

***FOR LEGISLATIVE REVIEW***

**REGIONAL CENTER  
LOCAL ASSISTANCE ESTIMATE**

**2017-18  
GOVERNOR'S BUDGET**



**STATE OF CALIFORNIA  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
JANUARY 2017**

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

	<b>A Enacted Budget</b>	<b>B Governor's Budget</b>	<b>C Request (B - A)</b>
<b>I. BUDGET ITEMS:</b>			
<b>A. Operations (OPS)</b>			
<b>Caseload Growth</b>			
1. Staffing	\$558,778	\$560,852	\$2,074
2. Federal Compliance	49,592	49,592	0
3. Projects	24,776	24,698	-78
4. Agnews Ongoing Workload	2,946	2,946	0
5. Lanterman Developmental Center (DC) Closure	2,576	2,576	0
6. Intermediate Care Facility-Developmentally Disabled (ICF-DD) State Plan Amendment (SPA) Administration Fee	1,740	1,727	-13
7. Total OPS Caseload Growth (Items 1 thru 6)	\$640,408	\$642,391	\$1,983
<b>Policy</b>			
8. DC Closure	\$5,434	\$5,434	\$0
a. Sonoma DC	3,616	3,616	0
b. Fairview DC	1,212	1,212	0
c. Porterville DC	606	606	0
9. Improve Service Coordinator Caseload Ratios	17,000	17,000	\$0
10. Compliance with HCBS Regulations	1,600	1,600	0
11. Regional Center Operations Increase	56,600	56,600	0
12. Resources to Implement Assembly Bill (AB)X2 1	7,504	7,504	0
13. Total Policy (Items 8 thru 12)	\$88,138	\$88,138	\$0
14. Total Operations (Items 7 and 13)	\$728,546	\$730,529	\$1,983
<b>B. Purchase of Services (POS)</b>			
<b>Caseload Growth</b>			
1. Community Care Facilities	\$1,185,759	\$1,193,781	\$8,022
2. Medical Facilities	19,603	20,937	1,334
3. Day Programs	994,357	997,648	3,291
4. Habilitation Services	151,431	151,744	313
a. Work Activity Program	53,288	51,829	-1,459
b. Supported Employment Program (Group Placement)	79,865	81,236	1,371
c. Supported Employment Program (Individual Placement)	18,278	18,679	401
5. Transportation	301,544	303,293	1,749
6. Support Services	1,138,632	1,116,468	-22,164
7. In-Home Respite	325,040	315,036	-10,004
8. Out-of-Home Respite	36,466	40,615	4,149
9. Health Care	128,331	110,596	-17,735
10. Miscellaneous	505,159	498,320	-6,839
11. Quality Assurance Fees (Transfer from Department of Health Care Services (DHCS))	9,393	9,324	-69
12. Total POS Caseload Growth (Items 1 thru 11)	\$4,795,715	\$4,757,762	-\$37,953



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

	<b>A Enacted Budget</b>	<b>B Governor's Budget</b>	<b>C Request (B - A)</b>
<b>Policy</b>			
13. AB 10 Minimum Wage Increase, Effective January 1, 2016	\$124,714	\$124,714	\$0
14. Impacts from Other Departments, DHCS - Behavioral Health Treatment (BHT) - Transition	-141,217	-128,107	13,110
15. DC Closure	73,358	73,358	0
a. Sonoma DC	20,884	20,884	0
b. Fairview DC	28,461	28,461	0
c. Porterville DC	24,013	24,013	0
16. Alternative Residential Model (ARM) 4-Bed Rate Model	46,000	46,000	0
17. Compliance with HCBS Regulations	15,000	15,000	0
18. Community Based Services Increase	416,600	402,300	-14,300
19. SB 3 Minimum Wage Increase: Effective January 1, 2017	21,245	21,245	0
20. Best Buddies	1,000	1,000	0
21. Total Policy (Items 13 thru 20)	\$556,700	\$555,510	-\$1,190
22. Total POS (Items 12 and 21)	\$5,352,415	\$5,313,272	-\$39,143
<b>C. Early Start/ Part C: Other Agency Cost</b>	\$19,109	\$19,109	\$0
<b>D. Early Start Family Resource Services</b>	\$2,003	\$2,003	\$0
<b>E. GRAND TOTAL</b>	<b>\$6,102,073</b>	<b>\$6,064,913</b>	<b>-\$37,160</b>

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

	<b>A Enacted Budget</b>	<b>B Governor's Budget</b>	<b>C Request (B - A)</b>
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$3,633,200	\$3,558,448	-\$74,752
1. General Fund Match	2,162,716	2,193,091	30,375
2. General Fund - Other	1,470,484	1,365,357	-105,127
<b>B. Reimbursements</b>	\$2,401,921	\$2,433,943	\$32,022
1. Home and Community-Based Services (HCBS) Waiver	1,658,574	1,679,270	20,696
2. HCBS Waiver Administration	12,137	13,988	1,851
3. Medicaid Administration	13,259	15,926	2,667
4. Target Case Management (TCM)	178,791	186,888	8,097
5. TCM Administration	6,286	5,354	-932
6. Title XX Block Grant	213,421	213,421	0
a. Social Services	136,264	136,264	0
b. Temporary Assistance for Needy Families	77,157	77,157	0
7. ICF-DD SPA	57,994	57,567	-427
8. Quality Assurance Fees (QAF)	10,263	10,187	-76
9. 1915(i) SPA	215,278	213,498	-1,780
10. Money Follows the Person	9,638	9,638	0
11. Early Periodic Screening Diagnosis and Treatment	26,280	28,206	1,926
<b>C. Program Development Fund / Parental Fees</b>	\$2,537	\$2,537	\$0
<b>D. Developmental Disabilities Services Account</b>	\$150	\$150	\$0
<b>E. Mental Health Services Fund</b>	\$740	\$740	\$0
<b>F. Federal Funds</b>	\$51,354	\$53,707	\$2,353
1. Early Start/Part C Grant	50,542	52,895	2,353
2. Foster Grandparent Program	812	812	0
<b>G. BHT: Fee - for - Service</b>	\$12,171	\$15,388	\$3,217
Reimbursement from DHCS	12,171	15,388	3,217
<b>H. GRAND TOTAL</b>	<b>\$6,102,073</b>	<b>\$6,064,913</b>	<b>-\$37,160</b>

Comparison of Governor's Budget to Enacted Budget  
Fiscal Year 2017-18

	A Enacted Budget	B Governor's Budget	C Request (B - A)
<b>I. BUDGET ITEMS:</b>			
<b>A. Operations (OPS)</b>			
<b>Caseload Growth</b>			
1. Staffing	\$558,778	\$587,407	\$28,629
2. Federal Compliance	49,592	47,686	-1,906
3. Projects	24,776	27,058	2,282
4. Agnews Ongoing Workload	2,946	2,894	-52
5. Lanterman DC Closure	2,576	2,392	-184
6. ICF-DD SPA Administration Fee	1,740	1,727	-13
7. Total OPS Caseload Growth (Items 1 thru 6)	\$640,408	\$669,164	\$28,756
<b>Policy</b>			
8. DC Closure	\$5,434	\$5,434	\$0
a. Sonoma DC	3,616	3,616	0
b. Fairview DC	1,212	1,212	0
c. Porterville DC	606	606	0
9. Improve Service Coordinator Caseload Ratios	17,000	17,000	\$0
10. Compliance with HCBS Regulations	1,600	1,422	-178
11. Regional Center Operations Increases	56,600	56,600	0
12. Resources to Implement ABX2 1	7,504	4,164	-3,340
13. Total Policy (Items 8 thru 12)	\$88,138	\$84,620	-\$3,518
14. Total Operations (Items 7 and 13)	\$728,546	\$753,784	\$25,238
<b>B. Purchase of Services (POS)</b>			
<b>Caseload Growth</b>			
1. Community Care Facilities	\$1,185,759	\$1,259,012	\$73,253
2. Medical Facilities	19,603	22,164	2,561
3. Day Programs	994,357	1,047,134	52,777
4. Habilitation Services	151,431	155,009	3,578
a. Work Activity Program	53,288	51,818	-1,470
b. Supported Employment Program (Group Placement)	79,865	84,183	4,318
c. Supported Employment Program (Individual Placement)	18,278	19,008	730
5. Transportation	301,544	323,108	21,564
6. Support Services	1,138,632	1,209,519	70,887
7. In-Home Respite	325,040	347,602	22,562
8. Out-of-Home Respite	36,466	40,941	4,475
9. Health Care	128,331	120,414	-7,917
10. Miscellaneous	505,159	514,194	9,035
11. QAF (Transfer from DHCS)	9,393	9,324	-69
12. POS Subtotal (Items 1 thru 11)	\$4,795,715	\$5,048,421	\$252,706

**Comparison of Governor's Budget to Enacted Budget  
Fiscal Year 2017-18**

	<b>A Enacted Budget</b>	<b>B Governor's Budget</b>	<b>C Request (B - A)</b>
<b>Policy</b>			
13. AB 10 Minimum Wage Increase, Effective January 1, 2016	\$124,714	\$132,248	\$7,534
14. Impacts from Other Departments, DHCS - Behavioral Health Treatment (BHT)	-141,217	-128,107	13,110
15. DC Closure	73,358	20,244	-53,114
a. Sonoma DC	20,884	13,322	-7,562
b. Fairview DC	28,461	4,570	-23,891
c. Porterville DC	24,013	2,352	-21,661
16. Alternative Residential Model (ARM) 4-Bed Rate Model	46,000	46,000	0
17. Compliance with HCBS Regulations	15,000	15,000	0
18. Community Based Services Increase	416,600	416,600	0
19. SB 3 Minimum Wage Increase: Effective January 1, 2017	21,245	98,439	77,194
20. Best Buddies	1,000	0	-1,000
21. Total Policy (Items 13 thru 20)	\$556,700	\$600,424	\$43,724
22. Total POS (Items 12 and 21)	\$5,352,415	\$5,648,845	\$296,430
<b>C. Early Start/Part C: Other Agency Costs</b>	\$19,109	\$19,109	\$0
<b>D. Early Start Family Resource Services</b>	\$2,003	\$2,003	\$0
<b>E. GRAND TOTAL</b>	<b>\$6,102,073</b>	<b>\$6,423,741</b>	<b>\$321,668</b>

**Comparison of Governor's Budget to Enacted Budget  
Fiscal Year 2017-18**

	<b>A</b> <b>Enacted</b> <b>Budget</b>	<b>B</b> <b>Governor's</b> <b>Budget</b>	<b>C</b> <b>Request</b> <b>(B - A)</b>
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$3,633,200	\$3,838,894	\$205,694
1. General Fund Match	2,162,716	2,274,753	112,037
2. General Fund - Other	1,470,484	1,564,141	93,657
<b>B. Reimbursements</b>	\$2,401,921	\$2,511,945	\$110,024
1. HCBS Waiver	1,658,574	1,750,968	92,394
2. HCBS Waiver Administration	12,137	14,104	1,967
3. Medicaid Administration	13,259	15,952	2,693
4. TCM	178,791	192,737	13,946
5. TCM Administration	6,286	5,354	-932
6. Title XX Block Grant	213,421	213,421	0
a. Social Services	136,264	136,264	0
b. Temporary Assistance for Needy Families	77,157	77,157	0
7. ICF-DD SPA	57,994	57,567	-427
8. QAF	10,263	10,187	-76
9. 1915(i) SPA	215,278	219,479	4,201
10. Money Follows the Person	9,638	4,330	-5,308
11. Early Periodic Screening Diagnosis and Treatment	26,280	27,846	1,566
<b>C. Program Development Fund / Parental Fees</b>	\$2,537	\$2,537	\$0
<b>D. Developmental Disabilities Services Account</b>	\$150	\$150	\$0
<b>E. Mental Health Services Fund</b>	\$740	\$740	\$0
<b>F. Federal Funds</b>	\$51,354	\$54,087	\$2,733
1. Early Start/Part C Grant	50,542	52,895	2,353
2. Foster Grandparent Program	812	1,192	380
<b>G. BHT: Fee - for - Service</b>	\$12,171	\$15,388	\$3,217
Reimbursement from DHCS	12,171	15,388	3,217
<b>H. GRAND TOTAL</b>	<b>\$6,102,073</b>	<b>\$6,423,741</b>	<b>\$321,668</b>

**Comparison Fiscal Year 2016-17 to Fiscal Year 2017-18**

<b>A</b>	<b>B</b>	<b>C</b>
<b>Fiscal Year 2016-17</b>	<b>Fiscal Year 2017-18</b>	<b>Incremental Increase ( B - A )</b>

**I. BUDGET ITEMS:****A. Operations (OPS)****Caseload Growth**

1. Staffing	\$560,852	\$587,407	\$26,555
2. Federal Compliance	49,592	47,686	-1,906
3. Projects	24,698	27,058	2,360
4. Agnews Ongoing Workload	2,946	2,894	-52
5. Lanterman DC Closure	2,576	2,392	-184
6. ICF-DD SPA Administration Fee	1,727	1,727	0
7. Total OPS Caseload Growth (Items 1 thru 6)	\$642,391	\$669,164	\$26,773

**Policy**

8. DC Closure	\$5,434	\$5,434	\$0
a. Sonoma DC	3,616	3,616	0
b. Fairview DC	1,212	1,212	0
c. Porterville DC	606	606	0
9. Improve Service Coordinator Caseload Ratios	17,000	17,000	0
10. Compliance with HCBS Regulations	1,600	1,422	-178
11. Regional Center Operations Increases AB X2 1	56,600	56,600	0
12. Resources to Implement ABX2 1	7,504	4,164	-3,340
13. Total Policy (Items 8 thru 12)	\$88,138	\$84,620	-\$3,518
14. Total OPS (Items 7 and 13)	\$730,529	\$753,784	\$23,255

**B. Purchase of Services (POS)****Caseload Growth**

1. Community Care Facilities	\$1,193,781	\$1,259,012	\$65,231
2. Medical Facilities	20,937	22,164	1,227
3. Day Programs	997,648	1,047,134	49,486
4. Habilitation Services	151,744	155,009	3,265
a. Work Activity Program	51,829	51,818	-11
b. Supported Employment (Group Placement)	81,236	84,183	2,947
c. Supported Employment (Individual Placement)	18,679	19,008	329
5. Transportation	303,293	323,108	19,815
6. Support Services	1,116,468	1,209,519	93,051
7. In-Home Respite	315,036	347,602	32,566
8. Out-of-Home Respite	40,615	40,941	326
9. Health Care	110,596	120,414	9,818
10. Miscellaneous	498,320	514,194	15,874
11. QAF (Transfer from DHCS)	9,324	9,324	0
12. Total POS Caseload (Items 1 thru 11)	\$4,757,762	\$5,048,421	\$290,659

**Comparison Fiscal Year 2016-17 to Fiscal Year 2017-18**

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Fiscal Year 2016-17</b>	<b>Fiscal Year 2017-18</b>	<b>Incremental Increase ( B - A )</b>
<b>Policy</b>			
13. AB 10 Minimum Wage Increase, Effective January 1, 2016	\$124,714	\$132,248	\$7,534
14. Impacts from Other Departments, DHCS - BHT	-128,107	-128,107	0
15. DC Closure	73,358	20,244	-53,114
a. Sonoma DC	20,884	13,322	-7,562
b. Fairview DC	28,461	4,570	-23,891
c. Porterville DC	24,013	2,352	-21,661
16. ARM 4-Bed Rate Model	46,000	46,000	0
17. Compliance with HCBS Regulations	15,000	15,000	0
18. Community Based Services Increase	402,300	416,600	14,300
19. SB 3 Minimum Wage increase: Effective January 1, 2017	21,245	98,439	77,194
20. Best Buddies	1,000	0	-1,000
21. Total Policy (Item 13 thru 20)	\$555,510	\$600,424	\$44,914
22. Total POS (Items 12 and 21)	\$5,313,272	\$5,648,845	\$335,573
<b>C. Early Start/Part C: Other Agency Costs</b>	\$19,109	\$19,109	\$0
<b>D. Early Start Family Resource Services</b>	\$2,003	\$2,003	\$0
<b>F. GRAND TOTAL</b>	<b>\$6,064,913</b>	<b>\$6,423,741</b>	<b>\$358,828</b>

## Comparison Fiscal Year 2016-17 to Fiscal Year 2017-18

	A	B	C
	Fiscal Year 2016-17	Fiscal Year 2017-18	Incremental Increase (B - A)
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$3,558,448	\$3,838,894	\$280,446
1. General Fund Match	2,193,091	2,274,753	81,662
2. General Fund - Other	1,365,357	1,564,141	198,784
<b>B. Reimbursements</b>	\$2,433,943	\$2,511,945	\$78,002
1. HCBS Waiver	1,679,270	1,750,968	71,698
2. HCBS Waiver Administration	13,988	14,104	116
3. Medicaid Administration	15,926	15,952	26
4. TCM	186,888	192,737	5,849
5. TCM Administration	5,354	5,354	0
6. Title XX Block Grant	213,421	213,421	0
a. Social Services	136,264	136,264	0
b. Temporary Assistance for Needy Families	77,157	77,157	0
7. ICF-DD SPA	57,567	57,567	0
8. QAF	10,187	10,187	0
9. 1915(i) SPA	213,498	219,479	5,981
10. Money Follows the Person	9,638	4,330	-5,308
11. Early Periodic Screening Diagnosis and Treatment	28,206	27,846	-360
13 BHT Fee for Service	0	0	0
<b>C. Program Development Fund / Parental Fees</b>	\$2,537	\$2,537	\$0
<b>D. Developmental Disabilities Services Account</b>	\$150	\$150	\$0
<b>E. Mental Health Services Fund</b>	\$740	\$740	\$0
<b>F. Federal Funds</b>	\$53,707	\$54,087	\$380
1. Early Start/Part C Grant	52,895	52,895	0
2. Foster Grandparent Program	812	1,192	380
<b>G. Behavioral Health Treatment Fee - for - Services</b>	\$15,388	\$15,388	\$0
Reimbursement from DHCS	15,388	15,388	0
<b>H. GRAND TOTAL</b>	<b>\$6,064,913</b>	<b>\$6,423,741</b>	<b>\$358,828</b>



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

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Enacted Budget</b>	<b>Updated 2016-17</b>	<b>2016-17 Request (B - A)</b>
<b>I. BUDGET ITEMS:</b>			
<b>Caseload Growth</b>			
1. Staffing	\$558,778	\$560,852	\$2,074
2. Federal Compliance	49,592	49,592	0
3. Projects	24,776	24,698	-78
4. Agnews Ongoing Workload	2,946	2,946	0
5. Lanterman DC Closure	2,576	2,576	0
6. ICF-DD SPA Administration Fee	1,740	1,727	-13
7. Total OPS Caseload Growth (Items 1 thru 6)	\$640,408	\$642,391	\$1,983
<b>Policy</b>			
8. DC Closure	\$5,434	\$5,434	\$0
a. Sonoma DC	3,616	3,616	0
b. Fairview DC	1,212	1,212	0
c. Porterville DC	606	606	0
9. Improve Service Coordinator Caseload	17,000	17,000	0
10. Compliance with HCBS Regulations	1,600	1,600	0
11. Regional Center Operations Increase ABX2 1	56,600	56,600	0
12. Resources to Implement ABX2 1	7,504	7,504	0
13. Total Policy (Items 8 thru 12)	\$88,138	\$88,138	\$0
14. Total OPS (Items 7 and 13)	\$728,546	\$730,529	\$1,983
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$507,995	\$498,302	-\$9,693
1. General Fund Match	204,845	214,553	9,708
2. General Fund Other	303,150	283,749	-19,401
<b>B. Reimbursements</b>	\$218,849	\$230,525	\$11,676
1. HCBS Waiver Administration	12,137	13,988	1,851
2. Medicaid Administration	13,259	15,926	2,667
3. TCM	178,791	186,888	8,097
4. TCM Administration	6,286	5,354	-932
5. QAF	870	863	-7
6. Money Follows the Person	7,506	7,506	0
<b>C. Developmental Disabilities Services Account</b>	\$150	\$150	\$0
<b>D. Mental Health Services Fund</b>	\$740	\$740	\$0
<b>E. Federal Funds</b>	\$812	\$812	\$0
Foster Grandparent Program	812	812	0
<b>F. Grand Total</b>	\$728,546	\$730,529	\$1,983

**Comparison of Governor's Budget to Enacted Budget**  
**Fiscal Year 2017-18**  
**OPERATIONS**

A	B	C
Enacted Budget	Updated 2017-18	2017-18 Request (B - A)

**I. BUDGET ITEMS:****Caseload Growth**

1. Staffing	\$558,778	\$587,407	\$28,629
2. Federal Compliance	49,592	47,686	-1,906
3. Projects	24,776	27,058	2,282
4. Agnews Ongoing Workload	2,946	2,894	-52
5. Lanterman DC Closure	2,576	2,392	-184
6. ICF-DD SPA Administration Fee	1,740	1,727	-13
7. Total OPS Caseload Growth (Items 1 thru 6)	\$640,408	\$669,164	\$28,756

**Policy**

8. DC Closure	\$5,434	\$5,434	\$0
a. Sonoma DC	3,616	3,616	0
b. Fairview DC	1,212	1,212	0
c. Porterville DC	606	606	0
9. Improve Service Coordinator Caseload Ratios	17,000	17,000	0
10. Compliance with HCBS Regulations	1,600	1,422	-178
11. Regional Center Operations Increases AB X2 1	56,600	56,600	0
12. Resources to Implement ABX2 1	7,504	4,164	-3,340
13. Total Policy (Items 8 thru 12)	88,138	84,620	-3,518
14. Total OPS (Items 7 and 13)	\$728,546	\$753,784	\$25,238

**II. FUND SOURCES:****A. General Fund Total**

	\$507,995	\$520,173	\$12,178
1. General Fund Match	204,845	218,891	14,046
2. General Fund Other	303,150	301,282	-1,868

**B. Reimbursements**

	\$218,849	\$231,529	\$12,680
1. HCBS Waiver Administration	12,137	14,104	1,967
2. Medicaid Administration	13,259	15,952	2,693
3. TCM	178,791	192,737	13,946
4. TCM Administration	6,286	5,354	-932
5. QAF	870	863	-7
6. Money Follows the Person	7,506	2,519	-4,987

**C. Developmental Disabilities Services Account**

	\$150	\$150	\$0
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**D. Mental Health Services Fund**

	\$740	\$740	\$0
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**E. Federal Funds**

Foster Grandparent Program	\$812	\$1,192	\$380
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**F. Grand Total**

	\$728,546	\$753,784	\$25,238
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**Comparison of Governor's Budget to Enacted Budget  
Fiscal Year 2016-17  
PURCHASE OF SERVICES**

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Enacted Budget</b>	<b>Updated 2016-17</b>	<b>2016-17 Request (B - A)</b>
<b>I. BUDGET ITEMS:</b>			
<b>Caseload Growth</b>			
<b>A. Purchase of Services (POS)</b>			
1. Community Care Facilities	\$1,185,759	\$1,193,781	\$8,022
2. Medical Facilities	19,603	20,937	1,334
3. Day Programs	994,357	997,648	3,291
4. Habilitation Services	151,431	151,744	313
a. Work Activity Program	53,288	51,829	-1,459
b. Supported Employment Program (Group Placement)	79,865	81,236	1,371
c. Supported Employment Program (Individual Placement)	18,278	18,679	401
5. Transportation	301,544	303,293	1,749
6. Support Services	1,138,632	1,116,468	-22,164
7. In-Home Respite	325,040	315,036	-10,004
8. Out-of-Home Respite	36,466	40,615	4,149
9. Health Care	128,331	110,596	-17,735
10. Miscellaneous	505,159	498,320	-6,839
11. QAF (Transfer from DHCS)	9,393	9,324	-69
12. Total POS Caseload Growth (Items 1 thru 11)	\$4,795,715	\$4,757,762	-\$37,953
<b>Policy</b>			
13. AB 10 Minimum Wage Increase, Effective 1/1/2016	\$124,714	\$124,714	\$0
14. Impacts from Other Departments, DHCS - BHT	-141,217	-128,107	13,110
15. DC Closure	73,358	73,358	0
a. Sonoma DC	20,884	20,884	0
b. Fairview DC	28,461	28,461	0
c. Porterville DC	24,013	24,013	0
16. Alternate Residential Model (ARM) 4-Bed Rate	46,000	46,000	0
17. Compliance with HCBS Regulations	15,000	15,000	0
18. Community Based Services Rate Increase	416,600	402,300	-14,300
19. SB 3 Minimum Wage Increase Effective January 01, 2017	21,245	21,245	0
20. Best Buddies	1,000	1,000	0
21. Total Policy (Items 13 thru 20)	\$556,700	\$555,510	-\$1,190
22. Total POS (Items 12 and 21)	\$5,352,415	\$5,313,272	-\$39,143
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>	\$3,123,202	\$3,058,143	-\$65,059
1. General Fund Match	1,957,871	1,978,538	20,667
2. General Fund Other	1,165,331	1,079,605	-85,726
<b>B. Reimbursements</b>	\$2,183,072	\$2,203,418	\$20,346
1. HCBS Waiver	1,658,574	1,679,270	20,696
2. Title XX Block Grant	213,421	213,421	0
a. Social Services	136,264	136,264	0
b. Temporary Assistance for Needy Families	77,157	77,157	0
3. ICF-DD SPA	57,994	57,567	-427
4. QAF	9,393	9,324	-69
5. 1915(i) SPA	215,278	213,498	-1,780
6. Money Follows the Person	2,132	2,132	0
7. Early Periodic Screening Diagnosis and Treatment	26,280	28,206	1,926
<b>C. Program Development Fund / Parental Fees</b>	\$2,537	\$2,537	\$0
<b>D. Federal Funds</b>	\$31,433	\$33,786	\$2,353
Early Start/Part C Grant	31,433	33,786	2,353
<b>E. Behavioral Health Treatment Fee - For - Service</b>	\$12,171	\$15,388	\$3,217
Reimbursement from DHCS	12,171	15,388	3,217
<b>F. Grand Total</b>	\$5,352,415	\$5,313,272	-\$39,143

Values in thousands (000's)

**Comparison of Governor's Budget to Enacted Budget  
Fiscal Year 2017-18  
PURCHASE OF SERVICES**

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Enacted Budget</b>	<b>Updated 2017-18</b>	<b>2017-18 Request (B - A)</b>
<b>I. BUDGET ITEMS:</b>			
<b>Caseload Growth</b>			
<b>A. Purchase of Services (POS)</b>			
1. Community Care Facilities	\$1,185,759	\$1,259,012	\$73,253
2. Medical Facilities	19,603	22,164	2,561
3. Day Programs	994,357	1,047,134	52,777
4. Habilitation Services	151,431	155,009	3,578
a. <i>Work Activity Program</i>	53,288	51,818	-1,470
b. <i>Supported Employment Program (Group Placement)</i>	79,865	84,183	4,318
c. <i>Supported Employment Program (Individual Placement)</i>	18,278	19,008	730
5. Transportation	301,544	323,108	21,564
6. Support Services	1,138,632	1,209,519	70,887
7. In-Home Respite	325,040	347,602	22,562
8. Out-of-Home Respite	36,466	40,941	4,475
9. Health Care	128,331	120,414	-7,917
10. Miscellaneous	505,159	514,194	9,035
11. QAF (Transfer from DHCS)	9,393	9,324	-69
12. Total POS Caseload Growth (Items 1 thru 11)	\$4,795,715	\$5,048,421	\$252,706
<b>Policy</b>			
13. AB 10 Minimum Wage Increase, Effective 1/1/2016	\$124,714	\$132,248	\$7,534
14. Impacts from Other Departments, DHCS - BHT	-141,217	-128,107	13,110
15. DC Closure	73,358	20,244	-53,114
a. Sonoma DC	20,884	13,322	-7,562
b. Fairview DC	28,461	4,570	-23,891
c. Porterville DC	24,013	2,352	-21,661
16. Alternative Residential Model (ARM) 4-Bed Rate	46,000	46,000	0
17. Compliance with HCBS Regulations	15,000	15,000	0
18. Community Based Services Rate Increase	416,600	416,600	0
19. SB 3 Minimum Wage Increase Effective January 01, 2017	21,245	98,439	77,194
20. Best Buddies	1,000	0	-1,000
21. Total Policy (Items 13 thru 20)	\$556,700	\$600,424	\$43,724
22. Total POS (Items 12 and 21)	\$5,352,415	\$5,648,845	\$296,430
<b>II. FUND SOURCES:</b>			
<b>A. General Fund Total</b>			
1. General Fund Match	\$3,123,202	\$3,316,718	\$193,516
2. General Fund Other	1,957,871	2,055,862	97,991
	1,165,331	1,260,856	95,525
<b>B. Reimbursements</b>			
1. HCBS Waiver	\$2,183,072	\$2,280,416	\$97,344
2. Title XX Block Grant	1,658,574	1,750,968	92,394
a. <i>Social Services</i>	213,421	213,421	0
b. <i>Temporary Assistance for Needy Families</i>	136,264	136,264	0
	77,157	77,157	0
3. ICF-DD SPA	57,994	57,567	-427
4. QAF	9,393	9,324	-69
5. 1915(i) SPA	215,278	219,479	4,201
6. Money Follows the Person	2,132	1,811	-321
7. Early Periodic Screening Diagnosis and Treatment	26,280	27,846	1,566
<b>C. Program Development Fund / Parental Fees</b>			
	\$2,537	\$2,537	\$0
<b>D. Federal Funds</b>			
<i>Early Start/Part C Grant</i>	\$31,433	\$33,786	\$2,353
	31,433	33,786	2,353
<b>E. Behavioral Health Treatment Fee - For - Service</b>			
Reimbursement from DHCS	\$12,171	\$15,388	\$3,217
	12,171	15,388	
<b>F. Grand Total</b>	<b>\$5,352,415</b>	<b>\$5,648,845</b>	<b>\$296,430</b>

Values in thousands (000's)

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

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

**Comparison of Governor's Budget to Enacted Budget**  
**Fiscal Year 2017-18**  
**EARLY START/OTHER AGENCY COSTS**

	A	B	C
	Enacted Budget	Updated 2017-18	2017-18 Request (B - A)
<b>I. BUDGET ITEMS:</b>			
<b>Other Agency Costs</b>			
1. California Department of Education	\$14,600	\$14,600	\$0
a. Local Education Agencies	14,245	14,245	0
b. Support	355	355	0
2. System Requirements	1,850	1,850	0
3. Family Resource Centers	2,659	2,659	0
4. Other Agency Costs (Items 1 thru 3)	\$19,109	\$19,109	\$0
<b>II. FUND SOURCES:</b>			
<b>A. Federal Funds</b>			
1. Early Start/Part C Grant	\$19,109	\$19,109	\$0
<b>B. Grand Total</b>	\$19,109	\$19,109	\$0



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## EXECUTIVE HIGHLIGHTS

### Overview

This document provides a brief, high-level summary of notable changes in the Department's November 2016 Regional Center Estimate.

## GENERAL BUDGET OVERVIEW

### 2016-17

#### Costs and Fund Sources

The 2016-17 updated regional center budget totals \$6.1 billion (\$3.6 billion General Fund [GF]), which is a net decrease of \$37.1 million (\$74.8 million GF decrease) from the 2016-17 Enacted Budget. The decrease reflects a projected \$39.1 million reduction in Purchase of Service (POS) expenditures, and an increase of \$2.0 million in Operations costs. In general, the incremental fund source adjustments reflect an estimated increase in reimbursements that allow for a reduction in GF expenditures.

<b>Costs and Fund Sources</b> <i>(Values in thousands)</i>			
	<b>Enacted</b>	<b>Updated 2016-17</b>	<b>Request</b>
<b>Total Costs</b>	<b>\$6,102,073</b>	<b>\$6,064,913</b>	<b>-\$37,160</b>
Operations	728,546	730,529	1,983
Purchase of Services	5,352,415	5,313,272	-39,143
Early Start - Other Agency Costs	19,109	19,109	0
Early Start Family Resource Services	2,003	2,003	0
<b>Fund Sources</b>	<b>\$6,102,073</b>	<b>\$6,064,913</b>	<b>-\$37,160</b>
General Fund (GF)	3,633,200	3,558,448	-74,752
<i>GF Match</i>	2,162,716	2,193,091	30,375
<i>GF Other</i>	1,470,484	1,365,357	-105,127
Reimbursements	2,401,921	2,433,943	32,022
Program Development Fund	2,537	2,537	0
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	51,354	53,707	2,353
BHT - FFS Reimbursement from DHCS	12,171	15,388	3,217

Population

There is a net increase of 837 consumers in the updated 2016-17 caseload, comprised of an increase of 1,047 Early Start consumers and a decrease of 210 active consumers.

	Enacted	Updated 2016-17	Difference
<b><u>CASELOAD</u></b>			
Active (Age 3 & Older)	264,679	264,469	-210
Total Early Start (Birth through 35 Months)	37,931	38,978	1,047
Total Community Caseload	302,610	303,447	837

Regional Center Operations

The Operations budget reflects a net increase of \$2.0 million (\$9.6 million GF decrease) over the 2016-17 Enacted Budget due to an increase in the regional center caseload. This increase is slightly offset by a decrease in the Intermediate Care Facility-Developmentally Disabled (ICF-DD) Administration Fees and Project costs for the Affordable Housing contract and the extension of Denti-Cal infrastructure for the Regional Center-funded dental contract.

	Enacted	Updated 2016-17	Request
	<i>(Values in thousands)</i>		
<b><u>Operations Total</u></b>			
Core Staffing	\$558,778	\$560,852	\$2,074
Federal Compliance	49,592	49,592	0
Projects	24,776	24,698	-78
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure	2,576	2,576	0
ICF-DD - Administration Fee	1,740	1,727	-13
<b>Total Operations</b>	<b>\$640,408</b>	<b>\$642,391</b>	<b>\$1,983</b>

POS Expenditures

Updated POS expenditures reflect a net decrease of \$38 million (\$63.1 million GF decrease), or -0.79 percent, as compared to the 2016-17 Enacted Budget. While there is a net decrease in projected POS expenditures from the Enacted Budget, overall expenditures have increased from the prior fiscal year.

<b>Purchase of Services</b> <b>Caseload (Utilization and Growth)</b> <i>(Values in thousands)</i>				
	<b>Enacted</b>	<b>Updated 2016-17</b>	<b>Change over Enacted</b>	<b>Percent Change</b>
Community Care Facilities	\$1,185,759	\$1,193,781	\$8,022	0.68%
Medical Facilities	19,603	20,937	1,334	6.81%
Day Programs	994,357	997,648	3,291	0.33%
Habilitation	151,431	151,744	313	0.21%
<i>Work Activity Program</i>	53,288	51,829	-1,459	-2.74%
<i>Supported Employment Program -     Group</i>	79,865	81,236	1,371	1.72%
<i>Supported Employment Program -     Individual</i>	18,278	18,679	401	2.19%
Transportation	301,544	303,293	1,749	0.58%
Support Services	1,138,632	1,116,468	-22,164	-1.95%
In-Home Respite	325,040	315,036	-10,004	-3.08%
Out of Home Respite	36,466	40,615	4,149	11.38%
Health Care	128,331	110,596	-17,735	-13.82%
Miscellaneous	505,159	498,320	-6,839	-1.35%
Quality Assurance Fees	9,393	9,324	-69	-0.73%
<b>TOTAL</b>	<b>\$4,795,715</b>	<b>\$4,757,762</b>	<b>-\$37,953</b>	<b>-0.79%</b>

Policy

Current year includes an increase of \$13.1 million (\$6.4 million GF) over the 2016-17 Enacted Budget for Impacts from Other Departments, Department of Health Care Services (DHCS) – Behavioral Health Treatment (BHT) Transition. The updated 2016-17 projection reflects the revised transition list from DHCS, as well as updated average monthly costs per consumer. This increase reflects slightly lower projected savings from the 2016-17 Enacted Budget.

The BHT transition of funding for 12,865 Medi-Cal Managed Care Plan (MCP) consumers under the age of 21 with an Autism Spectrum Disorder was completed in September 2016. An additional 1,683 regional center consumers receiving BHT services under a fee-for-service structure will continue to be funded through DDS with costs reimbursed by DHCS.

In addition to the BHT policy impact, the updated 2016-17 estimate includes a decrease of \$14.3 million (\$8.4 million GF decrease) for the Community Based Services Increases provided by ABX2 1. The decrease reflects updated expenditures consistent with general POS expenditure decreases.

<b>Policy</b> (Values in thousands)			
	<b>Enacted</b>	<b>Updated 2016-17</b>	<b>Change over Enacted</b>
<b>Operations</b>			
Improve Service Coordinator Caseload Ratios	\$17,000	\$17,000	\$0
Compliance with HCBS Regulations - Operations	\$1,600	\$1,600	\$0
Regional Center Operations Increases	\$56,600	\$56,600	\$0
Resources to Implement ABX2 1	\$7,504	\$7,504	\$0
DC Closure	\$5,434	\$5,434	\$0
<i>Sonoma DC</i>	\$3,616	\$3,616	\$0
<i>Fairview DC</i>	\$1,212	\$1,212	\$0
<i>Porterville DC</i>	\$606	\$606	\$0
<b>Total Operations Policy</b>	<b>\$88,138</b>	<b>\$88,138</b>	<b>\$0</b>
<b>Purchase of Services (POS)</b>			
AB 10 Minimum Wage Increase, Effective 1/1/2016	\$124,714	\$124,714	\$0
Impacts from Other Departments, DHCS - BHT Transition	-141,217	-128,107	13,110
DC Closure	73,358	73,358	0
<i>Sonoma DC</i>	20,884	20,884	0
<i>Fairview DC</i>	28,461	28,461	0
<i>Porterville DC</i>	24,013	24,013	0
Alternative Residential Model 4-Bed Rate	46,000	46,000	0
Compliance with HCBS Regulations - POS	15,000	15,000	0
Community Based Services Increases	416,600	402,300	-14,300
SB 3 Minimum Wage Increase, Effective 1/1/2017	21,245	21,245	0
Best Buddies	1,000	1,000	0
<b>Total POS Policy</b>	<b>\$556,700</b>	<b>\$555,510</b>	<b>-\$1,190</b>
<b>TOTAL</b>	<b>\$644,838</b>	<b>\$643,648</b>	<b>-\$1,190</b>

Reimbursements

Updated 2016-17 reimbursements reflect an increase of \$32 million from the 2016-17 Enacted Budget.

