,000	938,679,000	32,805,000	31,604,000
<i>GF Match</i>			453,537,000	452,936,000	-601,000	469,340,000	16,404,000	15,803,000
<i>FFP</i>			453,538,000	452,938,000	-600,000	469,339,000	16,401,000	15,801,000
Day Programs	55%	18.68%	517,791,000	528,447,000	10,656,000	547,581,000	19,134,000	29,790,000
<i>GF Match</i>			258,896,000	264,224,000	5,328,000	273,791,000	9,567,000	14,895,000
<i>FFP</i>			258,895,000	264,223,000	5,328,000	273,790,000	9,567,000	14,895,000
Work Activity Program	60%	1.25%	37,599,000	35,348,000	-2,251,000	36,627,000	1,279,000	-972,000
<i>GF Match</i>			18,799,000	17,674,000	-1,125,000	18,313,000	639,000	-486,000
<i>FFP</i>			18,800,000	17,674,000	-1,126,000	18,314,000	640,000	-486,000
Supported Employment Placement (SEP) / Group	35%	1.00%	29,531,000	28,433,000	-1,098,000	29,462,000	1,029,000	-69,000
<i>GF Match</i>			14,766,000	14,217,000	-549,000	14,731,000	514,000	-35,000
<i>FFP</i>			14,765,000	14,216,000	-549,000	14,731,000	515,000	-34,000
SEP / Individual	22%	0.15%	4,394,000	4,170,000	-224,000	4,320,000	150,000	-74,000
<i>GF Match</i>			2,197,000	2,085,000	-112,000	2,160,000	75,000	-37,000
<i>FFP</i>			2,197,000	2,085,000	-112,000	2,160,000	75,000	-37,000
Transportation	64%	6.29%	172,455,000	177,995,000	5,540,000	184,440,000	6,445,000	11,985,000
<i>GF Match</i>			86,228,000	88,997,000	2,769,000	92,220,000	3,223,000	5,992,000
<i>FFP</i>			86,227,000	88,998,000	2,771,000	92,220,000	3,222,000	5,993,000
Support Services	74%	25.54%	700,424,000	722,620,000	22,196,000	748,784,000	26,164,000	48,360,000
<i>GF Match</i>			350,212,000	361,310,000	11,098,000	374,392,000	13,082,000	24,180,000
<i>FFP</i>			350,212,000	361,310,000	11,098,000	374,392,000	13,082,000	24,180,000
In-Home Respite	74%	6.87%	183,250,000	194,430,000	11,180,000	201,470,000	7,040,000	18,220,000
<i>GF Match</i>			91,625,000	97,215,000	5,590,000	100,735,000	3,520,000	9,110,000
<i>FFP</i>			91,625,000	97,215,000	5,590,000	100,735,000	3,520,000	9,110,000

Home and Community-Based Services Waiver

Estimated Distribution in Purchase of Services

EXPENDITURES

	FYI Only Estimated % of Costs	% of Actual 2014-15 Waiver	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
	Billable to HCBS Waiver	Expenditures by Budget Category						
Out-of-Home Respite	61%	0.84%	28,010,000	23,761,000	-4,249,000	24,621,000	860,000	-3,389,000
GF Match			14,005,000	11,881,000	-2,124,000	12,311,000	430,000	-1,694,000
FFP			14,005,000	11,880,000	-2,125,000	12,310,000	430,000	-1,695,000
Health Care	20%	0.74%	20,372,000	20,986,000	614,000	21,745,000	759,000	1,373,000
GF Match			10,186,000	10,493,000	307,000	10,872,000	379,000	686,000
FFP			10,186,000	10,493,000	307,000	10,873,000	380,000	687,000
Miscellaneous	40%	6.62%	169,190,000	187,373,000	18,183,000	194,157,000	6,784,000	24,967,000
GF Match			84,596,000	93,687,000	9,091,000	97,078,000	3,391,000	12,482,000
FFP			84,594,000	93,686,000	9,092,000	97,079,000	3,393,000	12,485,000
AB 10 Minimum Wage Increase, January 1, 2016			44,068,000	44,068,000	0	88,135,000	44,067,000	44,067,000
GF Match			22,034,000	22,034,000	0	44,067,000	22,033,000	22,033,000
FFP			22,034,000	22,034,000	0	44,068,000	22,034,000	22,034,000
Federal Labor Regulations, October 1, 2015			23,805,000	23,805,000	0	63,482,000	39,677,000	39,677,000
GF Match			11,902,000	11,902,000	0	31,741,000	19,839,000	19,839,000
FFP			11,903,000	11,903,000	0	31,741,000	19,838,000	19,838,000
AB 1522 Employment: Paid Sick Days, July 1, 2015			19,115,000	19,115,000	0	19,115,000	0	0
GF Match			9,557,000	9,557,000	0	9,557,000	0	0
FFP			9,558,000	9,558,000	0	9,558,000	0	0
Impacts from Other Departments, DHCS - BHT			-4,470,000	-4,470,000	0	-8,413,000	-3,943,000	-3,943,000
GF Match			-2,235,000	-2,235,000	0	-4,206,000	-1,971,000	-1,971,000
FFP			-2,235,000	-2,235,000	0	-4,207,000	-1,972,000	-1,972,000
DC Closure			4,698,000	3,006,000	-1,692,000	9,726,000	6,720,000	5,028,000
GF Match			2,349,000	1,503,000	-846,000	4,863,000	3,360,000	2,514,000
FFP			2,349,000	1,503,000	-846,000	4,863,000	3,360,000	2,514,000
ARM 4-Rate Bed Model			0	0	0	37,200,000	37,200,000	37,200,000
GF Match			0	0	0	18,600,000	18,600,000	18,600,000
FFP			0	0	0	18,600,000	18,600,000	18,600,000
Compliance with HCBS Regulations			0	0	0	7,440,000	7,440,000	7,440,000
GF Match			0	0	0	3,720,000	3,720,000	3,720,000
FFP			0	0	0	3,720,000	3,720,000	3,720,000

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 California Department of Education (CDE). This estimate of Operations costs covers the costs of challenge tests and training through the IA with CDE.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
Training for DSP Staff	\$2,425,000	\$2,345,000	-\$80,000	\$2,345,000	\$0	-\$80,000

- Total Cost for DSP Training is \$2,787,000
- 84% of the consumers residing in CCFs are HCBS Waiver eligible; therefore, it is assumed that 84% of the costs are eligible for federal financial participation (FFP).

$$\$2,787,000 \times 0.84 = \$2,345,000$$

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

$$\$2,345,000 \times 0.50 = \$1,172,000$$

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

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

Collection of FFP for Contracted Services

Regional center (RC) staff renegotiates contracts with vendors, liaison with the DDS experts on changes required to expand and enhance existing billing options, train vendors, and RC personnel involved in the billing process. The billing process includes entering necessary attendance and other required billing data from paper invoices submitted by vendors, 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 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
Staffing for Collection of FFP for Contracted Services	\$913,000	\$913,000	\$0	\$913,000	\$0	\$0
<ul style="list-style-type: none"> Total cost of Staffing for Collection of FFP for Contracted Services is \$2,228,000. 41% of the total community population is FFP eligible, therefore it is assumed that 41% of the costs are eligible for FFP. $\\$2,228,000 \times 0.41 = \\$913,000$ The FFP portion of the HCBS Waiver Administration eligible costs is 50%. $\\$913,000 \times 0.50 = \\$457,000$ <p>These costs are reflected in the Staffing for Collection of FFP for Contracted Services under Operations, Staffing.</p>						

Compliance with HCBS Settings Regulations

In January 2014, the Centers for Medicare & Medicaid Services (CMS) published final regulations defining what constitutes a home and community-based setting for Medicaid reimbursement purposes under Section 1915(c) HCBS waivers, and Section 1915(i) HCBS State Plan programs. The effective date of the regulations was March 17, 2014, and states are allowed up to a five year transition period to make any modifications necessary to comply with the regulations. These expenditures will fund additional staffing needed to perform the initial and ongoing efforts and activities necessary to ensure compliance with CMS' final regulations.