<b>Reimbursements</b> <i>(Values in thousands)</i>			
	<b>Enacted</b>	<b>Updated 2016-17</b>	<b>Request</b>
Home and Community-Based Services (HCBS) Waiver	\$1,658,574	\$1,679,270	\$20,696
HCBS Waiver Administration	12,137	13,988	1,851
Medicaid Administration	13,259	15,926	2,667
Targeted Case Management (TCM)	178,791	186,888	8,097
TCM Administration	6,286	5,354	-932
Title XX Block Grant	213,421	213,421	0
(1) Social Services	136,264	136,264	0
(2) Temporary Assistance for Needy Families	77,157	77,157	0
ICF-DD	57,994	57,567	-427
QAF	10,263	10,187	-76
1915(i) State Plan Amendment (SPA)	215,278	213,498	-1,780
Money Follows the Person	9,638	9,638	0
Early Periodic Screening Diagnosis and Treatment (EPSDT)	26,280	28,206	1,926
<b>TOTAL</b>	<b>\$2,401,921</b>	<b>\$2,433,943</b>	<b>\$32,022</b>

**2017-18****Costs and Fund Sources**

The 2017-18 Governor's Budget includes \$6.4 billion (\$3.8 billion GF); a net increase of \$358.8 million from the updated 2016-17 projections. The increase reflects a \$335.6 million increase in POS and a \$23.3 million increase in Operations. The following tables reflect the updated current and budget year projected costs by fund sources and caseload changes.

<b>Costs and Fund Sources</b> (Values in thousands)			
	<b>Updated 2016-17</b>	<b>2017-18</b>	<b>Request</b>
<b>Total Costs</b>	<b>\$6,064,913</b>	<b>\$6,423,741</b>	<b>\$358,828</b>
Operations	730,529	753,784	23,255
Purchase of Services	5,313,272	5,648,845	335,573
Early Start - Other Agency Costs	19,109	19,109	0
Early Start Family Resource Services	2,003	2,003	0
<b>Fund Sources</b>	<b>\$6,064,913</b>	<b>\$6,423,741</b>	<b>\$358,828</b>
General Fund (GF)	3,558,448	3,838,894	280,446
<i>GF Match</i>	2,193,091	2,274,753	81,662
<i>GF Other</i>	1,365,357	1,564,141	198,784
Reimbursements	2,433,943	2,511,945	78,002
Program Development Fund	2,537	2,537	0
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	53,707	54,087	380
BHT - FFS Reimbursement from DHCS	15,388	15,388	0

**Population**

By January 31, 2018, the 2017-18 community population is estimated to increase by 13,836 consumers, 4.56 percent, over the updated 2016-17 projection.

	<b>Updated 2016-17</b>	<b>2017-18</b>	<b>Difference</b>
<b><u>CASELOAD</u></b>			
Active (Age 3 & Older)	264,469	275,104	10,635
Total Early Start (Birth through 35 Months)	38,978	42,179	3,201
Total Community Caseload	303,447	317,283	13,836

Regional Center Operations

There is an overall increase of \$26.8 million (\$25.2 million GF) in 2017-18 from updated 2016-17 projections, primarily based on caseload increases. Core staffing also includes an increase of \$2.9 million (\$1.9 million GF) to fund the two-year increase from \$10 to \$11 per hour in the statewide minimum wage increase for those regional center operations positions that are below \$11.

	<b>Updated 2016-17</b>	<b>2017-18</b>	<b>Request</b>
	<i>(Values in thousands)</i>		
<b><u>Operations Total</u></b>			
Core Staffing	\$560,852	\$587,407	\$26,555
Federal Compliance	49,592	47,686	-1,906
Projects	24,698	27,058	2,360
Agnews Ongoing Workload	2,946	2,894	-52
Lanterman Developmental Center Closure	2,576	2,392	-184
ICF-DD - Administration Fee	1,727	1,727	0
<b>Total Operations</b>	<b>\$642,391</b>	<b>\$669,164</b>	<b>\$26,773</b>



POS Expenditures

The 2017-18 POS caseload expenditures reflect a net increase \$290.7 million (\$258 million GF), or 6.11 percent, over the updated 2016-17 projections. Of this increase, \$209 million is due to expenditure increases in the Base. Community Care Facilities, Support Services, and Day Programs comprise 71 percent of the total increase over the updated 2016-17 projections.

<b>Purchase of Services</b> <b>Caseload (Utilization and Growth)</b> <i>(Values in thousands)</i>				
	<b>Updated 2016-17</b>	<b>2017-18</b>	<b>Change over Updated 2016-17</b>	<b>Percent Change</b>
Community Care Facilities	\$1,193,781	\$1,259,012	\$65,231	5.46%
Medical Facilities	20,937	22,164	1,227	5.86%
Day Programs	997,648	1,047,134	49,486	4.96%
Habilitation	151,744	155,009	3,265	2.15%
<i>Work Activity Program</i>	51,829	51,818	-11	-0.02%
<i>Supported Employment Program - Group</i>	81,236	84,183	2,947	3.63%
<i>Supported Employment Program - Individual</i>	18,679	19,008	329	1.76%
Transportation	303,293	323,108	19,815	6.53%
Support Services	1,116,468	1,209,519	93,051	8.33%
In-Home Respite	315,036	347,602	32,566	10.34%
Out of Home Respite	40,615	40,941	326	0.80%
Health Care	110,596	120,414	9,818	8.88%
Miscellaneous	498,320	514,194	15,874	3.19%
Quality Assurance Fees	9,324	9,324	0	0.00%
<b>TOTAL</b>	<b>\$4,757,762</b>	<b>\$5,048,421</b>	<b>\$290,659</b>	<b>6.11%</b>

PolicyOperations

There is a net decrease of \$3.5 million (\$3.8 million GF decrease) in Policy - Operations expenditures as follows:

- Compliance with HCBS Regulations – The minor decrease is due to the shift of rent expenditures to the rent methodology item.
- Resources to Implement ABX2 1 - The decrease of \$3.3 million (\$3.2 million GF decrease) reflects the removal of \$3 million GF in one-time funding appropriated to complete the community-based services rate study, as well as updated reimbursement percentages. There is also a slight decrease due to the shift of rent expenditures to the rent methodology item.

POS

There is a net increase of \$44.9 million (\$0.1 million GF) in Policy - POS expenditures as follows:

- AB 10 – Minimum Wage Increase, Effective January 1, 2016 - The \$7.5 million (\$4.4 million GF) increase in 2017-18 reflects current year expenditures multiplied by the growth rate of each POS budget category.
- Community Placement Plan (CPP) DC Closure – The net decrease of \$53.1 million (\$55.3 million GF decrease) reflects the removal of targeted, one-time Start-Up funding for Sonoma, Fairview, and Porterville developmental centers. This additional funding was required to provide new resources in the community placement to support individuals as they transition from a developmental center to the community. The new resources are in development so additional start-up funding is no longer necessary.
- Community Based Services Increases – \$14.3 million increase (\$8.4 million GF) to reflect the full amount of funds appropriated through ABX2 1.
- SB 3 – Statewide Minimum Wage Increase, effective January 1, 2017 - The \$77.2 million increase (\$43.6 million GF) in 2017-18 reflects the full-year impact of the statewide minimum wage increase from \$10.00 to \$10.50 effective January 1, 2017 and the growth rate for each POS budget category. Additionally, the increase reflects the statewide minimum wage increase of \$10.50 to \$11.00 which will become effective January 1, 2018.
- Best Buddies – \$1 million GF decrease due to the removal of 2016-17 one-time funding.

Please refer to Section I - Impacts from Other Departments and Section J - Policy for more detailed information.

<b>Policy</b> (Values in thousands)			
	<b>Updated 2016-17</b>	<b>2017-18</b>	<b>Change over Updated 2016-17</b>
<b>Operations</b>			
Improve Service Coordinator Caseload Ratios	\$17,000	\$17,000	\$0
Compliance with HCBS Regulations - Operations	\$1,600	\$1,422	-\$178
Regional Center Operations Increases	\$56,600	\$56,600	\$0
Resources to Implement ABX2 1	\$7,504	\$4,164	-\$3,340
DC Closure	\$5,434	\$5,434	\$0
<i>Sonoma DC</i>	\$3,616	\$3,616	\$0
<i>Fairview DC</i>	\$1,212	\$1,212	\$0
<i>Porterville DC</i>	\$606	\$606	\$0
<b>Total Operations Policy</b>	<b>\$88,138</b>	<b>\$84,620</b>	<b>-\$3,518</b>
<b>Purchase of Services (POS)</b>			
AB 10 Minimum Wage Increase, Effective 1/1/2016	\$124,714	\$132,248	\$7,534
Impacts from Other Departments, DHCS - BHT Transition	-128,107	-128,107	0
DC Closure	73,358	20,244	-53,114
<i>Sonoma DC</i>	20,884	13,322	-7,562
<i>Fairview DC</i>	28,461	4,570	-23,891
<i>Porterville DC</i>	24,013	2,352	-21,661
Alternative Residential Model 4-Bed Rate	46,000	46,000	0
Compliance with HCBS Regulations - POS	15,000	15,000	0
Community Based Services Increases	402,300	416,600	14,300
SB 3 Minimum Wage Increase, Effective 1/1/2017	21,245	98,439	77,194
Best Buddies	1,000	0	-1,000
<b>Total POS Policy</b>	<b>\$555,510</b>	<b>\$600,424</b>	<b>\$44,914</b>
<b>TOTAL</b>	<b>\$643,648</b>	<b>\$685,044</b>	<b>\$41,396</b>

Reimbursements

The 2017-18 Reimbursements will increase by \$78 million, or 3.2 percent, largely driven by an increase in expenditures that are eligible for federal reimbursement under the HCBS Waiver.

<b>Reimbursements</b> <i>(Values in thousands)</i>			
	<b>Updated 2016-17</b>	<b>2017-18</b>	<b>Request</b>
Home and Community-Based Services (HCBS) Waiver	\$1,679,270	\$1,750,968	\$71,698
HCBS Waiver Administration	13,988	14,104	116
Medicaid Administration	15,926	15,952	26
Targeted Case Management (TCM)	186,888	192,737	5,849
TCM Administration	5,354	5,354	0
Title XX Block Grant	213,421	213,421	0
(1) Social Services	136,264	136,264	0
(2) Temporary Assistance for Needy Families	77,157	77,157	0
ICF-DD	57,567	57,567	0
QAF	10,187	10,187	0
1915(i) State Plan Amendment (SPA)	213,498	219,479	5,981
Money Follows the Person	9,638	4,330	-5,308
EPSDT	28,206	27,846	-360
<b>TOTAL</b>	<b>\$2,433,943</b>	<b>\$2,511,945</b>	<b>\$78,002</b>

Proposed Trailer Bill Language

The Governor's Budget includes proposed amendments to statute in the following areas, as more fully explained in Section C – Future Fiscal Issues/Major Assumptions:

- Enhanced Behavioral Supports Homes and Community Crisis Homes with Secured Perimeters - Allows for the development of enhanced behavioral supports homes and community crisis homes with secured perimeters to meet the needs of individuals with developmental disabilities who have complex service needs.
- Paid Internships - Allows consumers aged 18-22, who are still receiving educational services, to participate in paid internships for the purpose of gaining experience in competitive, integrated job placement.
- Update Service Rates – Updates service rates set in statute for supported employment and vouchered community-based training services that increased under the provisions of ABX2 1.
- HCBS Compliance Implementation - Allows the Department to issue policy directives in advance of emergency regulations to align State requirements with new HSBC regulations by March 2019.
- Employment Outcomes in Regional Centers' Performance Contracts - Requires regional centers to include consumer employment outcomes in their annual performance contracts to assist the State in measuring progress towards increasing competitive integrated employment opportunities for individuals with developmental disabilities.
- Community Placement Plan (CPP) – Allows a designated portion of CPP funds to be utilized to develop services and supports for consumers already living in the community, including those with specialized and complex service needs.

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## **FUTURE FISCAL ISSUES**

### **Safety Net Services**

In conjunction with the developmental center closures, the Department continues to work on developing safety net community services for individuals transitioning from developmental centers and institutions for mental diseases (IMDs), including new models of care that provide community-based residential and support services to individuals residing in the Porterville secure treatment program and IMDs. This includes developing a community residential model that will provide intensive supports and accept any individual living in the community who is in crisis and unable to remain in their current living situation without immediate support and intervention. Additionally, while supporting children and adolescents in a family setting remains the preferred support option, the Department is also developing residential options for children and adolescents with significant health or behavioral challenges to meet their needs in the instances when a family setting is not available. Through the development of these new models, the Department will identify appropriate statutory and regulatory changes required for implementation, as well as fiscal impacts.

### **Self-Determination**

Senate Bill (SB) 468, Chapter 683, Statutes of 2013, requires the Department to implement a statewide Self-Determination Program (SDP), subject to approval of federal funding. The Department submitted an application for federal funding to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2014. The SDP will allow regional center 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 100 participants in the current State-only funded self-determination pilot project. To ensure the cost neutrality of the SDP, which is required in statute, SB 468 requires General Fund (GF) savings be used to offset administrative costs to the Department, including the required criminal background checks. Any remaining funds can be used to offset regional center costs to implement the SDP.

In response to changes requested by CMS, the Department formally resubmitted the HCBS Waiver application on September 29, 2015. CMS responded, requesting additional information regarding the Waiver application. The Department has complied with all requests for information, and plans to respond to CMS' recent questions by the end of January 2017. The Budget Act of 2016 also includes provisional language to administer the SDP once federal approval has been received.

### **Enhanced Behavioral Supports Homes and Crisis Homes**

Enhanced Behavioral Supports Homes, which are a new model of residential care that provide services to consumers with more intensive behavioral needs, are expected to begin operation in 2016-17. Currently, there are 28 homes in development throughout California, with approximately two of these homes opening in 2016-17. While many individuals will transition into these homes from developmental centers, others will



transition out of locked IMDs. The rate structure has been developed in such a way that supports can be layered while being flexible, and also account for enhanced staffing requirements. The rate structures, within the emergency regulations, became effective February 5, 2016.

The Department is developing regulations for Community Crisis Homes, which are an additional new model of care that is needed to serve consumers who are in an acute crisis while in the community. There are currently 13 homes in development throughout California.

### **Centers for Medicare & 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. The purpose of the regulations is to allow individuals to receive HCBS in settings that are integrated in and support full access to the community.

The Department administers both a 1915(c) Waiver (the HCBS Waiver for Persons with Developmental Disabilities) and a 1915(i) State Plan program. These programs enable the State to receive federal funding for services provided to approximately 130,000 consumers. Compliance with these federal regulations is necessary by March 17, 2019 to maintain HCBS funding (estimated at \$1.8 billion for the Department in 2017-18).

On November 23, 2016, the Department of Health Care Services re-submitted the Statewide Transition Plan (STP) for CMS approval. The STP describes, at a high level, California's overall commitment to, and plan for achieving compliance on or before March 17, 2019, including the potential need for changes in statute and/or regulation to comply with federal regulations. Concurrent with the development of the STP, the Department is engaged in the multi-year process of implementing the federal regulations with the guidance of a comprehensive stakeholder group. To enable the Department to complete some of the required activities, the 2016 Budget included funding for regional center staffing to assist with conducting individual provider assessments as well as funding to enable service providers to make modifications to comply with federal regulations.

### **Developmental Services Task Force**

On July 24, 2014, the California Health and Human Services Secretary convened a task force to strengthen developmental services in the community. The task force includes consumers, consumer advocates, regional centers, community service providers, labor organizations, families of developmental center residents, legislative staff, and staff from the Department. Subsequent meetings were convened to focus on service rates, the rate-setting structure and sustainability, and how regional center operations are funded.

The task force will develop recommendations in the context of a growing and aging population, resource constraints, and availability of community housing and employment resources to meet the specialized needs of clients.

## NEW MAJOR ASSUMPTIONS

The Governor's Budget includes proposed statutory amendments in the following areas related to the Community Services Program:

### **Exemption from Federal Funding Requirements for Enhanced Behavioral Supports Homes and Community Crisis Homes with Secured Perimeters**

The Department proposes an amendment to Welfare and Institutions (W&I) Code Sections 4684.80 – 4684.87 and 4698-4698.1 to authorize the development of enhanced behavioral supports homes (EBSH) and community crisis homes (CCH) with secured perimeters to meet the needs of individuals with developmental disabilities who have complex service needs.

### **Allow Regional Center Consumers Aged 18-22 to Participate in Paid Internships**

The Department proposes an amendment to W&I Code Section 4648.55(a) if the consumer is still receiving educational services and participating in a paid internship pursuant to W&I Code section 4870(a). This amendment is necessary to allow individuals who, pursuant to their Individual Program Plan, express a desire to and could benefit from a paid internship, thereby increasing their employment skills and independence, and decreasing their reliance on public benefits.

### **Update Service Rates Set in Statute**

The Department proposes an amendment to W&I Code Sections 4680(a) and (b), and 4688.21(c)(7) to update the rates for supported employment and vouchered community-based training services that were adjusted as a result of ABX2 1.

### **HCBS Waiver Authority**

The Department proposes temporary legislative authority in the W&I Code to allow it to issue policy directives in advance of emergency regulations to align State requirements with new HSBC regulations by March 2019.

### **Reporting of Employment Outcomes by Regional Centers**

The Department proposes an amendment to W&I Code Sections 4629 and 4869 to require regional centers to include consumer employment outcomes in their annual performance contracts to assist the State in measuring progress towards increasing competitive integrated employment opportunities for individuals with developmental disabilities.

### **Broaden the Use of Community Placement Plan (CPP) Funds to Include Additional Community Resources**

The Department proposes an amendment to W&I Code Section 4418.25 to authorize the use of CPP funds to enhance community capacity to provide needed services and supports to individuals who are already living in the community.

## REVISED MAJOR ASSUMPTIONS

### **SB 3 Minimum Wage Increase – Regional Center Operations**

SB 3, Chapter 4, Statutes of 2016, provides for a series of scheduled increases to the State's minimum wage such that, depending on economic and budgetary conditions, the minimum wage would reach \$15.00 per hour by January 1, 2022, after which it would be indexed to inflation.

The Budget Act of 2016 included \$21.2 million (\$12 million) to implement the Purchase of Service (POS) minimum wage increase from \$10.00 to \$10.50 per hour effective January 1, 2017. However, the Budget Act did not include funding to increase the hourly rate for regional center Operations. Effective January 1, 2018, the Estimate includes an additional \$2.9 million (\$1.9 million GF) to fund the two-year increase from \$10 to \$11 per hour in the statewide minimum wage increase for those regional center operations positions that are below \$11.

### **CPP – Developmental Center Closures**

In 2017-18, the Estimate includes a \$53.1 million (\$55.3 million GF) reduction in developmental center closure-specific CPP funding. The 2015 Enacted Budget included \$48 million (\$46.9 million GF) in additional CPP funds to develop community resources for residents transitioning out of Sonoma, and the 2016 Enacted Budget included \$78 million (\$76.7 million GF) for residents transitioning out of Sonoma, Fairview, and Porterville GTA combined. These amounts were in addition to \$67.9 million (\$50.1 million GF) in regular, ongoing CPP funds appropriated to the Department.

As detailed in Section G – Community Placement Plan, the Department allocated the majority of the closure-specific CPP funds for start-up costs to develop resources based on approved regional center proposals. In general, the projects take between two and three years to complete. In 2017-18, the Department will not require these start-up funds, but rather a lesser amount of placement funds to move and serve consumers in their new community living arrangements as the projects are completed.

### **Regional Center Rent Formula – Operations**

Beginning in 2017-18, the Department utilized a new methodology for funding regional center rent, which is a component of staffing in the Operations budget. The new methodology utilizes actual regional center rent expenditures, facility lease, and maintenance costs as the basis to fund rent, as opposed to a formula-driven process.

Since 2012-13, the regional center Operations budget held base rent funding constant, but provided rent increases of \$8,086 for each new position driven by caseload, as calculated by the core staffing formula. The \$8,086 figure was the average per-person rental cost in 2011-12 (total rent costs divided by number of regional center staff). Between 2012-13 and 2015-16, the formula increases were not enough to fund actual rent costs, thus requiring regional centers to cover shortfalls within their existing operation budgets. In consultation with the Department of General Services (DGS), the

Department projected future rent costs and determined that in 2017-18, the formula-driven process of funding rent would result in excess funds over actual rent expenses. Therefore, beginning in 2017-18, rent funds in the Operations budget are based on actual rent costs.

Twice annually, in conjunction with the Governor's Budget and May Revision timelines, regional centers submit data to the Department on their facility lease and maintenance costs. To determine the validity of the reported amounts, DGS reviewed all existing regional center leases and verified square footage and costs, and determined that nearly all are within current fair market values. Going forward, the Department intends to utilize regional center-reported information to inform the rent budget, and estimate actual anticipated expenses. The Department will also perform increased monitoring and analysis of regional center facility costs, including reviewing lease agreements.

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## Population

### 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)	264,679	264,469	-210	-0.08%
B. Total Early Start (Birth through 35 Months)	37,931	38,978	1,047	2.76%
<b>C. Total Community Population</b>	<b>302,610</b>	<b>303,447</b>	<b>837</b>	<b>0.28%</b>
<b>D. Total DC Population</b>	<b>847</b>	<b>847</b> <sup>1/</sup>	<b>0</b>	<b>0.00%</b>
<b>E. Total Regional Center Population (C + D)</b>	<b>303,457</b>	<b>304,294</b>	<b>837</b>	<b>0.28%</b>

1/ Reflects Average In-Center population methodology.



## Population

### 2017-18

<i>Estimated Population as of 1/31/18</i>				
	<i>ENACTED BUDGET</i>	<i>GOVERNOR'S BUDGET</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Status (Age 3 & Older)	264,679	275,104	10,425	3.94%
B. Total Early Start (Birth through 35 Months)	37,931	42,179	4,248	11.20%
<b>C. Total Community Population</b>	<b>302,610</b>	<b>317,283</b>	<b>14,673</b>	<b>4.85%</b>
<b>D. Total DC Population</b>	<b>847</b>	<b>760 <sup>1/</sup></b>	<b>-87</b>	<b>-10.27%</b>
<b>E. Total Regional Center Population (C + D)</b>	<b>303,457</b>	<b>318,043</b>	<b>14,586</b>	<b>4.81%</b>

1/ Reflects updated beginning DC population methodology. The Enacted Budget presented an Average In-Center population whereas the Governor's Budget presents the estimated actual population.

## Population

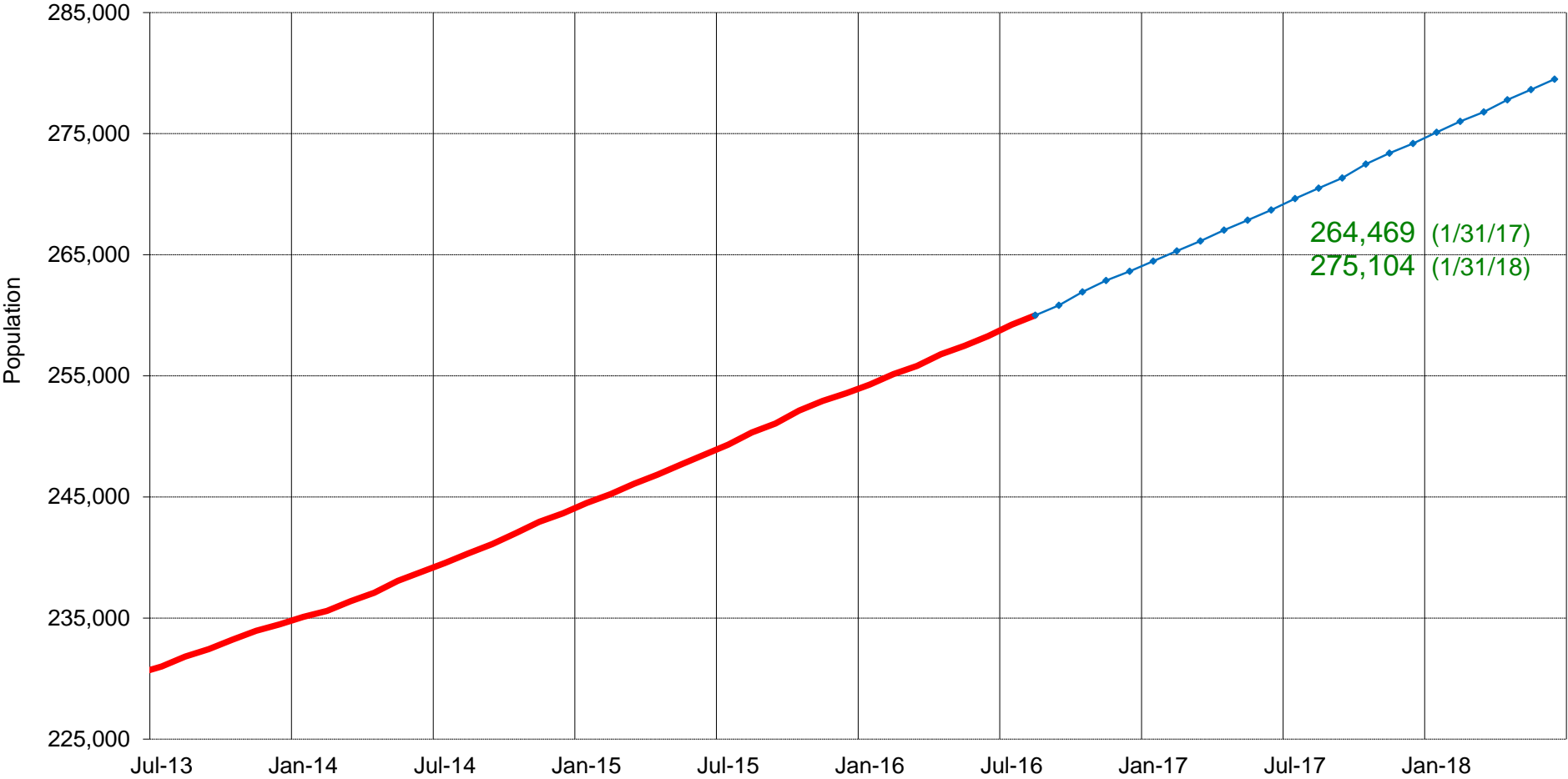
### 2016-17 vs. 2017-18

	2016-17	2017-18		
	<i>Estimated Population as of 1/31/17</i>	<i>Estimated Population as of 1/31/18</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Status (Age 3 & Older)	264,469	275,104	10,635	4.02%
B. Total Early Start (Birth through 35 Months)	38,978	42,179	3,201	8.21%
<b>C. Total Community Population</b>	<b>303,447</b>	<b>317,283</b>	<b>13,836</b>	<b>4.56%</b>
<b>D. Total DC Population</b>	<b>847 <sup>1/</sup></b>	<b>760 <sup>2/</sup></b>	<b>-87</b>	<b>-10.27%</b>
<b>E. Total Regional Center Caseload (C + D)</b>	<b>304,294</b>	<b>318,043</b>	<b>13,749</b>	<b>4.52%</b>

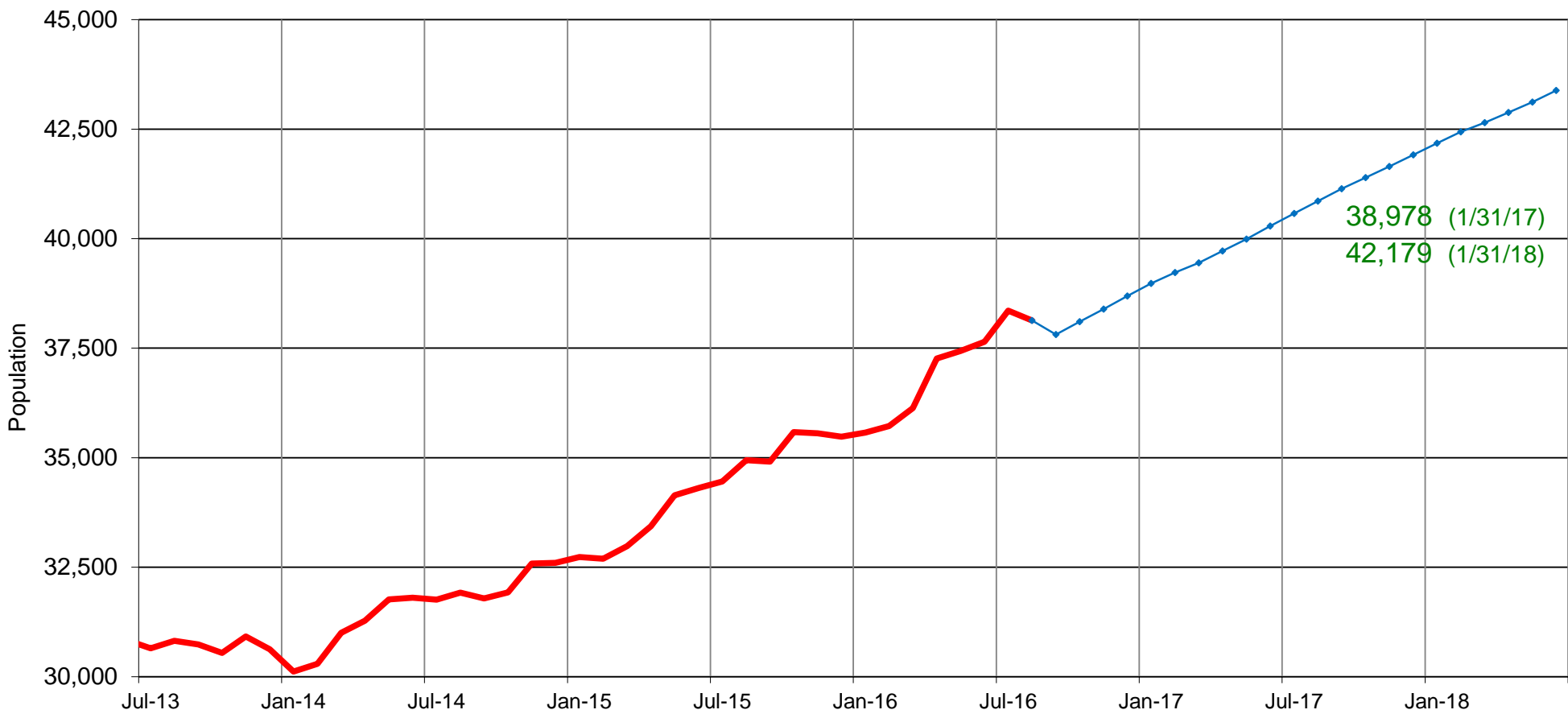
1/ Reflects Average In-Center population methodology.

2/ Reflects updated beginning DC population methodology. The Enacted Budget presented an Average In-Center population whereas the Governor's Budget presents the estimated actual population.

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

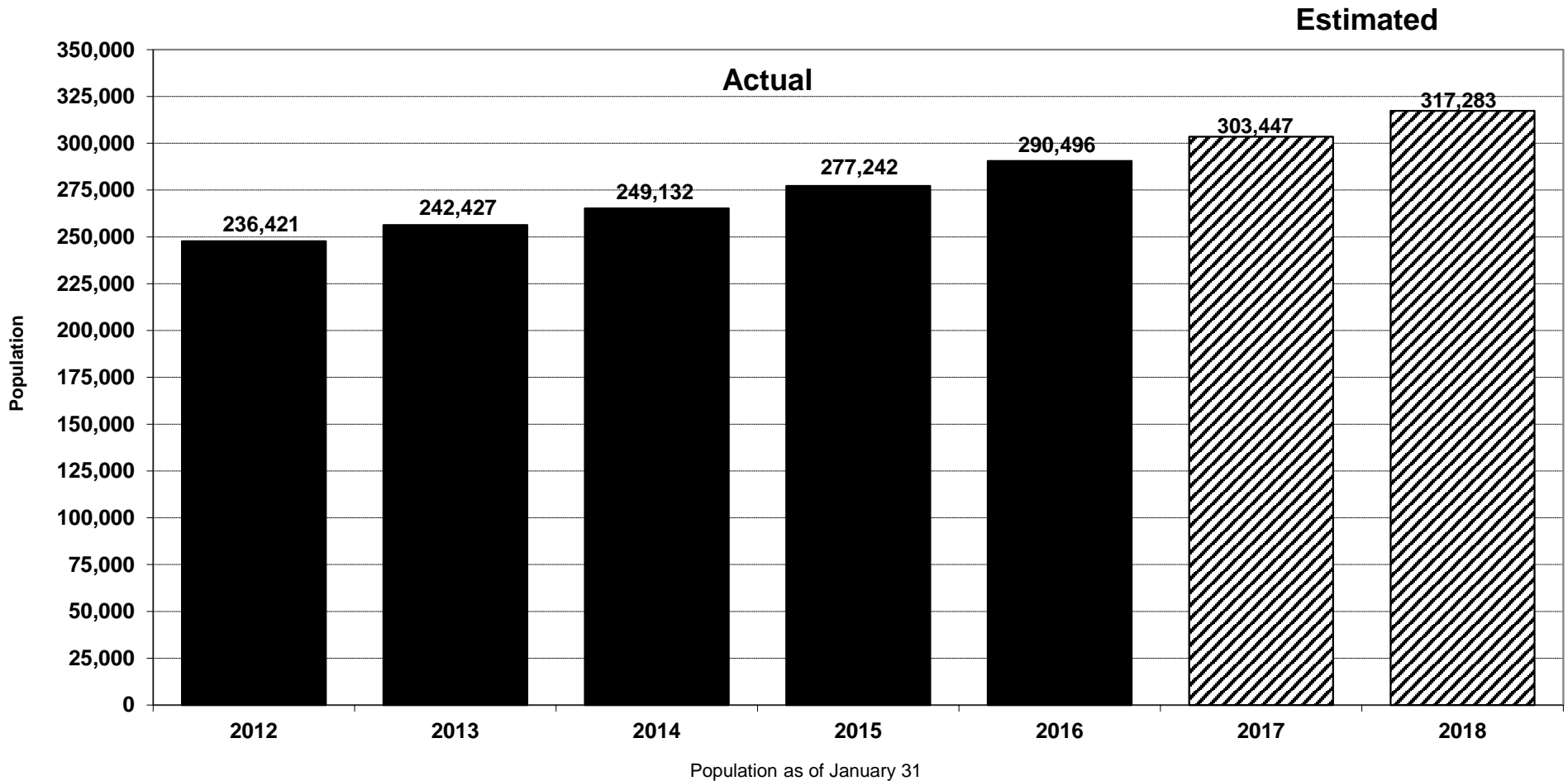


**Early Start**  
(Birth through 35 Months)  
**Client Master File Trend Analysis**



# Community Population

(Active Status, Early Start, and Prevention )



\*The Prevention Program ended on June 30, 2012

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

	Enacted Budget	Governor's Budget	Request
<b>POPULATION</b>			
Active Status (Age 3 & Older)	264,679	264,469	-210
Early Start (Birth through 35 Months)	37,931	38,978	1,047
<b>Total Population</b>	<b>302,610</b>	<b>303,447</b>	<b>837</b>
<b>OPERATIONS</b>			
<b>I. STAFFING</b>			
A. Core Staffing	\$582,819	\$584,893	\$2,074
B. Enhanced Caseload Ratio 1:45 for Two Years	344	344	0
C. Community Placement Plan	15,265	15,265	0
D. Staffing for Collection of FFP for Contracted Services	2,228	2,228	0
E. Less: Intake and Assessment (2003-04)	-4,465	-4,465	0
F. Less: Unallocated Reduction (2001-02)	-10,559	-10,559	0
G. Less: Cost Containment (2004-05)	-5,968	-5,968	0
H. Less: Savings Target (2009-10)	-12,000	-12,000	0
I. Less: Cost Containment (2011-12)	-3,486	-3,486	0
J. Less: Unallocated Reduction (2011-12)	-5,400	-5,400	0
<b>K. Total Staffing</b>	<b>\$558,778</b>	<b>\$560,852</b>	<b>\$2,074</b>
<b>II.</b>			
A. Agnews Ongoing Workload	2,946	2,946	0
B. Lanterman Development Center Closure	2,576	2,576	0
<b>C. Total Developmental Centers Closure</b>	<b>\$5,522</b>	<b>\$5,522</b>	<b>\$0</b>
<b>III. FEDERAL COMPLIANCE</b>			
A. HCBS Waiver	21,135	21,135	0
B. Compliance with HCBS Waiver Requirements	9,200	9,200	0
C. Case Managers to Meet HCBS Waiver Requirements	13,671	13,671	0
D. Targeted Case Management	4,129	4,129	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473	473	0
F. Federal Medicaid Requirement for RC HCBS Services	984	984	0
<b>G. Total Federal Compliance</b>	<b>\$49,592</b>	<b>\$49,592</b>	<b>\$0</b>
<b>IV. PROJECTS</b>			
A. Information Technology Costs:	3,417	3,417	0
1. Regional Center Application Support	2,317	2,317	0
2. Data Processing	1,100	1,100	0
B. Clients' Rights Advocacy Contract	6,494	6,494	0
C. Quality Assessment Contract	3,221	3,221	0
D. Direct Support Professional Training	2,848	2,848	0
E. Office of Administrative Hearings Contract	3,190	3,190	0
F. Wellness Projects	100	100	0
G. Foster Grandparent / Senior Companion Programs	2,518	2,518	0
H. Special Incident Reporting/Risk Assessment Contract	938	938	0
I. Increased Access to Mental Health Services	740	740	0
J. Sherry S. Court Case / Los Angeles County Hops	211	211	0
K. Enhancing FFP, Phase II, Proposal C, Consultant	500	500	0
L. University Enterprises, Inc.	123	123	0
M. Affordable Housing	94	128	34
N. Review of SB 1175 Housing Proposals	150	150	0
O. Denti-Cal Infrastructure for RC Dental Services	232	120	-112
<b>P. Total Projects</b>	<b>\$24,776</b>	<b>\$24,698</b>	<b>-\$78</b>
<b>V. ICF-Developmentally Disabled Administrative Fees</b>	<b>\$1,740</b>	<b>\$1,727</b>	<b>-\$13</b>
<b>VI. DC Closure</b>	<b>\$5,434</b>	<b>\$5,434</b>	<b>\$0</b>
<b>VII. GRAND TOTAL</b>	<b>\$645,842</b>	<b>\$647,825</b>	<b>\$1,983</b>