Compliance with HCBS Settings Regulations

<ul style="list-style-type: none"> Total cost of Compliance with HCBS Settings Regulations 85% of the costs are eligible for FFP. $\\$1,600,000 \times 0.85 = \\$1,400,000$ The FFP portion of the HCBS Waiver Administration eligible costs is 50%. $\\$1,400,000 \times 0.50 = \\$700,000$ <p>These costs are reflected in the Compliance with HCBS Settings Regulations estimate under Operations, Federal Compliance.</p>	\$0	\$0	\$0	\$1,400,000	\$1,400,000	\$1,400,000
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Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

Collection of FFP for Contracted Services

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

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
FFP Enhancement (related to Fiscal Year [FY] 2003-04 Enhancing FFP BCP)	\$7,451,000	\$8,829,000	\$1,378,000	\$8,829,000	\$0	\$1,378,000
<ul style="list-style-type: none"> Total RC Administrative Costs are \$8,829,000 100% of costs are eligible for FFP. <p>These Costs are reflected under Operations, Core Staffing.</p>						
FY 2007-08 Legislative Augmentation: Resources for Health Care Community Specialist	\$1,363,000	\$1,681,000	\$318,000	\$1,681,000	\$0	\$318,000
<ul style="list-style-type: none"> Total Cost for Resources for Health Care Community Specialist is \$1,715,000 98% of Agnews and Lanterman consumers are HCBS Waiver eligible, therefore it is assumed that 98% of these costs are eligible for FFP. \$1,715,000 X 0.98 = \$1,681,000 The FFP portion of the HCBS Waiver Administration costs is 50%. <p>\$1,681,000 x 0.50 = \$840,000</p> <ul style="list-style-type: none"> These costs are reflected under Operations, Agnews Ongoing Workload. 						
Federal Medicaid Requirements for RC HCBS Services	\$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 costs is 50%. <p>\$984,000 x 0.50 = \$492,000</p> <p>These costs are reflected in the Federal Medicaid Requirements for RC HCBS Services estimate under Operations, Federal Compliance.</p>						

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
Office of Administrative Hearings	\$1,310,000	\$1,305,000	-\$5,000	\$1,436,000	\$131,000	\$126,000
• Total Costs:						
FY 2015-16: \$2,900,000						
FY 2016-17: \$3,190,000						
• 45% of costs are eligible for FFP.						
FY 2015-16: $\$2,900,000 \times 0.45 = \$1,305,000$						
FY 2016-17: $\$3,190,000 \times 0.45 = \$1,436,000$						
• The FFP portion of the HCBS Waiver Administration costs is 50%.						
FY 2015-16: $\$1,305,000 \times .50 = \$653,000$						
FY 2016-17: $\$1,436,000 \times .50 = \$718,000$						
These costs are reflected in the Office of Administrative Hearings estimate under Operations, Projects.						
Clients' Rights Advocacy	\$3,054,000	\$3,054,000	\$0	\$3,185,000	\$131,000	\$131,000
• Total Costs:						
FY 2015-16: \$6,786,000						
FY 2016-17: \$7,078,000						
• 45% of costs are eligible for FFP.						
FY 2015-16: $\$5,786,000 \times 0.45 = \$3,054,000$						
FY 2016-17: $\$7,078,000 \times 0.45 = \$3,185,000$						
• The FFP portion of the HCBS Waiver Administration costs is 50%.						
FY 2015-16: $\$3,054,000 \times 0.50 = \$1,527,000$						
FY 2016-17: $\$3,185,000 \times 0.50 = \$1,593,000$						
Quality Assessment Contract	\$1,408,000	\$1,408,000	\$0	\$1,408,000	\$0	\$0
• Total Costs: \$3,129,000						
• 45% of costs are eligible for FFP.						
$\$3,129,000 \times 0.45 = \$1,408,000$						
• The FFP portion of the HCBS Waiver Administration costs is 50%.						
$\$1,408,000 \times 0.50 = \$704,000$						
These costs are reflected in the Quality Assessment Contract estimate under Operations, Projects.						

Home and Community-Based Services Waiver Administration**ASSUMPTIONS/METHODOLOGY (continued):**

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
Special Incident Reporting/Risk Assessment	\$377,000	\$377,000	\$0	\$377,000	\$0	\$0

- Total Costs: \$838,000

- 45% of costs are eligible for FFP.

$$\$838,000 \times 0.45 = \$377,000$$

- The FFP portion of the HCBS Waiver Administration costs is

$$\$377,000 \times 0.50 = \$189,000$$

These costs are reflected in the Special Incident
Reporting/Risk Assessment estimate under Operations,

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

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

Reflects updated expenditure data.

ASSUMPTIONS/METHODOLOGY (continued):

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$19,285,000	\$20,896,000	\$1,611,000	\$22,558,000	\$1,662,000	\$3,273,000
FFP	9,643,000	10,448,000	805,000	11,279,000	831,000	1,636,000
GF Match	9,642,000	10,448,000	806,000	11,279,000	831,000	1,637,000

Medicaid Administration

DESCRIPTION:

Clinical Support Teams and Senate Bill (SB) 1038 Health Reviews (Regional Center Operations pages E-2.5 and 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 receiving 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-3.4)

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) and Lanterman Developmental Center Closure (Regional Center Operations page E-2.14 and E-2.16)

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 provide clinical support services to ensure the health and well-being of Agnews residents who transitioned into the community consistent with the Department of Developmental Services' (DDS) Interagency Agreement for MA with the Department of Health Care Services.

Nurse consultants monitor consumer health care plans and health care for Agnews and Lanterman residents living in SB 962 homes. Eleven dental coordinators promote and coordinate dental resources for Agnews and Lanterman 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. (AOW only)

Medicaid Administration

METHODOLOGY:

KEY DATA/ASSUMPTIONS:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
<ul style="list-style-type: none"> Costs for Clinical Support Teams and SB 1038 Health Reviews are based on Fiscal Year 2013-14 data collected from the RC's. 						
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Rounded 	\$9,514,000	\$11,028,000	\$1,514,000	\$11,028,000	\$0	\$1,514,000
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> The Federal Financial Participation (FFP) portion of total MA-eligible costs is 78%. 	0.75	0.78		0.78		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Rounded 	\$7,136,000	\$8,591,000	\$1,455,000	\$8,591,000	\$0	\$1,455,000
<ul style="list-style-type: none"> Staffing for Compliance with HCBS Waiver Requirements 						
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total personal services and operating costs related to MA. 	\$2,600,000	\$2,600,000	\$0	\$2,600,000	\$0	\$0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 100% of these costs are eligible for MA because related staff will be working only with HCBS Waiver consumers. 	1.00	1.00		1.00		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Rounded 	\$2,600,000	\$2,600,000	\$0	\$2,600,000	\$0	\$0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 78%. 	0.75	0.78		0.78		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Rounded 	\$1,950,000	\$2,025,000	\$75,000	\$2,025,000	\$0	\$75,000
<ul style="list-style-type: none"> Agnews Ongoing Workload and Lanterman Developmental Closure 						
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Nurse Consultants 						
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> Total personal services and operating costs related to (Agnews \$235,000 + Lanterman \$425,000) 	\$655,000	\$660,000	\$5,000	\$660,000	\$0	\$5,000
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> Consistent with the Community Placement Plan (CPP) assumptions, 98% of these cost are eligible for MA 	0.98	0.98		0.98		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Rounded 	\$642,000	\$647,000	\$5,000	\$647,000	\$0	\$5,000
<ul style="list-style-type: none"> <ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 78% . (Agnews \$179,000 + Lanterman \$325,000) 	0.75	0.78		0.78		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Total Rounded 	\$482,000	\$504,000	\$23,000	\$504,000	\$0	\$23,000

Medicaid Administration

METHODOLOGY: (continued)