**Operations****POPULATION AND OPERATIONS SUMMARY**  
**Comparison of the Enacted Budget to the Governor's Budget**  
**Fiscal Year 2017-18**

	Enacted Budget	Governor's Budget	Request
<b>POPULATION</b>			
Active Status (Age 3 & Older)	264,679	275,104	10,425
Early Start (Birth through 35 Months)	37,931	42,179	4,248
<b>Total Population</b>	<b>302,610</b>	<b>317,283</b>	<b>14,673</b>
<b>OPERATIONS</b>			
<b>I. STAFFING</b>			
A. Core Staffing	\$582,819	\$611,783	\$28,964
B. Enhanced Caseload Ratio 1:45 for Two Years	344	344	0
C. Community Placement Plan	15,265	15,265	0
D. Staffing for Collection of FFP for Contracted Services	2,228	1,893	-335
E. Less: Intake and Assessment (2003-04)	-4,465	-4,465	0
F. Less: Unallocated Reduction (2001-02)	-10,559	-10,559	0
G. Less: Cost Containment (2004-05)	-5,968	-5,968	0
H. Less: Savings Target (2009-10)	-12,000	-12,000	0
I. Less: Cost Containment (2011-12)	-3,486	-3,486	0
J. Less: Unallocated Reduction (2011-12)	-5,400	-5,400	0
<b>K. Total Staffing</b>	<b>\$558,778</b>	<b>\$587,407</b>	<b>\$28,629</b>
<b>II.</b>			
A. Agnews Ongoing Workload	2,946	2,894	-52
B. Lanterman Development Center Closure	2,576	2,392	-184
<b>C. Total Developmental Centers Closure</b>	<b>\$5,522</b>	<b>\$5,286</b>	<b>-\$236</b>
<b>III. FEDERAL COMPLIANCE</b>			
A. HCBS Waiver	21,135	21,135	0
B. Compliance with HCBS Waiver Requirements	9,200	8,700	-500
C. Case Managers to Meet HCBS Waiver Requirements	13,671	12,265	-1,406
D. Targeted Case Management	4,129	4,129	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473	473	0
F. Federal Medicaid Requirement for RC HCBS Services	984	984	0
<b>G. Total Federal Compliance</b>	<b>\$49,592</b>	<b>\$47,686</b>	<b>-\$1,906</b>
<b>IV. PROJECTS</b>			
A. Information Technology Costs:	3,417	3,797	380
1. Regional Center Application Support	2,317	2,547	230
2. Data Processing	1,100	1,250	150
B. Clients' Rights Advocacy Contract	6,494	6,785	291
C. Quality Assessment Contract	3,221	4,044	823
D. Direct Support Professional Training	2,848	3,037	189
E. Office of Administrative Hearings Contract	3,190	3,350	160
F. Wellness Projects	100	100	0
G. Foster Grandparent / Senior Companion Programs	2,518	3,035	517
H. Special Incident Reporting/Risk Assessment Contract	938	938	0
I. Increased Access to Mental Health Services	740	740	0
J. Sherry S. Court Case / Los Angeles County Hops	211	211	0
K. Enhancing FFP, Phase II, Proposal C, Consultant	500	500	0
L. University Enterprises, Inc.	123	123	0
M. Affordable Housing	94	128	34
N. Review of SB 1175 Housing Proposals	150	150	0
O. Denti-Cal Infrastructure for RC Dental Services	232	120	-112
<b>P. Total Projects</b>	<b>\$24,776</b>	<b>\$27,058</b>	<b>\$2,282</b>
<b>V. ICF-Developmentally Disabled Administrative Fees</b>	<b>\$1,740</b>	<b>\$1,727</b>	<b>-\$13</b>
<b>VI. DC Closure</b>	<b>\$5,434</b>	<b>\$5,434</b>	<b>\$0</b>
<b>VII. GRAND TOTAL</b>	<b>\$645,842</b>	<b>\$674,598</b>	<b>\$28,756</b>

## Staffing

### DESCRIPTION:

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

### ASSUMPTIONS:

	2016-17	2017-18
• Population Projections: (See Section D, Population, for detail)		
• Active Status (Age 3 and Older):	264,469	275,104
• Early Start (Birth through 35 Months):	38,978	42,179
<b>Subtotal:</b>	<b>303,447</b>	<b>317,283</b>
• <b>Developmental Center Population:</b>	<b>847</b>	<b>760</b>
<b>Total Population:</b>	<b>304,294</b>	<b>318,043</b>
• Informational:		
• Community Care Facility Consumers (including Placement Continuation):	25,243	25,243
• Home and Community-Based Services Waiver-Enrolled Consumers:	124,521	129,963
• Early Start (with Assessment):	44,496	47,697
• Placement Continuation Consumers:	202	240
• Intake cases per month:	7,196	7,196
• Vendors:	44,158	44,158
• Mediations per year:	400	400

### METHODOLOGY:

#### CORE STAFFING:

#### PERSONAL SERVICES:

• <b>Direct Services and Administration:</b>	\$401,760	\$418,570
May Revision		
Governor's Budget		
2015-16: 11,017.37	2016-17 11,432.66	
2016-17: 11,376.22	2017-18 11,833.00	
See Attachment A for Core Staffing Expenditure Detail.		
See Attachment B for Core Staffing Formulas.		
• <b>Fringe Benefits:</b>	95,217	99,201
Based on 23.7% per position.		
• <b>Salary Savings:</b>	-16,649	-17,329
Client Program Coordinators: 1% Per Position	-2,375	-2,477
All Other Staff: 5.5% Per Position	-14,274	-14,852

\* Values in thousands (000's)

## Staffing

<b>METHODOLOGY (continued):</b>	<b>2016-17*</b>	<b>2017-18*</b>
<ul style="list-style-type: none"> <li>● <b>Early Start /Part C Administrative and Clinical Support:</b> Includes salaries, fringe benefits, and salary savings.</li> </ul>	694	694
<b>TOTAL PERSONAL SERVICES:</b>	<b>\$481,022</b>	<b>\$501,136</b>
<b>OPERATING EXPENSES:</b>		
<ul style="list-style-type: none"> <li>● <b>Operating Expenses:</b> Base amount plus the following adjustments: Professional Positions: \$3,400 Per New Position Clerical Positions: \$2,400 Per New Position</li> </ul>	43,918	45,202
<ul style="list-style-type: none"> <li>● <b>Rent:</b> Current year: base amount plus \$8,086 per new position Budget year: see Attachment C for budget year rent details.</li> </ul>	59,953	65,445
<b>TOTAL OPERATING EXPENSES:</b>	<b>\$103,871</b>	<b>\$110,647</b>
<b>TOTAL CORE STAFFING:</b>	<b>\$584,893</b>	<b>\$611,783</b>
<ul style="list-style-type: none"> <li>● <b>Enhanced Caseload Ratio 1:45 for Two Years:</b></li> </ul>	344	344
<b>Community Placement Plan:</b>		
<ul style="list-style-type: none"> <li>● See Community Placement Plan Methodology for details.</li> </ul>	15,265	15,265
<b>STAFFING FOR COLLECTION OF FEDERAL FINANCIAL PARTICIPATION (FFP) FOR CONTRACTED SERVICES:</b>		
<ul style="list-style-type: none"> <li>● Funding provides one Community Program Specialist I and one Account Clerk II for each regional center. This funding will be required until the regional centers have a billing system that allows the processing of vendor invoices that do not include the individual consumer data required to support Home and Community Based Services Waiver billing.</li> </ul>	2,228	1,893
LESS INTAKE AND ASSESSMENT (2003-04):	-4,465	-4,465
LESS UNALLOCATED REDUCTION (2001-02):	-10,559	-10,559
LESS COST CONTAINMENT (2004-05):	-5,968	-5,968
LESS SAVINGS TARGET (2009-10):	-12,000	-12,000
LESS COST CONTAINMENT (2011-12):	-3,486	-3,486
LESS UNALLOCATED REDUCTION (2011-12):	-5,400	-5,400
<b>TOTAL EXPENDITURES:</b>	<b>\$560,852</b>	<b>\$587,407</b>

\* Values in thousands (000's)

## Staffing

### FUNDING:

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

### CURRENT YEAR CHANGE FROM ENACTED:

Current year expenditures are estimated to increase by a net \$2.1 million (-\$8.9 million GF), comprising increases in both personal services and operating expenses.

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

Budget year expenditures are estimated to increase by a net \$26.6 million (\$24.9 million GF) over updated current year projections, comprising increases in caseload, personal services and operating expenses, slightly offset by a decrease in Staffing for Collation of FFP for Contracted Services due to the shift of rent expenditures to the rent methodology page.

### EXPENDITURES:

	2016-17*	2017-18*
<b>TOTAL</b>	<b>\$560,852</b>	<b>\$587,407</b>
GF	372,521	397,451
Reimbursements	188,331	189,956

\* Values in thousands (000's)

**Attachment A**  
**CORE STAFFING - CY 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	\$12,027,789	152.15	\$79,271	\$12,061,083	\$33,294
(b) Psychologist	12,670,669	304.29	41,754	12,705,325	34,656
(c) Nurse	5,639,956	152.15	37,171	5,655,568	15,612
(d) Nutritionist	4,268,165	152.15	28,130	4,279,980	11,815

**(2) Clinical Support Teams**

(a) Physician/Psychiatrist	7,178,652	78.00	92,034	7,178,652	0
(b) Consulting Pharmacist	4,715,100	78.00	60,450	4,715,100	0
(c) Behavioral Psychologist	4,287,816	78.00	54,972	4,287,816	0
(d) Nurse	3,937,284	78.00	50,478	3,937,284	0

**(3) SB 1038 Health Reviews**

(a) Physician	2,498,723	27.52	92,034	2,532,776	34,053
(b) Nurse	6,395,058	128.43	50,478	6,482,890	87,832

**b. Intake / Case Management**

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	3,910,101	102.80	38,036	3,910,101	0
(2) Intake Worker	32,415,842	1,028.03	31,532	32,415,842	0
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6), (7) and (8) below)	25,093,148	480.41	52,392	25,169,641	76,493
(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)	72,363,943	2,118.64	34,032	72,101,556	-262,387
(7) CPC (Waiver, Early Start only), 1:62 Consumers	88,986,874	2,637.08	34,032	89,745,107	758,233
(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)	73,349	1.45	52,392	75,968	2,619
(10) CPC, DSS Incidental Medical Care Regs	527,645	14.52	37,824	549,204	21,559

**c. Quality Assurance / Quarterly Monitoring**

(1) Supervising Counselor	2,172,696	41.58	52,392	2,178,197	5,501
(2) CPC	14,112,390	415.75	34,032	14,148,804	36,414

**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	1,377,910	27.11	52,392	1,420,347	42,437
(b) CPC	8,950,416	271.12	34,032	9,226,756	276,340
(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	1.23	34,032	41,859	9,188

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

(1) Supervising Counselor	426,995	8.17	52,392	428,043	1,048
(2) QA/CPC	2,774,289	81.69	34,032	2,780,074	5,785
(3) Nurses	2,057,483	40.84	50,478	2,061,522	4,039

**g. Mediation**

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

**h. Expansion of Autism Spectrum Disorders (ASD) Initiative**

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

**i. SUBTOTAL DIRECT SERVICES**

<b>\$333,515,470</b>	<b>8819.835</b>		<b>\$334,711,049</b>	<b>\$1,195,579</b>
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**Attachment A**  
**CORE STAFFING - CY 2016-17**  
**Comparison of the Enacted Budget to the Governor's Budget**

	Enacted Budget	Governor's Budget			Difference
		Positions	Budgeted Salary	Cost	
<b>2. ADMINISTRATION</b>					
<b>a. Executive Staff</b>					
(1) Director	1,279,698	21.00	60,938	1,279,698	0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
<b>b. Fiscal</b>					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,953,567	124.52	39,887	4,966,729	13,162
(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	1,182,136	56.72	20,842	1,182,136	0
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	8,055,543	380.37	21,237	8,077,842	22,299
<b>c. Information Systems and Human Resources</b>					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
<b>d. Clerical Support</b>					
(1) Office Supervisor	489,867	21.00	23,327	489,867	0
(2) PBX/Mail/File Clerk	1,378,188	63.00	21,876	1,378,188	0
(3) Executive Secretary	1,148,490	52.50	21,876	1,148,490	0
(4) MD/Psychologist Secretary II	317,609	13.76	23,388	321,819	4,210
(5) MD/Psychologist Secretary I	4,978,978	228.22	21,876	4,992,541	13,563
(6) Secretary II	4,174,524	179.39	23,388	4,195,573	21,049
(7) Secretary I	25,169,821	1,189.49	21,235	25,258,582	88,761
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848	210,834	0
<b>e. SUBTOTAL ADMINISTRATION</b>	<b>\$66,885,594</b>	<b>2,612.81</b>		<b>\$67,048,638</b>	<b>\$163,044</b>
<b>3. TOTAL POSITIONS AND SALARIES</b>					
(Item A.1.i. + Item A.2.e.)	<b>\$400,401,064</b>	<b>11,432.65</b>		<b>\$401,759,687</b>	<b>\$1,358,623</b>
a. CPCs	191,110,038			191,955,170	845,132
b. All Other Staff	209,291,026			209,804,517	513,491
<b>4. Fringe Benefits</b>					
a. CPCs 23.7%	45,293,079			45,493,375	200,296
b. All Other Staff 23.7%	49,601,973			49,723,671	121,698
<b>c. Total Fringe Benefits</b>	<b>\$94,895,052</b>			<b>\$95,217,046</b>	<b>\$321,994</b>
<b>5. Salary Savings</b>					
a. CPCs 1.0%	-2,364,031			-2,374,485	-10,454
b. All Other Staff 5.5%	-14,239,115			-14,274,050	-34,935
<b>c. Total Salary Savings</b>	<b>-\$16,603,146</b>			<b>-\$16,648,535</b>	<b>-\$45,389</b>
<b>6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)</b>	<b>\$694,000</b>			<b>\$694,000</b>	<b>\$0</b>
<b>7. TOTAL PERSONAL SERVICES</b>					
(Items A.3. + A.4. + A.5. + A.6.)	<b>\$479,386,970</b>			<b>\$481,022,198</b>	<b>\$1,635,228</b>
<b>ROUNDED</b>	<b>\$479,387,000</b>	<b>11,433.00</b>		<b>\$481,022,000</b>	<b>\$1,635,000</b>
<b>B. OPERATING EXPENSES AND RENT</b>					
1. Operating Expenses	43,793,000			43,918,000	125,000
2. Rent	59,639,000			59,953,000	314,000
<b>3. Subtotal Operating Expenses and Rent</b>	<b>\$103,432,000</b>			<b>\$103,871,000</b>	<b>\$439,000</b>
<b>C. TOTAL CORE STAFFING (Items A.7. + B.3.)</b>	<b>\$582,819,000</b>			<b>\$584,893,000</b>	<b>\$2,074,000</b>

**Attachment A**  
**CORE STAFFING - BY 2017-18**  
**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	\$12,027,789	159.07	\$79,271	\$12,609,638	\$581,849
(b) Psychologist	12,670,669	318.13	41,754	13,283,200	612,531
(c) Nurse	5,639,956	159.07	37,171	5,912,791	272,835
(d) Nutritionist	4,268,165	159.07	28,130	4,474,639	206,474

**(2) Clinical Support Teams**

(a) Physician/Psychiatrist	7,178,652	79.00	92,034	7,270,686	92,034
(b) Consulting Pharmacist	4,715,100	79.00	60,450	4,775,550	60,450
(c) Behavioral Psychologist	4,287,816	79.00	54,972	4,342,788	54,972
(d) Nurse	3,937,284	79.00	50,478	3,987,762	50,478

**(3) SB 1038 Health Reviews**

(a) Physician	2,498,723	28.99	92,034	2,668,066	169,343
(b) Nurse	6,395,058	135.30	50,478	6,829,673	434,615

**b. Intake / Case Management**

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	3,910,101	102.80	38,036	3,910,101	0
(2) Intake Worker	32,415,842	1,028.03	31,532	32,415,842	0
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6), (7) and (8) below)	25,093,148	502.18	52,392	26,310,215	1,217,067
(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)	72,363,943	2,196.99	34,032	74,767,964	2,404,021
(7) CPC (Waiver, Early Start only), 1:62 Consumers	88,986,874	2,776.48	34,032	94,489,167	5,502,293
(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)	73,349	1.49	52,392	78,064	4,715
(10) CPC, DSS Incidental Medical Care Regs	527,645	14.90	37,824	563,578	35,933

**c. Quality Assurance / Quarterly Monitoring**

(1) Supervising Counselor	2,172,696	41.96	52,392	2,198,578	25,882
(2) CPC	14,112,390	419.64	34,032	14,281,188	168,798

**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	1,377,910	29.06	52,392	1,522,512	144,602
(b) CPC	8,950,416	290.62	34,032	9,890,380	939,964
(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	0.15	52,392	7,859	2,620
(b) CPC (Supplement at 1:45 Consumers)	32,671	1.46	34,032	49,687	17,016

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

(1) Supervising Counselor	426,995	8.45	52,392	442,712	15,717
(2) QA/CPC	2,774,289	84.46	34,032	2,874,343	100,054
(3) Nurses	2,057,483	42.23	50,478	2,131,686	74,203

**g. Mediation**

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

**h. Expansion of Autism Spectrum Disorders (ASD) Initiative**

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

**i. SUBTOTAL DIRECT SERVICES**

<b>\$333,515,470</b>	<b>9,137.14</b>		<b>\$346,703,936</b>	<b>\$13,188,466</b>
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**Attachment A**  
**CORE STAFFING - BY 2017-18**  
**Comparison of the Enacted Budget to the Governor's Budget**

	Enacted Budget	Governor's Budget			Difference
		Positions	Budgeted Salary	Cost	
<b>2. ADMINISTRATION</b>					
<b>a. Executive Staff</b>					
(1) Director	1,279,698	21.00	\$60,938	1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
<b>b. Fiscal</b>					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,953,567	129.96	39,887	5,183,715	230,148
(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	1,182,136	56.72	22,652	1,284,829	102,693
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	8,055,543	397.66	22,456	8,929,810	874,267
<b>c. Information Systems and Human Resources</b>					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
<b>d. Clerical Support</b>					
(1) Office Supervisor	489,867	21.00	23,327	489,867	0
(2) PBX/Mail/File Clerk	1,378,188	63.00	22,462	1,415,115	36,927
(3) Executive Secretary	1,148,490	52.50	22,462	1,179,262	30,772
(4) MD/Psychologist Secretary II	317,609	14.50	23,388	339,126	21,517
(5) MD/Psychologist Secretary I	4,978,978	238.60	22,462	5,359,465	380,487
(6) Secretary II	4,174,524	183.15	23,388	4,283,512	108,988
(7) Secretary I	25,169,821	1,235.19	22,964	28,364,734	3,194,913
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848	210,834	0
<b>e. SUBTOTAL ADMINISTRATION</b>	<b>\$66,885,594</b>	<b>2,696.12</b>		<b>\$71,866,306</b>	<b>\$4,980,712</b>
<b>3. TOTAL POSITIONS AND SALARIES</b> (Item A.1.i. + Item A.2.e.)	<b>\$400,401,064</b>	<b>11,833.26</b>		<b>\$418,570,242</b>	<b>\$18,169,178</b>
a. CPCs	191,110,038			200,278,117	9,168,079
b. All Other Staff	209,291,026			218,292,125	9,001,099
<b>4. Fringe Benefits</b>					
a. CPCs 23.7%	45,293,079			47,465,914	\$2,172,835
b. All Other Staff 23.7%	49,601,973			51,735,234	2,133,261
<b>c. Total Fringe Benefits</b>	<b>\$94,895,052</b>			<b>\$99,201,148</b>	<b>\$4,306,096</b>
<b>5. Salary Savings</b>					
a. CPCs 1.0%	-2,364,031			-2,477,440	-\$113,409
b. All Other Staff 5.5%	-14,239,115			-14,851,505	-612,390
<b>c. Total Salary Savings</b>	<b>-\$16,603,146</b>			<b>-\$17,328,945</b>	<b>-\$725,799</b>
<b>6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)</b>	<b>\$694,000</b>			<b>\$694,000</b>	<b>\$0</b>
<b>7. TOTAL PERSONAL SERVICES</b> (Items A.3. + A.4. + A.5. + A.6.) ROUNDED	<b>\$479,386,970</b> <b>\$479,387,000</b>	<b>11,833.00</b>		<b>\$501,136,445</b> <b>\$501,136,000</b>	<b>\$21,749,475</b> <b>\$21,749,000</b>
<b>B. OPERATING EXPENSES AND RENT</b>					
1. Operating Expenses	43,793,000			45,202,000	1,409,000
2. Rent	59,639,000			65,445,000	5,806,000
3. Subtotal Operating Expenses and Rent	<b>\$103,432,000</b>			<b>\$110,647,000</b>	<b>\$7,215,000</b>
<b>C. TOTAL CORE STAFFING (Items A.7. + B.3.)</b>	<b>\$582,819,000</b>			<b>\$611,783,000</b>	<b>\$28,964,000</b>



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

CORE STAFFING CLASSIFICATION	STAFFING FORMULA
<b>A. <u>PERSONAL SERVICES</u></b>	
<b>1. DIRECT SERVICES</b>	
<b>a. <u>Clinical</u></b>	
(1) <u>Intake and Assessment</u>	
(a) Physician (minimum of 1)	1.0 position : 2,000 total consumers
(b) Psychologist	1.0 position : 1,000 total consumers
(c) Nurse (minimum of 1)	1.0 position : 2,000 total consumers
(d) Nutritionist (minimum of 1)	1.0 position : 2,000 total consumers
(2) <u>Clinical Support Teams</u>	
(a) Physician/Psychiatrist	1.0 position : 1,700 consumers in community care facilities (CCF) and supported living and those with severe behavior and/or medical problems
(b) Consulting Pharmacist	1.0 position : 1,700 " "
(c) Behavioral Psychologist	1.0 position : 1,700 " "
(d) Nurse	1.0 position : 1,700 " "
(3) <u>SB 1038 Health Reviews</u>	
(a) Physician	1.5 hours : Referral/1,778 hrs./ full-time equivalent (FTE) position
(b) Nurse	1.75 hours : Individual program plan (IPP) review/1,778 hrs./FTE position
<b>b. <u>Intake/Case Management</u></b>	
(1) Supervising Counselor: Intake	1.0 position : 10 Intake Workers
(2) Intake Worker	1.0 position : 14 monthly intake cases (assume average intake case lasts 2 mos.)
(3) Supervising Counselor: Case Management	1.0 position : 10 CPCs in Items b.(6, 7 and 8) below
(4) Supervising Counselor: Capitol People First	1.0 position : 10 CPCs in Items b.(5) 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

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

CORE STAFFING CLASSIFICATION	STAFFING FORMULA
<b>A. <u>PERSONAL SERVICES (continued)</u></b>	
<b>1. <u>DIRECT SERVICES (continued)</u></b>	
<b>c. <u>Quality Assurance/Quarterly Monitoring</u></b>	
(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
<b>d. <u>Early Intervention</u></b>	
(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.*
<b>e. <u>Community Services</u></b>	
(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.

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

CORE STAFFING CLASSIFICATION		STAFFING FORMULA
A. <u>PERSONAL SERVICES (continued)</u>		
1. <u>DIRECT SERVICES (continued)</u>		
f. <u>Special Incident Reporting (SIR)</u>		
(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. <u>Mediation</u>		
(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. <u>Expansion of Autism Spectrum Disorders (ASD) Initiative</u>		
(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. <u>ADMINISTRATION</u>		
a. <u>Executive Staff</u>		
(1) Director	1.0 position	: RC
(2) Administrator	1.0 position	: RC
(3) Chief Counselor	1.0 position	: RC
b. <u>Fiscal</u>		
(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. <u>Information Systems and Human Resources</u>		
(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

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

CORE STAFFING CLASSIFICATION	STAFFING FORMULA
<b>A. <u>PERSONAL SERVICES (continued)</u></b>	
<b>2. <u>ADMINISTRATION (continued)</u></b>	
<b>d. <u>Clerical Support</u></b>	
(1) Office Supervisor	1.0 position : RC
(2) PBX/Mail/File Clerk	3.0 positions : RC
(3) Executive Secretary	2.5 positions : RC
(4) MD/Psychologist Secretary II	1.0 position : 2 Physicians in Item 1.a.(3)(a), SB 1038 Health Reviews
(5) MD/Psychologist Secretary I	1.0 position : 2 Physicians/Psychologists in Items 1.a.(1)(a) and (b), Clinical Intake and Assessment
(6) Secretary II	1.0 position : 6 professionals in Items: 1.a.(3)(b), SB 1038 Health Reviews 1.b.(9) and (10), the Department's Incidental Medical Care Regulations 1.c., Quality Assurance/ Quarterly Monitoring 1.e.(1), (2) and (9)(a) and (b) Community Services 1.e.(9) b 2., Community Services (see Secty I, line 1.e.(9) b 2.,) 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 (3) and (6) to (8), Intake/Case Mgt. 1.b.(5) and (6) Capitol People First 1.d., Early Intervention 1.e.(3), (4), (6) to (8), Community Services 1.e.(9) b 1., Community Services (see Secty II, line 1.e.(9) b 1.,)

**Attachment C****Regional Center Rent**

Regional Center	2016-17 <sub>1</sub>	2017-18 <sub>2</sub>	Difference	% Change	Footnote
Alta	\$2,592,082	\$2,987,806	\$395,724	15.27%	<b>a</b>
Central Valley	3,009,608	3,211,022	201,414	6.69%	<b>a</b>
East Bay	3,967,140	4,086,155	119,015	3.00%	
East LA	3,224,444	3,393,304	168,860	5.24%	<b>a</b>
Far Northern	1,228,202	1,258,308	30,106	2.45%	
Golden Gate	2,251,876	2,312,664	60,788	2.70%	
Harbor	3,888,849	4,086,747	197,898	5.09%	<b>a</b>
Inland	7,144,440	7,038,519	-105,921	-1.48%	
Kern	1,780,691	1,818,590	37,899	2.13%	
Lanterman	1,888,395	1,950,013	61,618	3.26%	
North Bay	1,793,886	1,851,838	57,952	3.23%	
North LA	4,145,314	3,817,082	-328,232	-7.92%	<b>b</b>
Orange	3,463,480	3,535,742	72,262	2.09%	
Redwood	935,502	960,494	24,992	2.67%	
San Andreas	1,364,386	2,225,165	860,779	63.09%	<b>c</b>
San Diego	4,206,023	4,558,542	352,519	8.38%	<b>a</b>
San Gabriel	2,748,000	2,758,000	10,000	0.36%	
South Central	4,881,392	5,290,202	408,810	8.37%	<b>d</b>
Tri Counties	3,966,303	4,072,444	106,141	2.68%	
Valley Mt.	2,205,318	2,226,676	21,358	0.97%	
Westside	1,884,289	2,004,963	120,674	6.40%	<b>a</b>
<b>Total</b>	<b><u>\$62,569,620</u></b>	<b><u>\$65,444,276</u></b>	<b><u>\$2,874,656</u></b>	4.59%	
<b>Total (Rounded up)</b>	<b><u>\$62,570,000</u></b>	<b><u>\$65,445,000</u></b>	<b><u>\$2,875,000</u></b>	4.59%	

**Footnotes:**

<sub>1</sub> Actual rent funds allocated per the C-1 contract, includes funds available from core staffing and policies (Staffing for Collection of FFP, Agnews Ongoing Workload, Lanterman DC Closure/Ongoing Workload, Compliance with HCBS Waiver, Increase in Case Managers to Meet Federal Audit Requirements, Compliance with HCBS Regulations, and Resources to Implement ABX2 1).

<sub>2</sub> Rent requested by the regional centers for 2017-18.

**a:** Increased costs due to annual rent escalation plus regional center's estimate of additional square footage required to house new staff and/or meet operational needs.

**b:** North Los Angeles Regional Center's rent decreased due to relocation with a lower cost per sq. ft.

**c:** San Andreas Regional Center's headquarters lease in Campbell expires July 2017 and it will relocate to a new location in San Jose, as well as consolidate the Gilroy office in the new San Jose location. The Department reviewed the draft lease terms for the new location and they are within reasonable fair market values for the location. Relocating to San Jose will save \$2 million annually over the rent demanded at the current Campbell location.

**d:** South Central Regional Center reports that this increase is a combination of lease escalation, as well as increased property operating expenses.

**Staffing for Collection of FFP for Contracted Services**

<b>STAFFING:</b>			<b>2016-17*</b>	<b>2017-18*</b>
• <b>PERSONAL SERVICES:</b>				
• Positions and Salaries:	<u>Positions</u>	<u>Salary</u>		
Community Program Specialist I:	21.0	\$42,948	\$902	\$902
Account Clerk II:	21.0	29,220	614	614
<b>Total, Positions and Salaries:</b>	<b>42.0</b>		<b>\$1,516</b>	<b>\$1,516</b>
• Fringe Benefits (@ 23.7%):			359	359
• Salary Savings (@ -5.5%):			-103	-103
<b>Total Personal Services:</b>			<b>\$1,772</b>	<b>\$1,772</b>
• <b>OPERATING EXPENSES:</b>				
• Operating Expenses:				
Professional Positions:	\$3,400	Per Position	71	71
Clerical Positions:	2,400	Per Position	50	50
• Rent Factor:	7,968	Per Position	335	0
<b>Total Operating Expenses:</b>			<b>\$456</b>	<b>\$121</b>
<b>TOTAL STAFFING (Rounded):</b>			<b>\$2,228</b>	<b>\$1,893</b>

**FUNDING:**

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

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

Budget year expenditures are estimated to have a minor decrease due to the shift of rent expenditures to the rent methodology page.

<b>EXPENDITURES:</b>	<b>2016-17*</b>	<b>2017-18*</b>
<b>TOTAL</b>	<b>\$2,228</b>	<b>\$1,893</b>
GF	1,771	1,505
Reimbursements	457	388

## Agnews Ongoing Workload

• <b>Community Placement Plan Staffing:</b>		
• <b>Unified Operations Costs:</b>	<b>2016-17</b>	<b>2017-18</b>
• <b>Personal Services:</b>		
Quality Assurance/Management (6.5 positions):	\$503	\$503
Health Care Community Specialists (4 positions):	503	503
<b>Total Personal Services:</b>	<b>\$1,006</b>	<b>\$1,006</b>
• <b>Operating Expenses:</b>		
Operating Expenses:	28	28
Rent:	52	0
<b>Total Operating Expenses:</b>	<b>\$80</b>	<b>\$28</b>
• <b>State Employees in the Community:</b>		
Personal Services (13.4 positions):	1,194	1,194
Operating Expenses:	74	74
<b>Total State Employees in the Community:</b>	<b>\$1,268</b>	<b>\$1,268</b>
• <b>Placement Continuation Staffing:</b>		
Nurse Consultants (3 positions):	356	356
Oral Health Care (3 positions):	236	236
<b>Total Placement Continuation Staffing:</b>	<b>\$592</b>	<b>\$592</b>
• <b>Total:</b>	<b>\$2,946</b>	<b>\$2,894</b>

### FUNDING:

Funding for Agnews Ongoing Workload expenditures is comprised of General fund (GF) and reimbursements from the Home and Community-Based Services Waiver Administration and Medicaid Administration.

### CURRENT YEAR CHANGE FROM ENACTED:

There is no change.

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

The minor decrease in budget year is due to the shift of rent expenditures to the rent methodology page.

<b>EXPENDITURES:</b>	<b>2016-17</b>	<b>2017-18</b>
<b>TOTAL</b>	<b>\$2,946</b>	<b>\$2,894</b>
GF	984	932
Reimbursements	1,962	1,962

**Lanterman Developmental Center Closure/Ongoing Workload****Community Placement Plan Staffing:**

	<b>2016-17</b>	<b>2017-18</b>
• <b>Personal Services:</b>		
Quality Assurance/Management (3 positions):	\$255	\$255
Oral Health Care Consultant (8 positions):	624	624
Nurse Consultants (5 positions):	425	425
Health Care Community Specialists (8 positions):	1,006	1,006
<b>Total Personal Services:</b>	<b>\$2,310</b>	<b>\$2,310</b>
• <b>Operating Expenses:</b>		
Operating Expenses:	82	82
Rent:	184	0
<b>Total Operating Expenses:</b>	<b>\$266</b>	<b>\$82</b>
• <b>Grand Total:</b>	<b>\$2,576</b>	<b>\$2,392</b>

**FUNDING:**

Funding for Lanterman Developmental Center Closure/Ongoing Workload expenditures is comprised of General Fund (GF) and Medicaid Administration.

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

The minor decrease in budget year is due to the shift of rent expenditures to the rent methodology page.

**EXPENDITURES:**

	<b>2016-17</b>	<b>2017-18</b>
<b>TOTAL</b>	<b>\$2,576</b>	<b>\$2,392</b>
GF	\$1,771	\$1,587
Reimbursements	\$805	\$805



## Federal Compliance

### DESCRIPTION:

There are both fiscal and program requirements placed on the regional centers that enable the State to receive federal funding. This includes ongoing tasks such as reviewing choice statements, handling complex notice of action issues related to the Home and Community-Based Services (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, regional centers are required to complete ongoing tasks related to the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs such as ensuring compliance with Medicaid State Plan requirements for case management activities and completing appropriate screenings for those admitted to the nursing facilities.

### ASSUMPTIONS/METHODOLOGY:

	2016-17*	2017-18*
<ul style="list-style-type: none"> <li><b>HCBS Waiver:</b></li> </ul> <p>Operations costs for HCBS Waiver activities in 2016-17 and 2017-18 are based upon 6.5% of 1995-96 HCBS Waiver reimbursements of \$325,148,000. (100% General Fund [GF])</p>	\$21,135	\$21,135
<ul style="list-style-type: none"> <li><b>Compliance with HCBS Waiver Requirements:</b></li> </ul> <p>Provides funding for regional center 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.</p>	9,200	8,700

Budget year reflects the shift of rent expenditures to the rent methodology page.

\* Values in thousand (000's)

**Federal Compliance**

<b>ASSUMPTIONS/METHODOLOGY (continued):</b>	<b>2016-17*</b>	<b>2017-18*</b>
<ul style="list-style-type: none"> <li> <b>Case Managers to Meet HCBS Waiver Requirements:</b>   An April 21, 2006 letter from the Centers for Medicare &amp; 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.   Enacted Budget:  2016-17: \$6,836,000 GF Match, \$6,385,000 TCM.   Governor's Budget:  Updated 2016-17: \$6,836,000 GF Match, \$6,835,000 TCM  2017-18: \$6,133,000 GF Match, \$6,132,000 TCM.  Change from Prior Estimate and Reason for Year-to-Year Change:  Reflects the shift of rent expenditures to the rent methodology page offset by the increase of HCBS Waiver-related positions. </li> </ul>	13,671	12,265
<ul style="list-style-type: none"> <li> <b>TCM:</b>   Operations costs for TCM activities in 2016-17 and 2017-18 are based upon 5.8% of 1995-96 TCM reimbursements of \$71,181,000. (100% GF) </li> </ul>	4,129	4,129
<ul style="list-style-type: none"> <li> <b>NHR/Pre-Admission Screening and Resident Review (PASRR):</b>   Operations costs for regional centers 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 regional center case management and other specialized services. Regional centers, through clinical assessments, will identify individuals who meet the expanded federal definition of developmental disability. (100% GF) </li> </ul>	473	473

\* Values in thousand (000's)

## Federal Compliance

<b>ASSUMPTIONS/METHODOLOGY (continued):</b>	<b>2016-17*</b>	<b>2017-18*</b>
<ul style="list-style-type: none"> <li><b>Federal Medicaid Requirement for Regional Center HCBS Services:</b></li> </ul> <p>Pursuant to federal law and mandated by the CMS, regional centers are required to gather and review business ownership, control, and relationship information from current and prospective vendors. Additionally, regional centers are required to determine that all vendors are eligible to participate as Medicaid service providers. Furthermore, on a periodic basis, regional centers 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	984
<ul style="list-style-type: none"> <li><b>EXPENDITURES:</b></li> </ul>	<b>\$49,592</b>	<b>\$47,686</b>

### FUNDING:

The funding for Federal Compliance is comprised of reimbursements from: Medicaid Administration (78% FFP, 22% GF Match), Home and Community-Based Services Waiver Administration (50% FFP, 50% GF Match) and TCM (50% FFP, 50% GF Match).