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• State Employees in the Community						
• Total personal services and operating costs related to MA.	\$1,292,000	\$979,000	-\$313,000	\$979,000	\$0	-\$313,000
• Consistent with CPP assumptions, 98% of these costs are eligible for MA	0.98	0.98		0.98		
Total Rounded	\$1,266,000	\$959,000	-\$307,000	\$959,000	\$0	-\$307,000
• The FFP portion of total MA-eligible costs is 78%.	0.75	0.78		0.78		
Total Rounded	\$950,000	\$747,000	-\$202,000	\$747,000	\$0	-\$203,000
• Dental Coordinators						
• Total personal services and operating costs related to MA. (Agnews \$272,000 + Lanterman \$624,000)	\$917,000	\$896,000	-\$21,000	\$896,000	\$0	-\$21,000
• Consistent with the CPP assumptions, 98% of these costs are eligible for MA (\$896,000 x 0.98 = \$878,000).	0.98	0.98		0.98		
Total Rounded	\$899,000	\$878,000	-\$21,000	\$878,000	\$0	-\$21,000
• The FFP portion of total MA-eligible costs is 78%. (\$878,000 x 0.78 = \$684,000)	0.75	0.78		0.78		
(Agnews \$207,000 + Lanterman \$477,000)						
Total Rounded	\$674,000	\$684,000	\$10,000	\$684,000	\$0	\$10,000

Medicaid Administration**METHODOLOGY: (continued)****FUNDING:**

The MA reimbursement is 78% FFP and 22% 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 updated percentage of MA eligible costs.

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$14,921,000	\$16,112,000	\$1,191,000	\$16,112,000	\$0	\$1,191,000
FFP	11,192,000	12,551,000	1,359,000	12,551,000	0	1,359,000
GF Match	3,729,000	3,561,000	-168,000	3,561,000	0	-168,000

DESCRIPTION:

KEY DATA/ASSUMPTIONS:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
METHODOLOGY:						
• Base: TCM expenditures are based on actual TCM billable units for a 12-month period (July 2014 - June 2015) multiplied by the RC TCM rates effective July 2015.	\$324,800,000	\$313,724,000	-\$11,076,000	\$323,623,000	\$9,899,000	-\$1,177,000
• AB 10 Minimum Wage Increase, January 1, 2016	\$2,053,000	\$574,000	-\$1,479,000	\$1,148,000	\$574,000	-\$905,000
FFP	287,000	287,000	0	574,000	287,000	287,000
GF Match	1,766,000	287,000	-1,479,000	574,000	287,000	-1,192,000
• Improve Service Coordinator Caseload Ratios	\$0	\$0	\$0	\$8,000,000	\$8,000,000	\$8,000,000
FFP	0	0	0	4,000,000	4,000,000	4,000,000
GF Match	0	0	0	4,000,000	4,000,000	4,000,000

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

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

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$326,853,000	\$314,298,000	-\$12,555,000	\$332,771,000	\$18,473,000	\$5,918,000
FFP	162,687,000	157,149,000	-5,538,000	166,385,000	9,236,000	3,698,000
GF Match	164,166,000	157,149,000	-7,017,000	166,386,000	9,237,000	2,220,000

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 194,000 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.

KEY DATA/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 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
\$9,864,000	\$9,904,000	\$40,000	\$9,904,000	\$0	\$40,000

Targeted Case Management Administration

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.

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$9,864,000	\$9,904,000	\$40,000	\$9,904,000	\$0	\$40,000
FFP	4,932,000	4,952,000	20,000	4,952,000	0	20,000
GF Match	4,932,000	4,952,000	20,000	4,952,000	0	20,000

Title XX Block Grant

DESCRIPTION:

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

Federal statute establishes five service goals:

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

Temporary Assistance for Needy Families (TANF): These Title XX Block Grant funds are available for Regional Center expenditures for individuals under age 18 whose family income is less than 200% 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

FUNDING:

The Title XX Block Grant amount is determined by the DSS.

CHANGE FROM PRIOR ESTIMATE:

Reflects updated information regarding grant award amounts.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
EXPENDITURES:						
TOTAL TITLE XX BLOCK GRANT	\$214,555,000	\$213,421,000	-\$1,134,000	\$213,421,000	\$0	-\$1,134,000
SOCIAL SERVICES	\$137,088,000	\$136,264,000	-\$824,000	\$136,264,000	\$0	-\$824,000
ESTIMATED DISTRIBUTION IN						
RC PURCHASE OF SERVICES						
<i>Day Programs</i>	<i>47,696,000</i>	<i>47,747,000</i>	<i>51,000</i>	<i>47,747,000</i>	<i>0</i>	<i>\$51,000</i>
<i>Transportation</i>	<i>7,325,000</i>	<i>8,010,000</i>	<i>685,000</i>	<i>8,010,000</i>	<i>0</i>	<i>\$685,000</i>
<i>Support Services</i>	<i>57,895,000</i>	<i>56,202,000</i>	<i>-1,693,000</i>	<i>56,202,000</i>	<i>0</i>	<i>-\$1,693,000</i>
<i>In-Home Respite</i>	<i>18,770,000</i>	<i>19,364,000</i>	<i>594,000</i>	<i>19,364,000</i>	<i>0</i>	<i>\$594,000</i>
<i>Out-of-Home Respite</i>	<i>1,435,000</i>	<i>797,000</i>	<i>-638,000</i>	<i>797,000</i>	<i>0</i>	<i>-\$638,000</i>
<i>Miscellaneous Services</i>	<i>3,967,000</i>	<i>4,144,000</i>	<i>177,000</i>	<i>4,144,000</i>	<i>0</i>	<i>\$177,000</i>

Title XX Block Grant

EXPENDITURES (Cont'd):		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TANF		\$77,467,000	\$77,157,000	-\$310,000	\$77,157,000	\$0	-\$310,000
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES							
	Community Care Facilities	7,136,000	7,592,000	456,000	7,592,000	0	456,000
	Day Programs	48,000	86,000	38,000	86,000	0	38,000
	Transportation	1,044,000	1,012,000	-32,000	1,012,000	0	-32,000
	Support Services	14,411,000	13,510,000	-901,000	13,510,000	0	-901,000
	In-Home Respite	14,380,000	14,277,000	-103,000	14,277,000	0	-103,000
	Out-of-Home Respite	3,937,000	2,709,000	-1,228,000	2,709,000	0	-1,228,000
	Health Care	1,202,000	1,250,000	48,000	1,250,000	0	48,000
	Miscellaneous Services	35,309,000	36,721,000	1,412,000	36,721,000	0	1,412,000

Intermediate Care Facility-Developmentally Disabled State Plan Amendment

DESCRIPTION:

In 2007, the Department of Developmental Services (DDS), in conjunction with the Department of Health Care Services, 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 an agreement with the Centers for Medicare and Medicaid Services (CMS) on the mechanism to achieve the already budgeted FFP for Fiscal Year (FY) 2007-08 through FY 2010-11, which was reflected in the 2010-11 Budget Trailer Bill Language. The SPA was approved April 14, 2011 by CMS.

IMPLEMENTATION DATE:

The SPA was approved April 14, 2011 retroactive to July 1, 2007.

ASSUMPTIONS/METHODOLOGY:

The total expenditures for adult day treatment and non-medical transportation services received by Regional Center consumers residing in an ICF-DD are based on actual expenditures for FY 2014-15.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
Estimated day and transportation costs for ICF-DD residents	\$113,843,000	\$114,144,000	\$301,000	\$114,144,000	\$0	\$301,000

FUNDING:

Funding for ICF-DDs is 50% FFP and 50% General Fund (GF) for Day Treatment and Transportation Services for consumers residing in an ICF-DD. It is assumed that 63% of this funding is for Day Programs, 24% is for Transportation services, 11% is for Support Services, 1% is for Habilitation Services and the remaining 1% is shared by Community Care Facilities and Miscellaneous. Please refer to the corresponding Purchase of Service (POS) Methodology for additional information.

Intermediate Care Facility-Developmentally Disabled State Plan Amendment

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

Reflects updated Regional Center POS expenditures.

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$113,843,000	\$114,144,000	\$301,000	\$114,144,000	\$0	\$301,000
FFP	56,922,000	57,072,000	150,000	57,072,000	0	150,000
GF Match	56,921,000	57,072,000	151,000	57,072,000	0	151,000
Day Programs	\$82,681,000	\$72,330,000	-\$10,351,000	\$72,330,000	\$0	-\$10,351,000
FFP	41,341,000	36,165,000	-5,176,000	36,165,000	0	-5,176,000
GF Match	41,340,000	36,165,000	-5,175,000	36,165,000	0	-5,175,000
Transportation	\$31,162,000	\$27,163,000	-\$3,999,000	\$27,163,000	\$0	-\$3,999,000
FFP	15,581,000	13,581,000	-2,000,000	13,581,000	0	-2,000,000
GF Match	15,581,000	13,582,000	-1,999,000	13,582,000	0	-1,999,000
Support Services	\$0	\$12,488,000	\$12,488,000	\$12,488,000	\$0	\$12,488,000
FFP	0	6,244,000	6,244,000	6,244,000	0	6,244,000
GF Match	0	6,244,000	6,244,000	6,244,000	0	6,244,000
Habilitation Services	\$0	\$1,490,000	\$1,490,000	\$1,490,000	\$0	\$1,490,000
FFP	0	745,000	745,000	745,000	0	745,000
GF Match	0	745,000	745,000	745,000	0	745,000
Miscellaneous	\$0	\$603,000	\$603,000	\$603,000	\$0	\$603,000
FFP	0	302,000	302,000	302,000	0	302,000
GF Match	0	301,000	301,000	301,000	0	301,000
Community Care Facilities	\$0	\$70,000	\$70,000	\$70,000	\$0	\$70,000
FFP	0	35,000	35,000	35,000	0	35,000
GF Match	0	35,000	35,000	35,000	0	35,000

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) State Plan Amendment, 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: Purchase of Services (POS) Claims Data file, dated September 04, 2015, with actuals through July 2015.
- 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.

Fiscal Year (FY) 2015-16: Total billing costs: \$1.7 million for RC Administration, \$1.7 million for ICF-DD administration, and \$7.5 million QAF.

- POS costs for day treatment and transportation for FY 2015-16 totals \$114.1 million. RC and ICF-DD Administration costs are each 1.5%. QAF are set by DHCS and are \$9.2 million.

FY 2016-17: Total billing costs: \$1.7 million for RC Administration, \$1.7 million for ICF-DD Administration, and \$7.5 million QAF.

- POS costs for day treatment and transportation for FY 2016-17 totals \$114.1 million. RC and ICF-DD Administration costs are each 1.5%. QAF are set by DHCS and are \$9.2 million.

FUNDING:

Funding for RC Administration fees is 50% FFP and 50% General Fund (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 Quality Assurance Fees POS, page E-15.

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

This estimate reflects the current available expenditure data.

Quality Assurance Fees

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

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$10,927,000	\$10,956,000	\$29,000	\$10,956,000	\$0	\$29,000
Operations	1,708,000	1,712,000	4,000	1,712,000	0	4,000
GF	854,000	856,000	2,000	856,000	0	2,000
Reimbursements	854,000	856,000	2,000	856,000	0	2,000
POS	9,219,000	9,244,000	25,000	9,244,000	0	25,000

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$10,927,000	\$10,956,000	\$29,000	\$10,956,000	\$0	\$29,000
FFP	10,073,000	10,100,000	27,000	10,100,000	0	27,000
GF Match	854,000	856,000	2,000	856,000	0	2,000

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 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 (DHCS), submitted a 1915(i) State Plan Amendment (SPA) to be effective October 2009 to cover habilitation, respite, and other services allowable under a 1915(i) SPA. Subsequent changes to federal law have allowed DDS to seek further expansion of the services covered under the 1915(i) SPA. The initial SPA was approved April 25, 2013 with an effective date of October 1, 2009. DDS continues to work with DHCS and the Centers for Medicare and Medicaid Services (CMS) to finalize the remaining components of the SPA. On February 19, 2014, CMS approved the portion of the 1915(i) SPA that expands the scope of eligible services to include services relating to hearing and language, dental, optometric/optician, psychology, non-medical transportation, and transition/set-up retroactive to October 2011.

ASSUMPTIONS:

Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated August 19, 2015 with actuals through June 2015.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated Regional Center POS expenditures

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects AB 10 Minimum Wage Increase in Fiscal Year (FY) 2014-15 and FY 2015-16, Federal Labor Regulations in FY 2014-15, and AB 1522 Employment: Paid Sick Days in FY 2015-16.

METHODOLOGY:

- **Base:** Actual FY 2014-15 expenditures were used to develop the FY 2015-16 base. For FY 2016-17, the prior-year estimate for base and growth, with the following adjustments, was used as the base:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
	\$385,138,000	\$386,557,000	\$1,419,000	\$410,172,000	\$23,615,000	\$25,034,000
• Updated Costs without Community Placement Plan	359,260,000	366,111,000	6,851,000	366,111,000	0	6,851,000
• AB 10 Minimum Wage Increase, July 1, 2014	5,432,000	In Trends	-5,432,000	In Trends	0	-5,432,000
• Federal Labor Regulations	6,140,000	6,140,000	0	16,372,000	10,232,000	10,232,000
• AB 10 Minimum Wage Increase, January 1, 2016	10,561,000	10,561,000	0	21,122,000	10,561,000	10,561,000
• AB 1522 Employment: Paid Sick Days, July 1, 2015	4,355,000	4,355,000	0	4,355,000	0	0
• Impacts from Other Departments-Behavioral Health Treatment	-610,000	-610,000	0	-1,148,000	-538,000	-538,000
• Alternative Residential Model (ARM) 4-Bed Rate Model	0	0	0	2,800,000	2,800,000	2,800,000
• Compliance with Home and Community-Based Services (HCBS) Regulations	0	0	0	560,000	560,000	560,000

1915(i) State Plan Amendment

EXPENDITURES:		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over
						2015-16	Enacted Budget
TOTAL EXPENDITURES		\$385,138,000	\$386,557,000	\$1,419,000	\$410,172,000	\$23,615,000	\$25,034,000
	<i>GF Match</i>	192,569,000	193,278,000	709,000	205,086,000	11,808,000	12,517,000
	<i>FFP</i>	192,569,000	193,279,000	710,000	205,086,000	11,807,000	12,517,000

Estimated Distribution in Purchase of Services

EXPENDITURES:			% of Expenditures by Budget Category FY 2015-16 & FY 2016-17	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over
								2015-16	Enacted Budget
TOTAL EXPENDITURES				\$385,138,000	\$386,557,000	\$1,419,000	\$410,172,000	\$23,615,000	\$25,034,000
	<i>GF Match</i>			192,569,000	193,278,000	709,000	205,086,000	11,808,000	12,517,000
	<i>FFP</i>			192,569,000	193,279,000	710,000	205,086,000	11,807,000	12,517,000
	Community Care Facilities	15.4%	15.4%	\$59,148,000	\$56,300,000	-\$2,848,000	\$56,300,000	\$0	-\$2,848,000
	<i>GF Match</i>			29,574,000	28,150,000	-1,424,000	28,150,000	0	-1,424,000
	<i>FFP</i>			29,574,000	28,150,000	-1,424,000	28,150,000	0	-1,424,000
	Day Programs	23.4%	23.4%	\$82,849,000	\$85,697,000	\$2,848,000	\$85,697,000	\$0	\$2,848,000
	<i>GF Match</i>			41,425,000	42,849,000	1,424,000	42,849,000	0	1,424,000
	<i>FFP</i>			41,424,000	42,848,000	1,424,000	42,848,000	0	1,424,000
	Habilitation	12.0%	12.0%	\$44,568,000	\$43,978,000	-\$590,000	\$43,978,000	\$0	-\$590,000
	<i>GF Match</i>			22,284,000	21,989,000	-295,000	21,989,000	0	-295,000
	<i>FFP</i>			22,284,000	21,989,000	-295,000	21,989,000	0	-295,000
	Transportation	7.0%	7.0%	\$25,975,000	\$25,758,000	-\$217,000	\$25,758,000	\$0	-\$217,000
	<i>GF Match</i>			12,988,000	12,879,000	-109,000	12,879,000	0	-109,000
	<i>FFP</i>			12,987,000	12,879,000	-108,000	12,879,000	0	-108,000