### CURRENT YEAR CHANGE FROM ENACTED:

There is no change.

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

Budget year expenditures are estimated to decrease by a net \$1.9 million (\$1.1 million GF) over updated current year projections, comprising decreases in rent due to the shift of rent expenditures to the rent methodology page offset by the increase of Case Manager positions to meet HCBS Waiver requirements, and a minor decrease in Compliance with HCBS Waiver Requirements that reflects the shift of rent expenditures to the rent methodology page.

<b>EXPENDITURES:</b>	<b>2016-17*</b>	<b>2017-18*</b>
<b>TOTAL</b>	<b>\$49,592</b>	<b>\$47,686</b>
GF	36,131	35,017
Reimbursements	13,461	12,669

\* Values in thousand (000's)

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

The Department requests additional funding to ensure that the regional center system maintains compliance with the Home and Community-Based Services (HCBS) Waiver. These funds will be earmarked solely for meeting these commitments or assurances reflected in the State's approved Waiver, the most important of which are as follows:

- Maintaining service coordinator-to-consumer caseload ratios at not more than 1:62.
- Performing quarterly face-to-face monitoring of consumers residing in out-of-home living arrangements.
- Clinical consultation, monitoring, and review of consumers' medications.
- Developing and annually reviewing Waiver consumers' individual program plans and Client Developmental Evaluation Reports.
- Providing enhanced case management for individuals moving from the State developmental centers into the community.
- Conducting a minimum of two unannounced visits per year to consumers living in licensed out-of-home settings.
- Conducting triennial quality assurance evaluations of community care facilities and following up on findings.
- Performing Risk Management Committee activities required by Title 17 regulations (developing a Risk Management Plan, conducting special incident report trend analysis, and taking appropriate action/planning steps).
- Conducting vendor audits.
- Reviewing and investigating consumer health and safety complaints.

**ASSUMPTIONS:**

Based on a February 2005 departmental survey of regional centers, case management, clinical, and administrative positions will be needed in the regional centers to bring them into compliance with HCBS Waiver requirements. It implemented July 1, 2005.

**METHODOLOGY:**

			<b>2016-17*</b>	<b>2017-18*</b>
• <b>Annual Salary Cost:</b>			<b>\$6,158</b>	<b>\$6,158</b>
	<u>Positions</u>	<u>Monthly Salary</u>		
Service Coordinators:	103.1	\$3,512	4,345	4,345
Physicians:	9	9,443	1,020	1,020
Psychologists:	13.7	4,824	793	793

\* Values in thousands (000's)

**Attachment****Compliance with Home and Community-Based Services Waiver Requirements****METHODOLOGY (continued):**

		<b>2016-17*</b>	<b>2017-18*</b>
• <b>Benefit:</b>		<b>\$1,925</b>	<b>\$1,925</b>
Service Coordinators:	32.2%	1,399	1,399
Physicians:	29.5%	301	301
Psychologists:	28.4%	225	225
• <b>Operating Expenses:</b>		<b>\$585</b>	<b>\$585</b>
Service Coordinators:	\$4,248	438	438
Physicians:	7,632	69	69
Psychologists:	5,688	78	78
• <b>Rent:</b>		<b>\$541</b>	<b>\$0</b>
Service Coordinators:	4,200	433	0
Physicians:	5,388	48	0
Psychologists:	4,416	60	0
• <b>TOTAL EXPENDITURES (Rounded):</b>		<b>\$9,200</b>	<b>\$8,700</b>

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

Budget year expenditures are estimated to have a minor decrease due to the shift of rent expenditures to the rent methodology page.

**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:**

	<b>2016-17*</b>	<b>2017-18*</b>
<b>Total</b>	<b>\$9,200</b>	<b>\$8,700</b>
GF	3,950	3,450
Reimbursements	5,250	5,250

\* Values in thousands (000's)

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

		<b>2016-17*</b>	<b>2017-18*</b>
<b>Personal Services :</b>			
• <b>Client Program Coordinator (CPC) Salary Expenditures:</b>		\$7,072	\$7,340
Number of CPC Vacancies Related to HCBS Waiver Consumers:			
2016-17: 178.58			
2017-18: 185.34			
CPC salary: \$39,606			
• <b>Total Supervising Counselor Salary Expenditures:</b>		1,121	1,163
Number of Supervising Counselors (1:10 CPCs):			
2016-17: 17.86			
2017-18: 18.53			
Supervising Counselor salary: \$62,784			
• <b>Secretary II Salary:</b>		941	976
Number of Secretary II (1:6 CPCs and Supervising Counselors):			
2016-17: 32.74			
2017-18: 33.98			
Secretary II salary: \$28,736			
• <b>Fringe Benefits:</b>			
CPC's and All Other Staff:	23.7%	2,165	2,247
• <b>Salary Savings:</b>		-228	-236
CPCs:	1.0%	-88	-90
All Other Staff:	5.5%	-140	-146
<b>Total Personal Services :</b>		<b>\$11,071</b>	<b>\$11,490</b>
<b>Operating Expenses:</b>			
• <b>Operating Expenses:</b>			
Professional Positions:	\$3,400	668	693
Clerical Positions:	2,400	79	82
Rent:	8,086	1,853	0
<b>Total Operating Expenses:</b>		<b>\$2,600</b>	<b>\$775</b>
<b>Total Costs:</b>		<b>\$13,671</b>	<b>\$12,265</b>

\* Values in thousands (000's)

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

These positions are eligible for the following reimbursements: Targeted Case Management (50% federal financial participation, 50% General Fund [GF] Match).

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

Budget year expenditures are estimated to decrease by \$1.4 million (\$0.7 million GF) over updated current year projection, comprising decreases in rent expenditures due to the shift of rent to the rent methodology page offset by the increase of HCBS Waiver-related CPC positions and Supervising Counselors positions.

**EXPENDITURES:**

	2016-17*	2017-18*
<b>TOTAL</b>	<b>\$13,671</b>	<b>\$12,265</b>
GF	6,835	6,132
Reimbursement	6,836	6,133

## Projects

### DESCRIPTION:

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

### ASSUMPTIONS/METHODOLOGY:

	2016-17*	2017-18*
<ul style="list-style-type: none"> <li><b>Information Technology Costs:</b> <ul style="list-style-type: none"> <li>Regional Center Application Support:</li> <li>Data Processing:</li> <li>100% General Fund (GF)</li> </ul> </li> </ul>	\$3,417 2,317 1,100	\$3,797 2,547 1,250
<ul style="list-style-type: none"> <li><b>Clients' Rights Advocacy:</b></li> </ul> <p>The Department contracts for clients' rights advocacy services for regional center consumers, of which 45% of the costs are eligible for Home and Community Based Services (HCBS) Waiver Administration: 50% GF Match / 50% federal financial participation (FFP). Contract amount shown does not reflect an additional \$21,155 increase for admin. costs per Assembly Bill (AB)X2 1. Refer to the AB X2 1 Regional Center Operations Increases Policy. Budget year reflects an adjustment to account for caseload growth.</p>	6,494	6,785
<ul style="list-style-type: none"> <li><b>Quality Assessment Contract:</b></li> </ul> <p>AB X4 9, Welfare and Institutions Code (W&amp;I Code) 4571 consolidated the Life Quality Assessment and the Movers Study, which sunsets 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. Budget year reflects the projected costs of implementing AB 982 and Developmental Disabilities contract.</p>	3,221	4,044

\* Values in thousand (000's)



## Projects

### ASSUMPTIONS/METHODOLOGY (continued):

	2016-17*	2017-18*
<ul style="list-style-type: none"> <li> <b>Direct Support Professional Training:</b> <p>W&amp;I Code 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. The Department contracts with the Department of Education, which in turn administers the training through the Regional Occupational Centers and Programs. 88% of the costs are eligible for HCBS Waiver Administration: 50% GF Match / 50% FFP. Budget year reflects the costs to conduct major revisions to the Direct Support Professional Training curriculum and the increased expenditures for the San Bernardino data management contract.</p> </li> </ul>	2,848	3,037
<ul style="list-style-type: none"> <li> <b>Office of Administrative Hearings:</b> <p>Federal law requires the Department to have a process to adjudicate disputes involving Medicaid beneficiaries; both the fair hearing and mediation processes satisfy this requirement. The Department contracts with the Office of Administrative Hearings to: (1) conduct fair hearings to resolve conflicts between regional centers 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% of the costs are eligible for HCBS Waiver Administration: 50% GF Match / 50% FFP.</p> </li> </ul>	3,190	3,350
<ul style="list-style-type: none"> <li> <b>Wellness Projects:</b> <p>W&amp;I Code Sections 4696 and 4646.5 contain requirements that are fulfilled through the Wellness Initiative. Project priorities are determined annually by selection committee comprised of legislative staff, advocacy groups, consumers, regional center representatives, and the Community Services Division within the Department. 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)</p> </li> </ul>	100	100

\* Values in thousand (000's)

## Projects

<b>ASSUMPTIONS/METHODOLOGY (continued):</b>	<b>2016-17*</b>	<b>2017-18*</b>
<ul style="list-style-type: none"> <li> <b>Foster Grandparent/Senior Companion (FG/SC):</b>             Through FG/SC programs, men and women aged 55 years and older devote up to 20 hours a week to help people with developmental disabilities lead more independent and productive lives.            2016-17: \$812,000 FG/SC, \$1,706,000 GF            2017-18: \$1,192,000 FG/SC, \$1,843,000 GF            Budget year reflects the cost of moving volunteers' service hours from developmental centers to regional centers.         </li> </ul>	2,518	3,035
<ul style="list-style-type: none"> <li> <b>Special Incident Reporting/Risk Assessment:</b>             The Department contracts for the services of an independent, specialized risk-assessment and mitigation contractor 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% of the costs are eligible for HCBS Waiver Administration: 50% GF Match / 50% FFP.         </li> </ul>	938	938
<ul style="list-style-type: none"> <li> <b>Increased Access to Mental Health Services:</b>             100% Mental Health Services Fund         </li> </ul>	740	740
<ul style="list-style-type: none"> <li> <b>Sherry S. Court Case:</b>             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 regional center costs of processing Hop actions for regional center consumers. (100% GF)         </li> </ul>	211	211

\* Values in thousand (000's)

## Projects

<b>ASSUMPTIONS/METHODOLOGY (continued):</b>	<b>2016-17*</b>	<b>2017-18*</b>
<ul style="list-style-type: none"> <li> <b>2003-04 FFP Enhancement, Phase II:</b>             These costs are associated with legal support for federal program activities. (100% GF)         </li> </ul>	500	500
<ul style="list-style-type: none"> <li> <b>University Enterprises, Inc.:</b>             The Department contracts with University Enterprises, Inc. for statistical forecasting assistance in estimating regional center costs. (100% GF)         </li> </ul>	123	123
<ul style="list-style-type: none"> <li> <b>Affordable Housing:</b>             In 1994, pursuant to the court decision commonly referred to as the Coffelt Settlement Agreement, funds were allocated to create affordable housing for persons with developmental disabilities. Funding was allocated on a per capita basis to four geographic regions throughout California to provide affordable housing to very low-income individuals receiving services from the regional centers. 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) Current year and budget year reflect the functional re-alignment.         </li> </ul>	128	128
<ul style="list-style-type: none"> <li> <b>Review of Senate Bill (SB) 1175 Housing Proposals:</b>             Pursuant to Chapter 617, Statutes of 2008, (SB 1175), the Developmental Disabilities Account is used as a depository for application fees collected by the Department for conducting the review and approval of housing proposals.         </li> </ul>	150	150
<ul style="list-style-type: none"> <li> <b>Extension of Denti-Cal Infrastructure for Regional Center Funded Dental:</b>             This project allows the regional center 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). Current year and budget year reflect updated estimates generated by DHCS.         </li> </ul>	120	120
<ul style="list-style-type: none"> <li> <b>TOTAL EXPENDITURES:</b> </li> </ul>	<b>\$24,698</b>	<b>\$27,058</b>

\* Values in thousand (000's)

## Projects

### FUNDING:

The funding for Projects expenditures is comprised of GF, reimbursements from Home and Community-Based Waiver Administration, fund sources Developmental Disabilities Services Account, Mental Health Services Fund and Federal Funds from the FG/SC Programs.

### CURRENT YEAR CHANGE FROM ENACTED:

Current year expenditures are estimated to have a minor decrease, comprising a decrease in Extension of Denti-Cal Infrastructure for Regional Center Funded Dental contract estimated by DHCS offset by the increase of Affordable Housing contract due to functional re-alignment.

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

Budget year expenditures are estimated to increase by \$2.4 million TF (\$1.6 million GF) over updated current year projections, comprising increases in the Information Technology Costs, Clients' Rights Advocacy, Quality Assessment Contract, Direct Support Professional Training, Office of Administrative Hearings, and the FG/SC Programs.

### EXPENDITURES:

	2016-17*	2017-18*
<b>TOTAL</b>	<b>\$24,698</b>	<b>\$27,058</b>
GF	18,634	20,245
Reimbursements	4,362	4,731
Developmental Disabilities Services Account	150	150
Mental Health Services Fund	740	740
Federal Funds	812	1,192

\* Values in thousand (000's)

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

### DESCRIPTION:

To obtain federal financial participation (FFP) associated with the Intermediate Care Facilities-Developmentally Disabled (ICF-DD), regional centers incur administrative costs for billing on behalf of the ICF-DD.

### ASSUMPTIONS/METHODOLOGY:

Billing costs are 1.5% of the cost of Day Program and Transportation.

2016-17 and 2017-18: Total billing costs are \$1.7 million for regional center administration.

- Purchase of Services costs for Day Program and Transportation in 2015-16 total \$115.1 million, of which 1.5% equals \$1.7 million.

### FUNDING:

The Federal Medical Assistance Percentages establishes the FFP for expenditures associated with Operations, which is 50% for 2016-17 and 2017-18.

### CURRENT YEAR CHANGE FROM ENACTED:

The slight decrease reflects updated expenditure data as actual expenditures decreased compared to projected cost in the 2016 May Revision.

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

There is no change.

### EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
Total	\$1,727	\$1,727
General Fund	864	864
Reimbursements	863	863

## Operations Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Staffing</b>						
<b>TOTAL</b>	<b>\$558,778</b>	<b>\$560,852</b>	<b>\$2,074</b>	<b>\$587,407</b>	<b>\$26,555</b>	<b>\$28,629</b>
<b>GF</b>	<b>\$381,377</b>	<b>\$372,521</b>	<b>(\$8,856)</b>	<b>\$397,451</b>	<b>\$24,930</b>	<b>\$16,074</b>
GF Match	165,389	174,487	9,098	179,456	4,969	14,067
GF Other	215,988	198,034	(17,954)	217,995	19,961	2,007
<b>Reimbursements</b>	<b>\$177,401</b>	<b>\$188,331</b>	<b>\$10,930</b>	<b>\$189,956</b>	<b>\$1,625</b>	<b>\$12,555</b>
Medicaid Admin	8,591	11,047	2,456	11,073	26	2,482
HCBS Waiver Admin	4,094	5,055	961	5,090	35	996
TCM	152,110	159,369	7,259	165,920	6,551	13,810
TCM Admin	5,100	5,354	254	5,354	0	254
Money Follows the Person	7,506	7,506	0	2,519	(4,987)	(4,987)
<b>Agnews Ongoing Workload</b>						
<b>TOTAL</b>	<b>\$2,946</b>	<b>\$2,946</b>	<b>\$0</b>	<b>\$2,894</b>	<b>(\$52)</b>	<b>(\$52)</b>
<b>GF</b>	<b>\$972</b>	<b>\$984</b>	<b>\$12</b>	<b>\$932</b>	<b>(\$52)</b>	<b>(\$40)</b>
GF Match	1,389	1,260	(129)	1,260	0	(129)
GF Other	(417)	(276)	141	(328)	(52)	89
<b>Reimbursements</b>	<b>\$1,974</b>	<b>\$1,962</b>	<b>(\$12)</b>	<b>\$1,962</b>	<b>\$0</b>	<b>(\$12)</b>
HCBS Waiver Admin	841	676	(165)	676	0	(165)
Medicaid Admin	1,133	1,286	153	1,286	0	153

## Operations Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Lanterman Developmental Center Closure/Ongoing Workload</b>						
<b>TOTAL</b>	<b>\$2,576</b>	<b>\$2,576</b>	<b>\$0</b>	<b>\$2,392</b>	<b>(\$184)</b>	<b>(\$184)</b>
<b>GF</b>	<b>\$1,774</b>	<b>\$1,771</b>	<b>(\$3)</b>	<b>\$1,587</b>	<b>(\$184)</b>	<b>(\$187)</b>
GF Match	847	845	(2)	845	0	(2)
GF Other	927	926	(1)	742	(184)	(185)
<b>Reimbursements</b>	<b>\$802</b>	<b>\$805</b>	<b>\$3</b>	<b>\$805</b>	<b>\$0</b>	<b>\$3</b>
Medicaid Admin	802	805	3	805	0	3
<b>Federal Compliance</b>						
<b>TOTAL</b>	<b>\$49,592</b>	<b>\$49,592</b>	<b>\$0</b>	<b>\$47,686</b>	<b>(\$1,906)</b>	<b>(\$1,906)</b>
<b>GF</b>	<b>\$36,314</b>	<b>\$36,131</b>	<b>(\$183)</b>	<b>\$35,017</b>	<b>(\$1,114)</b>	<b>(\$1,297)</b>
GF Match	11,828	11,995	167	11,203	(792)	(625)
GF Other	24,486	24,136	(350)	23,814	(322)	(672)
<b>Reimbursements</b>	<b>\$13,278</b>	<b>\$13,461</b>	<b>\$183</b>	<b>\$12,669</b>	<b>(\$792)</b>	<b>(\$609)</b>
HCBS Waiver Admin	1,117	1,292	175	1,203	(89)	86
Medicaid Admin	2,025	2,033	8	2,033	0	8
TCM	10,136	10,136	0	9,433	(703)	(703)
<b>Projects</b>						
<b>TOTAL</b>	<b>\$24,776</b>	<b>\$24,698</b>	<b>(\$78)</b>	<b>\$27,058</b>	<b>\$2,360</b>	<b>\$2,282</b>
<b>GF</b>	<b>\$18,691</b>	<b>\$18,634</b>	<b>(\$57)</b>	<b>\$20,245</b>	<b>\$1,611</b>	<b>\$1,554</b>
GF Match	4,381	4,361	(20)	4,730	369	349
GF Other	14,310	14,273	(37)	15,515	1,242	1,205
<b>Reimbursements</b>	<b>\$4,383</b>	<b>\$4,362</b>	<b>(\$21)</b>	<b>\$4,731</b>	<b>\$369</b>	<b>\$348</b>
HCBS Waiver Admin	4,383	4,362	(21)	4,731	369	348
<b>Developmental Disabilities Services Account</b>	<b>150</b>	<b>150</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>0</b>
<b>Mental Health Services Fund</b>	<b>740</b>	<b>740</b>	<b>0</b>	<b>740</b>	<b>0</b>	<b>0</b>
<b>Federal Funds</b>	<b>\$812</b>	<b>\$812</b>	<b>\$0</b>	<b>\$1,192</b>	<b>\$380</b>	<b>\$380</b>

## Operations Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Intermediate Care Facility-Developmentally Disabled - Admin Fees</b>						
<b>TOTAL</b>	<b>\$1,740</b>	<b>\$1,727</b>	<b>(\$13)</b>	<b>\$1,727</b>	<b>\$0</b>	<b>(\$13)</b>
<b>GF</b>	<b>\$870</b>	<b>\$864</b>	<b>(\$6)</b>	<b>\$864</b>	<b>\$0</b>	<b>(\$6)</b>
GF Match	870	864	(6)	864	0	(6)
<b>Reimbursements</b>	<b>\$870</b>	<b>\$863</b>	<b>(\$7)</b>	<b>\$863</b>	<b>\$0</b>	<b>(\$7)</b>
FFP (Quality Assurance Fees)	870	863	(7)	863	0	(7)
<b>Total Operations Funding Detail</b>						
<b>TOTAL</b>	<b>\$640,408</b>	<b>\$642,391</b>	<b>\$1,983</b>	<b>\$669,164</b>	<b>\$26,773</b>	<b>\$28,756</b>
<b>GF</b>	<b>\$439,998</b>	<b>\$430,905</b>	<b>(\$9,093)</b>	<b>\$456,096</b>	<b>\$25,191</b>	<b>\$16,098</b>
GF Match	184,704	193,812	9,108	198,358	4,546	13,654
GF Other	255,294	237,093	(18,201)	257,738	20,645	2,444
<b>Reimbursements</b>	<b>\$198,708</b>	<b>\$209,784</b>	<b>\$11,076</b>	<b>\$210,986</b>	<b>\$1,202</b>	<b>\$12,278</b>
HCBS Waiver Admin	10,435	11,385	950	11,700	315	1,265
Medicaid Admin	12,551	15,171	2,620	15,197	26	2,646
TCM	162,246	169,505	7,259	175,353	5,848	13,107
TCM Admin	5,100	5,354	254	5,354	0	254
Money Follows the Person	7,506	7,506	0	2,519	(4,987)	(4,987)
FFP (Quality Assurance Fees)	870	863	(7)	863	0	(7)
<b>Developmental Disabilities Services Account</b>	<b>150</b>	<b>150</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>0</b>
<b>Mental Health Services Fund</b>	<b>740</b>	<b>740</b>	<b>0</b>	<b>740</b>	<b>0</b>	<b>0</b>
<b>Federal Funds</b>	<b>\$812</b>	<b>\$812</b>	<b>\$0</b>	<b>\$1,192</b>	<b>\$380</b>	<b>\$380</b>





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## Community Care Facilities

### DESCRIPTION:

Regional centers 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) Expenditure Data Source: State Claims Data file, dated September 1, 2016, with actuals through June 2016. Data was 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 regional centers 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:

	2016-17	2017-18
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from AB 1522 - Paid Sick Days.</li> </ul>	\$1,078,138	\$1,146,129
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b></li> </ul> <p>The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	67,991	51,196
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth</b></li> </ul>	<b>\$1,146,129</b>	<b>\$1,197,325</b>
<ul style="list-style-type: none"> <li><b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.</li> </ul>	<b>\$18,451</b>	<b>\$18,451</b>

## Community Care Facilities

### METHODOLOGY (continued):

	2016-17	2017-18
<ul style="list-style-type: none"> <li> <b>SSI/SSP Increases Effective January 1, 2017 and January 1, 2018:</b>            The SSI/SSP rate increase, effective January 1, 2017, is estimated to increase from \$1,014 to \$1,030 per month. The SSI/SSP rate is estimated to increase from \$1,030 to \$1,046 per month on January 1, 2018. An increase in these rates results in a decrease in amounts paid by the Department. The updated current year savings from SSI/SSP decreased by \$3.1 million over the Enacted Budget due to a refined methodology and the use of specific service codes to more accurately project the person months impacted by the SSI/SSP increase. The reason for year-over-year change in budget year is due to an additional SSI/SSP increase effective January 1, 2018.         </li> </ul>	-1,504	-3,611
<ul style="list-style-type: none"> <li> <b>Continuation Costs:</b> Second year costs for Developmental Center movers.         </li> </ul>	30,705	46,847
<ul style="list-style-type: none"> <li> <b>TOTAL EXPENDITURES</b> </li> </ul>	<b>\$1,193,781</b>	<b>\$1,259,012</b>

### FUNDING:

CCF expenditures are funded by the General Fund (GF) and reimbursements from the Home and Community-Based Services (HCBS) Waiver, the 1915 (i) State Plan Amendment (SPA), Intermediate-Care Facility-Developmentally Disabled (ICF-DD), Money Follows the Person, and Title XX Block Grant, which includes Temporary Assistance to Needy Families. Based on actual 2015-16 billing data, approximately 82% of CCF expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver, 1915 (i) SPA, and ICF-DD, 50% is federal financial participation (FFP). Of the amount eligible for Money Follows the Person, 75% is FFP.

### CURRENT YEAR CHANGE FROM ENACTED:

Current year expenditures are estimated to increase by a net \$8.0 million (-\$6.3 million GF), comprising decreases in the Base and Continuation Costs, increases in forecasted Utilization and Growth and Community Placement Plan, and a slight decrease in SSI/SSP savings which reflect actual consumers who receive this benefit. The increase in Utilization reflects continued growth in Staff Operated CCFs for Adults and DSS-Licensed Special Residential Facilities for Habilitation.

## Community Care Facilities

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

Budget year expenditures are estimated to increase by a net \$65.2 million (\$51.7 million GF) over updated current year projections, comprising an increase in the Base, a decrease in forecasted Utilization and Growth, and an increase in SSI/SSP savings which reflect actual consumers who receive this benefit. Of this net increase, \$68 million is due to updated prior year expenditures related to Base and Utilization and Growth.

### EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
<b>TOTAL</b>	<b>\$1,193,781</b>	<b>\$1,259,012</b>
GF	664,430	716,142
Reimbursements	529,351	542,870

## Medical Facilities

### DESCRIPTION:

Pursuant to Health and Safety Code Sections 1250, 1255.6, and 1255.7, among others, regional centers vendor/contract with Intermediate Care Facilities - Developmentally Disabled (ICF-DD) and Continuous Nursing Care, 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 2016-17 and 2017-18 are based on the 2016 Regional Center Spring Survey.

#### Non-ICF/DD:

- Non-ICF Expenditure Data Source: State Claims Data file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	2016-17	2017-18
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base.</li> </ul>	\$18,980	\$19,326
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b></li> </ul>	346	641
<ul style="list-style-type: none"> <li><b>Utilization Change/Growth:</b></li> </ul>		
<ul style="list-style-type: none"> <li><b>ICF-DD</b></li> </ul>	80	84
<ul style="list-style-type: none"> <li><b>Non ICF-DD</b></li> </ul>	266	557
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth:</b></li> </ul>	<b>\$19,326</b>	<b>\$19,967</b>
<ul style="list-style-type: none"> <li><b>Gap Resource Development (ICF-DD):</b></li> </ul>	363	383
Gap is the time period between licensure and certification of small health facilities when Medi-Cal does not cover any person's facility costs.		

In 2016-17 and 2017-18 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.

**Medical Facilities**

<b>METHODOLOGY (continued):</b>	<b>2016-17</b>	<b>2017-18</b>
• <b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.	171	171
• <b>Continuation Costs:</b> Second year costs for developmental center movers.	1,077	1,643
• <b>TOTAL EXPENDITURES:</b>	<b>\$20,937</b>	<b>\$22,164</b>

**FUNDING:**

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

**CURRENT YEAR CHANGE FROM ENACTED:**

Current year increased by \$1.3 million and reflects updated 2015-16 expenditures. The net increase is a result of an increase in the Base, and Growth and Utilization, slightly offset by a decrease in Continuation Costs. The Utilization and Growth includes a slight increase in DSS Licensed-Specialized Residential Facilities-Habilitation offset by a minimal decrease in Specialized Residential Facilities.

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

The \$1.2 million net increase in the budget year reflects an increase in the Base, Growth and Utilization, and a slight increase in Gap and Continuation Costs.

<b>EXPENDITURES:</b>	<b>2016-17</b>	<b>2017-18</b>
<b>TOTAL</b>	<b>\$20,937</b>	<b>\$22,164</b>
GF	20,937	22,164



## Day Programs

### DESCRIPTION:

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 Expenditure Data Source: State Claims Data file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	2016-17	2017-18
• <b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from AB 1522 - Paid Sick days.	\$951,909	\$995,208
• <b>Total Utilization Change/Growth:</b> The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.	43,299	48,691
• <b>Subtotal Base and Growth:</b>	<b>\$995,208</b>	<b>\$1,043,899</b>
• <b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.	929	929
• <b>Continuation Costs:</b> Second year costs for developmental center movers.	1,511	2,306
• <b>TOTAL EXPENDITURES:</b>	<b>\$997,648</b>	<b>\$1,047,134</b>

## Day Programs

### FUNDING:

Day Program expenditures are funded by the General Fund (GF), reimbursements from Intermediate Care Facility-Developmentally Disabled (ICF-DD), the Home and Community-Based Services (HCBS) Waiver, the 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 2015-16 billing data, approximately 55% of Day Program expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver, 1915(i) SPA, ICF-DD, and EPSDT, 50% is federal financial participation.

### CURRENT YEAR CHANGE FROM ENACTED:

The net increase of \$3.3 million (-\$26.6 million GF) in the current year is due to an increase in Growth and Utilization and Community Placement Plan, offset by a decrease in the Base and Continuation Costs. The Growth and Utilization includes an increase in Adult Development Center and a slight decrease in Out-Of-State Residential Treatment Program.

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

The increase of \$49.5 million (\$41.8 million GF) in the budget year is due to an increase in the Base, Growth and Utilization, and Continuation Costs. Of the increase, \$43.3 million is due to updated prior year expenditures reflected in Base and Utilization and Growth.

### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>\$997,648</b>	<b>\$1,047,134</b>
GF	521,903	563,738
Reimbursements	456,569	464,220
Federal Funds	19,176	19,176

## Habilitation Work Activity Program (WAP)

### DESCRIPTION:

Work Activity Program (WAP) services are provided, for the most part, in a sheltered setting, and may include work experiences in integrated group settings within the community.

### ASSUMPTIONS:

- WAP Expenditure Data Source: State Claims file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 base. For 2017-18, the prior-year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from AB 1522 - Paid Sick days.</li> </ul>	\$53,267	\$51,820
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b></li> </ul> <p>The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	-1,447	-15
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth:</b></li> </ul>	<b>\$51,820</b>	<b>\$51,805</b>
<ul style="list-style-type: none"> <li><b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.</li> </ul>	2	2
<ul style="list-style-type: none"> <li><b>Continuation Costs:</b> Second year costs for developmental center movers.</li> </ul>	7	11
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES:</b></li> </ul>	<b>\$51,829</b>	<b>\$51,818</b>

## Habilitation Work Activity Program (WAP)

### FUNDING:

WAP Service expenditures are funded by the General Fund (GF), and reimbursements from the Home and Community-Based Services (HCBS) Waiver, Title XX Block Grant, which includes Temporary Assistance for Needy Families, Intermediate Care Facility - Developmentally Disabled (ICF-DD), and the 1915(i) State Plan Amendment. Based on actual 2015-16 billing data, approximately 60% of WAP expenditures are eligible for the HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver, 1915(i), and ICF-DD, 50% is federal financial participation.

### CURRENT YEAR CHANGE FROM ENACTED:

The Department projects a current year decrease of \$1.5 million (\$4 million GF) reflecting updated 2015-16 expenditures with decreases in Base, Utilization and Growth, and Community Placement Plan, slightly offset by an increase in Continuation Costs.

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

The minor decrease in the budget year is due to a decrease in the Base offset by an increase in Growth and Utilization, and Continuation Costs. Of the decrease, \$1.4 million is due to updated prior year expenditures reflected in Base and Utilization and Growth.

### EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
<b>TOTAL</b>	<b>\$51,829</b>	<b>\$51,818</b>
GF	30,639	30,210
Reimbursements	21,190	21,608

## Habilitation

### Supported Employment Program (Group Placement)

#### DESCRIPTION:

Supported Employment Program - Group Placement (SEP-G) provides opportunities for persons with developmental disabilities to work through integrated group settings and with support services provided by community rehabilitation programs. These services enable consumers to learn necessary job skills and maintain employment.

#### ASSUMPTIONS:

- SEP-G Expenditure Data Source: State Claims file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

#### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from AB 1522 - Paid Sick days.</li> </ul>	\$78,839	\$81,225
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b>  The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</li> </ul>	2,386	2,941
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth:</b></li> </ul>	<b>\$81,225</b>	<b>\$84,166</b>
<ul style="list-style-type: none"> <li><b>Continuation Costs:</b> Second year costs for developmental center movers.</li> </ul>	11	17
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES:</b></li> </ul>	<b>\$81,236</b>	<b>\$84,183</b>

## Habilitation

### Supported Employment Program (Group Placement)

#### FUNDING:

SEP-G expenditures are funded by the General Fund (GF) and reimbursements from the Home and Community-Based Services (HCBS) Waiver, Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families, Intermediate Care Facility - Developmentally Disabled (ICF-DD), and the 1915(i) State Plan Amendment. Based on actual 2015-16 billing data, approximately 35% of SEP-G expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver, 1915(i), and ICF-DD, 50% is federal financial participation.

#### CURRENT YEAR CHANGE FROM ENACTED:

The current year increase of \$1.4 million (\$7.4 million GF) reflects updated 2015-16 expenditures with increases in the Base, Utilization and Growth, and Continuation Costs.

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

The \$2.9 million (\$2.4 million GF) increase in the budget year reflects an increase in the Base, Utilization and Growth, and Continuation Costs. Of the increase, \$2.4 million is due to updated prior year expenditures reflected in Base and Utilization and Growth.

#### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>\$81,236</b>	<b>\$84,183</b>
GF	60,919	63,366
Reimbursements	20,317	20,817

## Habilitation

### Supported Employment Program (Individual Placement)

#### DESCRIPTION:

Supported Employment Program - Individual Placement (SEP-I) provides opportunities for persons with developmental disabilities to work through integrated individual settings and with support services provided by community rehabilitation programs. These services enable consumers to learn necessary job skills and maintain employment.

#### ASSUMPTIONS:

- SEP-I Expenditure Data Source: State Claims file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

#### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base.</li> </ul>	\$18,273	\$18,676
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b></li> </ul> <p>The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	403	328
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth:</b></li> </ul>	<b>\$18,676</b>	<b>\$19,004</b>
<ul style="list-style-type: none"> <li><b>Continuation Costs:</b> Second year costs for developmental center movers.</li> </ul>	3	4
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES:</b></li> </ul>	<b>\$18,679</b>	<b>\$19,008</b>

## Habilitation Supported Employment Program (Individual Placement)

### FUNDING:

SEP-I expenditures are funded by the General Fund (GF) and reimbursements from the Home and Community-Based Services (HCBS) Waiver, Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families, Intermediate Care Facility - Developmentally Disabled (ICF-DD), and the 1915(i) State Plan Amendment. Based on actual 2015-16 billing data, approximately 23% of SEP-I expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver, 1915(i), and ICF-DD, 50% is federal financial participation.

### CURRENT YEAR CHANGE FROM ENACTED:

The minor increase in the current year reflects updated 2015-16 expenditures, with increases in the Base and Utilization and Growth.

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

The slight increase in the budget year reflects an increase in the Base and a minor increase in Continuation Costs, slightly offset by a decrease in the projected Growth and Utilization.

### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>\$18,679</b>	<b>\$19,008</b>
GF	15,184	15,455
Reimbursements	3,495	3,553



## Transportation

### DESCRIPTION:

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, or 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: State Claims Data file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	<b>2016-17</b>	<b>2017-18</b>
<ul style="list-style-type: none"> <li> <b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from AB 1522 - Paid Sick days. </li> </ul>	\$283,998	\$302,642
<ul style="list-style-type: none"> <li> <b>Total Utilization Change/Growth:</b>  The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends. </li> </ul>	18,644	19,641
<ul style="list-style-type: none"> <li> <b>Subtotal Base and Growth:</b> </li> </ul>	<b>\$302,642</b>	<b>\$322,283</b>
<ul style="list-style-type: none"> <li> <b>Community Placement Plan:</b> See Community Placement Plan methodology for detail. </li> </ul>	320	320
<ul style="list-style-type: none"> <li> <b>Continuation Costs:</b> Second year costs for developmental center movers. </li> </ul>	331	505
<ul style="list-style-type: none"> <li> <b>TOTAL EXPENDITURES:</b> </li> </ul>	<b>\$303,293</b>	<b>\$323,108</b>

## Transportation

### FUNDING:

Transportation expenditures are funded by the General Fund (GF) and reimbursements from the Home and Community-Based Services (HCBS) Waiver, the 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 2015-16 billing data, approximately 65% of Transportation expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver, 1915(i) SPA, and ICF-DD, 50% is federal financial participation.

### CURRENT YEAR CHANGE FROM ENACTED:

The current year increased by \$1.7 million (-\$21.9 million GF) and reflects updated 2015-16 expenditures. The increase is a result of an increase in the Base, Growth and Utilization, and Community Placement Plan, offset by a small decrease in Continuation Costs. The Growth and Utilization includes an increase in Transportation Company, Transportation-Additional Component, and Transportation-Public/Rental Car Agency/Taxi.

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

The \$19.8 million (\$17 million GF) increase is due to an increase in the Base, Growth and Utilization, and a minor increase in Continuation Costs. Of the increase, \$18.6 million is due to updated prior year expenditures related to Base and Growth and Utilization.

### EXPENDITURES:

	<b>2016-17</b>	<b>2017-18</b>
<b>TOTAL</b>	<b>\$303,293</b>	<b>\$323,108</b>
GF	151,271	168,307
Reimbursements	152,022	154,801

## Support Services

### DESCRIPTION:

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). Regional centers supplement the reduction in the SSP portion of the SSI/SSP grant to assure that consumers are able to remain in these settings rather than moving into community care facilities.