1915(i) State Plan Amendment Estimated Distribution in Purchase of Services

EXPENDITURES:	% of		Enacted Budget	Updated 2015-16	2015-16		2016-17 Over 2015-16	2016-17 Over Enacted Budget
	Expenditures by Budget Category FY 2014-15 & FY 2015-16				Request	2016-17		
Support Services	24.3%	24.3%	\$85,942,000	\$88,875,000	\$2,933,000	\$88,875,000	\$0	\$2,933,000
GF Match			42,971,000	44,438,000	1,467,000	44,438,000	0	1,467,000
FFP			42,971,000	44,437,000	1,466,000	44,437,000	0	1,466,000
In-Home Respite	5.8%	5.8%	\$19,907,000	\$21,107,000	\$1,200,000	\$21,107,000	\$0	\$1,200,000
GF Match			9,954,000	10,554,000	600,000	10,554,000	0	600,000
FFP			9,953,000	10,553,000	600,000	10,553,000	0	600,000
Out-of-Home Respite	0.6%	0.6%	\$2,483,000	\$2,265,000	-\$218,000	\$2,265,000	\$0	-\$218,000
GF Match			1,241,000	1,132,000	-109,000	1,132,000	0	-109,000
FFP			1,242,000	1,133,000	-109,000	1,133,000	0	-109,000
Health Care	2.3%	2.3%	\$9,492,000	\$8,267,000	-\$1,225,000	\$8,267,000	\$0	-\$1,225,000
GF Match			4,746,000	4,133,000	-613,000	4,133,000	0	-613,000
FFP			4,746,000	4,134,000	-612,000	4,134,000	0	-612,000
Miscellaneous	9.2%	9.2%	\$34,328,000	\$33,864,000	-\$464,000	\$33,864,000	\$0	-\$464,000
GF Match			17,164,000	16,932,000	-232,000	16,932,000	0	-232,000
FFP			17,164,000	16,932,000	-232,000	16,932,000	0	-232,000
AB 10 Minimum Wage Increase, January 1, 2016			\$10,561,000	\$10,561,000	\$0	\$21,122,000	\$10,561,000	\$10,561,000
GF Match			5,280,000	5,280,000	0	10,561,000	5,281,000	5,281,000
FFP			5,281,000	5,281,000	0	10,561,000	5,280,000	5,280,000
Federal Labor Regulations, October 1, 2015			\$6,140,000	\$6,140,000	\$0	\$16,372,000	\$10,232,000	\$10,232,000
GF Match			3,070,000	3,070,000	0	8,186,000	5,116,000	5,116,000
FFP			3,070,000	3,070,000	0	8,186,000	5,116,000	5,116,000
AB 1522 Employment: Paid Sick Days, July 1, 2015			\$4,355,000	\$4,355,000	\$0	\$4,355,000	\$0	\$0
GF Match			2,177,000	2,177,000	0	2,177,000	0	0
FFP			2,178,000	2,178,000	0	2,178,000	0	0
Impacts from Other Departments- BHT			-\$610,000	-\$610,000	\$0	-\$1,148,000	-\$538,000	-\$538,000
GF Match			-305,000	-305,000	0	-574,000	-269,000	-269,000
FFP			-305,000	-305,000	0	-574,000	-269,000	-269,000

1915(i) State Plan Amendment **Estimated Distribution in Purchase of Services**

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17	
					Over 2015-16	Over Enacted Budget
ARM 4-Bed Rate Model	\$0	\$0	\$0	\$2,800,000	\$2,800,000	\$2,800,000
<i>GF Match</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1,400,000</i>	<i>1,400,000</i>	<i>1,400,000</i>
<i>FFP</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1,400,000</i>	<i>1,400,000</i>	<i>1,400,000</i>
Compliance with HCBS Regulations	\$0	\$0	<i>0</i>	\$560,000	\$560,000	\$560,000
<i>GF Match</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>280,000</i>	<i>280,000</i>	<i>280,000</i>
<i>FFP</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>280,000</i>	<i>280,000</i>	<i>280,000</i>

Money Follows the Person Grant Operations

DESCRIPTION:

The Department of Health Care Services (DHCS) 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:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• Quality of Life (QoL) Surveys	\$20,000	\$24,000	\$4,000	\$31,000	\$7,000	\$11,000
It is assumed that each Regional Center will complete three QoL surveys per consumer who has transitioned from a developmental center into the community and whose purchase of services are funded by MFP Grant						
<i>Funding:</i>						
<i>FFP</i>	20,000	24,000	4,000	31,000	7,000	11,000
<i>GF Match</i>	0	0	0	0	0	0
• Community Placement Plan, Resource Development, see Pages E-17.3 and E-17.5.	\$6,367,000	\$7,655,000	\$1,288,000	\$9,967,000	\$2,312,000	\$3,600,000
<i>Funding:</i>						
<i>FFP</i>	3,447,000	5,741,000	2,294,000	7,475,000	1,734,000	4,028,000
<i>GF Match</i>	1,592,000	1,914,000	322,000	2,492,000	578,000	900,000

FUNDING:

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

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

Reflects updated expenditures for the MFP Grant.

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$6,387,000	\$7,679,000	\$1,292,000	\$9,998,000	\$2,319,000	\$3,611,000
<i>FFP</i>	3,467,000	5,765,000	2,298,000	7,506,000	1,741,000	4,039,000
<i>GF Match</i>	1,592,000	1,914,000	322,000	2,492,000	578,000	900,000

Money Follows the Person Grant Purchase of Services

DESCRIPTION:

DHCS administers California's 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.

Funding:

FFP

GF Match

- Community Care Facilities (transition from Lanterman Developmental Center), see Pages E-5.1 through E-5.3.

Funding:

FFP

GF Match

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
	\$4,509,000	\$3,465,000	-\$1,044,000	\$3,847,000	\$382,000	-\$662,000
	4,509,000	3,465,000	-1,044,000	3,847,000	382,000	-662,000
	0	0	0	0	0	0
	\$0	\$181,000	\$181,000	\$0	-\$181,000	\$0
	0	181,000	181,000	0	-181,000	0
	0	0	0	0	0	0

FUNDING:

The MFP Grant reimbursement is 75% FFP / 25% GF for specified CMS approved transition coordination activities.

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

Reflects updated expenditures for the MFP Grant

EXPENDITURES:

	Enacted Budget	Updated 2015-15	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$4,509,000	\$3,646,000	-\$863,000	\$3,847,000	\$201,000	-\$662,000
FFP	4,509,000	3,646,000	-863,000	3,847,000	201,000	-662,000
GF Match	0	0	0	0	0	0

Money Follows the Person Grant Total

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$10,896,000	\$11,325,000	\$429,000	\$13,845,000	\$2,520,000	\$2,949,000
FFP	7,976,000	9,411,000	1,435,000	11,353,000	1,942,000	3,377,000
GF Match	1,592,000	1,914,000	322,000	2,492,000	578,000	900,000

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 submitted a State Plan Amendment (SPA 11-040) to the Centers for Medicare and Medicaid Services that will cover some Regional Center funded services for children under age 3 that are not eligible for federal reimbursement under other Medicaid funded programs.

ASSUMPTIONS:

Estimates based on actual expenditures for the period of July 2014 through June 2015, with an implementation date of October 1, 2013. EPSDT funding is only in the budget category Day Programs.

FUNDING:

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

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

Reflects updated expenditures.