### ASSUMPTIONS:

- Support Services Expenditure Data Source: Purchase of Services Claims Data file, dated September 1, 2016 with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	<b>2016-17</b>	<b>2017-18</b>
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from policies related to Assembly Bill 1522 - Paid Sick Days, the Fair Labor Standards Act, and the Behavioral Health Treatment (BHT) Transition Plan - Effective February 1, 2016.</li> </ul>	\$1,021,238	\$1,106,139
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth</b></li> </ul> <p>The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	84,901	89,171
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth</b></li> </ul>	<b>\$1,106,139</b>	<b>\$1,195,310</b>

	2016-17	2017-18
1. <b>Revenue</b>	100	100
2. <b>Capital</b>	100	100
3. <b>Grants</b>	100	100
4. <b>Other</b>	100	100
5. <b>Total</b>	400	400

- |                      |             |             |
|----------------------|-------------|-------------|
| ● TOTAL EXPENDITURES | \$1,116,468 | \$1,209,519 |
|----------------------|-------------|-------------|

## F - 17

## Support Services

### CURRENT YEAR CHANGE FROM ENACTED:

Current year expenditures are estimated to decrease by a net \$22.2 million (-\$5.1 million GF), comprising decreases in the Base and Continuation Costs, slight decreases in Community Placement Plan, and savings from the Independent Living Supplement, offset by a minor increase in forecasted Utilization and Growth. The Utilization and Growth includes continued growth in the Community Integration Training Program, Personal Assistant, and Supported Living Services, offset by a decrease in Adaptive Skills Trainer, and Behavior Management Consultant services. For additional information on the impact of BHT please refer to the Impacts from Other Departments section of the Estimate.

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

Budget year expenditures are estimated to increase by a net \$93.1 million (\$89.1 million GF) over updated current year projections, comprising an increase in the Base, marginal increases in forecasted Utilization and Growth, and Continuation Costs, offset by a minimal increase in savings from the Independent Living Supplement. Of this net increase, \$84.9 million is due to updated prior year expenditures related to Base and Utilization and Growth.

### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>\$1,116,468</b>	<b>\$1,209,519</b>
GF	618,804	707,901
Reimbursements	497,122	501,076
Federal Funds	542	542

## In-Home Respite

### DESCRIPTION:

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: State Claims Data file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	2016-17	2017-18
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from Policies related to AB 1522 – Paid Sick Days, and the Fair Labor Standards Act.</li> </ul>	\$282,666	\$314,633
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b></li> </ul> <p>The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	31,967	32,465
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth:</b></li> </ul>	<b>\$314,633</b>	<b>\$347,098</b>
<ul style="list-style-type: none"> <li><b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.</li> </ul>	212	212
<ul style="list-style-type: none"> <li><b>Continuation Costs:</b> Second year costs for developmental center movers.</li> </ul>	191	292
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES:</b></li> </ul>	<b>\$315,036</b>	<b>\$347,602</b>

### FUNDING:

In-Home Respite expenditures are funded by the General Fund (GF) and Reimbursements from the Home and Community-Based Services (HCBS) Waiver, Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families, the 1915(i) State Plan Amendment (SPA), and federal funds from the Early Start Grant. Based on actual 2015-16 billing data, approximately 74% of In-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver and 1915 (i) SPA, 50% is federal financial participation.

## In-Home Respite

### CURRENT YEAR CHANGE FROM ENACTED:

The current year decrease of \$10 million (-\$12.9 million GF) is due to a decrease in Base, Community Placement Plan, and Continuation Cost slightly offset by an increase in Growth and Utilization. The Utilization and Growth includes minimal growth in the In-Home Respite Services Agency.

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

2017-18 expenditures are estimated to increase by \$32.6 million (\$31.9 million GF) over the current year, reflecting expected increases in the Base, Utilization and Growth, and Continuation Costs. Of the increase, \$31.9 million is due to updated prior year expenditures related to Base and Utilization and Growth.

### EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
<b>TOTAL</b>	<b>\$315,036</b>	<b>\$347,602</b>
GF	155,831	187,746
Reimbursements	159,013	159,664
Federal Funds	192	192

## Out-of-Home Respite

### DESCRIPTION:

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: State Claims Data file, dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	2016-17	2017-18
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from AB 1522 - Paid Sick Days.</li> </ul>	\$40,326	\$40,452
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b></li> </ul> <p>The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	126	286
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth:</b></li> </ul>	<b>\$40,452</b>	<b>\$40,738</b>
<ul style="list-style-type: none"> <li><b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.</li> </ul>	87	87
<ul style="list-style-type: none"> <li><b>Continuation Costs:</b> Second year costs for developmental center movers.</li> </ul>	76	116
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES:</b></li> </ul>	<b>\$40,615</b>	<b>\$40,941</b>

### FUNDING:

Out-of-Home Respite 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 for Needy Families, the 1915(i) State Plan Amendment (SPA), and federal funds from the Early Start Grant. Based on actual 2015-16 billing data, approximately 64% of Out-of-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver and 1915 (i) SPA, 50% is federal financial participation.



## Out-of-Home Respite

### CURRENT YEAR CHANGE FROM ENACTED:

Current year expenditures increased by \$4.1 million (\$1.7 million GF) resulting from actual 2015-16 expenditures coming in higher than previously projected. The net increase is a result of an increase in the Base and Growth and Utilization. The Utilization and Growth includes a slight increase in Camping Services and In-Home Respite Services Agency, slightly offset by a decrease in Day Care-Family Member.

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

The increase in 2017-18 reflects a minor increase in consumer population and utilization of services. Both Utilization and Growth increases are due to updated data showing a trend of increased expenditures.

### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>\$40,615</b>	<b>\$40,941</b>
GF	20,586	20,525
Reimbursements	19,894	20,281
Federal Funds	135	135

## Health Care

### DESCRIPTION:

Health Care services include those that are medical and/or health care-related.

### ASSUMPTIONS:

Health Care Expenditure Data Source: State Claims Data file dated September 1, 2016, with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	2016-17	2017-18
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base.</li> </ul>	\$101,264	\$109,029
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth:</b>  The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</li> </ul>	7,765	9,278
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth:</b></li> </ul>	<b>\$109,029</b>	<b>\$118,307</b>
<ul style="list-style-type: none"> <li><b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.</li> </ul>	539	539
<ul style="list-style-type: none"> <li><b>Continuation Costs:</b> Second year costs for Developmental Center movers.</li> </ul>	1,028	1,568
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES:</b></li> </ul>	<b>\$110,596</b>	<b>\$120,414</b>

### FUNDING:

Health Care expenditures are funded by the General Fund (GF), Reimbursements from the Home and Community-Based Services (HCBS) Waiver, Title XX Block Grant, which includes Temporary Assistance for Needy Families, the 1915(i) State Plan Amendment (SPA), and federal funds from the Early Start Grant. Based on actual 2015-16 billing data, approximately 19% of Health Care expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver and 1915(i) SPA, 50% is federal financial participation.

## Health Care

### CURRENT YEAR CHANGE FROM ENACTED:

For the 2016 May Revision, the Department projected a large increase based on 2014-15 expenditures, which were higher than previous years and included in the trends. Actual 2015-16 expenditures revealed the higher trend did not continue as projected. The \$17.7 million (-\$17.5 million GF) decrease in the current year is due to a decrease in the Base, Growth and Utilization, Community Placement Plan, and Continuation Costs.

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

The \$9.8 million (\$9.5 million GF) increase in the 2017-18 budget year is due to an increase in the Base, Growth and Utilization, plus a slight increase in Continuation Costs. Of the increase, \$7.8 million is due to updated prior year expenditures related to Base and Utilization and Growth.

### EXPENDITURES:

	<b>2016-17</b>	<b>2017-18</b>
<b>TOTAL</b>	<b>\$110,596</b>	<b>\$120,414</b>
GF	91,065	100,585
Reimbursements	16,560	16,858
Federal Funds	2,971	2,971

## Miscellaneous Services

### DESCRIPTION:

The Miscellaneous Services category includes a wide variety of services identified on a consumer's individual program plan or individualized family service plan. Due to the wide variety and often unique qualities of the services in this category, they cannot be classified in the other Purchase of Services (POS) budget categories. Services in this category include, but are not limited to, behavior intervention, early intervention programs, interdisciplinary assessments, translators, and tutors. Historically, nearly half of the expenditures in this category have been related to Behavioral Health Treatment (BHT) services.

### ASSUMPTIONS:

- Miscellaneous Services Expenditure Data Source: State Claims Data file, dated September 1, 2016 with actuals through June 2016. Data was adjusted for lag based on historical data.

### METHODOLOGY:

	2016-17	2017-18
<ul style="list-style-type: none"> <li><b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 Base. For 2017-18, the prior year estimate for Base and Growth was used as the Base. Both years include expenditures resulting from policies related to Assembly Bill 1522 - Paid Sick Days and the BHT Transition Plan - Effective February 1, 2016</li> </ul>	\$452,235	\$466,783
<ul style="list-style-type: none"> <li><b>Total Utilization Change/Growth</b></li> </ul> <p>The 2016-17 and 2017-18 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends.</p>	14,548	14,635
<ul style="list-style-type: none"> <li><b>Subtotal Base and Growth</b></li> </ul>	<b>\$466,783</b>	<b>\$481,418</b>
<ul style="list-style-type: none"> <li><b>Community Placement Plan:</b> See Community Placement Plan methodology for detail.</li> </ul>	29,178	29,178
<ul style="list-style-type: none"> <li><b>Continuation Costs:</b> Second year costs for Developmental Center movers.</li> </ul>	2,359	3,598
<ul style="list-style-type: none"> <li><b>TOTAL EXPENDITURES</b></li> </ul>	<b>\$498,320</b>	<b>\$514,194</b>

## Miscellaneous Services

### FUNDING:

Miscellaneous Services expenditures are funded by the General Fund (GF), reimbursements from the Home and Community-Based Services (HCBS) Waiver, Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families, the 1915(i) State Plan Amendment (SPA), Intermediate-Care Facility-Developmentally Disabled (ICF-DD), reimbursements from the Department of Health Care Services for BHT Fee-for-Service (FFS), and federal funds from the Early Start Grant and Program Development Funds (PDF). Based on actual 2015-16 billing data, approximately 36% of Miscellaneous Services expenditures are eligible for HCBS Waiver reimbursement. Of the amount eligible for HCBS Waiver, 1915(i) SPA, and ICF-DD, 50% is federal financial participation.

### CURRENT YEAR CHANGE FROM ENACTED:

Current year expenditures are estimated to decrease by a net \$6.8 million (\$13.3 million GF), comprising decreases in the Base and forecasted Utilization and Growth, and slight decreases in Community Placement Plan and Continuation Costs. The decrease in Base and in total Utilization and Growth is impacted by a decrease in expenditure trends resulting from the BHT Transition Plan Effective February 1, 2016. For additional information on the impact of BHT please refer to the Impacts from Other Departments section of the Estimate.

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

Budget year expenditures are estimated to increase by a net \$15.9 million (\$13.4 million GF) over updated current year projections, comprising an increase in the Base, a minimal increase in forecasted Utilization and Growth, and a minor increase in Continuation Costs. Of this net increase, \$14.5 million is due to updated prior year expenditures related to Base and Utilization and Growth.

### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>\$498,320</b>	<b>\$514,194</b>
GF	345,284	358,697
Reimbursements	124,341	126,802
Federal Funds	10,770	10,770
PDF	2,537	2,537
BHT - FFS	15,388	15,388

**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, 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 Programs and Transportation, and regional center administrative fees for ICF-DD. QAF are set by DHCS.

2016-17 and 2017-18: Total billing costs are \$1.7 million ICF-DD administration and \$7.6 million QAF.

- Purchase of Services costs for Day Program and Transportation for 2015-16 totals \$115.1 million. ICF-DD administration costs are 1.5% of the total or \$1.7 million and QAF are \$7.6 million. Total administration and QAF is \$9.3 million.

**FUNDING:**

The funding for QAF is 100% reimbursement to the Department from DHCS.

**CURRENT YEAR CHANGE FROM ENACTED:**

The slight decrease reflects updated expenditure data as actual expenditures decreased compared to projected cost in the 2016 May Revision.

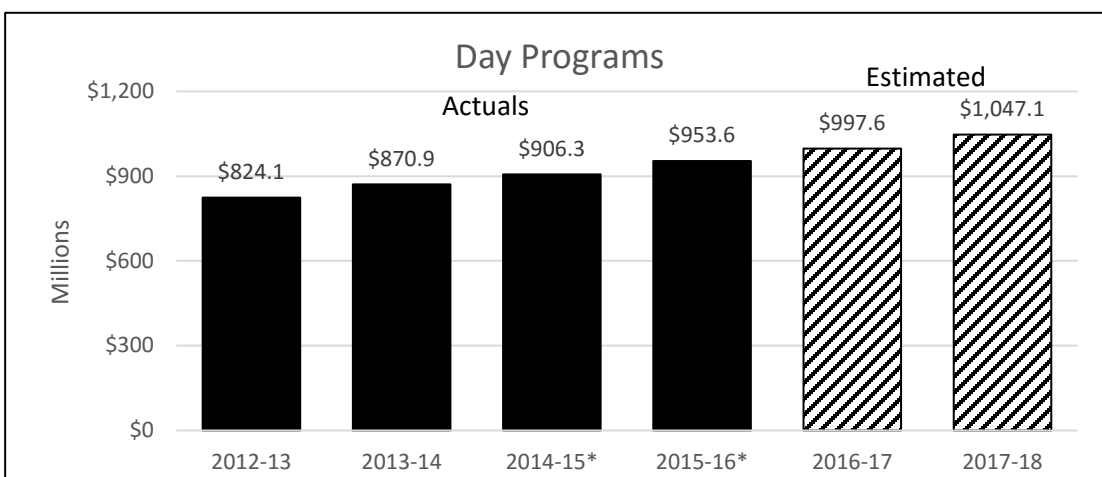
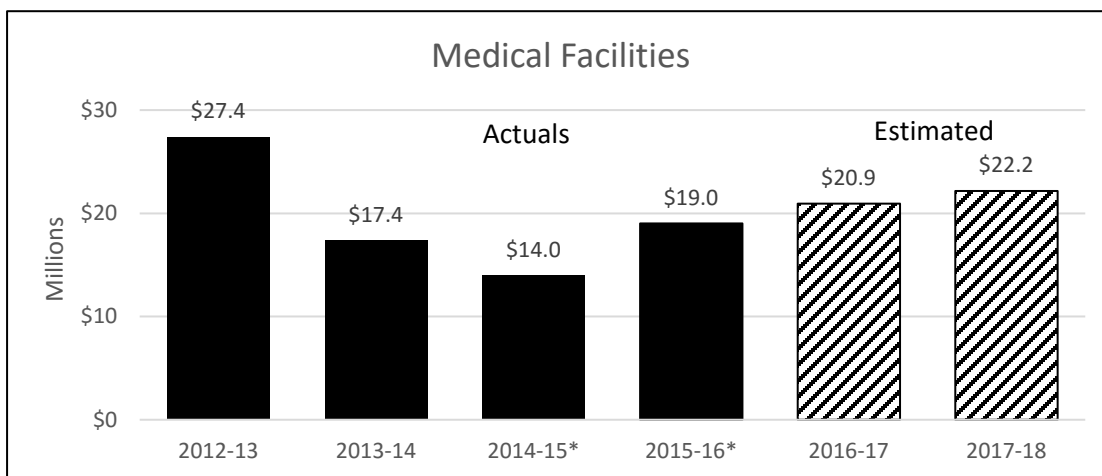
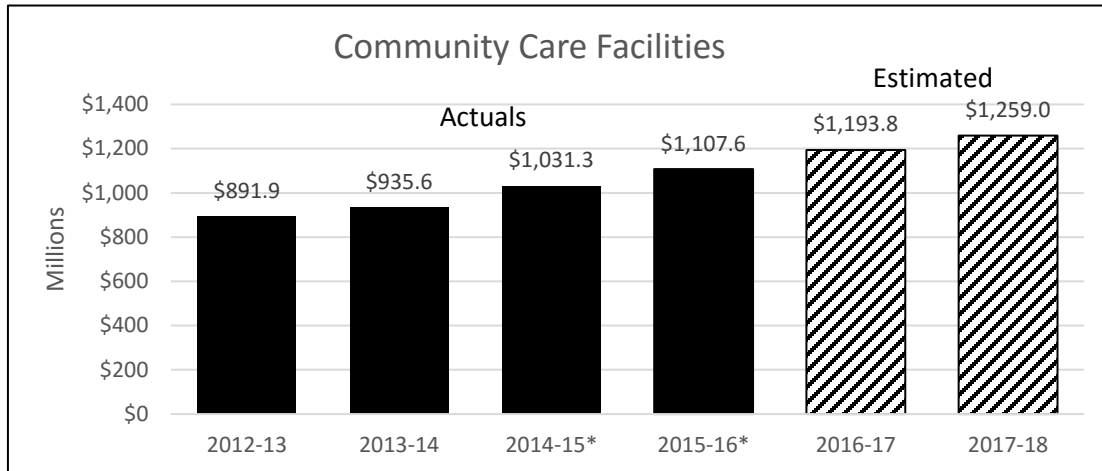
**REASON FOR YEAR-TO-YEAR CHANGE:**

There is no change.

**EXPENDITURES:**

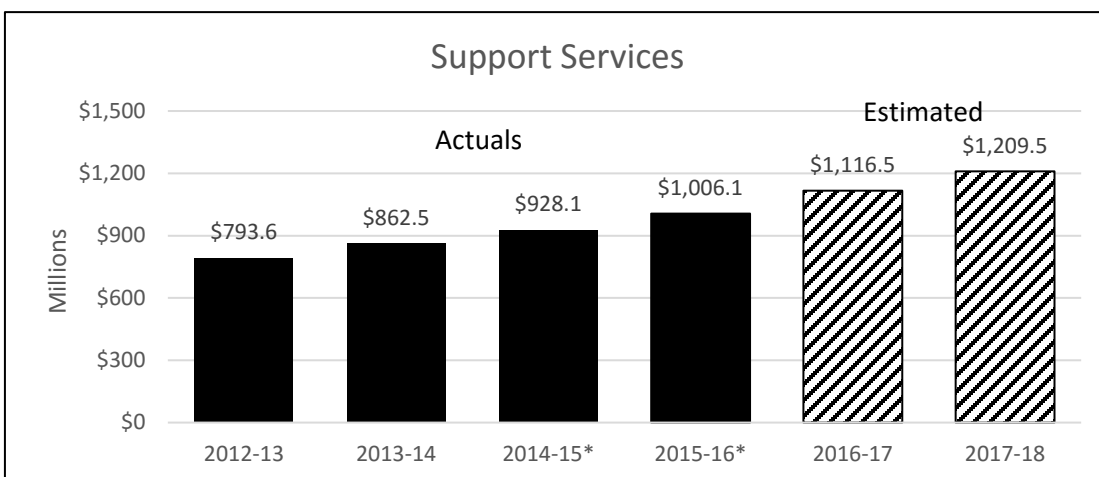
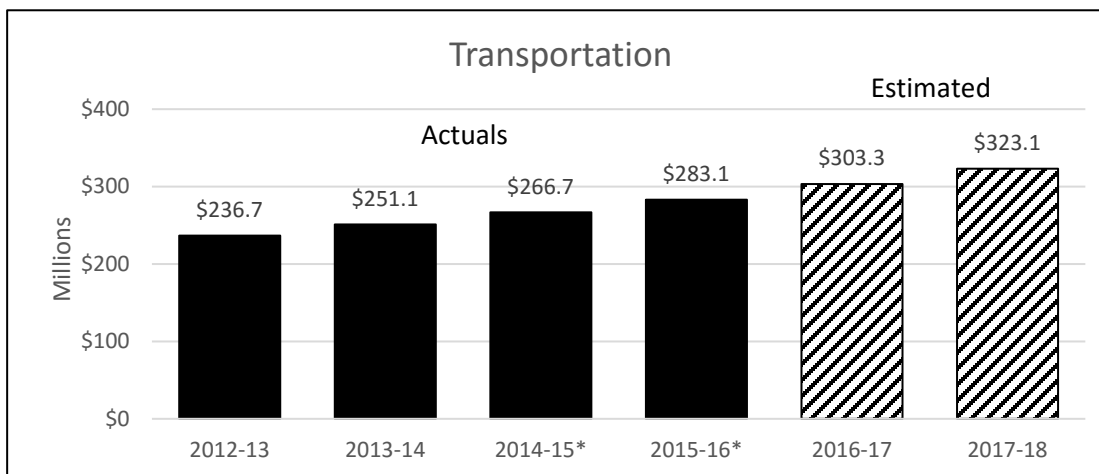
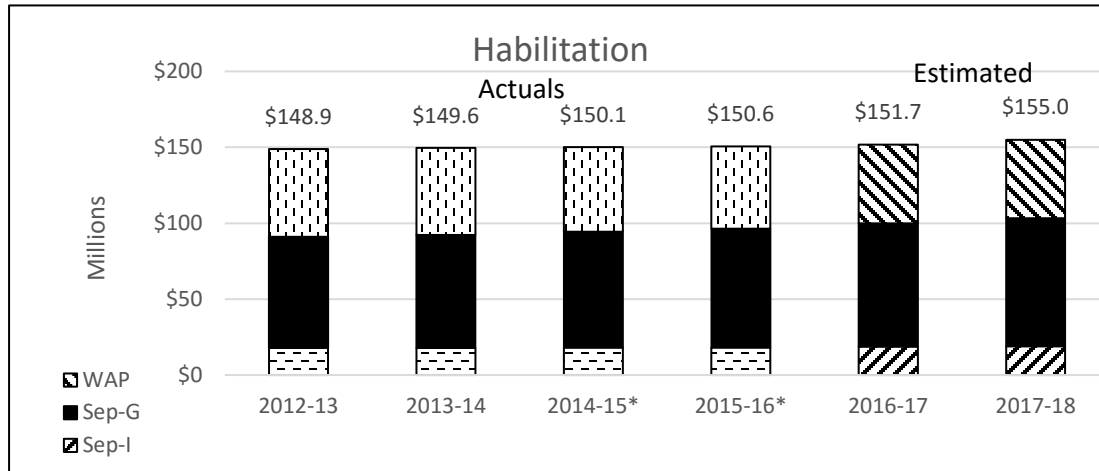
	<b>2016-17</b>	<b>2017-18</b>
Total	<b>\$9,324</b>	<b>\$9,324</b>
Reimbursements	9,324	9,324
QAF Admin Fees	4,662	4,662
Transfer from DHCS	4,662	4,662

Purchase of Services  
**Total Expenditures**  
by Budget Category



\* Claims for these years are still open and eligible for payment and reflect actuals through November 2016.

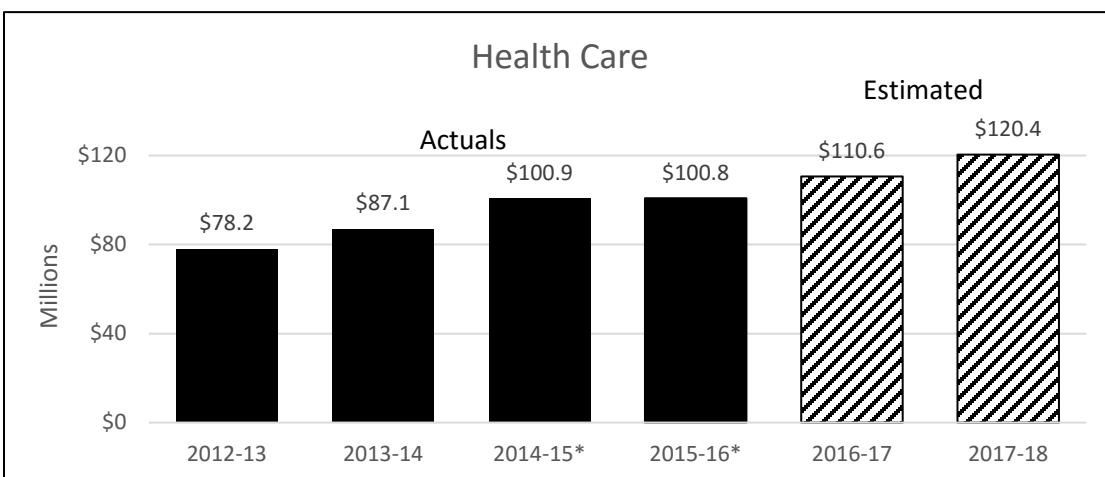
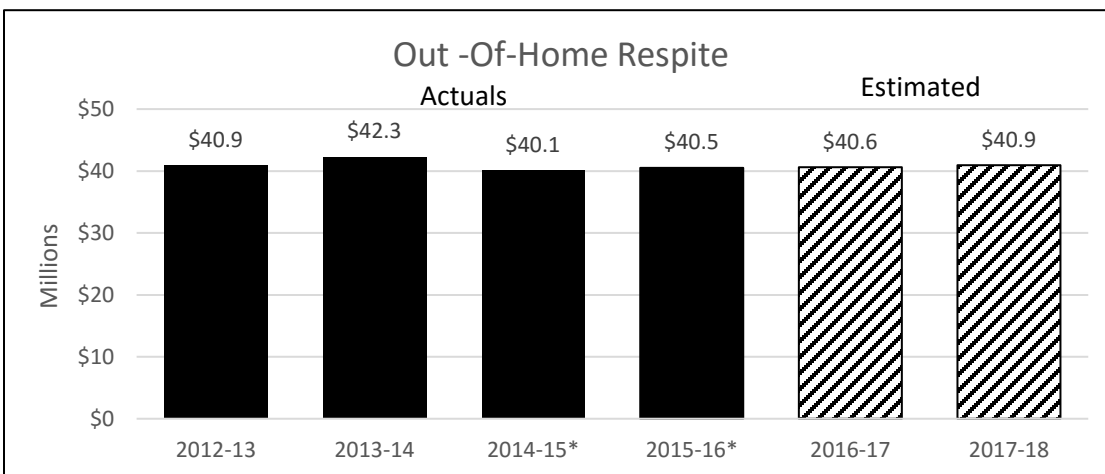
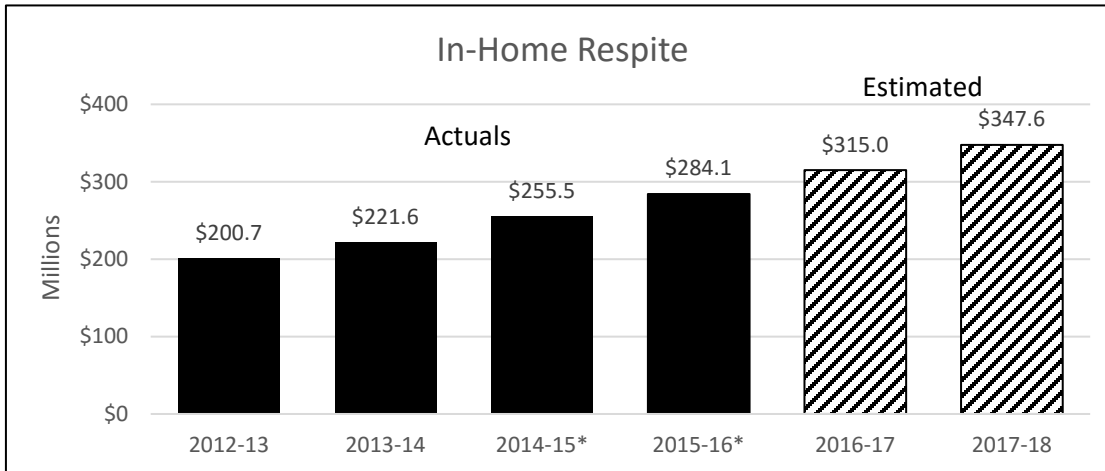
Purchase of Services  
**Total Expenditures**  
by Budget Category



\* Claims for these years are still open and eligible for payment and reflect actuals through November 2016.

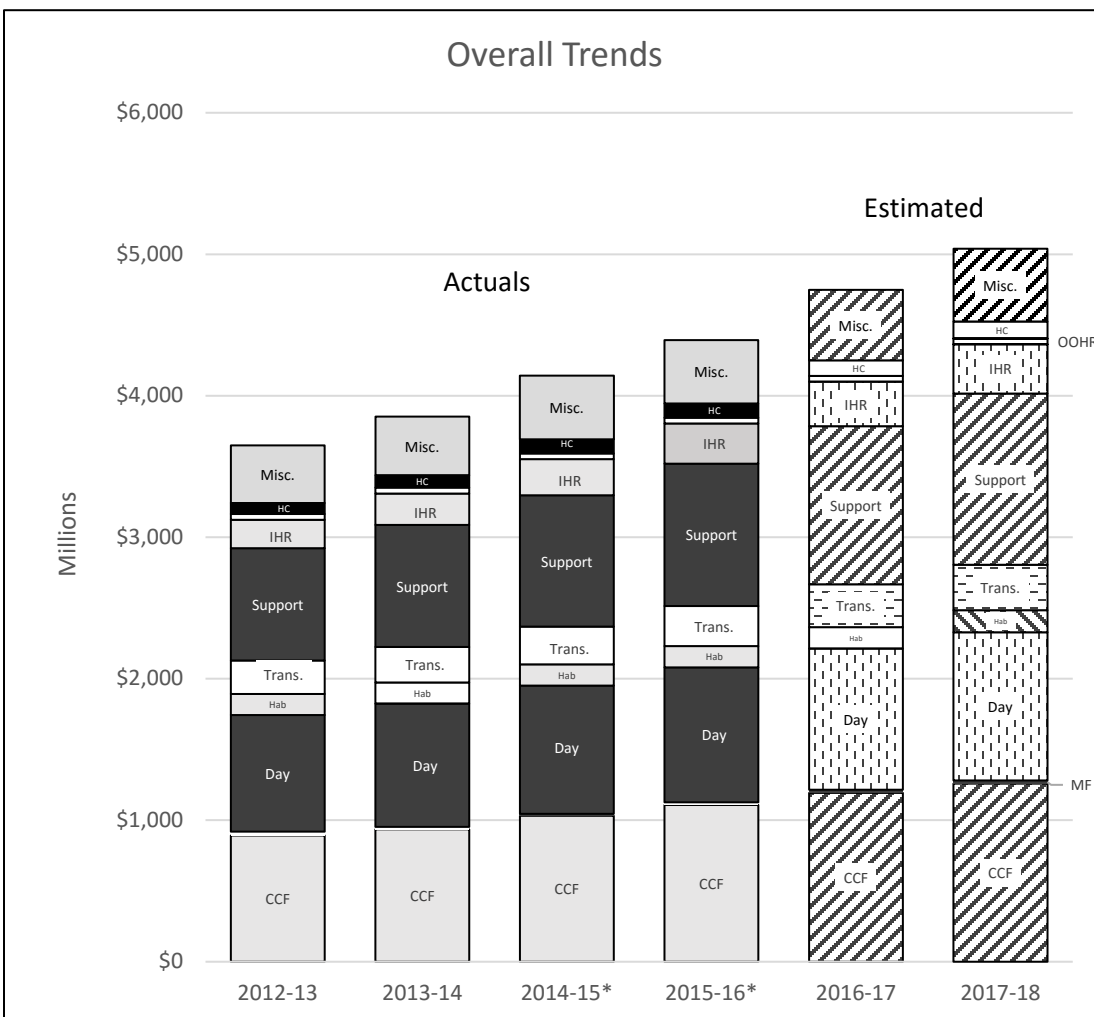
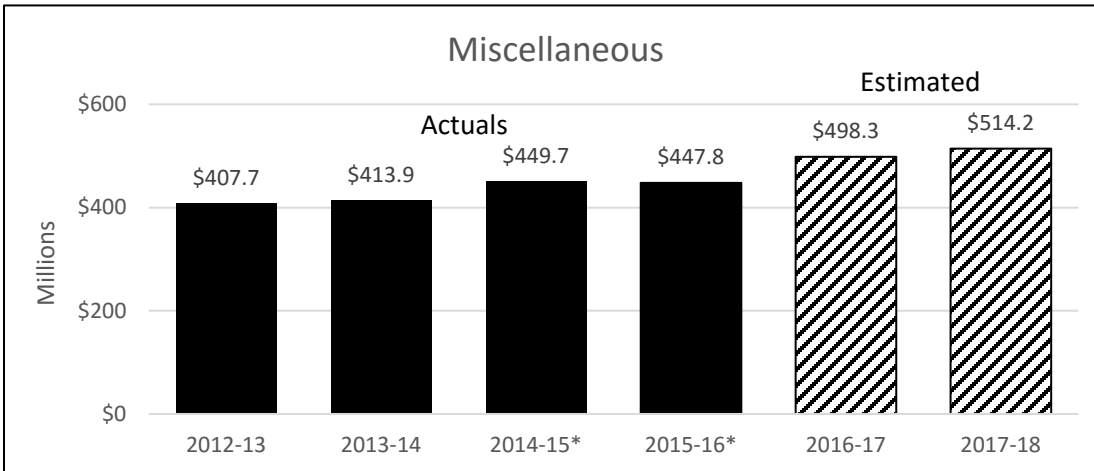


Purchase of Services  
**Total Expenditures**  
by Budget Category



\* Claims for these years are still open and eligible for payment and reflect actuals through November 2016.

Purchase of Services  
**Total Expenditures**  
by Budget Category



\* Claims for these years are still open and eligible for payment and reflect actuals through November 2016.