EXPENDITURES:		Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17	2016-17
						Over 2015-16	Over Enacted Budget
	TOTAL EXPENDITURES	\$52,548,000	\$49,635,000	-\$2,913,000	\$51,819,000	\$2,184,000	-\$729,000
	GF Match	26,274,000	24,817,000	-1,457,000	25,909,000	1,092,000	-365,000
	FFP	26,274,000	24,818,000	-1,456,000	25,910,000	1,092,000	-364,000

Race to the Top

DESCRIPTION:

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

ASSUMPTIONS:

DDS via interagency agreement with the Department of Education (CDE) will receive a federal grant totaling \$1,000,000 over 3-1/2 years (July 1, 2012 - December 31, 2015). Grant award funds will be allocated as follows:

2013-14:	\$472,000
2014-15:	\$341,000
2015-16:	\$143,000
2016-17:	\$0

FUNDING:

Funding for Race to the Top is a federal grant received via an interagency agreement with CDE.

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

Reflects final year of the grant award period.

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over
					2015-16	Enacted Budget
Grant Allocation	\$143,000	\$143,000	\$0	\$0	-\$143,000	-\$143,000

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 (RC) are required to pay a fee depending on their ability to pay. Parents of children under the age of 18 years who live at home and receive qualifying services from a RC whose adjusted gross family income is at or above 400% of the federal poverty level are required to pay an annual fee. 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 the current information regarding projected revenues.

FUNDING:

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

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

There is no change in Current Year. The Budget Year decrease in Parental Fees reflects estimated impact of AB 564 Eggman on July 1, 2016, updated population, and payment information. There is no change in Annual Family Program Fees for Budget Year.

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Request
Parental Fees	\$875,000	\$875,000	\$0	\$679,000	-\$196,000	-\$196,000
Annual Family Program Fees	1,858,000	1,858,000	0	1,858,000	0	0
TOTAL	\$2,733,000	\$2,733,000	\$0	\$2,537,000	-\$196,000	-\$196,000

Developmental Disabilities Services Account

DESCRIPTION:

The Developmental Disabilities Services Account is used as a depository for application fees collected by the Department of Developmental Services (DDS) for conducting the review and approval 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.

FUNDING:

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

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

No change

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 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 (DDS), in consultation with the Department of Health Care Services (DHCS), identifies best practice models and provides training to enhance the effectiveness of the Regional Center (RC) 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 ensure ongoing statewide technical assistance to promote interagency collaboration regarding access to mental health services and improve clinical capacity and effectiveness of direct services. Specifically, RCs will develop innovative projects, which focus on prevention, early intervention and treatment for children and adult consumers with mental health diagnoses, and provide support for families.

METHODOLOGY:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• Regional Best Practice Training	\$740,000	\$654,000	-\$86,000	\$740,000	\$86,000	\$0
• Regional Center Technical Assistance and Liaison Support	0	86,000	86,000	0	-86,000	0
• TOTAL EXPENDITURES	\$740,000	\$740,000	\$0	\$740,000	\$0	\$0

FUNDING:

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

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

The Current Year change reflects a \$86,000 shift from line item Regional Best Practice Training to Regional Center Technical Assistance and Liaison Support, overall there is no net change in Current Year Expenditures. There is no change in Budget Year.

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 Title 34 of the Code of Federal Regulations, Sections 303.1 through 303.654. The program is also administered according to the California Early Intervention Services Act (CEISA) and 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 California Department of Education (CDE) to provide funding for local education agency programs and services, in accordance with the CEISA, 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 Part C Allocation Table dated July 1, 2014 and allocation table for federal Fiscal Year (FY) 2015.

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 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Request
• Other Agencies	\$19,109,000	\$19,109,000	\$0	\$19,109,000	\$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>Local Education Agencies</i>	<i>14,245,000</i>	<i>14,245,000</i>	<i>0</i>	<i>14,245,000</i>	<i>0</i>	<i>0</i>
<i>Support</i>	<i>355,000</i>	<i>355,000</i>	<i>0</i>	<i>355,000</i>	<i>0</i>	<i>0</i>

Early Start Part C Grant, Federal Funds

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Request
METHODOLOGY (continued):						
<ul style="list-style-type: none"> System Requirements: Funding is required for public awareness and a comprehensive system of personnel development, mediation and due process hearings conducted by the State Office of Administrative Hearings, and collaboration with Department of Health Care Services' Children's Medical Services. 	1,850,000	1,850,000	0	1,850,000	0	0
<ul style="list-style-type: none"> Family Resource Centers (FRC): Funds pay for services that are provided by 33 contractors. Services, which are specified in GC 95024(d)(2), include parent-to-parent support, information dissemination, public awareness and family professional collaboration activities. 	2,659,000	2,659,000	0	2,659,000	0	0
<ul style="list-style-type: none"> 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 FY 2014-15 by budget category. 	\$31,433,000	\$31,433,000	\$0	\$31,433,000	\$0	\$0
Day Programs	17,840,000	17,840,000	0	17,840,000	0	0
Support Services	504,000	504,000	0	504,000	0	0
In-Home Respite	179,000	179,000	0	179,000	0	0
Out-of-Home Respite	126,000	126,000	0	126,000	0	0
Health Care	2,764,000	2,764,000	0	2,764,000	0	0
Miscellaneous Services	10,020,000	10,020,000	0	10,020,000	0	0
<ul style="list-style-type: none"> TOTAL EXPENDITURES 	\$50,542,000	\$50,542,000	\$0	\$50,542,000	\$0	\$0

Early Start Part C Grant, Federal Funds**CHANGE FROM PRIOR ESTIMATE AND REASON FOR YEAR-TO-YEAR CHANGE:**

There is no change from prior estimate.

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 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Request
TOTAL	\$50,542,000	\$50,542,000	\$0	\$50,542,000	\$0	\$0
Grant	50,542,000	50,542,000	0	50,542,000	0	0

Foster Grandparent Program

DESCRIPTION:

The Foster Grandparent Program (FGP) is a federal grant which provides men and women, 55 years of age and older, the opportunity to serve their community by sharing their time and attention with children under the age of 22 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 AND YEAR-TO-YEAR CHANGE:

No Change

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
Grant Amount Allocation :	\$812,000	\$812,000	\$0	\$812,000	\$0	\$0

Table of Contents

SECTION F: IMPACT FROM OTHER DEPARTMENTS

<i>IMPACT FROM OTHER DEPARTMENTS</i>	<i>F-1</i>
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Impacts from Other Departments

Department of Health Care Services-Behavioral Health Treatment

DESCRIPTION:

Senate Bill 870 (Chapter 40, Statutes of 2014) added Welfare and Institutions Code, Section 14132.56 to direct the Department of Health Care Services (DHCS) to implement Behavioral Health Treatment (BHT) services to the extent it is required by the federal government to be covered by Medi-Cal for individuals up to the age of 21. This program ensures that children with autism will receive treatment so they do not become life-long dependents on government support. Once implemented, the retroactive date of this new service will be July 1, 2014.

On September 30, 2014, DHCS submitted a State Plan Amendment to The Centers for Medicare and Medicaid Services seeking approval to add BHT services as a Medi-Cal benefit for individuals up to the age of 21 with an Autism Spectrum Disorder diagnosis. The policy change directly impacts the Department of Developmental Services (DDS). It is estimated that approximately 12,000 individuals currently receiving BHT services through the Regional Centers (RC) may be eligible to receive these services under the proposed Medi-Cal benefit.

Consistent with DHCS' interim policy guidance issued on September 15, 2014, all individuals receiving BHT services on September 14, 2014, through the RC's, will continue to receive those services through the RC's until transition of these consumers begins on February 1, 2016. The fiscal impact for transition of these DDS consumers is unknown at this time. In contrast, RC consumers who are eligible for Medi-Cal and began receiving BHT services after September 14, 2014 are receiving BHT services through DHCS resulting in savings for DDS in Fiscal Year (FY) 2015-16 and FY 2016-17.

ASSUMPTIONS:

Savings were estimated based on the number of new consumers and the projected average cost of services in FY 2015-16 and FY 2016-17.

	Enacted Budget 2015-16	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
METHODOLOGY:						
TOTAL EXPENDITURES:	-\$5,080,000	-\$5,080,000	\$0	-\$9,561,000	-\$4,481,000	-\$4,481,000

FUNDING:

Expenditures for BHT are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, and 1915(i) State Plan Amendment with 50% federal financial participation and 50% GF.