## Purchase of Service Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Community Care Facilities</b>						
<b>TOTAL</b>	<b>\$1,185,759</b>	<b>\$1,193,781</b>	<b>\$8,022</b>	<b>\$1,259,012</b>	<b>\$65,231</b>	<b>\$73,253</b>
<b>GF</b>	<b>\$670,694</b>	<b>\$664,430</b>	<b>(\$6,264)</b>	<b>\$716,142</b>	<b>\$51,712</b>	<b>\$45,448</b>
GF Match	505,676	519,782	14,106	533,455	13,673	27,779
GF Other	165,018	144,648	(20,370)	182,687	38,039	17,669
<b>Reimbursements</b>	<b>\$515,065</b>	<b>\$529,351</b>	<b>\$14,286</b>	<b>\$542,870</b>	<b>\$13,519</b>	<b>\$27,805</b>
HCBS Waiver	476,678	483,010	6,332	496,850	13,840	20,172
1915 (i) SPA	28,986	36,512	7,526	36,512	0	7,526
Title XX TANF	7,256	7,696	440	7,696	0	440
Money Follows the Person	2,132	2,132	0	1,811	(321)	(321)
ICF-DD	13	1	(12)	1	0	(12)
<b>Medical Facilities</b>						
<b>TOTAL</b>	<b>\$19,603</b>	<b>\$20,937</b>	<b>\$1,334</b>	<b>\$22,164</b>	<b>\$1,227</b>	<b>\$2,561</b>
<b>GF</b>	<b>\$19,603</b>	<b>\$20,937</b>	<b>\$1,334</b>	<b>\$22,164</b>	<b>\$1,227</b>	<b>\$2,561</b>
GF Other	19,603	20,937	1,334	22,164	1,227	2,561
<b>Day Programs</b>						
<b>TOTAL</b>	<b>\$994,357</b>	<b>\$997,648</b>	<b>\$3,291</b>	<b>\$1,047,134</b>	<b>\$49,486</b>	<b>\$52,777</b>
<b>GF</b>	<b>\$548,488</b>	<b>\$521,903</b>	<b>(\$26,585)</b>	<b>\$563,738</b>	<b>\$41,835</b>	<b>\$15,250</b>
GF Match	381,248	407,818	26,570	415,472	7,654	34,224
GF Other	167,240	114,085	(53,155)	148,266	34,181	(18,974)
<b>Reimbursements</b>	<b>\$428,029</b>	<b>\$456,569</b>	<b>\$28,540</b>	<b>\$464,220</b>	<b>\$7,651</b>	<b>\$36,191</b>
HCBS Waiver	276,692	279,636	2,944	287,648	8,012	10,956
1915 (i) SPA	41,761	63,976	22,215	63,975	(1)	22,214
Title XX Social Services	46,694	48,704	2,010	48,704	0	2,010
Title XX TANF	83	45	(38)	45	0	(38)
ICF-DD	36,519	36,002	(517)	36,002	0	(517)
EPSDT	26,280	28,206	1,926	27,846	(360)	1,566
<b>Federal Funds</b>	<b>\$17,840</b>	<b>\$19,176</b>	<b>\$1,336</b>	<b>\$19,176</b>	<b>\$0</b>	<b>\$1,336</b>
Early Start Grant	17,840	19,176	1,336	19,176	0	1,336

## Purchase of Service Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Habilitation: WAP</b>						
<b>TOTAL</b>	<b>\$53,288</b>	<b>\$51,829</b>	<b>(\$1,459)</b>	<b>\$51,818</b>	<b>(\$11)</b>	<b>(\$1,470)</b>
<b>GF</b>	<b>\$26,609</b>	<b>\$30,639</b>	<b>\$4,030</b>	<b>\$30,210</b>	<b>(\$429)</b>	<b>\$3,601</b>
GF Match	26,679	21,190	(5,489)	21,607	417	(5,072)
GF Other	(70)	9,449	9,519	8,603	(846)	8,673
<b>Reimbursements</b>	<b>\$26,679</b>	<b>\$21,190</b>	<b>(\$5,489)</b>	<b>\$21,608</b>	<b>\$418</b>	<b>(\$5,071)</b>
HCBS Waiver	18,443	17,156	(1,287)	17,648	492	(795)
1915 (i) SPA	7,634	3,488	(4,146)	3,414	(74)	(4,220)
ICF-DD	602	546	(56)	546	0	(56)
<b>Habilitation: SEP-G</b>						
<b>TOTAL</b>	<b>\$79,865</b>	<b>\$81,236</b>	<b>\$1,371</b>	<b>\$84,183</b>	<b>\$2,947</b>	<b>\$4,318</b>
<b>GF</b>	<b>\$53,480</b>	<b>\$60,919</b>	<b>\$7,439</b>	<b>\$63,366</b>	<b>\$2,447</b>	<b>\$9,886</b>
GF Match	26,386	20,314	(6,072)	20,817	503	(5,569)
GF Other	27,094	40,605	13,511	42,549	1,944	15,455
<b>Reimbursements</b>	<b>\$26,385</b>	<b>\$20,317</b>	<b>(\$6,068)</b>	<b>\$20,817</b>	<b>\$500</b>	<b>(\$5,568)</b>
HCBS Waiver	14,826	14,752	(74)	15,173	421	347
1915 (i) SPA	11,443	5,467	(5,976)	5,546	79	(5,897)
ICF-DD	116	98	(18)	98	0	(18)
<b>Habilitation: SEP-I</b>						
<b>TOTAL</b>	<b>\$18,278</b>	<b>\$18,679</b>	<b>\$401</b>	<b>\$19,008</b>	<b>\$329</b>	<b>\$730</b>
<b>GF</b>	<b>\$13,436</b>	<b>\$15,184</b>	<b>\$1,748</b>	<b>\$15,455</b>	<b>\$271</b>	<b>\$2,019</b>
GF Match	2,186	3,494	1,308	3,553	59	1,367
GF Other	11,250	11,690	440	11,902	212	652
<b>Reimbursements</b>	<b>\$4,842</b>	<b>\$3,495</b>	<b>(\$1,347)</b>	<b>\$3,553</b>	<b>\$58</b>	<b>(\$1,289)</b>
HCBS Waiver	2,174	2,218	44	2,281	63	107
1915 (i) SPA	2,655	1,257	(1,398)	1,252	(5)	(1,403)
ICF-DD	13	20	7	20	0	7

## Purchase of Service Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Transportation</b>						
<b>TOTAL</b>	<b>\$301,544</b>	<b>\$303,293</b>	<b>\$1,749</b>	<b>\$323,108</b>	<b>\$19,815</b>	<b>\$21,564</b>
<b>GF</b>	<b>\$173,132</b>	<b>\$151,271</b>	<b>(\$21,861)</b>	<b>\$168,307</b>	<b>\$17,036</b>	<b>(\$4,825)</b>
GF Match	119,368	142,922	23,554	145,705	2,783	26,337
GF Other	53,764	8,349	(45,415)	22,602	14,253	(31,162)
<b>Reimbursements</b>	<b>\$128,412</b>	<b>\$152,022</b>	<b>\$23,610</b>	<b>\$154,801</b>	<b>\$2,779</b>	<b>\$26,389</b>
HCBS Waiver	92,977	97,059	4,082	99,839	2,780	6,862
1915 (i) SPA	12,463	31,622	19,159	31,621	(1)	19,158
Title XX Social Services	8,017	8,085	68	8,085	0	68
Title XX TANF	1,027	1,014	(13)	1,014	0	(13)
ICF-DD	13,928	14,242	314	14,242	0	314
<b>Support Services</b>						
<b>TOTAL</b>	<b>\$1,138,632</b>	<b>\$1,116,468</b>	<b>(\$22,164)</b>	<b>\$1,209,519</b>	<b>\$93,051</b>	<b>\$70,887</b>
<b>GF</b>	<b>\$623,866</b>	<b>\$618,804</b>	<b>(\$5,062)</b>	<b>\$707,901</b>	<b>\$89,097</b>	<b>\$84,035</b>
GF Match	444,432	428,284	(16,148)	432,242	3,958	(12,190)
GF Other	179,434	190,520	11,086	275,659	85,139	96,225
<b>Reimbursements</b>	<b>\$514,262</b>	<b>\$497,122</b>	<b>(\$17,140)</b>	<b>\$501,076</b>	<b>\$3,954</b>	<b>(\$13,186)</b>
HCBS Waiver	390,419	403,119	12,700	408,714	5,595	18,295
1915 (i) SPA	47,477	18,742	(28,735)	17,101	(1,641)	(30,376)
Title XX Social Services	56,524	54,988	(1,536)	54,988	0	(1,536)
Title XX TANF	13,306	13,849	543	13,849	0	543
ICF-DD	6,536	6,424	(112)	6,424	0	(112)
<b>Federal Funds</b>	<b>\$504</b>	<b>\$542</b>	<b>\$38</b>	<b>\$542</b>	<b>\$0</b>	<b>\$38</b>
Early Start Grant	504	542	38	542	0	38

## Purchase of Service Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>In-Home Respite</b>						
<b>TOTAL</b>	<b>\$325,040</b>	<b>\$315,036</b>	<b>(\$10,004)</b>	<b>\$347,602</b>	<b>\$32,566</b>	<b>\$22,562</b>
<b>GF</b>	<b>\$168,723</b>	<b>\$155,831</b>	<b>(\$12,892)</b>	<b>\$187,746</b>	<b>\$31,915</b>	<b>\$19,023</b>
GF Match	121,847	122,744	897	123,394	650	1,547
GF Other	46,876	33,087	(13,789)	64,352	31,265	17,476
<b>Reimbursements</b>	<b>\$156,138</b>	<b>\$159,013</b>	<b>\$2,875</b>	<b>\$159,664</b>	<b>\$651</b>	<b>\$3,526</b>
HCBS Waiver	108,809	112,225	3,416	113,241	1,016	4,432
1915 (i) SPA	13,037	10,520	(2,517)	10,155	(365)	(2,882)
Title XX Social Services	19,842	20,018	176	20,018	0	176
Title XX TANF	14,450	16,250	1,800	16,250	0	1,800
<b>Federal Funds</b>	<b>\$179</b>	<b>\$192</b>	<b>\$13</b>	<b>\$192</b>	<b>\$0</b>	<b>\$13</b>
Early Start Grant	179	192	13	192	0	13
<b>Out-of-Home Respite</b>						
<b>TOTAL</b>	<b>\$36,466</b>	<b>\$40,615</b>	<b>\$4,149</b>	<b>\$40,941</b>	<b>\$326</b>	<b>\$4,475</b>
<b>GF</b>	<b>\$18,859</b>	<b>\$20,586</b>	<b>\$1,727</b>	<b>\$20,525</b>	<b>(\$61)</b>	<b>\$1,666</b>
GF Match	13,827	16,443	2,616	16,829	386	3,002
GF Other	5,032	4,143	(889)	3,696	(447)	(1,336)
<b>Reimbursements</b>	<b>\$17,481</b>	<b>\$19,894</b>	<b>\$2,413</b>	<b>\$20,281</b>	<b>\$387</b>	<b>\$2,800</b>
HCBS Waiver	12,520	13,503	983	13,889	386	1,369
1915 (i) SPA	1,306	2,940	1,634	2,941	1	1,635
Title XX Social Services	980	729	(251)	729	0	(251)
Title XX TANF	2,675	2,722	47	2,722	0	47
<b>Federal Funds</b>	<b>\$126</b>	<b>\$135</b>	<b>\$9</b>	<b>\$135</b>	<b>\$0</b>	<b>\$9</b>
Early Start Grant	126	135	9	135	0	9

## Purchase of Service Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Health Care</b>						
<b>TOTAL</b>	<b>\$128,331</b>	<b>\$110,596</b>	<b>(\$17,735)</b>	<b>\$120,414</b>	<b>\$9,818</b>	<b>(\$7,917)</b>
<b>GF</b>	<b>\$108,610</b>	<b>\$91,065</b>	<b>(\$17,545)</b>	<b>\$100,585</b>	<b>\$9,520</b>	<b>(\$8,025)</b>
GF Match	15,741	15,349	(392)	15,646	297	(95)
GF Other	92,869	75,716	(17,153)	84,939	9,223	(7,930)
<b>Reimbursements</b>	<b>\$16,957</b>	<b>\$16,560</b>	<b>(\$397)</b>	<b>\$16,858</b>	<b>\$298</b>	<b>(\$99)</b>
HCBS Waiver	10,943	10,365	(578)	10,663	298	(280)
1915 (i) SPA	4,797	4,986	189	4,986	0	189
Title XX TANF	1,217	1,209	(8)	1,209	0	(8)
<b>Federal Funds</b>	<b>\$2,764</b>	<b>\$2,971</b>	<b>\$207</b>	<b>\$2,971</b>	<b>\$0</b>	<b>\$207</b>
Early Start Grant	2,764	2,971	207	2,971	0	207
<b>Miscellaneous</b>						
<b>TOTAL</b>	<b>\$505,159</b>	<b>\$498,320</b>	<b>(\$6,839)</b>	<b>\$514,194</b>	<b>\$15,874</b>	<b>\$9,035</b>
<b>GF</b>	<b>\$331,969</b>	<b>\$345,284</b>	<b>\$13,315</b>	<b>\$358,697</b>	<b>\$13,413</b>	<b>\$26,728</b>
GF Match	107,115	86,230	(20,885)	88,590	2,360	(18,525)
GF Other	224,854	259,054	34,200	270,107	11,053	45,253
<b>Reimbursements</b>	<b>\$148,462</b>	<b>\$124,341</b>	<b>(\$24,121)</b>	<b>\$126,802</b>	<b>\$2,461</b>	<b>(\$21,660)</b>
HCBS Waiver	89,621	79,077	(10,544)	81,537	2,460	(8,084)
1915 (i) SPA	17,224	6,918	(10,306)	6,919	1	(10,305)
Title XX Social Services	4,207	3,740	(467)	3,740	0	(467)
Title XX TANF	37,143	34,372	(2,771)	34,372	0	(2,771)
ICF-DD	267	234	(33)	234	0	(33)
<b>Federal Funds</b>	<b>\$10,020</b>	<b>\$10,770</b>	<b>\$750</b>	<b>\$10,770</b>	<b>\$0</b>	<b>\$750</b>
Early Start Grant	10,020	10,770	750	10,770	0	750
<b>Program Development Fund</b>	<b>\$2,537</b>	<b>\$2,537</b>	<b>\$0</b>	<b>\$2,537</b>	<b>\$0</b>	<b>\$0</b>
<b>Behavior Health Treatment-Fee-for- Service</b>	<b>\$12,171</b>	<b>\$15,388</b>	<b>\$3,217</b>	<b>\$15,388</b>	<b>\$0</b>	<b>\$3,217</b>

## Purchase of Service Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Quality Assurance Fees</b>						
<b>TOTAL</b>	<b>\$9,393</b>	<b>\$9,324</b>	<b>(\$69)</b>	<b>\$9,324</b>	<b>\$0</b>	<b>(\$69)</b>
<b>Reimbursements</b>	<b>\$9,393</b>	<b>\$9,324</b>	<b>(\$69)</b>	<b>\$9,324</b>	<b>\$0</b>	<b>(\$69)</b>
QAF Admin Fees	4,697	4,662	(35)	4,662	0	(35)
Transfer from DHCS	4,696	4,662	(34)	4,662	0	(34)
<b>Total Purchase of Service Funding Detail</b>						
<b>TOTAL</b>	<b>\$4,795,715</b>	<b>\$4,757,762</b>	<b>(\$37,953)</b>	<b>\$5,048,421</b>	<b>\$290,659</b>	<b>\$252,706</b>
<b>GF</b>	<b>\$2,757,469</b>	<b>\$2,696,853</b>	<b>(\$60,616)</b>	<b>\$2,954,836</b>	<b>\$257,983</b>	<b>\$197,367</b>
GF Match	1,764,505	1,784,570	20,065	1,817,310	32,740	52,805
GF Other	992,964	912,283	(80,681)	1,137,526	225,243	144,562
<b>Reimbursements</b>	<b>\$1,992,105</b>	<b>\$2,009,198</b>	<b>\$17,093</b>	<b>\$2,041,874</b>	<b>\$32,676</b>	<b>\$49,769</b>
HCBS Waiver	1,494,102	1,512,120	18,018	1,547,483	35,363	53,381
1915 (i) SPA	188,783	186,428	(2,355)	184,422	(2,006)	(4,361)
Title XX Social Services	136,264	136,264	0	136,264	0	0
Title XX TANF	77,157	77,157	0	77,157	0	0
Money Follows the Person	2,132	2,132	0	1,811	(321)	(321)
ICF-DD	57,994	57,567	(427)	57,567	0	(427)
EPSDT	26,280	28,206	1,926	27,846	(360)	1,566
QAF Admin Fees	4,697	4,662	(35)	4,662	0	(35)
Transfer from DHCS	4,696	4,662	(34)	4,662	0	(34)
<b>Federal Funds</b>	<b>\$31,433</b>	<b>\$33,786</b>	<b>\$2,353</b>	<b>\$33,786</b>	<b>\$0</b>	<b>\$2,353</b>
Early Start Grant	31,433	33,786	2,353	33,786	0	2,353
<b>Program Development Fund</b>	<b>\$2,537</b>	<b>\$2,537</b>	<b>\$0</b>	<b>\$2,537</b>	<b>\$0</b>	<b>\$0</b>
<b>Behavior Health Treatment-Fee-for- Service</b>	<b>\$12,171</b>	<b>\$15,388</b>	<b>\$3,217</b>	<b>\$15,388</b>	<b>\$0</b>	<b>\$3,217</b>





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### **SECTION G: COMMUNITY PLACEMENT PLAN**

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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, Institutions for Mental Disease (IMD) [e.g., Mental Health Rehabilitation Centers (MHRCs)] that are 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 developmental center, IMD, MHRC, or out-of-state placement into the community, in addition to deflecting an individual to avoid admission to a developmental center 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 and are based on individualized planning efforts.

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

- Establish resources in the community for individuals transitioning from another environment.
- Facilitate transitions to the community from a developmental center, IMD, or out-of-state placements, as well as to deflect the admission of individuals to developmental center acute crisis units, an IMD, or out-of-state services.
- Work with the developmental centers and families in identifying individuals for movement.
- Stabilize current community living arrangements.

Regular CPP funding provides resources for both Operations and POS as follows:

#### Operations

- **Positions:** Positions and costs for employees at the regional centers who focus on CPP, to pursue resource development, complete assessments, lead the transition of consumers into community settings, provide quality assurance, and provide clinical expertise.
- **Operating Expenses:** Costs for office space, furniture, computers, travel, training, and rent.

#### Purchase of Services

- **Start-Up:** Start-Up funding for the development of residential and non-residential services in the community for individuals transitioning from a developmental center, IMD, or out-of-state placement.
- **Assessment:** Assessment funding for comprehensive assessments for individuals who are living in developmental centers, and planning for services when individuals move from the developmental center.
- **Placement:** Placement funds to cover costs of consumers moving into community settings based on consumer-specific information.
- **Deflection:** Deflection funding POS for residential costs of facilities developed with prior year CPP POS Start-Up funding to deflect admissions into more restrictive settings.

## Community Placement Plan

### ASSUMPTIONS:

- Due to the announced plans to close the Sonoma, Fairview, and Porterville GTA developmental centers, additional regional center Operations and POS funding is needed to ensure there are adequate resources available for safe and successful transitions of consumers from these developmental centers.
- Department of Health Care Services approved rates used for:
  - Intermediate Care Facilities/Developmentally Disabled – Nursing Facilities
  - Intermediate Care Facilities/Developmentally Disabled – Habilitation Facilities

### METHODOLOGY:

	2016-17	2017-18
• OPERATIONS TOTAL	\$20,699	\$20,699
• PURCHASE OF SERVICES TOTAL	\$125,947	\$72,833
• TOTAL EXPENDITURES	\$146,646	\$93,532

### FUNDING:

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

### EXPENDITURES:

<b>TOTAL</b>	<b>\$146,646</b>	<b>\$93,532</b>
<b>Regional Center Operations</b>	<b>\$20,699</b>	<b>\$20,699</b>
<b>Regional Center Purchase of Services</b>	<b>\$125,947</b>	<b>\$72,833</b>
<i>Community Care Facilities</i>	30,070	33,930
<i>Medical Facilities</i>	285	323
<i>Day Programs</i>	1,547	1,753
<i>Work Activity Program</i>	4	4
<i>Transportation</i>	532	603
<i>Support Services</i>	4,498	5,095
<i>In-Home Respite</i>	354	401
<i>Out-of-Home Respite</i>	144	164
<i>Health Care</i>	896	1,016
<i>Miscellaneous Services</i>	87,617	29,544

### FUND SOURCES:

<b>TOTAL</b>	<b>\$146,646</b>	<b>\$93,532</b>
<b>GF</b>	<b>\$120,698</b>	<b>\$69,301</b>
<b>Reimbursements</b>	<b>\$25,948</b>	<b>\$24,231</b>

Values in thousands (000's)

**COMMUNITY PLACEMENT PLAN**  
**OPERATIONS AND PURCHASE OF SERVICES**  
**2016-17 and 2017-18**  
*Regular CPP*

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted
<b>I. OPERATIONS</b>	<b>\$15,265</b>	<b>\$15,265</b>	<b>\$0</b>	<b>\$15,265</b>	<b>\$0</b>	<b>\$0</b>
<b>II. PURCHASE OF SERVICES (POS)</b>						
<b>A. Start-Up</b>	\$27,265	\$27,265	\$0	\$27,265	\$0	<b>\$0</b>
<b>B. Assessment</b>	\$1,500	\$1,500	\$0	\$1,500	\$0	<b>\$0</b>
<b>C. Placement<sup>1</sup></b>	\$22,824 145 consumers	\$22,824 145 consumers	\$0 0 consumers	\$22,824 145 consumers	\$0 0 consumers	<b>\$0</b> 0 consumers
<b>D. Deflection</b>	\$1,000	\$1,000	\$0	\$1,000	\$0	<b>\$0</b>
<b>E. SUBTOTAL POS</b>	<b>\$52,589</b>	<b>\$52,589</b>	<b>\$0</b>	<b>\$52,589</b>	<b>\$0</b>	<b>\$0</b>
<b>III. TOTAL CPP<sup>2</sup></b>	<b>\$67,854</b>	<b>\$67,854</b>	<b>\$0</b>	<b>\$67,854</b>	<b>\$0</b>	<b>\$0</b>
<b>IV. FUND SOURCES</b>						
<b>A. TOTAL CPP</b>	<b>\$67,854</b>	<b>\$67,854</b>	<b>\$0</b>	<b>\$67,854</b>	<b>\$0</b>	<b>\$0</b>
<b>B. GF</b>	<b>\$45,808</b>	<b>\$46,769</b>	<b>\$961</b>	<b>\$50,101</b>	<b>\$3,332</b>	<b>\$4,293</b>
<b>C. Reimbursements</b>	<b>\$22,046</b>	<b>\$21,085</b>	<b>-\$961</b>	<b>\$17,753</b>	<b>-\$3,332</b>	<b>-\$4,293</b>

1/ For 2016-17 and 2017-18, there are 145 planned consumer placements from developmental centers, utilizing Regular CPP funding.

2/ CPP funding is split into 4 categories - Regular and Sonoma, Fairview, and Porterville developmental centers.

**COMMUNITY PLACEMENT PLAN**  
**OPERATIONS AND PURCHASE OF SERVICES**  
**2016-17 and 2017-18**  
*Sonoma Developmental Center Closure CPP*

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted
<b>I. OPERATIONS</b>	<b>\$3,616</b>	<b>\$3,616</b>	<b>\$0</b>	<b>\$3,616</b>	<b>\$0</b>	<b>\$0</b>
<b>II. PURCHASE OF SERVICES (POS)</b>						
<b>A. Start-Up</b>	\$10,637	\$10,637	\$0	\$0	-\$10,637	<b>-\$10,637</b>
<b>B. Assessment</b>	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>C. Placement<sup>1</sup></b>	\$10,247 54 consumers	\$10,247 54 consumers	\$0 0 consumers	\$13,322 71 consumers	\$3,075 17 consumers	<b>\$3,075</b> 17 consumers
<b>D. Deflection</b>	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>E. SUBTOTAL POS</b>	<b>\$20,884</b>	<b>\$20,884</b>	<b>\$0</b>	<b>\$13,322</b>	<b>-\$7,562</b>	<b>-\$7,562</b>
<b>III. TOTAL CPP<sup>2</sup></b>	<b>\$24,500</b>	<b>\$24,500</b>	<b>\$0</b>	<b>\$16,938</b>	<b>-\$7,562</b>	<b>-\$7,562</b>
<b>IV. FUND SOURCES</b>						
<b>A. TOTAL CPP</b>	<b>\$24,500</b>	<b>\$24,500</b>	<b>\$0</b>	<b>\$16,938</b>	<b>-\$7,562</b>	<b>-\$7,562</b>
<b>B. GF</b>	<b>\$21,221</b>	<b>\$21,221</b>	<b>\$0</b>	<b>\$12,675</b>	<b>-\$8,546</b>	<b>-\$8,546</b>
<b>C. Reimbursements</b>	<b>\$3,279</b>	<b>\$3,279</b>	<b>\$0</b>	<b>\$4,263</b>	<b>\$984</b>	<b>\$984</b>

1/ For 2016-17, there are 84 planned consumer placements from Sonoma, with 30 included in Regular CPP and 54 included in Sonoma CPP funds.

For 2017-18, there are 171 planned consumer placements from Sonoma, with 100 included in Regular CPP and 71 included in Sonoma CPP funds.

2/ CPP funding is split into 4 categories - Regular and Sonoma, Fairview, and Porterville developmental centers.

**COMMUNITY PLACEMENT PLAN  
OPERATIONS AND PURCHASE OF SERVICES  
2016-17 and 2017-18**

*Fairview Developmental Center Closure CPP*

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted
<b>I. OPERATIONS</b>	<b>\$1,212</b>	<b>\$1,212</b>	<b>\$0</b>	<b>\$1,212</b>	<b>\$0</b>	<b>\$0</b>
<b>II. PURCHASE OF SERVICES (POS)</b>						
<b>A. Start-Up</b>	\$25,575	\$25,575	\$0	\$0	-\$25,575	-\$25,575
<b>B. Assessment</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>C. Placement<sup>1</sup></b>	\$2,886 24 consumers	\$2,886 24 consumers	\$0 0 consumers	\$4,570 34 consumers	\$1,684 10 consumers	\$1,684 10 consumers
<b>D. Deflection</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>E. SUBTOTAL POS</b>	<b>\$28,461</b>	<b>\$28,461</b>	<b>\$0</b>	<b>\$4,570</b>	<b>-\$23,891</b>	<b>-\$23,891</b>
<b>III. TOTAL CPP<sup>2</sup></b>	<b>\$29,673</b>	<b>\$29,673</b>	<b>\$0</b>	<b>\$5,782</b>	<b>-\$23,891</b>	<b>-\$23,891</b>
<b>IV. FUND SOURCES</b>						
<b>A. TOTAL CPP</b>	<b>\$29,673</b>	<b>\$29,673</b>	<b>\$0</b>	<b>\$5,782</b>	<b>-\$23,891</b>	<b>-\$23,891</b>
<b>B. GF</b>	<b>\$28,749</b>	<b>\$28,749</b>	<b>\$0</b>	<b>\$4,320</b>	<b>-\$24,429</b>	<b>-\$24,429</b>
<b>C. Reimbursements</b>	<b>\$924</b>	<b>\$924</b>	<b>\$0</b>	<b>\$1,462</b>	<b>\$538</b>	<b>\$538</b>

1/ For 2016-17, there are 81 planned consumer placements from Fairview, with 57 included in Regular CPP and 24 included in Fairview CPP funds.

For 2017-18, there are 62 planned consumer placements from Fairview, with 28 included in Regular CPP and 34 included in Fairview CPP funds.

2/ CPP funding is split into 4 categories - Regular and Sonoma, Fairview, and Porterville developmental centers.



**COMMUNITY PLACEMENT PLAN**  
**OPERATIONS AND PURCHASE OF SERVICES**  
**2016-17 and 2017-18**  
*Porterville Developmental Center Closure CPP*

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted
<b>I. OPERATIONS</b>	<b>\$606</b>	<b>\$606</b>	<b>\$0</b>	<b>\$606</b>	<b>\$0</b>	<b>\$0</b>
<b>II. PURCHASE OF SERVICES (POS)</b>						
<b>A. Start-Up</b>	\$21,950	\$21,950	\$0	\$0	-\$21,950	-\$21,950
<b>B. Assessment</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>C. Placement<sup>1</sup></b>	\$2,063 17 consumers	\$2,063 17 consumers	\$0 0 consumers	\$2,352 18 consumers	\$289 1 consumers	\$289 1 consumers
<b>D. Deflection</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>E. SUBTOTAL POS</b>	<b>\$24,013</b>	<b>\$24,013</b>	<b>\$0</b>	<b>\$2,352</b>	<b>-\$21,661</b>	<b>-\$21,661</b>
<b>III. TOTAL CPP<sup>2</sup></b>	<b>\$24,619</b>	<b>\$24,619</b>	<b>\$0</b>	<b>\$2,958</b>	<b>-\$21,661</b>	<b>-\$21,661</b>
<b>IV. FUND SOURCES</b>						
<b>A. TOTAL CPP</b>	<b>\$24,619</b>	<b>\$24,619</b>	<b>\$0</b>	<b>\$2,958</b>	<b>-\$21,661</b>	<b>-\$21,661</b>
<b>B. GF</b>	<b>\$23,959</b>	<b>\$23,959</b>	<b>\$0</b>	<b>\$2,205</b>	<b>-\$21,754</b>	<b>-\$21,754</b>
<b>C. Reimbursements</b>	<b>\$660</b>	<b>\$660</b>	<b>\$0</b>	<b>\$753</b>	<b>\$93</b>	<b>\$93</b>

1/ For 2016-17, there are 51 planned consumer placements from Porterville, with 34 included in Regular CPP and 17 included in Porterville CPP funds.

For 2017-18, there are 27 planned consumer placements from Porterville, with 9 included in Regular CPP and 18 included in Porterville CPP funds.

2/ CPP funding is split into 4 categories - Regular and Sonoma, Fairview, and Porterville developmental centers.

**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	Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
		Community Care Facilities	Intermediate Care Facilities	Supported Living									
<b>A. Start-Up</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,427	<b>\$85,427</b>
<b>B. Assessment</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,500	<b>\$1,500</b>
<b>C. Placement</b>	<b>240</b>	\$29,070	\$285	\$1,928	\$1,547	\$4	\$532	\$2,570	\$354	\$144	\$896	\$690	<b>\$38,020</b>
<b>D. Deflection</b> a/		\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$1,000</b>
<b>E. November 2016 Estimate 2016-17 TOTAL</b>		<b>\$30,070</b>	<b>\$285</b>	<b>\$1,928</b>	<b>\$1,547</b>	<b>\$4</b>	<b>\$532</b>	<b>\$2,570</b>	<b>\$354</b>	<b>\$144</b>	<b>\$896</b>	<b>\$87,617</b>	<b>\$125,947</b>
<b>F. Enacted Budget 2016-17 TOTAL</b>		\$23,356	\$89	\$3,781	\$879	\$17	\$240	\$2,208	\$721	\$48	\$6,976	\$87,632	\$125,947
<b>G. DIFFERENCE</b>		\$6,714	\$196	-\$1,853	\$668	-\$13	\$292	\$362	-\$367	\$96	-\$6,080	-\$15	\$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 to a developmental center.

**Community Placement Plan**  
Purchase of Services  
*Summary of Costs by POS Category*  
**2017-18**

CPP Activity	# of Consumers	Living Arrangement			Day Programs	Work Activity Program	Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
		Community Care Facilities	Intermediate Care Facilities	Supported Living									
<b>A. Start-Up</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,265	<b>\$27,265</b>
<b>B. Assessment</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,500	<b>\$1,500</b>
<b>C. Placement</b>	<b>268</b>	\$32,930	\$323	\$2,184	\$1,753	\$4	\$603	\$2,911	\$401	\$164	\$1,016	\$779	<b>\$43,068</b>
<b>D. Deflection a/</b>		\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$1,000</b>
<b>E. November 2016 Estimate 2017-18 TOTAL</b>		<b>\$33,930</b>	<b>\$323</b>	<b>\$2,184</b>	<b>\$1,753</b>	<b>\$4</b>	<b>\$603</b>	<b>\$2,911</b>	<b>\$401</b>	<b>\$164</b>	<b>\$1,016</b>	<b>\$29,544</b>	<b>\$72,833</b>
<b>F. Enacted Budget 2016-17 TOTAL</b>		\$23,356	\$89	\$3,781	\$879	\$17	\$240	\$2,208	\$721	\$48	\$6,976	\$87,632	\$125,947
<b>G. DIFFERENCE</b>		\$10,574	\$234	-\$1,597	\$874	-\$13	\$363	\$703	-\$320	\$116	-\$5,960	-\$58,088	-\$53,114

a/ Deflection is defined as Placement POS for first year of operational residential costs of facilities developed with CPP Start-Up to deflect admission to a developmental center.

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

For November 2016 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							
<b>Total CPP</b>																	
● Community Care Facilities (CCF) <sup>1/</sup>	168	70%	971	\$29,070	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37	<b>\$29,107</b>
● Intermediate Care Facilities (ICF)	25	11%	135	\$0	\$285	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$285</b>
● Supported Living	22	9%	124	\$0	\$0	\$1,928	\$1,547	\$4	\$0	\$0	\$532	\$0	\$0	\$144	\$896	\$653	<b>\$5,704</b>
● Other (Own Home, etc.)	24	10%	161	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,570	\$354	\$0	\$0	\$0	<b>\$2,924</b>
<b>TOTAL</b>	<b>240</b>	<b>100%</b>	<b>1,391</b>	<b>\$29,070</b>	<b>\$285</b>	<b>\$1,928</b>	<b>\$1,547</b>	<b>\$4</b>	<b>\$0</b>	<b>\$0</b>	<b>\$532</b>	<b>\$2,570</b>	<b>\$354</b>	<b>\$144</b>	<b>\$896</b>	<b>\$690</b>	<b>\$38,020</b>

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*  
2017-18

For November 2016 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							
<b>Total CPP</b>																	
● Community Care Facilities (CCF) <sup>1/</sup>	188	70%	1084	\$32,930	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40	<b>\$32,970</b>
● Intermediate Care Facilities (ICF)	28	11%	151	\$0	\$323	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$323</b>
● Supported Living	25	9%	138	\$0	\$0	\$2,184	\$1,753	\$4	\$0	\$0	\$603	\$0	\$0	\$164	\$1,016	\$739	<b>\$6,463</b>
● Other (Own Home, etc.)	27	10%	179	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,911	\$401	\$0	\$0	\$0	<b>\$3,312</b>
<b>TOTAL</b>	<b>268</b>	<b>100%</b>	<b>1,553</b>	<b>\$32,930</b>	<b>\$323</b>	<b>\$2,184</b>	<b>\$1,753</b>	<b>\$4</b>	<b>\$0</b>	<b>\$0</b>	<b>\$603</b>	<b>\$2,911</b>	<b>\$401</b>	<b>\$164</b>	<b>\$1,016</b>	<b>\$779</b>	<b>\$43,068</b>

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

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## General Fund

### DESCRIPTION:

The General Fund (GF) is the main operating fund of the State. It accounts for transactions related to resources obtained and used for those services that do not need to be accounted for in another fund.

### ASSUMPTIONS/METHODOLOGY:

The Department's appropriation for GF consists of two components: (1) GF Match and (2) GF Other.

The detail of these two components are as follows:

		<u>2016-17</u>	<u>2017-18</u>
• GF Match:		\$2,193,091	\$2,274,753
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			
<i>Home and Community-Based Services (HCBS) Waiver</i>	50.00%	1,679,269	1,750,967
<i>HCBS Waiver Administration</i>	50.00%	13,988	14,103
<i>Medicaid Administration</i>	25.00%	4,967	4,993
<i>Targeted Case Management (TCM)</i>	50.00%	186,888	192,737
<i>TCM Administration</i>	50.00%	5,354	5,354
<i>Intermediate Care Facility/Developmentally Disabled (ICF-DD)</i>	50.00%	57,566	57,566
<i>Quality Assurance Fees (Operations) Portion only*</i>	50.00%	864	864
<i>1915 (i) State Plan Amendment</i>	50.00%	213,497	219,483
<i>Money Follows the Person (MFP)*</i>	25.00%	2,492	840
<i>Early Periodic Screening Diagnosis and Treatment</i>	50.00%	28,206	27,846
• GF Other:		\$1,365,357	\$1,564,141
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.			
• <b>TOTAL EXPENDITURES</b>		<b>\$3,558,448</b>	<b>\$3,838,894</b>



**General Fund****FUNDING:**

These amounts are reflected in the Operations and Purchase of Services methodologies on the preceding pages.

	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
<b>TOTAL</b>	<b>\$3,558,448</b>	<b>\$3,838,894</b>
GF	\$3,558,448	\$3,838,894
GF Match	2,193,091	2,274,753
GF Other	1,365,357	1,564,141

- \* For Quality Assurance Fees, the GF Match for Purchase of Services is in the DHCS Budget.  
For MFP, the GF Match is included in the HCBS Waiver (\$2,312 for Updated 2016-17 and \$1,811 for 2017-18)

**Reimbursements  
Summary of Reimbursements and General Fund (GF) Match**

REIMBURSEMENTS <sup>a/</sup>	Enacted Budget	Updated 2016-17	2017-18
<b>A. Home and Community-Based Services (HCBS) Waiver</b>	<b>\$3,316,892</b>	<b>\$3,358,539</b>	<b>\$3,501,935</b>
1. Reimbursement (from DHCS) = 50%	1,658,573	1,679,270	1,750,968
2. DDS GF Match = 50% (Purchase of Services)	1,658,319	1,679,269	1,750,967
<b>B. HCBS Waiver Administration</b>	<b>\$24,274</b>	<b>\$27,976</b>	<b>\$28,207</b>
1. Reimbursement (from DHCS) = 50%	12,137	13,988	14,104
2. DDS GF Match = 50% (Operations)	12,137	13,988	14,103
<b>C. Medicaid Administration</b>	<b>\$17,528</b>	<b>\$20,893</b>	<b>\$20,945</b>
1. Reimbursement (from DHCS) = 75%	13,259	15,926	15,952
2. DDS GF Match = 25% (Operations)	4,269	4,967	4,993
<b>D. Targeted Case Management (TCM)</b>	<b>\$357,582</b>	<b>\$373,776</b>	<b>\$385,474</b>
1. Reimbursement (from DHCS) = 50%	178,791	186,888	192,737
2. DDS GF Match = CY 50% and BY 50% (Operations)	178,791	186,888	192,737
<b>E. Targeted Case Management Administration</b>	<b>\$12,572</b>	<b>\$10,708</b>	<b>\$10,708</b>
1. Reimbursement (from DHCS) = 50%	6,286	5,354	5,354
2. DDS GF Match = 50% (Operations)	6,286	5,354	5,354
<b>F. Title XX Block Grant</b>	<b>\$213,421</b>	<b>\$213,421</b>	<b>\$213,421</b>
1a. Social Services (from DSS) = 100%	136,264	136,264	136,264
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157	77,157	77,157
2. DDS GF Match (Purchase of Services)	0	0	0
<b>G. Intermediate Care Facility-Developmentally Disabled (ICF-DD)</b>	<b>\$115,988</b>	<b>\$115,133</b>	<b>\$115,133</b>
1. Reimbursement (from DHCS) = 50%	57,994	57,567	57,567
2. DDS GF Match = 50% (Purchase of Services)	57,994	57,566	57,566
<b>H. Quality Assurance Admin Fees (Transfer from DHCS) <sup>b/</sup></b>	<b>\$11,133</b>	<b>\$11,051</b>	<b>\$11,051</b>
1a. Operations:	1,740	1,727	1,727
Reimbursements from DHCS = 50%	870	863	863
DDS GF Match = 50%	870	864	864
1b. Purchase of Services:	9,393	9,324	9,324
Reimbursements from DHCS = 100%	9,393	9,324	9,324
DDS GF Match = 0%	0	0	0
<b>I. 1915(i) State Plan Amendment</b>	<b>\$430,556</b>	<b>\$426,995</b>	<b>\$438,962</b>
1. Reimbursement (from DHCS) = 50%	215,278	213,498	219,479
2. DDS GF Match = 50% (Purchase of Services)	215,278	213,497	219,483
<b>J. Money Follows the Person Grant</b>	<b>\$12,130</b>	<b>\$12,130</b>	<b>\$5,170</b>
1a. Operations:	9,998	9,998	3,359
Reimbursements from DHCS = 75%	7,506	7,506	2,519
DDS GF Match = 25%	2,492	2,492	840
1b. Purchase of Services:	2,132	2,132	1,811
Reimbursements from DHCS	2,132	2,132	1,811
<b>K. Early Periodic Screening Diagnosis and Treatment</b>	<b>\$52,560</b>	<b>\$56,412</b>	<b>\$55,692</b>
1. Reimbursement (from DHCS) = 50%	26,280	28,206	27,846
2. DDS GF Match = 50% (Purchase of Services)	26,280	28,206	27,846
<b>L. TOTAL</b>	<b>\$4,564,636</b>	<b>\$4,627,034</b>	<b>\$4,786,698</b>
1. Reimbursements	<b>\$2,401,920</b>	<b>\$2,433,943</b>	<b>\$2,511,945</b>
2. Total GF Match	<b>\$2,162,716</b>	<b>\$2,193,091</b>	<b>\$2,274,753</b>

<sup>a/</sup> Reimbursements are funds received via other state agencies.

Values in thousands (000's)

## Home and Community-Based Waiver

### DESCRIPTION:

The Home and Community-Based Services (HCBS) Waiver program enables the Department to provide a broad array of services to eligible individuals in their communities who would otherwise require a level of care provided in an intermediate care facility for the developmentally disabled.