CHANGE FROM PRIOR ESTIMATE:

There is no change in Current Year. The Budget Year change reflects full year implementation.

	Enacted Budget 2015-16	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	-\$5,080,000	-\$5,080,000	\$0	-\$9,561,000	-\$4,481,000	-\$4,481,000
GF	-\$2,540,000	-\$2,540,000	\$0	-\$4,780,000	-\$2,240,000	-\$2,240,000
Reimbursements	-\$2,540,000	-\$2,540,000	\$0	-\$4,781,000	-\$2,241,000	-\$2,241,000

Table of Contents

SECTION G: POLICIES

POLICY CHANGES

Assembly Bill (AB) 1522 Employment: Paid Sick Days	G-1
Assembly Bill (AB) 10, Minimum Wage Increase: Effective January 1, 2016	
AB 10 Purchase of Services	G-2
Federal Labor Regulations	G-3

NEW MAJOR ASSUMPTIONS

Alternative Residential Model	G-4
Improve Service Coordinator Caseload Ratios	G-5
Compliance with HCBS Regulations - Operations	G-6
Compliance with HCBS Regulations - Purchase of Services	G-7

Policy Changes

Assembly Bill (AB) 1522 Employment: Paid Sick Days

DESCRIPTION:

AB 1522, Chapter 317, Statutes of 2014, Sick Leave Bill enacts the Healthy Workplaces, Healthy Families Act of 2014. Pursuant to AB 1522, after July 1, 2015, an employee who works in California for 30 days or more in a calendar year, is entitled to paid sick days that will accrue at a rate of no less than one hour for every 30 hours worked, and may be used beginning on the 90th calendar day of employment. Employers may limit the use of an employee's sick leave to 24 hours or 3 days in each calendar year per year.

ASSUMPTIONS:

Costs to the following programs were estimated using the projected number of employees providing consumer services that have no sick leave and assume 24 hours (3 days) of paid sick leave.

METHODOLOGY:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
• Community Care Facilities	\$11,786,000	\$11,786,000	\$0	\$11,786,000	\$0	\$0
• Medical Facilities	29,000	29,000	0	29,000	0	0
• Day Programs	5,642,000	5,642,000	0	5,642,000	0	0
• Habilitation Services Program	647,000	647,000	0	647,000	0	0
• Transportation	109,000	109,000	0	109,000	0	0
• Support Services	3,653,000	3,653,000	0	3,653,000	0	0
• In-Home Respite	3,903,000	3,903,000	0	3,903,000	0	0
• Out-of-Home Respite	340,000	340,000	0	340,000	0	0
• Health Care	26,000	26,000	0	26,000	0	0
• Miscellaneous	866,000	866,000	0	866,000	0	0
TOTAL EXPENDITURES:	\$27,001,000	\$27,001,000	\$0	\$27,001,000	\$0	\$0

FUNDING:

Expenditures from AB 1522 are assumed to be funded by the General Fund (GF), the Home and Community-Based Services Waiver and the 1915(i) with 50% Federal Financial Participation and 50% GF.

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

There is no change in the Current Year and no change in the Budget Year.

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$27,001,000	\$27,001,000	\$0	\$27,001,000	\$0	\$0
GF	\$15,265,000	\$15,265,000	\$0	\$15,265,000	\$0	\$0
Reimbursements	\$11,736,000	\$11,736,000	\$0	\$11,736,000	\$0	\$0

Policy Changes
Assembly Bill (AB) 10, Minimum Wage Increase:
Minimum Wage Increase Effective January 1, 2016
Purchase of Services

DESCRIPTION:

AB 10, Chapter 351, Statutes of 2013 increases the minimum wage, on and after July 1, 2014, from \$8 per hour to \$9 per hour. This bill further increases the minimum wage, on and after January 1, 2016, from \$9 per hour to \$10 per hour. This minimum wage increase applies to the services which rely on employees that are paid minimum wage. The services which require additional funding are community care facilities, day program services, habilitation services, respite services, supported living services, transportation and miscellaneous.

ASSUMPTIONS:

Costs to the following programs were estimated based on actual expenditures and include mandated employer costs for Social Security, Medicare, Federal Unemployment, State Unemployment, and Worker's Compensation.

	Enacted	Updated	2015-16		2016-17	2016-17
METHODOLOGY:	Budget	2015-16	Request	2016-17	Over	Enacted
					2015-16	Budget
<i>Community Care Facilities</i>	\$29,157,000	\$29,157,000	\$0	\$58,314,000	\$29,157,000	\$29,157,000
<i>Day Program Services</i>	18,118,000	18,118,000	0	36,236,000	18,118,000	18,118,000
<i>Habilitation Services</i>	1,678,000	1,678,000	0	3,356,000	1,678,000	1,678,000
<i>Transportation</i>	2,765,000	2,765,000	0	5,530,000	2,765,000	2,765,000
<i>Support Services</i>	6,967,000	6,967,000	0	13,934,000	6,967,000	6,967,000
<i>In-Home Respite</i>	3,620,000	3,620,000	0	7,240,000	3,620,000	3,620,000
<i>Out-of-Home Respite</i>	52,000	52,000	0	104,000	52,000	52,000
TOTAL EXPENDITURES	\$62,357,000	\$62,357,000	\$0	\$124,714,000	\$62,357,000	\$62,357,000

FUNDING:

Expenditures from the minimum wage increases are assumed to be funded by the General Fund (GF), the Home and Community-Based Services Waiver and 1915(i) with 50% Federal Financial Participation and 50% GF.

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

There is no change to Current Year. The Budget Year increase reflects full year of implementation.

	Enacted	Updated	2015-16		2016-17	2016-17
EXPENDITURES:	Budget	2015-16	Request	2016-17	Over	Enacted
					2015-16	Budget
TOTAL	\$62,357,000	\$62,357,000	\$0	\$124,714,000	\$62,357,000	\$62,357,000
GF	\$35,042,000	\$35,042,000	\$0	\$70,085,000	\$35,043,000	\$35,043,000
Reimbursements	\$27,315,000	\$27,315,000	\$0	\$54,629,000	\$27,314,000	\$27,314,000

Policy Changes Federal Labor Regulations

DESCRIPTION:

Effective October 1, 2015, new regulations by the Federal Department of Labor revised the implementation of the Fair Labor Standards Act (FLSA) to include home care workers, also known as personal care assistants, in overtime compensation. This revision will change and limit the allowable activities that qualify for an exemption to the overtime requirements, and change conditions of work for family employers. Regional centers purchase a variety of services such as respite, supported living, and personal assistance, that have rates determined, in part, by the exemption from overtime pay requirements pursuant to the definition for 'personal attendant' provided by the California Industrial Welfare Commission Wage Order No. 15-2001. The FLSA changes supersede the State's overtime pay exemption. As a result it is likely that providers of services with rates impacted by the FLSA changes may require rate increases in order to stay in compliance with federal regulation.

ASSUMPTIONS:

Actual expenditures for Personal Assistant, In-Home Respite, and Supported Living Services (SLS) were used for estimating impact of changes to the Federal Labor Regulations. The direct care workers in these services employed by a third party (non-family member) performing "companionship" services currently are exempt from overtime and under the rule change are eligible for overtime effective October 1, 2015. DDS assumes a 5.82% increase in costs for consumers receiving SLS, Respite and Personal Assistant services. Provider rate increases will be based on the administrative costs required to comply with the federal regulations.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
METHODOLOGY:						
Support Services	\$23,917,000	\$23,917,000	\$0	\$63,778,000	\$39,861,000	\$39,861,000
In-Home Respite	8,576,000	8,576,000	0	22,870,000	\$14,294,000	\$14,294,000
Total	\$32,493,000	\$32,493,000	\$0	\$86,648,000	\$54,155,000	\$54,155,000

FUNDING:

These Federal Labor Regulations expenditures are assumed to be funded by the General Fund (GF), the Home and Community-Based Services (HCBS) Waiver and 1915(i) with 50% Federal Financial Participation (FFP) and 50% GF. The State GF Other portion is that which is non-FFP.

CHANGE FROM PRIOR ESTIMATE AND REASON FOR YEAR-TO-YEAR CHANGE: The Budget Year increase reflects a full year of implementation.

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
EXPENDITURES:						
TOTAL	\$32,493,000	\$32,493,000	\$0	\$86,648,000	\$54,155,000	\$54,155,000
GF	\$17,520,000	\$17,520,000	\$0	\$46,721,000	\$29,201,000	\$29,201,000
Reimbursements	\$14,973,000	\$14,973,000	\$0	\$39,927,000	\$24,954,000	\$24,954,000

New Major Assumption Alternative Residential Model 4-Bed Rate Model

DESCRIPTION:

The Alternative Residential Model (ARM) rate structure for Community Care Facilities (CCFs) was established in Fiscal Year 1988-89. The resulting schedule established 14 rate levels based on the amount of support required by the residents. At the time this rate structure was developed, the rates were based on the assumption that there were 6 residents in each facility. Therefore, all overhead and staffing costs were split 6 ways to determine the per-resident rate.

Over the last several years, a large number of smaller (3-4 bed) facilities have been developed based on Regional Center and consumer preferences. This smaller facility size is also in line with the federal Centers for Medicare and Medicaid Services preference toward more individualized settings. However, the current ARM rates, which were based on 6 residents per facility, do not provide adequate funding for smaller facilities.

This funding will allow for the development and implementation of ARM rates based on a four-resident model for those CCFs vendored to serve 4 or fewer individuals.

ASSUMPTIONS:

Estimates were derived based on the costs current CCFs serving 4 residents.

METHODOLOGY:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17 2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL EXPENDITURES	\$0	\$0	\$0	\$46,000,000	\$46,000,000	\$46,000,000

FUNDING:

Expenditures Home and Community Based Services Waiver, 1915(i) State Plan Amendment, and General Fund (GF) with 50% Federal Financial Participation and 50% GF.

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

This is a new major assumption.

EXPENDITURES:

	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17 2016-17	2016-17 Over 2015-16	2016-17 Over Enacted Budget
TOTAL	\$0	\$0	\$0	\$46,000,000	\$46,000,000	\$46,000,000
GF	\$0	\$0	\$0	\$26,000,000	\$26,000,000	\$26,000,000
Reimbursements	\$0	\$0	\$0	\$20,000,000	\$20,000,000	\$20,000,000

New Major Assumption Improve Service Coordinator Caseload Ratios

DESCRIPTION:

Case management is the core function of Regional Centers (RCs). Service Coordinators perform this critical case management function for consumers and families by ensuring they are aware of and accessing needed services and that through generic, natural or RC funded services, individuals are enabled to maximize their independence and fully integrate into their communities.

Since 2003, RCs are required to have overall average service coordinator-to-consumer ratios, as follows:

- 1:62 for consumers on the Home and Community-Based Services (HCBS) Waiver.
- 1:62 for consumers under age 3.
- 1:62 for consumers who move from a Developmental Center (DC) to the community and have lived in the community for more than 12 months.
- 1:45 for consumers who move from a DC to the community and had lived in the community for less than 12 months.
- 1:66 for consumers who are not on the HCBS Waiver, not under age 3, and have not moved from a DC to the community.

The caseload ratio for consumers on the HCBS Waiver was established in response to the 1997 Centers for Medicare and Medicaid Services (CMS) compliance review of the HCBS Waiver which found that case management activities were not adequate, in part due to excessive caseloads. Compliance with CMS requirements is necessary in order to continue to receive HCBS Waiver funding (currently over \$1.4 billion).

RCs are required to report annually on their caseload ratios in all of the above categories.

ASSUMPTIONS:

Based on the current average Service Coordinator salaries, the funding proposed will enable RCs to hire more than 200 additional Service Coordinators to improve caseload ratios. Most importantly, reduced caseloads will provide an increase in the quality of services that consumers receive from Service Coordinators from having smaller and more manageable caseloads.

METHODOLOGY:

CPC = \$75,806 each

- Salary: \$48,000
- Fringe Benefits at 34%: \$16,320
- Rent: \$8,086
- Operating Expenses: \$3,400

FUNDING:

These Improve Service Coordinator Caseload Ratios expenditures are assumed to be funded by the General Fund (GF), and Target Case Management with 50% Federal Financial Participation and 50% GF.

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

This is a new major assumption.

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	2016-17 Over Enacted
					2015-16	Budget
TOTAL	\$0	\$0	\$0	\$17,000,000	\$17,000,000	\$17,000,000
GF	\$0	\$0	\$0	\$13,000,000	\$13,000,000	\$13,000,000
Reimbursements	\$0	\$0	\$0	\$4,000,000	\$4,000,000	\$4,000,000

New Major Assumption

Compliance with Home and Community-Based Services Regulations Operations

DESCRIPTION:

In January 2014, Centers for Medicare & Medicaid Services (CMS) published final regulations defining what constitutes a home and community-based setting for Medicaid reimbursement purposes under Section 1915(c) Home and Community-Based Services (HCBS) waivers, and Section 1915(i) HCBS State Plan programs. The effective date of the regulations was March 17, 2014, and states are allowed up to a five year transition period to make any modifications necessary to comply with the regulations. To operate in full compliance with the CMS' final regulations, HCBS settings must be integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

ASSUMPTIONS:

Operations expenditures will fund 21 additional Program Evaluators needed to perform the initial and ongoing efforts and activities necessary to ensure compliance with CMS' final regulations.

METHODOLOGY:

• Program Evaluator Salary:	\$48,000
• Fringe Benefits at 34%:	16,320
• Operating Expense:	3,400
• Rent	8,086
Total per Program Evaluator	\$75,806

FUNDING:

These Compliance with HCBS Regulations expenditures are assumed to be funded by the General Fund (GF), and HCBS Waiver Administration with 50% Federal Financial Participation (FFP) and 50% GF.

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

This is a new major assumption.

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17 Over	
					2015-16	2016-17 Over Enacted Budget
TOTAL	\$0	\$0	\$0	\$1,600,000	\$1,600,000	\$1,600,000
GF	\$0	\$0	\$0	\$900,000	\$900,000	\$900,000
Reimbursements	\$0	\$0	\$0	\$700,000	\$700,000	\$700,000

New Major Assumption

Compliance with Home and Community-Based Services Regulations

Purchase of Services

DESCRIPTION:

In January 2014, Centers for Medicare and Medicaid Services (CMS) published final regulations defining what constitutes a home and community-based setting for Medicaid reimbursement purposes under Section 1915(c) Home and Community-Based Services (HCBS) waivers, and Section 1915(i) HCBS State Plan programs. The effective date of the regulations was March 17, 2014, and states are allowed up to a five year transition period to make any modifications necessary to comply with the regulations. To operate in full compliance with the CMS' final regulations, HCBS settings must be integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

ASSUMPTIONS:

Purchase of services expenditures will provide resources for modifications and additional staffing as needed for service providers to come into compliance with the CMS' final regulations.

METHODOLOGY:

The funding will be distributed to service providers upon approval of modification plans submitted to the Regional Center and the Department of Developmental Services.

FUNDING:

These Compliance with HCBS Regulations expenditures are assumed to be funded by the General Fund (GF), and HCBS Waiver and 1915 (i) with 50% Federal Financial Participation and 50% GF.

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

This is a new major assumption.

EXPENDITURES:	Enacted Budget	Updated 2015-16	2015-16 Request	2016-17	2016-17	2016-17
					Over 2015-16	Over Enacted Budget
TOTAL	\$0	\$0	\$0	\$15,000,000	\$15,000,000	\$15,000,000
GF	\$0	\$0	\$0	\$11,000,000	\$11,000,000	\$11,000,000
Reimbursements	\$0	\$0	\$0	\$4,000,000	\$4,000,000	\$4,000,000