### 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:

	<u>2016-17</u>	<u>2017-18</u>
<b>Base: 2016-17</b>	\$2,902,063	\$2,985,420
Total estimated expenditures based on billing data for the period of July 2015- June 2016.	2,902,063	
• Total estimated prior-year HCBS Waiver expenditures		3,358,539
• Less 2016-17 Community Placement Plan (CPP) Placements, Deflections, and Continuation costs		-38,007
• Less Community-Based Services Increase		-291,036
• Less Senate Bill (SB) 3 Minimum Wage Increase, January 1, 2017		-14,810
• Less Federal Labor Regulations, December 1, 2015		-15,854
• Less Assembly Bill (AB)10 Minimum Wage Increase, January 1, 2016		-88,136
• Less Alternate Residential Model (ARM)		-37,200
• Less developmental center closure		-9,726
• Less Compliance with HCBS Regulations		-7,440
• Plus Impacts from Other Departments - Department of Health Care Services (DHCS) - Behavioral Health Treatment (BHT) - Transition		114,044
• Plus BHT - Fee-for-Services		13,542
• Plus Supplemental Security Income/State Supplementary Payment (SSI/SSP) regional center savings in Community Care Facility		1,504
• <b>Annual Growth, New regional center consumers:</b>	70,793	68,411
• 2016-17 Annual Growth	28,941	
Add annual growth costs in 2016-17 for 4,068 consumers who will be new to the regional center system and added to the HCBS Waiver with \$1,300 monthly cost per consumer phased-in.		

**Home and Community-Based Waiver**

<b>METHODOLOGY (continued):</b>	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
<ul style="list-style-type: none"> <li>2016-17 Annual Growth Continuation costs for regional center consumers added in 2015-16.</li> </ul>	41,852	
<ul style="list-style-type: none"> <li>2017-18 Annual Growth Add annual costs in 2017-18 for 4,014 consumers who will be new to the regional center system and added to the HCBS Waiver with \$1,300 monthly cost per consumer phased-in.</li> </ul>		33,888
<ul style="list-style-type: none"> <li>2017-18 Annual Growth, Continuation costs for regional center consumers added in 2016-17.</li> </ul>		34,523
<ul style="list-style-type: none"> <li><b>Increase of Waiver Base Growth, existing regional center consumers:</b></li> </ul>	12,564	12,471
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>2016-17 Increase of Waiver Base Growth Add increase of Waiver Base Growth costs in 2015-16 for 731 consumers to the HCBS Waiver with \$1,300 monthly cost per consumer phased-in.</li> </ul> </li> </ul>	5,185	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>2016-17 Increase of Waiver Base Growth Continuation costs for consumers added in 2015-16.</li> </ul> </li> </ul>	7,379	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>2017-18 Increase of Waiver Base Growth Add increase of Waiver Base Growth costs in 2017-18 for 741 consumers to the HCBS Waiver with \$1,300 monthly cost per consumer phased-in.</li> </ul> </li> </ul>		6,253
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>2017-18 Increase of Waiver Base Growth Continuation costs for consumers added in 2016-17.</li> </ul> </li> </ul>		6,218
<ul style="list-style-type: none"> <li><b>Community Placement Program (CPP):</b></li> </ul>	22,894	26,846
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>2016-17 Add CPP &amp; HCBS Waiver costs in 2016-17 for 225 consumers in the regional center system with \$15,500 monthly cost per consumer phased-in.</li> </ul> </li> </ul>	22,894	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>2017-18 Add CPP &amp; HCBS Waiver costs in 2017-18 for 225 consumers in the regional center system with \$15,500 monthly cost per consumer phased-in.</li> </ul> </li> </ul>		26,846

Values in thousands (000's)

**Home and Community-Based Waiver**

<b>METHODOLOGY (continued):</b>	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
• <b>Placement Continuation:</b>	15,113	18,972
• 2016-17 The annual estimated Placement Continuation costs for 170 HCBS Waiver-eligible consumers in each living arrangement with \$15,500 monthly cost per consumer phased-in.	15,113	
• 2017-18 The annual estimated Placement Continuation costs for 225 HCBS Waiver-eligible consumers in each living arrangement with \$15,500 monthly cost per consumer phased-in.		18,972
• SSI/SSP Increase/Regional center savings in Community Care Facilities.	-1,504	-3,611
• Developmental center closure.	9,726	12,956
• AB 10 - Minimum Wage Increase, January 1, 2016.	88,136	93,368
• Impacts from Other Departments, DHCS - BHT Transition.	-114,044	-114,044
• Impacts from other Departments, DHCS - BHT Fee-for-Service.	-13,542	-13,542
• Federal Labor Standards Act, December 1, 2015.	15,854	0
• Alternative Residential Model (ARM) 4-Bed Rate Model.	37,200	37,200
• Compliance with HCBS Regulations.	7,440	7,440
• Community Based Services Increase.	291,036	301,382
• SB 3 - Minimum Wage Increase, January 1, 2017	14,810	68,666
<b>EXPENDITURES:</b>	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
<b>Total</b>	<b>3,358,539</b>	<b>3,501,935</b>
GF Match	1,679,269	1,750,967
FFP	1,679,270	1,750,968

**FUNDING:**

The expenditures of HCBS Waiver reimbursements are in all of the Purchase of Services budget categories, except Medical Facilities.

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

<b>EXPENDITURES:</b>		% of Actual 2015-16 Expenditures by <u>Budget Category</u>	<u><b>2016-17</b></u>	<u><b>2017-18</b></u>
<b>Total Estimated HCBS Waiver-Billable Expenditures</b>			<b>\$3,358,538</b>	<b>\$3,501,934</b>
General Fund (GF) Match			1,679,266	1,750,967
Federal financial participation (FFP)			1,679,272	1,750,967
<b>Purchase of Services: Budget Categories</b>				
Community Care Facilities			966,020	993,700
GF Match	31.97%		483,010	496,850
FFP			483,010	496,850
Day Programs			559,271	575,296
GF Match	18.51%		279,635	287,648
FFP			279,636	287,648
Work Activity Program			34,313	35,296
GF Match	1.14%		17,157	17,648
FFP			17,156	17,648
Supported Employment Placement (SEP) - Group			29,501	30,346
GF Match	0.98%		14,749	15,173
FFP			14,752	15,173
SEP - Individual			4,436	4,563
GF Match	0.15%		2,218	2,282
FFP			2,218	2,281
Transportation			194,118	199,680
GF Match	6.42%		97,059	99,841
FFP			97,059	99,839
Support Services			806,237	817,430
GF Match	26.30%		403,118	408,715
FFP			403,119	408,715
In-Home Respite			224,450	226,481
GF Match	7.29%		112,225	113,240
FFP			112,225	113,241
Out-of-Home Respite			27,005	27,778
GF Match	0.89%		13,502	13,889
FFP			13,503	13,889

Values in thousands (000's)

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

<b>EXPENDITURES (continued):</b>		% of Actual 2015-16 Expenditures by <u>Budget Category</u>	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
Health Care			20,729	21,323
	GF Match	0.69%	10,364	10,661
	FFP		10,365	10,662
Miscellaneous			171,696	176,615
	GF Match	5.68%	85,848	88,307
	FFP		85,848	88,308
<b>Polices</b>				
AB 10 - Minimum Wage Increase, January 1, 2016			88,136	93,368
	GF Match		44,068	46,684
	FFP		44,068	46,684
Federal Labor Standards Act, December 1, 2015			15,854	0
	GF Match		7,927	0
	FFP		7,927	0
Impacts from Other Departments, DHCS - BHT - Transition			-114,044	-114,044
	GF Match		-57,022	-57,022
	FFP		-57,022	-57,022
Impact from Other Departments, DHCS - BHT - Fee-For-Services			-13,542	-13,542
	GF Match		-6,771	-6,771
	FFP		-6,771	-6,771
Development center closure			9,726	12,956
	GF Match		4,863	6,478
	FFP		4,863	6,478
ARM - 4 Bed Rate Model			37,200	37,200
	GF Match		18,600	18,600
	FFP		18,600	18,600
Compliance with HCBS Regulations			7,440	7,440
	GF Match		3,720	3,720
	FFP		3,720	3,720
Community Based Services Increases			291,036	301,382
	GF Match		145,518	150,691
	FFP		145,518	150,691
SB 3 - Minimum Wage Increase, January 1, 2017			14,810	68,666
	GF Match		7,405	34,333
	FFP		7,405	34,333

Values in thousands (000's)

## Home and Community-Based Services Waiver Administration

### DESCRIPTION:

The Home and Community-Based Services (HCBS) Waiver enables the Department 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 Staff:

Welfare and Institutions Code Sections 4695.2, Statutes of 1998, mandates all Direct Support Professional's (DSP) working in licensed Community Care Facilities (CCFs) to either pass a competency test or satisfactory complete each of two consecutive, 35-hour training segments within two years of their 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.

	<u>2016-17</u>	<u>2017-18</u>
<b>Training for DSP Staff</b>	\$2,493	\$2,658

- Total cost for DSP Training is \$2,848.
- 88% of the consumers residing in CCFs are HCBS Waiver eligible; therefore, it is assumed that 88% of the cost are eligible for federal financial participation (FFP)  
 $2016-17: \$2,848 \times 0.88 = \$2,493$   
 $2017-18: \$3,037 \times 0.88 = \$2,658$   
 These costs are reflected under Operations, Projects.

#### Collection of FFP for Contracted Services:

Regional center staff renegotiate contracts with vendors, liaison with Departments experts on changes required to expand and enhance existing billing options, and train vendors and regional center personnel involved in billing processes. These billing processes includes entering necessary attendance and other required billing data from paper invoices submitted by vendors, and reviewing, adjusting, and/or correcting attendance data after it is uploaded to the Uniform Fiscal System. These resources allow the State to collect HCBS Waiver Administration reimbursements.

<b>Staffing for Collection of FFP for Contracted Services</b>	913	776
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- Total cost of Staffing for Collection of FFP for Contracted Services is \$2,228.
- 41% of the total community population is FFP eligible, therefore it is assumed that 41% of the costs are eligible for FFP.  
 $2016-17: \$2,228 \times 0.41 = \$913$   
 $2017-18: \$1,893 \times 0.41 = \$776$   
 These costs are reflected under Operations, Staffing.



**Home and Community-Based Services Waiver Administration****ASSUMPTIONS/METHODOLOGY (continued):****Collection of FFP for Contracted Services:**

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

<b>FFP Enhancement (related to 2003-04 Enhancing FFP Budget Change Proposal)</b>	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
	10,826	10,827

- Total regional center Administrative cost for 2016-17 are \$10,826 and \$10,827 for 2017-18.
- 100% of costs are eligible for FFP.

These costs are reflected under Operations, Core Staffing.

<b>2007-08 Legislative Augmentation: Resources for Health Care Community Specialist</b>	1,351	1,351
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- Total cost for Resources for Health Care Community Specialist is \$1,379.
- 98% of Agnews and Lanterman consumers are HCBS Waiver eligible, therefore it is assumed that 98% of these cost are eligible for FFP.
- $\$1,379 \times .98 = \$1,351$

These costs are reflected under Operations, Agnews Ongoing Workload and Lanterman Development Closure

**Compliance with HCBS Settings Regulations:**

In January 2014, 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 fund additional staffing needed to perform the initial and ongoing efforts and activities necessary to ensure compliance with CMS final regulations.

<b>Compliance with HCBS Settings Regulations:</b>	1,600	1,422
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- Total cost of Compliance with HCBS Settings Regulations is \$1,600 in 2016-17 and \$1,422 in 2017-18
- 100% of the costs are eligible for FFP.

These costs are reflected under Operations, Policies.

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

	<u>2016-17</u>	<u>2017-18</u>
<b>Federal Medicaid Requirements for Regional Center HCBS Services</b>	984	984
<ul style="list-style-type: none"> <li>Total cost: \$984</li> <li>100% of cost are eligible for FFP.</li> </ul> <p>These costs are reflected in the Federal Medicaid Requirements for regional center HCBS Services estimate under Operations, Federal Compliance.</p>		
<b>Office of Administrative Hearings:</b>	1,436	1,508
<ul style="list-style-type: none"> <li>Total cost: <ul style="list-style-type: none"> <li>2016-17: \$3,190</li> <li>2017-18: \$3,350</li> </ul> </li> <li>45% of cost are eligible for FFP. <ul style="list-style-type: none"> <li>2016-17: <math>\\$3,190 \times 0.45 = \\$1,436</math></li> <li>2017-18: <math>\\$3,350 \times 0.45 = \\$1,508</math></li> </ul> </li> </ul> <p>These costs are reflected in the Office of Administrative Hearings estimate under Operations,</p>		
<b>Clients Rights Advocacy</b>	2,922	3,053
<ul style="list-style-type: none"> <li>Total costs for 2016-17 is \$6,494 and \$6,785 for 2017-18.</li> <li>45% of cost are eligible for FFP. <ul style="list-style-type: none"> <li>2016-17: <math>\\$6,201 \times .45 = \\$2,922</math></li> <li>2017-18: <math>\\$6,789 \times .45 = \\$3,053</math></li> </ul> </li> </ul> <p>These costs are reflected in the Clients Rights Advocacy estimate under Operations, Projects.</p>		
<b>Quality Assessment Contract:</b>	1,449	1,820
<ul style="list-style-type: none"> <li>Total cost: <ul style="list-style-type: none"> <li>2016-17: \$3,221</li> <li>2017-18: \$4,044</li> </ul> </li> <li>45% of cost are eligible for FFP <ul style="list-style-type: none"> <li>2016-17: <math>\\$3,221 \times 0.45 = \\$1,449</math></li> <li>2017-18: <math>\\$4,044 \times 0.45 = \\$1,820</math></li> </ul> </li> </ul> <p>These costs are reflected in the Quality Assessment Contract estimate under Operations, Projects.</p>		

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

	<u>2016-17</u>	<u>2017-18</u>
<b>Special Incident Reporting/Risk Assessment:</b>	422	422
<ul style="list-style-type: none"> <li>• Total cost for 2016-17 and 2017-18 are \$938.</li> <li>• 45% of cost are eligible for FFP.  <math>\\$938 \times 0.45 = \\$422</math>  These costs are reflected in the Special Incident Reporting/Risk Assessment estimate under Operations, Projects.</li> </ul>		
<b>Regional Center Salary Increase:</b>		
<ul style="list-style-type: none"> <li>• Total cost for 2016-17 is \$698 and 2017-18 for \$722.</li> <li>• 100% of cost are eligible for FFP.</li> </ul>	698	722
<b>Resources to Implement Assembly Bill X2 1</b>	2,882	2,664
<ul style="list-style-type: none"> <li>• Total cost for 2016-17 is \$2,882 and \$2,664 for 2017-18.</li> <li>• 100% of cost are eligible for FFP.  These costs are reflected under Policies</li> </ul>		
<b>• TOTAL EXPENDITURES</b>	<b>\$27,976</b>	<b>\$28,207</b>

**FUNDING:**

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

**EXPENDITURES:**

	<u>2016-17</u>	<u>2017-18</u>
<b>Total</b>	<b>\$27,976</b>	<b>\$28,207</b>
<i>GF Match</i>	13,988	14,104
<i>FFP</i>	13,988	14,104

## Medicaid Administration

### DESCRIPTION:

Clinical Support Teams and Senate Bill (SB) 1038 Health Reviews (Regional Center Operations pages E-7 and E-9)

Clinical Support Teams assist the regional centers to adequately monitor the health care of consumers with severe behavior and/or medical problems, by providing health-related consultation to consumers, their families, providers, and other community health professionals, completing mortality reviews following consumer deaths, and assuring health care access and advocacy for consumers.

In addition, clinical support teams complete yearly reviews of medications, health care plans, and behavior 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, Statue of 1998), regional center 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-22).

Regional center physicians and psychiatrists perform activities, including clinical consultation, monitoring, and review of consumers' medications, to maintain regional center compliance with the HCBS Waiver.

Agnews Ongoing Workload (AOW) and Lanterman Development Center Closure (Regional Center Operations page E-16 and E-17).

Regional center physicians and psychiatrists perform activities, including clinical consultation, monitoring, and review of consumers' medications, to maintain regional center compliance with the HCBS Waiver.

Consistent with passage of Assembly Bill 1378 (Chapter 538, Statue of 2005) AOW employees provide clinical support services to monitor the health and well-being of Agnews residents who transitioned into the community consistent with the Department's 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****ASSUMPTIONS/METHODOLOGY:**

	<b>2016-17</b>	<b>2017-18</b>
<ul style="list-style-type: none"> <li>Costs for Clinical Support Teams and SB 1038 Health Reviews are based on 2014-15 data collected from the regional centers. <ul style="list-style-type: none"> <li>The Federal Financial Participation (FFP) portion of total MA-eligible costs is 78%. </li> </ul> </li> </ul>	\$ 14,160	\$ 14,160
<ul style="list-style-type: none"> <li>Staffing for Compliance with HCBS Waiver Requirements <ul style="list-style-type: none"> <li>Total personal services and operating costs related to MA. <p>100% of these costs are eligible for MA because related staff will be working only with HCBS Waiver consumers.</p> </li> <li>The FFP portion of total MA-eligible costs is 78%. </li> </ul> </li> </ul>	11,073	11,073
<ul style="list-style-type: none"> <li>Agnews Ongoing Workload and Lanterman Developmental Closure <ul style="list-style-type: none"> <li>Nurse Consultants <ul style="list-style-type: none"> <li>Total personal services and operating costs related to MA. <p>Consistent with the Community Placement Plan (CPP) assumptions, 98% of these costs are eligible for MA.</p> </li> <li>The FFP portion of total MA-eligible costs is 78%. </li> </ul> </li> </ul> </li> </ul>	2,600	2,600
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>1,104</li> </ul> </li> </ul> </li> </ul>	2,033	2,033
<ul style="list-style-type: none"> <li>State Employees in the Community <ul style="list-style-type: none"> <li>Total personal services and operating costs related to MA. <p>Consistent with CPP assumptions, 98% of these costs are eligible for MA</p> </li> <li>The FFP portion of total MA-eligible costs is 78% </li> </ul> </li> </ul>	863	863
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>554</li> </ul> </li> </ul>	433	433
<ul style="list-style-type: none"> <li>Dental Coordinators <ul style="list-style-type: none"> <li>Total personal services and operating costs related to MA. <p>Consistent with CPP assumptions, 98% of these costs are eligible for MA</p> </li> <li>The FFP portion of total MA-Eligible costs is 78%. </li> </ul> </li> </ul>	1,017	1,017
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>795</li> </ul> </li> </ul>	795	795

**Medicaid Administration****ASSUMPTIONS/METHODOLOGY (continued):**

• Regional Center Salary Increase	<b>2016-17</b>	<b>2017-18</b>
• Increased funding for regional center staff and Operations	1,458	1,510
• It is assumed that 100% of these costs are eligible for MA.		
• The FFP portion of total MA-eligible costs is 50%.	729	755

**Funding:**

The MA reimbursement is 76% FFP and 24% General Fund (GF). These MA funds are reflected in Operations, Staffing, Compliance with HCBS Waiver Requirements, and Agnews Ongoing Workload estimates.

**Expenditures:**

	<b>2016-17</b>	<b>2017-18</b>
<b>Total</b>	<b>\$20,893</b>	<b>\$20,945</b>
FFP	15,926	15,952
GF Match	4,967	4,993

## Targeted Case Management

### DESCRIPTION:

The Targeted Case Management (TCM) program provides matching federal Medicaid funds for case management services provided by regional center for specific client groups. There are approximately 203,000 Medi-Cal eligible persons in the regional center system as of September 8, 2016. Federal legislation enacted in 1986 defined these case management services as services which "...will assist individuals...in gaining access to needed medical, social, educational, and other services." This program provides federal financial participation (FFP) for most of regional center case managers time spent on Medi-Cal eligible activities.

### ASSUMPTIONS:

Source data is from the TCM Regional Center Billed Units report dated August 23, 2016 for the period of June 2015- June 2016.

	<u>2016-17</u>	<u>2017-18</u>
<b>METHODOLOGY:</b>		
• <b>Base:</b> TCM expenditures are based on actual TCM billable units for a 12-month period (June 2015 - June 2016 [excludes May 2016]) multiplied by the regional center TCM rates effective July 1, 2016	\$338,784	\$349,558
• AB 10 Minimum Wage Increase, January 1, 2016	1,148	1,148
• Improve Service Coordinator Caseload Ratios	8,000	8,000
• Regional Center Salary Increase	25,844	26,768
<b>Total Expenditures:</b>	<b>\$ 373,776</b>	<b>\$ 385,474</b>

### FUNDING:

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

	<u>2016-17</u>	<u>2017-18</u>
<b>Total</b>	<b>\$ 373,776</b>	<b>\$ 385,474</b>
<i>FFP</i>	<i>186,888</i>	<i>192,737</i>
<i>GF Match</i>	<i>186,888</i>	<i>192,737</i>

## Targeted Case Management Administration

### DESCRIPTION:

The Targeted Case Management (TCM) program provides matching federal Medicaid funds for case management services for specific client groups. There are approximately 203,000 Medi-Cal eligible persons in the regional center system as of September 8, 2016. Federal legislation enacted in 1986 defined case management services as those which "...will assist individuals...in gaining access to needed medical, social, educational, and other services." This means that the cost for most of the regional center 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 program. Department headquarter staff work a certain percentage of their workload administering the TCM program, which is reimbursed to allocate salaries, wages, and benefits.

### KEY DATA/ASSUMPTIONS:

- TCM Administration reimbursements are 50% FFP.
- Source of Data: The Departments Fiscal Systems - California State Accounting and Reporting System.

	<u>2016-17</u>	<u>2017-18</u>
<b>METHODOLOGY:</b>		
Utilizing a time survey, the Department gathers records of time spent by the Departments headquarter personnel providing administrative case management assistance to the regional centers. These surveys are used to allocate headquarters salaries, wages, and benefits, as well as a portion of the Department's statewide cost allocation, to administrative case management support.	\$10,708	\$10,708

### FUNDING:

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

### EXPENDITURES:

<b>TOTAL TCM ADMINISTRATION</b>	<b>\$10,708</b>	<b>\$10,708</b>
<i>FFP</i>	<i>5,354</i>	<i>5,354</i>
<i>GF Match</i>	<i>5,354</i>	<i>5,354</i>



## Title XX Block Grant

### DESCRIPTION:

The State has received federal Title XX Block Grant funds for social services programs since 1981, and the funds are administered by the Department of Social Services (DSS). Although each state has wide discretion in determining the range of services to be provided and how the funds are to be distributed, federal statute establishes five service goals as follows:

Federal statute establishes five service goals:

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

Temporary Assistance for Needy Families (TANF): Title XX Block Grants funds are available for regional center expenditures for individuals under age 18 whose family income is less than 200% of the official income 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's portion of the Title XX Block Grant is determined by DSS. There is no state matching requirements for these funds.

	<u>2016-17</u>	<u>2017-18</u>
<b>Total Expenditures</b>	<b>\$213,421</b>	<b>\$213,421</b>
Social Services:	136,264	136,264
TANF	77,157	77,157

**Title XX Block Grant****FUNDING:**

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

**Expenditures:**

	<b>2016-17</b>	<b>2017-18</b>
<b>Total Title XX Block Grant -</b>	<b>\$213,421</b>	<b>\$213,421</b>

**Social Services**

<b>Estimated Distribution in</b>	<b>\$136,264</b>	<b>\$136,264</b>
<b>Regional Center Purchases of Services</b>		
<i>Day Programs</i>	<i>48,704</i>	<i>48,704</i>
<i>Transportation</i>	<i>8,085</i>	<i>8,085</i>
<i>Support Services</i>	<i>54,988</i>	<i>54,988</i>
<i>In-Home Respite</i>	<i>20,018</i>	<i>20,018</i>
<i>Out-of-Home Respite</i>	<i>729</i>	<i>729</i>
<i>Miscellaneous</i>	<i>3,740</i>	<i>3,740</i>

**TANF**

<b>Estimated Distribution in</b>	<b>\$77,157</b>	<b>\$77,157</b>
<b>Regional Center Purchases of Services</b>		
<i>Community Care Facilities</i>	<i>7,696</i>	<i>7,696</i>
<i>Day Programs</i>	<i>45</i>	<i>45</i>
<i>Transportation</i>	<i>1,014</i>	<i>1,014</i>
<i>Support Services</i>	<i>13,849</i>	<i>13,849</i>
<i>In-Home Respite</i>	<i>16,250</i>	<i>16,250</i>
<i>Out-of-Home Respite</i>	<i>2,722</i>	<i>2,722</i>
<i>Healthcare</i>	<i>1,209</i>	<i>1,209</i>
<i>Miscellaneous</i>	<i>34,372</i>	<i>34,372</i>

## Intermediate Care Facility- Developmentally Disabled State Plan Amendment

### DESCRIPTION:

In 2007, the Department, in conjunction with the Department of Health Care Services, submitted a State Plan Amendment (SPA) seeking federal financial participation (FFP) for the Day Program and Transportation Services. The services provided are for consumers residing in Intermediate Care Facility - Developmentally Disabled (ICF-DD) settings. The Centers for Medicare and Medicaid Services approved the SPA on April 14, 2011.

### 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 from 2015-16.

### FUNDING:

Funding for ICF-DD 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, 12% is for Support Services, and 1% is for Habilitation Services. Please refer to the corresponding Purchase of Service Methodology for additional information.

### Expenditures:

	<u>2016-17</u>	<u>2017-18</u>
<b>TOTAL</b>	<b>\$115,133</b>	<b>\$115,133</b>
FFP	57,567	57,567
GF Match	57,566	57,566

## 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 Facilities - Developmentally Disabled (ICF-DD) State Plan Amendment, there are administrative costs for regional center 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:

- Source of Data: State Claims Purchase of Services (POS) Claims data file, actuals based on 2015-16.
- ICF-DD Administrative Costs and QAF are set by DHCS.
- Regional center administration costs are 1.5% of Day Programs and Transportation expenditures.
- ICF-DD Administration costs are 1.5% of the cost of Day Program and Transportation expenditures for both the regional center and ICF-DD.
- POS costs for Day Program and Transportation total \$115.1 million. QAF is \$9.3 million.
- 2016-17 and 2017-18: Total billing costs: \$1.7 million for regional center administration, \$1.7 million for ICF-DD administration, and \$7.5 million QAF.

#### EXPENDITURES:

	<b>2016-17</b>	<b>2017-18</b>
<b>Total</b>	<b>\$11,051</b>	<b>\$11,051</b>
<b>Operations</b>	1,727	1,727
GF	864	864
<i>GF Match</i>	864	864
Reimbursements		
<i>FFP (Quality Assurance Fees)</i>	863	863
<b>POS</b>	9,324	9,324
<i>QAF Admin Fees (FFP)</i>	4,662	4,662
<i>Transfer from DHCS</i>	4,662	4,662

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

**FUNDING:**

Funding for regional center Administration fee is 50% FFP and 50% General (GF) and are reflected in ICF-DD Administration Fee in Operations. QAF is 100% FFP with the GF Match in DHCS' Budget, and are reflected in Quality Assurance Fees - POS.

**Expenditures:**

	<u>2016-17</u>	<u>2017-18</u>
<b>TOTAL</b>	<b>\$11,051</b>	<b>\$11,051</b>
<i>FFP</i>	10,187	10,187
<i>GF Match</i>	864	864

## 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 in a joint effort with the Department of Health Care Services (DHCS), submitted a 1915 (i) State Plan Amendment (SPA) to Centers for Medicare & Medicaid Services (CMS) 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 the Department 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. The Department continues to work with DHCS and CMS to finalize the remaining components of the SPA. On February 19, 2014, CMS approved 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 September 8, 2016 with actuals through June 2016.

### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
• <b>Base:</b> Actual 2015-16 expenditures were used to develop the 2016-17 base. For 2017-18, the prior year estimate for base and growth, with the following adjustments, was used as the base.	<b>\$426,995</b>	<b>\$438,962</b>
• Updated Costs without Community Placement Plan	370,693	370,694
• Federal Labor Regulations	4,010	0
• AB 10 Minimum Wage Increase, January 1, 2016	21,122	22,242
• Alternative Residential Model (ARM) 4-Bed Rate Model	2,800	2,800
• Compliance with Home and Community-Based Services (HCBS) Regulations	560	560
• Senate Bill 3 Minimum Wage Increase, January 1, 2017	3,678	17,058
• Community Based Services Rate Increases	41,542	43,018
• BHT Fee-for-Services	-1,846	-1,846
• BHT Transition	-15,564	-15,564
• <b>Total Expenditures:</b>	<b>\$426,995</b>	<b>\$438,962</b>

Values in thousands (000's)

**1915 (i) State Plan Amendment****FUNDING:**

The 1915(i) SPA funds a broad array of POS costs for eligible individuals 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).

**EXPENDITURES:**

		<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
<b>Total</b>		<b>\$426,995</b>	<b>\$438,962</b>
GF Match		213,497	219,483
FFP		213,498	219,479
% of Expenditures by Budget Category 2016-17 & 2017-18			
Community Care Facilities	19.70%	73,024	73,025
<i>GF Match</i>		36,512	36,513
<i>FFP</i>		36,512	36,512
Day Programs	34.52%	127,952	127,952
<i>GF Match</i>		63,976	63,977
<i>FFP</i>		63,976	63,975
Habilitation	5.51%	20,425	20,425
<i>GF Match</i>		10,213	10,213
<i>FFP</i>		10,212	10,212
Transportation	17.06%	63,243	63,243
<i>GF Match</i>		31,621	31,622
<i>FFP</i>		31,622	31,621
Support Services	9.23%	37,484	34,204
<i>GF Match</i>		18,742	17,103
<i>FFP</i>		18,742	17,101
In-Home Respite	5.48%	21,039	20,309
<i>GF Match</i>		10,519	10,154
<i>FFP</i>		10,520	10,155
Out-of-Home Respite	1.59%	5,881	5,881
<i>GF Match</i>		2,941	2,940
<i>FFP</i>		2,940	2,941
Health Care	2.69%	9,971	9,971
<i>GF Match</i>		4,985	4,985
<i>FFP</i>		4,986	4,986
Miscellaneous	4.23%	15,684	15,684
<i>GF Match</i>		7,842	7,842
<i>FFP</i>		7,842	7,842

Values in thousands (000's)

**1915 (i) State Plan Amendment****EXPENDITURES (Continued):**

	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
AB 10 Minimum Wage Increase, 01/01/16	21,122	22,242
<i>GF Match</i>	10,561	11,121
<i>FFP</i>	10,561	11,121
Federal Labor Regulations, 12/01/16	4,010	0
<i>GF Match</i>	2,005	0
<i>FFP</i>	2,005	0
AB 1522 Paid Sick Days, 07/01/15	0	0
<i>GF Match</i>	0	0
<i>FFP</i>	0	0
ARM 4-Bed Rate Model	2,800	2,800
<i>GF Match</i>	1,400	1,400
<i>FFP</i>	1,400	1,400
Compliance with HCBS Regulations	560	560
<i>GF Match</i>	280	280
<i>FFP</i>	280	280
Community Based Services Increases	41,542	43,018
<i>GF Match</i>	20,771	21,509
<i>FFP</i>	20,771	21,509
SB 3 Min Wage increase, 01/01/17	3,678	17,058
<i>GF Match</i>	1,839	8,529
<i>FFP</i>	1,839	8,529
BHT Savings	0	0
<i>GF Match</i>	0	0
<i>FFP</i>	0	0
BHT Transition	-15,564	-15,564
<i>GF Match</i>	-7,782	-7,782
<i>FFP</i>	-7,782	-7,782
BHT Fee-for-Services	-1,846	-1,846
<i>GF Match</i>	-923	-923
<i>FFP</i>	-923	-923

Values in thousands (000's)



## Money Follows the Person Grant

### DESCRIPTION:

The Department of Health Care Service (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. The available MFP Grant funds will be fully exhausted in 2017-18 as this Grant is set to expire. The last MFP transition of participants is to occur no later than December 31, 2017, with services provided to these participants to be completed by December 31, 2018.

### OPERATIONS ASSUMPTIONS:

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

		<u>2016-17</u>	<u>2017-18</u>
<ul style="list-style-type: none"> <li>Quality of Life Survey (QoL)</li> </ul>	<b>Total</b>	\$31	\$0
It is assumed that each regional center will complete three QoL surveys per consumer who have transitioned from a developmental center into the community and whose purchase of services are funded by the MFP Grant. These amounts are calculated based on \$100 per survey.	<i>Funding:</i>		
	<i>FFP</i>	31	0
	<i>GF Match</i>	0	0
Community Placement Plan, Resources Development, see Community Placement Plan methodology page for details. These amounts are based on an amount per transition fee multiplied by the number of transitions.	<b>Total</b>	\$9,967	\$3,359
	<i>Funding:</i>		
	<i>FFP</i>	7,475	2,519
	<i>GF Match</i>	2,492	840

### FUNDING:

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

### OPERATION EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
<b>Total</b>	<b>\$9,998</b>	<b>3,359</b>
<i>FFP</i>	7,506	2,519
<i>GF Match</i>	2,492	840

## Money Follows the Person Grant

### PURCHASE OF SERVICES ASSUMPTIONS:

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

	<u>2016-17</u>	<u>2017-18</u>
<ul style="list-style-type: none"> <li>Community Placement Plan, Purchase of Services, See Community Placement Plan methodology page for details. These amounts are calculated based on the Regular Community Placement Plan federally eligible amounts.</li> </ul>	<b>\$2,132</b>	<b>\$1,811</b>

### FUNDING:

The MFP Grant reimbursement for Purchase of Services is 25% FFP of the total cost and there is no GF Match.

### PURCHASE OF SERVICE EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
<b>Total</b>	<b>\$12,130</b>	<b>\$5,170</b>
<i>FFP</i>	9,638	4,330
<i>GF</i>	2,492	840

## 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 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. The SPA 11-040 was approved in October 2015 and is retroactive to October 2011.

### ASSUMPTIONS:

Estimate based on actual billed expenditures for 2015-16. 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).

### EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
Total	\$56,412	\$55,692
FFP	28,206	27,846
GF Match	28,206	27,846

## Program Developmental Fund/Parental Fees

### DESCRIPTION:

Parents of children under the age of 18 who receive 24-hour out-of-home services provided by the State, are purchased with state funds through a regional center, are required to pay a fee depending on their ability to do so. Similarly, parents of children under the age of 18 who live at home and receive qualifying services from a regional center whose adjusted gross family income is at or above 400% of the federal poverty level are required to pay an annual fee. The Department deposits parental fees received into the Program Development Fund. Amounts received are then utilized to provide resources needed to initiate new programs which are consistent with the State Plan (Welfare and Institution Code Sections 4677, 4782, and 4785.)

### ASSUMPTIONS/METHODOLOGY:

Deposits into the Program Development Fund are based on historical revenue averages.

### FUNDING:

Program Development Fund expenditures are reflected in the Purchase of Services, Miscellaneous Services Expenditure category.

### EXPENDITURES:

	<u>2016-17</u>	<u>2017-18</u>
<b>Total</b>	<b>\$2,537</b>	<b>\$2,537</b>
<i>Parental Fees</i>	<i>679</i>	<i>679</i>
<i>Annual Family Program Fees</i>	<i>1,858</i>	<i>1,858</i>

## Developmental Disabilities Services Account

### DESCRIPTION:

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

### ASSUMPTIONS/METHODOLOGY:

Based on historical and current data, the Department expects to receive housing proposals with application fees totaling \$150,000.

### FUNDING:

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

### EXPENDITURES:

	2016-17	2017-18
Total	\$150	\$150

## Mental Health Services Fund

### DESCRIPTION:

Initiative Statute Proposition 63, also known as the Mental Health Services Act (MHSA), 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 MHSA, the Department, in consultation with the Department of Health Care Services, identifies best-practice models and provides training to enhance the effectiveness of the regional center and county mental health service systems to better identify and provide a competent response for those consumers who are dually diagnosed (i.e. have a developmental disability and a mental illness).

### ASSUMPTIONS/METHODOLOGY:

Funding is 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, regional centers 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.

### FUNDING:

These funds are a separate fund source and do not require General Fund match. These funds are reflected in the Increased Access to Mental Health Services estimate, under regional center Operations, Projects.

### EXPENDITURES:

	2016-17	2017-18
Total	\$740	\$740

## **Early Start Part C Grant, Federal Funds/ Early Start Family Resource Center**

### **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 from birth up to age 3 with developmental delays, disabilities, or conditions which place them at high risk of disabilities. 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 Title 17 of the California Code of Regulations, Sections 52000 through 52175.

California has designated the Department to act as its lead agency for preparing the annual grant application and for receiving and administering federal grant funds. The Department allocates a significant portion of the federal funding to regional centers for local program operation. In addition, the Department has an interagency agreement with the 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. Further, in accordance with the CEISA, the Department 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 and toddlers. This was formerly called Prevention Program in prior estimates.

### **KEY DATA/ASSUMPTIONS:**

Annual grant amounts are determined by the federal Office of Special Education Programs (OSEP). The Department received a grant award letter dated July 1, 2016, for federal fiscal year 2016.

### **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 distributed in this order (1) other agencies and (2) regional center 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.

## Early Start Part C Grant, Federal Funds/ Early Start Family Resource Center

### Methodology (Continued):

	2016-17	2017-18
• Other Agencies	\$19,109	\$19,109
• CDE: Additional federal requirements include shorter time lines for conducting evaluations, 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.		
Local Education Agencies	14,245	14,245
Support	355	355
• System Requirements: Funding is required for public awareness and a comprehensive system of personal development, mediation, and due process hearings conducted by the State Office of Administrative Hearings, and collaboration with the Department of Health Care Services-Children Medical Services.	1,850	1,850
• Early Start 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	2,659
• Family Resource Services: Funds provide services for infants and toddlers with developmental delays, disabilities, or conditions that place them at risk of disabilities. Services, which are specified in GC 95001, include family-to-family support provided through FRCs to strengthen families' ability to participate in service planning.	2,003	2,003



## Early Start Part C Grant, Federal Funds/ Early Start Family Resource Center

### Methodology (Continued):

	2016-17	2017-18
• <b>Regional Center POS</b>	33,786	33,786
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 2014-15 by budget category.		
Day Programs	19,176	19,176
Support Services	542	542
In-Home Respite	192	192
Out-of-Home Respite	135	135
Health Care	2,971	2,971
Miscellaneous Services	10,770	10,770
• <b>Total Expenditures</b>	<b>\$52,895</b>	<b>\$52,895</b>

### 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. Family Resources Services are 100% General Fund.

### Expenditures:

	2016-17	2017-18
<b>Total</b>	<b>\$54,898</b>	<b>\$54,898</b>
Grant	52,895	52,895
GF	2,003	2,003

## Foster Grandparent Program

### DESCRIPTION:

The Foster Grandparent Program (FGP) is a federal grant which provides men and women age 55 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 Operations, Projects, for more detail on the total regional center costs for this program).

### ASSUMPTIONS/METHODOLOGY:

The FGP grant is used as a fund source for specified Regional Center Operations costs in six regional centers: Valley Mountain, Tri-Counties, Kern, Central Valley, San Andreas, and San Gabriel. The annual funding is calculated based on each of the participating regional centers' costs for Personal Service and Operating Expense.

### FUNDING:

Federal funds are reflected in the Foster Grandparent/Senior Companion Programs estimate, under Regional Center Operations, Projects.

### EXPENDITURES:

	2016-17	2017-18
Grant Amount:	\$812	\$1,192

## Department of Health Care Services-Behavioral Health Treatment Fee-for-Service

### 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. BHT services are effective retroactively to July 1, 2014.

On September 30, 2014, DHCS submitted a State Plan Amendment to the Centers for Medicare & Medicaid Services seeking approval to add BHT services as a Medi-Cal benefit for individuals under 21 years of age with an Autism Spectrum Disorder diagnosis. The policy change directly impacts the Department. Approximately 14,055 individuals who were receiving BHT services through the regional centers became eligible to receive these services under the proposed Medi-Cal benefit.

Consistent with DHCS' interim policy guidance issued on September 15, 2014, regional center consumers who are eligible for Medi-Cal and began receiving BHT services after September 14, 2014 are receiving BHT services through DHCS. In contrast, all individuals receiving BHT services through the regional centers on September 14, 2014, continued to receive those services through the regional centers until transition of these consumers was complete. The estimate reflects savings from 1,683 BHT Fee-for-Service (FFS) consumers who transitioned to DHCS beginning February 1, 2016.

### ASSUMPTIONS:

- Savings were estimated based on 1,683 FFS consumers who transitioned beginning February 1, 2016. Full year projected costs for these consumers were used to develop a \$762 average monthly cost per consumer. The average monthly cost was applied to transitioning consumers to estimate full year savings for 2016-17 and 2017-18. Of the savings from the BHT Transition Plan for FFS, an estimated 77.9% is attributed to Miscellaneous Services while 22.1% is attributed to Support Services.

### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
• TOTAL EXPENDITURES	-\$15,388	-\$15,388

## Department of Health Care Services-Behavioral Health Treatment Fee-for-Service

### FUNDING:

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

### CURRENT YEAR CHANGE FROM ENACTED:

The \$3.2 million (-\$1.6 million GF) increase in savings reflects the updated list of transitioned consumers and updated average monthly costs.

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

There is no change.

### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>-\$15,388</b>	<b>-\$15,388</b>
GF	-7,694	-7,694
Reimbursements	-7,694	-7,694



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## Impacts from Other Departments

### Department of Health Care Services-Behavioral Health Treatment Transition Plan, Effective February 1, 2016

#### DESCRIPTION:

The Department of Health Care Services (DHCS) submitted State Plan Amendment (SPA) 14-026 to the Centers for Medicare & Medicaid Services on September 30, 2014 to seek the necessary approval to include Behavioral Health Treatment (BHT) as a covered Medi-Cal service for individuals under 21 years of age with a diagnosis of Autism Spectrum Disorder (ASD), pursuant to Section 14132.56 of the Welfare and Institutions Code. On January 21, 2016, DHCS received federal approval to provide BHT as a Medi-Cal benefit. BHT services are effective retroactively to July 1, 2014.

DHCS' interim policy guidance issued on September 15, 2014, necessitates a need for the transition of all Medi-Cal beneficiaries under 21 years of age with an ASD diagnosis who began receiving BHT services through a regional center on or before September 14, 2014. The Department, in collaboration with DHCS, transitioned responsibility for BHT services that were previously provided through the regional centers to these Medi-Cal beneficiaries from the regional center system to the Medi-Cal Managed Care Plan (MCP) and Fee-For-Service (FFS) delivery systems. Approximately 14,055 Medi-Cal beneficiaries under 21 years of age were accessing BHT services through the regional center system. Approximately 1,683 of those beneficiaries were enrolled in Medi-Cal FFS and 12,372 were enrolled in MCPs.

The Department began the transition of responsibility for authorization and payment of BHT services to Medi-Cal starting February 1, 2016. The transition occurred over a span of eight months, with budget bill language providing authority for the transfer of funds between the Department and DHCS. Regional center consumers who are institutionally deemed and only receiving BHT services will remain in the Department's budget. The estimate reflects savings from transition of BHT MCP beneficiaries. Refer to the DHCS-BHT FFS methodology for information on the funding and reimbursement for these consumers.

#### ASSUMPTIONS:

- Savings were estimated based on 12,372 MCP consumers who transitioned beginning February 1, 2016. Full year costs for these consumers were used to develop an \$889 average monthly cost per consumer. The average monthly cost was applied to transitioning consumers to estimate full year savings for 2016-17 and 2017-18. Of the savings from the BHT Transition Plan, an estimated 80.1% is attributed to Miscellaneous Services while 19.9% is attributed to Support Services.

#### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
• TOTAL EXPENDITURES	-\$128,107	-\$128,107



**Impacts from Other Departments**  
**Department of Health Care Services-Behavioral Health Treatment**  
**Transition Plan, Effective February 1, 2016**

**FUNDING:**

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

**CURRENT YEAR CHANGE FROM ENACTED:**

The \$13.1 million (\$6.4 million GF) decrease in savings reflects the updated list of transitioned consumers and updated average monthly costs.

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

There is no change.

**EXPENDITURES:**

	<u>2016-17</u>	<u>2017-18</u>
TOTAL	-\$128,107	-\$128,107
GF	-63,303	-63,303
Reimbursements	-64,804	-64,804

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## Improve Service Coordinators Caseload Ratios

### DESCRIPTION:

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

Since 2003, regional centers are required to have overall 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 into the community and have lived in the community for more than 12 months.
- 1:45 for consumers who move from a developmental center into 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 developmental center into the community.

The caseload ratio for consumers on the HCBS Waiver was established in response to the 1997 Centers for Medicare & 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 for the State to continue receiving HCBS Waiver funding (currently over \$1.6 billion).

Regional centers are required to report their caseload ratios in all of the above categories.

### ASSUMPTIONS:

Based on the current average Service Coordinator salary, the funding proposed will enable regional centers to hire more than 200 additional Service Coordinators to improve caseload ratios. Most importantly, reduced caseloads will improve the quality of services that consumers receive.

### METHODOLOGY:

Client Program Coordinators (CPC):

• Salary:	\$48,000
• Fringe Benefits at 34%:	16,320
• Rent:	8,086
• Operating Expenses:	3,400
Total per CPC	<u>\$75,806</u>

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**Improve Service Coordinators Caseload Ratios**

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**FUNDING:**

Expenditures related to Service Coordinator increased positions are assumed to be funded by the General Fund (GF) and Targeted Case Management, with 50% federal financial participation and 50% GF.

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

There is no change.

**EXPENDITURES:**

	<u>2016-17*</u>	<u>2017-18*</u>
<b>TOTAL</b>	<b>\$17,000</b>	<b>\$17,000</b>
GF	13,000	13,000
Reimbursements	4,000	4,000

## Compliance with Home and Community-Based Services Regulations - Operations

### DESCRIPTION:

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) Home and Community-Based (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 to the greater community for individuals receiving Medicaid HCBS. This includes 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:

	<u>2016-17</u>	<u>2017-18</u>
• Program Evaluator Salary:	\$48,000	\$48,000
• Fringe Benefits at 34%	16,320	16,320
• Operating Expense:	3,400	3,400
• Rent:	8,086	0
Total per Program Evaluator	\$75,806	\$67,720
Multiplied by 21	<b>\$1,600,000</b>	<b>\$1,422,000</b>

### FUNDING:

Expenditures related to Complying with HCBS Regulations are funded by the General Fund (GF) and the HCBS Waiver Administration, with 50% federal financial participation and 50% GF.

### CURRENT YEAR CHANGE FROM ENACTED:

There is no change.

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

The minor decrease in budget year is due to the shift of rent to the rent methodology page.

### EXPENDITURES:

	<u>2016-17*</u>	<u>2017-18*</u>
TOTAL	<b>\$1,600</b>	<b>\$1,422</b>
GF	800	711
Reimbursements	800	711

\*Values in thousands (000's)

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## **Assembly Bill (AB)X2 1**

### **Regional Center Operations Increases**

### **Effective July 1, 2016**

### ***Operations***

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#### **DESCRIPTION:**

Chapter 3, Statutes of 2016 (AB 1, 2nd Extraordinary Session - Thurmond [ABX2 1]), included additions and amendments to the Welfare and Institutions (W&I) Code, as well as an appropriation of \$31.1 million General Fund (GF) plus matching funds for regional centers' staffing, benefits, and administrative expenses, as well as \$11 million GF for regional centers to implement plans for promoting equity in the purchase of services for individuals with developmental disabilities.

#### **ASSUMPTIONS: INCREASED FUNDING FOR REGIONAL CENTER STAFF AND OPERATIONS**

ABX2 1 amends W&I Code Section 4639.5 to require the Department, to the extent funds are appropriated in the annual Budget Act, to allocate \$31.1 million, plus any associated matching funds, for regional center staff salary and/or benefit increases beginning July 1, 2016. Of this amount, \$29.7 million, plus associated matching funds, shall be used for salary increases, benefit increases, or both, for regional center staff, and excludes salary or benefit increases to regional center executive staff and unfunded retirement liabilities. The remaining \$1.4 million, plus associated matching funds shall be used for administrative costs, consistent with those specified in W&I Code Section 4629.7(b). The regional centers are also required to maintain documentation on how funding was allocated and report the use of allocated funding to the Department by March 10, 2017.

#### **ASSUMPTION: EFFORTS TO REDUCE DISPARITIES**

W&I Code Section 4519.5 requires regional centers to implement recommendations and plans to promote equity and reduce disparities in the purchase of services. ABX2 1 amends this section to require the Department, subject to available funding, to allocate funding for regional centers in order to assist with the implementation of the recommendations and plans. Allocated funding may be used to fund activities including, but not limited to, pay differentials supporting community-based service providers direct-care bilingual staff, parent or caregiver education programs, regional center staff cultural competency training, outreach to underserved populations, and additional culturally appropriate service types or service delivery models.

#### **METHODOLOGY:**

The Department calculated salary increases based on estimated Operations costs multiplied by the applicable increases.

The \$11 million GF to reduce disparities is a set amount of funding.

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**Assembly Bill (AB)X2 1**  
**Regional Center Operations Increases**  
**Effective July 1, 2016**  
***Operations***

**FUNDING:**

Expenditures for amounts appropriated per ABX2 1 are funded by Medicaid Admin, Home and Community Based Services Waiver Admin, Targeted Case Management (TCM), TCM Admin, and GF.

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

There is no change.

**EXPENDITURES:**

	<u>2016-17</u>	<u>2017-18</u>
<b>TOTAL</b>	<b>\$56,600</b>	<b>\$56,600</b>
GF	42,600	42,100
Reimbursements	14,000	14,500



## Resources to Implement Assembly Bill (AB)X2 1 Operations

### DESCRIPTION:

Chapter 3, Statutes of 2016 (AB 1, 2nd Extraordinary Session - Thurmond [ABX2 1] amended the Welfare & Institutions Code to require regional centers to implement the recommendations and plans to reduce disparities in the provision of services to underserved populations, as well as requirements to establish and report on a provider-administered competitive integrated employment program. ABX2 1 also requires the Department to submit a rate study to the Legislature by March 1, 2019, that addresses the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities.

### ASSUMPTIONS:

Each regional center will require staff to oversee implementation of cultural programs to promote equity and reduce disparities, and lead competitive integrated employment activities at the local level.

The Department will contract out for the completion of the study.

### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
• Employment Specialist Salary:	\$71,454	\$71,454
• Fringe Benefits at 34%:	24,294	24,294
• Rent:	8,086	0
• Operating Expense:	3,400	3,400
Total per Employment Specialist:	<u>107,234</u>	<u>99,148</u>
21 positions	<b>\$2,252,000</b>	<b>\$2,082,000</b>
• Cultural Specialist Salary:	\$71,454	\$71,454
• Fringe Benefits at 34%:	24,294	24,294
• Rent:	8,086	0
• Operating Expense:	3,400	3,400
Total per Cultural Specialist:	<u>107,234</u>	<u>99,148</u>
21 Positions	<b>\$2,252,000</b>	<b>\$2,082,000</b>
• Total Costs for Positions (rounded)	<b>\$4,504,000</b>	<b>\$4,164,000</b>
• Rate Study estimated cost:	\$3,000,000	0 <sup>/1</sup>
<b>Total Expenditures:</b>	<b>\$7,504,000</b>	<b>\$4,164,000</b>

<sup>/1</sup> Rate Study estimated cost of \$3,000,000 is a one time cost for 2016-17 only.

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## Resources to Implement Assembly Bill (AB)X2 1 Operations

**FUNDING:**

Costs of regional center positions are funded by the General Fund (GF) and reimbursements from the Home and Community-Based Services Waiver Administration, with 50% federal financial participation and 50% GF. The rate study is 100% GF.

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

The decrease of \$3.3 million (-\$3.2 million GF) in budget year reflects the removal of the \$3 million one-time funding for the rate study and updated reimbursement percentages. Also a slight decrease due to the shift of rent expenditures to the rent methodology page.

**EXPENDITURES:**

	<u>2016-17*</u>	<u>2017-18*</u>
<b>TOTAL</b>	<b>\$7,504</b>	<b>\$4,164</b>
GF	6,063	2,832
Reimbursements	1,441	1,332

## Operations Policy Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Improve Service Coordinator Caseload Ratios</b>						
<b>TOTAL</b>	<b>\$17,000</b>	<b>\$17,000</b>	<b>\$0</b>	<b>\$17,000</b>	<b>\$0</b>	<b>\$0</b>
<b>GF</b>	<b>\$13,000</b>	<b>\$13,000</b>	<b>\$0</b>	<b>\$13,000</b>	<b>\$0</b>	<b>\$0</b>
GF Match	4,000	4,000	0	4,000	0	0
GF Other	9,000	9,000	0	9,000	0	0
<b>Reimbursements</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$0</b>	<b>\$4,000</b>	<b>\$0</b>	<b>\$0</b>
Targeted Case Management (TCM)	4,000	4,000	0	4,000	0	0
<b>Compliance with HCBS Regulations - Operations</b>						
<b>TOTAL</b>	<b>\$1,600</b>	<b>\$1,600</b>	<b>\$0</b>	<b>\$1,422</b>	<b>(\$178)</b>	<b>(\$178)</b>
<b>GF</b>	<b>\$900</b>	<b>\$800</b>	<b>(\$100)</b>	<b>\$711</b>	<b>(\$89)</b>	<b>(\$189)</b>
GF Match	700	800	100	711	(89)	11
GF Other	200	0	(200)	0	0	(200)
<b>Reimbursements</b>	<b>\$700</b>	<b>\$800</b>	<b>\$100</b>	<b>\$711</b>	<b>(\$89)</b>	<b>\$11</b>
HCBS Waiver Admin	700	800	100	711	(89)	11
<b>ABX2 1 - Regional Center Operations Increases</b>						
<b>TOTAL</b>	<b>\$56,600</b>	<b>\$56,600</b>	<b>\$0</b>	<b>\$56,600</b>	<b>\$0</b>	<b>\$0</b>
<b>GF</b>	<b>\$42,600</b>	<b>\$42,600</b>	<b>\$0</b>	<b>\$42,100</b>	<b>(\$500)</b>	<b>(\$500)</b>
GF Match	14,000	14,000	0	14,500	500	500
GF Other	28,600	28,600	0	27,600	(1,000)	(1,000)
<b>Reimbursements</b>	<b>\$14,000</b>	<b>\$14,000</b>	<b>\$0</b>	<b>\$14,500</b>	<b>\$500</b>	<b>\$500</b>
Medicaid Admin	708	729	21	755	26	47
HCBS Waiver Admin	339	349	10	361	12	22
TCM	12,545	12,922	377	13,384	462	839
TCM Admin	408	0	(408)	0	0	(408)

## Operations Policy Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Resources to Implement ABX2 1 - Operations</b>						
<b>TOTAL</b>	<b>\$7,504</b>	<b>\$7,504</b>	<b>\$0</b>	<b>\$4,164</b>	<b>(\$3,340)</b>	<b>(\$3,340)</b>
<b>GF</b>	<b>\$6,063</b>	<b>\$6,063</b>	<b>\$0</b>	<b>\$2,832</b>	<b>(\$3,231)</b>	<b>(\$3,231)</b>
GF Match	1,441	1,441	0	1,332	(109)	(109)
GF Other	4,622	4,622	0	1,500	(3,122)	(3,122)
<b>Reimbursements</b>	<b>\$1,441</b>	<b>\$1,441</b>	<b>\$0</b>	<b>\$1,332</b>	<b>(\$109)</b>	<b>(\$109)</b>
TCM Admin	778	0	(778)	0	0	(778)
HCBS Waiver Admin	663	1,441	778	1,332	(109)	669
<b>Total Operations Policy Funding Detail</b>						
<b>TOTAL</b>	<b>\$82,704</b>	<b>\$82,704</b>	<b>\$0</b>	<b>\$79,186</b>	<b>(\$3,518)</b>	<b>(\$3,518)</b>
<b>GF</b>	<b>\$62,563</b>	<b>\$62,463</b>	<b>(\$100)</b>	<b>\$58,643</b>	<b>(\$3,820)</b>	<b>(\$3,920)</b>
GF Match	20,141	20,241	100	20,543	302	402
GF Other	42,422	42,222	(200)	38,100	(4,122)	(4,322)
<b>Reimbursements</b>	<b>\$20,141</b>	<b>\$20,241</b>	<b>\$100</b>	<b>\$20,543</b>	<b>\$302</b>	<b>\$402</b>
HCBS Waiver Admin	1,702	2,590	888	2,404	(186)	702
TCM	16,545	16,922	377	17,384	462	839
TCM Admin	1,186	0	(1,186)	0	0	(1,186)
Medicaid Admin	708	729	21	755	26	47

## 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, increased California's minimum wage on July 1, 2014, from \$8 per hour to \$9 per hour. This bill further increased the minimum wage on January 1, 2016, from \$9 per hour to \$10 per hour.

### ASSUMPTIONS:

The minimum wage increases will affect Purchase of Services (POS) expenditure categories and the services which utilize employees who are paid minimum wage, as well as mandated employer costs for Social Security, Medicare, Federal Unemployment, State Unemployment, and Workers' Compensation.

### METHODOLOGY:

Costs are calculated using 2015-16 POS expenditures based on actual rate increases to service providers effective January 1, 2016.

	<b>2016-17</b>	<b>2017-18</b>
• Community Care Facilities	\$58,314	\$60,856
• Medical Facilities	0	9
• Day Programs	36,236	37,845
• Habilitation Services Program	3,356	3,355
• Transportation	5,530	5,889
• Support Services	13,934	15,072
• In-Home Respite	7,240	7,982
• Out-of-Home Respite	104	620
• Miscellaneous	0	620
<b>Total Expenditures</b>	<b>\$124,714</b>	<b>\$132,248</b>

### FUNDING:

Expenditures from the minimum wage increases are assumed to be funded by the General Fund (GF) and reimbursements from the Home and Community-Based Services Waiver and the 1915(i) State Plan Amendment, with 50% federal financial participation and 50% GF.

### CURRENT YEAR CHANGE FROM ENACTED:

There is no change.

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

The \$7.5 million (\$4.4 million GF) increase in 2017-18 reflects current year expenditures multiplied by the growth rate of each POS budget category.

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

<b>EXPENDITURES:</b>	<b>2016-17</b>	<b>2017-18</b>
<b>TOTAL</b>	<b>\$124,714</b>	<b>\$132,248</b>
GF	70,085	74,443
Reimbursements	54,629	57,805

## Alternate Residential Model 4-Bed Rate Model

### DESCRIPTION:

The Department established the Alternative Residential Model (ARM) rate structure for Community Care Facilities (CCFs) in 1988-89 with rate levels based on the amount of support required by residents' needs. The 14-level rate structure assumed six residents per facility, and allocated total facility overhead and staffing costs six ways to determine a per-resident, or "bed" rate. Over the past several years, regional centers developed and vendored smaller, three and four-bed ARM facilities to meet consumer preferences for more individualized settings. Although the facilities accommodate fewer residents, the per-resident rates paid continued to be those calculated on a six bed basis. In response to provider concerns that the six-bed rates resulted in insufficient funding for the smaller facilities to remain viable, the Department received additional funds to establish rates based on four residents.

### ASSUMPTIONS:

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

### METHODOLOGY:

The Department estimated costs based on the number of current CCFs serving four or fewer residents, and the costs to operate and staff facilities with fewer residents.

### FUNDING:

Expenditures of the facilities are funded from the Home and Community Based Services Waiver, the 1915(i) State Plan Amendment, and General Fund (GF) with 50% federal financial participation and 50% GF.

### CURRENT YEAR CHANGE FROM ENACTED:

There is no change.

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

There is no change.

### EXPENDITURES:

	2016-17	2017-18
<b>TOTAL</b>	<b>\$46,000</b>	<b>\$46,000</b>
GF	26,000	26,000
Reimbursements	20,000	20,000

## Compliance with Home and Community-Based Services Regulations - Purchase of Services

### DESCRIPTION:

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) Home and Community-Based (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 to the greater community for individuals receiving Medicaid HCBS. This includes 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 achieve compliance with the CMS final regulations.

### METHODOLOGY:

The funding will be distributed to service providers upon approval of modification plans submitted to the regional centers and the Department.

### FUNDING:

Expenditures related to complying with HCBS Regulations are funded by the General Fund (GF), the HCBS Waiver, and the 1915(i) State Plan Amendment, with 50% federal financial participation and 50% GF.

### CURRENT YEAR CHANGE FROM ENACTED:

There is no change.

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

There is no change.

### EXPENDITURES:

	2016-17	2017-18
TOTAL	\$15,000	\$15,000
GF	11,000	11,000
Reimbursements	4,000	4,000



## Assembly Bill (AB)X2 1 - Community Based Services Increases Effective July 1, 2016 Purchase of Services

### DESCRIPTION:

Chapter 3, Statutes of 2016 (AB 1, 2nd Extraordinary Session – Thurmond [ABX2 1]), included additions and amendments to the Welfare and Institutions Code, as well as appropriations of funds to increase salaries of direct care staff, and rates and administrative expenses paid to community-based service providers.

### ASSUMPTIONS:

Amounts identified below include fixed General Fund (GF) appropriations made in ABX2 1, as well as percentage increases calculated on related Purchase of Service category expenditures. Matching federal funds are based on typical reimbursement percentages applied to Purchase of Service expenditure categories.

### METHODOLOGY:

	<u>2016-17</u>	<u>2017-18</u>
• 5% Increase for Supported Living and Independent Living	\$32,700	\$34,300
• 5% Increase for Respite	15,600	16,400
• 5% Increase for Transportation	13,700	13,900
• Increase for Direct Care Staff Wages and Benefits	283,500	294,800
• Increase for Purchase of Service Administrative Costs	16,700	17,300
• 11.1% Restoration of Supported Employment Reduction	11,100	10,900
• Competitive, Integrated Employment Incentives	29,000	29,000
<b>TOTAL EXPENDITURES:</b>	<b>\$402,300</b>	<b>\$416,600</b>

### FUNDING:

Expenditures for amounts appropriated per ABX2 1 are funded by GF and reimbursements from the Home and Community-Based Services Waiver and the 1915 (i) State Plan Amendment.

### CURRENT YEAR CHANGE FROM ENACTED:

The current year expenditures are estimated to decrease by \$14.3 million (\$8.4 million GF) due to a decrease of estimated Purchase of Service expenditures in current year.

**Assembly Bill (AB)X2 1 - Community Based Services Increases**  
**Effective July 1, 2016**  
**Purchase of Services**

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

The \$416.6 million in budget year reflects the amount appropriated in ABX2 1.

<b>EXPENDITURES:</b>	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>
<b>TOTAL</b>	<b>\$402,300</b>	<b>\$416,600</b>
GF	236,011	244,400
Reimbursements	166,289	172,200

## Senate Bill (SB) 3, Minimum Wage Increase Effective January 1, 2017 Purchase of Services

**DESCRIPTION:**

SB 3, Chapter 4, Statutes of 2016, requires California's minimum wage to increase to \$10.50 per hour on January 1, 2017, for businesses with 26 or more employees, with further increases each year until the minimum wage reaches \$15 per hour in 2022. The next increase from \$10.50 to \$11.00 per hour will occur on January 1, 2018.

**ASSUMPTIONS:**

Assumes incremental future increases at the same percentage level of growth for each Purchase of Services (PoS) budget category.

**METHODOLOGY:**

	<u>2016-17</u>	<u>2017-18</u>
<i>Community Care Facilities</i>	\$6,143	\$28,072
<i>Day Program Services</i>	5,183	23,702
<i>Habilitation Services</i>	791	3,462
<i>Transportation</i>	1,574	7,339
<i>Support Services</i>	5,757	27,268
<i>In-Home Respite</i>	1,608	7,762
<i>Out-of-Home Respite</i>	189	833
<b>TOTAL EXPENDITURES</b>	<b>\$21,245</b>	<b>\$98,439</b>

**FUNDING:**

Expenditures from the minimum wage increases are assumed to be funded by the General Fund (GF) and reimbursements from the Home and Community-Based Services Waiver and the 1915(i) State Plan Amendment, with 50% federal financial participation and 50% GF.

**CURRENT YEAR CHANGE FROM ENACTED:**

There is no change.

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

The \$77.2 million increase (\$43.6 million GF) in 2017-18 reflects the full-year costs of the \$10.00 to \$10.50 increase which became effective mid-way through the current year and is based on the growth rate of each POS budget category. Additionally, the increase reflects the minimum wage increase of \$10.50 to \$11.00 which will become effective mid-way through the budget year.

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**Senate Bill (SB) 3, Minimum Wage Increase**  
**Effective January 1, 2017**  
**Purchase of Services**

**EXPENDITURES:**

	<u>2016-17</u>	<u>2017-18</u>
TOTAL	<b>\$21,245</b>	<b>\$98,439</b>
GF	12,001	55,577
Reimbursements	9,244	42,862

## Purchase of Service Policy Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>AB 10 - Minimum Wage Increase: Effective January 1, 2016</b>						
<b>TOTAL</b>	<b>\$124,714</b>	<b>\$124,714</b>	<b>\$0</b>	<b>\$132,248</b>	<b>\$7,534</b>	<b>\$7,534</b>
<b>GF</b>	<b>\$70,085</b>	<b>\$70,085</b>	<b>\$0</b>	<b>\$74,443</b>	<b>\$4,358</b>	<b>\$4,358</b>
GF Match	54,628	54,628	0	57,805	3,177	3,177
GF Other	15,457	15,457	0	16,638	1,181	1,181
<b>Reimbursements</b>	<b>\$54,629</b>	<b>\$54,629</b>	<b>\$0</b>	<b>\$57,805</b>	<b>\$3,176</b>	<b>\$3,176</b>
HCBS Waiver	44,068	44,068	0	46,684	2,616	2,616
1915(i)	10,561	10,561	0	11,121	560	560
<b>Alternate Residential Model - 4-Bed Rate Model</b>						
<b>TOTAL</b>	<b>\$46,000</b>	<b>\$46,000</b>	<b>\$0</b>	<b>\$46,000</b>	<b>\$0</b>	<b>\$0</b>
<b>GF</b>	<b>\$26,000</b>	<b>\$26,000</b>	<b>\$0</b>	<b>\$26,000</b>	<b>\$0</b>	<b>\$0</b>
GF Match	20,000	20,000	0	20,000	0	0
GF Other	6,000	6,000	0	6,000	0	0
<b>Reimbursements</b>	<b>\$20,000</b>	<b>\$20,000</b>	<b>\$0</b>	<b>\$20,000</b>	<b>\$0</b>	<b>\$0</b>
HCBS Waiver	18,600	18,600	0	18,600	0	0
1915(i)	1,400	1,400	0	1,400	0	0
<b>Compliance with HCBS Regulations - Purchase of Service</b>						
<b>TOTAL</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$0</b>
<b>GF</b>	<b>\$11,000</b>	<b>\$11,000</b>	<b>\$0</b>	<b>\$11,000</b>	<b>\$0</b>	<b>\$0</b>
GF Match	4,000	4,000	0	4,000	0	0
GF Other	7,000	7,000	0	7,000	0	0
<b>Reimbursements</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$0</b>	<b>\$4,000</b>	<b>\$0</b>	<b>\$0</b>
HCBS Waiver	3,720	3,720	0	3,720	0	0
1915(i)	280	280	0	280	0	0

## Purchase of Service Policy Funding Detail

	Enacted Budget	Updated 2016-17	2016-17 Request	2017-18	2017-18 Over 2016-17	2017-18 Over Enacted Budget
<b>Community Based Services Increases - ABX2 1</b>						
<b>TOTAL</b>	<b>\$416,600</b>	<b>\$402,300</b>	<b>(\$14,300)</b>	<b>\$416,600</b>	<b>\$14,300</b>	<b>\$0</b>
<b>GF</b>	<b>\$244,400</b>	<b>\$236,011</b>	<b>(\$8,389)</b>	<b>\$244,400</b>	<b>\$8,389</b>	<b>\$0</b>
GF Match	171,946	166,044	(5,902)	171,946	5,902	0
GF Other	72,454	69,967	(2,487)	72,454	2,487	0
<b>Reimbursements</b>	<b>\$172,200</b>	<b>\$166,289</b>	<b>(\$5,911)</b>	<b>\$172,200</b>	<b>\$5,911</b>	<b>\$0</b>
HCBS Waiver	150,691	145,518	(5,173)	150,691	5,173	0
1915(i)	21,509	20,771	(738)	21,509	738	0
<b>SB 3 - Minimum Wage Increase - Effective January 1, 2017</b>						
<b>TOTAL</b>	<b>\$21,245</b>	<b>\$21,245</b>	<b>\$0</b>	<b>\$98,439</b>	<b>\$77,194</b>	<b>\$77,194</b>
<b>GF</b>	<b>\$12,001</b>	<b>\$12,001</b>	<b>\$0</b>	<b>\$55,577</b>	<b>\$43,576</b>	<b>\$43,576</b>
GF Match	9,244	9,244	0	42,862	33,618	33,618
GF Other	2,757	2,757	0	12,715	9,958	9,958
<b>Reimbursements</b>	<b>\$9,244</b>	<b>\$9,244</b>	<b>\$0</b>	<b>\$42,862</b>	<b>\$33,618</b>	<b>\$33,618</b>
HCBS Waiver	7,405	7,405	0	34,333	26,928	26,928
1915(i)	1,839	1,839	0	8,529	6,690	6,690
<b>Best Buddies</b>						
<b>TOTAL</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$1,000)</b>	<b>(\$1,000)</b>
<b>GF</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$1,000)</b>	<b>(\$1,000)</b>
GF Match	0	0	0	0	0	0
GF Other	1,000	1,000	0	0	(1,000)	(1,000)
<b>Total POS Policy Funding Detail</b>						
<b>TOTAL</b>	<b>\$624,559</b>	<b>\$610,259</b>	<b>(\$14,300)</b>	<b>\$708,287</b>	<b>\$98,028</b>	<b>\$83,728</b>
<b>GF</b>	<b>\$364,486</b>	<b>\$356,097</b>	<b>(\$8,389)</b>	<b>\$411,420</b>	<b>\$55,323</b>	<b>\$46,934</b>
GF Match	259,818	253,916	(5,902)	296,613	42,697	36,795
GF Other	104,668	102,181	(2,487)	114,807	12,626	10,139
<b>Reimbursements</b>	<b>\$260,073</b>	<b>\$254,162</b>	<b>(\$5,911)</b>	<b>\$296,867</b>	<b>\$42,705</b>	<b>\$36,794</b>
HCBS Waiver	224,484	219,311	(5,173)	254,028	34,717	29,544
1915(i)	35,589	34,851	(738)	42,839	7,988	7,250



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## **NOTICE TO THE LEGISLATURE:**

### **HOMES WITH DELAYED EGRESS AND A SECURED PERIMETER**

Notice is hereby given to the fiscal and policy committees of the Legislature pursuant to Health and Safety Code section 1531.15(k) which states:

...(k) Except as provided in subdivision (k) of Section 4684.81 of the Welfare and Institutions Code, the state shall not authorize or fund more than a combined total of 150 beds statewide in facilities with secured perimeters under this section and under Section 1267.75. The department shall notify the appropriate fiscal and policy committees of the Legislature through the January and May budget estimates prior to authorizing an increase above a combined total of 100 beds statewide in facilities with secured perimeters under this section and under Section 1267.75.

As of November 30, 2016, the Department of Developmental Services (Department) has authorized the use of delayed egress with the added feature of a secured perimeter for the development of 96 beds<sup>1</sup> by approving proposals submitted by regional centers for funding through the Community Placement Plan process, Welfare and Institutions Code section 4418.25. On the following page, the types of homes approved for development, their capacity, and status are indicated by regional center. The Department expects to authorize more capacity within the 150-bed total as regional centers identify consumers for whom these protections are necessary through the comprehensive assessment and Individual Program Plan processes, and for whom greater capacity is needed.

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<sup>1</sup> Of the 96 beds, two homes with a total capacity of eight beds will be licensed as an Enhanced Behavioral Supports Home (EBSH). Welfare and Institutions Code section 4684.81(k)(2) provides that the capacity of EBSHs with delayed egress and a secured perimeter shall not be counted for purposes of the statewide limit. However, the statute further indicates that the Department "shall make reasonable efforts to include enhanced behavioral supports homes within the statewide limit." Therefore, they are reflected here.

## DELAYED EGRESS WITH SECURED PERIMETER

### DEVELOPMENTS COMPLETED AND IN PROGRESS

*As of November 30, 2016*

COMPLETED DELAYED EGRESS WITH SECURED PERIMETER						
#	REGIONAL CENTER	DEVELOPMENT TYPE	PROJECTED CAPACITY	COMPETENCY TRAINING	OPENING DATE	DEVELOPMENT PROPERTY NAME
1	CVRC*	Specialized Residential Facility	4		10/7/15	Discovery in the West MARS
2	SGPRC*	Specialized Residential Facility	3		1/4/16	Cameron Ave
3	SGPRC*	Specialized Residential Facility	4		5/11/15	Covina Hills
4	SGPRC*	Specialized Residential Facility	4		1/30/16	Conference
<b>TOTAL COMPLETED HOMES</b>			<b>4</b>			
<b>TOTAL COMPLETED CAPACITY</b>			<b>15</b>			

\* homes with at least one bed designated for people being placed out of Developmental Centers

IN PROGRESS DELAYED EGRESS WITH SECURED PERIMETER						
#	REGIONAL CENTER	DEVELOPMENT TYPE	PROJECTED CAPACITY	COMPETENCY TRAINING	PROJECTED OPENING DATE	DEVELOPMENT PROPERTY NAME
5	CVRC*	Specialized Residential Facility	4		4/1/17	Frontier
6	CVRC*	Specialized Residential Facility	4		8/31/17	
7	IRC*	Specialized Residential Facility	4		6/1/18	
8	IRC*	Specialized Residential Facility	4		6/1/18	
9	KRC*	Enhanced Behavioral Supports Home	4	Yes	7/1/18	
10	NBRC*	Specialized Residential Facility	5		6/30/17	
11	NBRC*	Specialized Residential Facility	5		6/30/17	
12	NBRC*	Specialized Residential Facility	5		6/30/17	
13	SDRC*	Specialized Residential Facility	4	Yes	4/30/17	Ramona View Court
14	SDRC*	Specialized Residential Facility	4	Yes	4/30/17	Garjan Lane
15	SDRC*	Specialized Residential Facility	4	Yes	4/30/17	Duck Pond Lane
16	SDRC*	Specialized Residential Facility	4	Yes	4/30/17	Ash Street
17	SGPRC*	Enhanced Behavioral Supports Home	4		4/1/17	Viola
18	SGPRC*	Specialized Residential Facility	4		1/1/17	Ferrero Lane
19	SGPRC	Specialized Residential Facility	3		5/1/17	
20	SGPRC*	Specialized Residential Facility	4		3/1/17	
21	VMRC*	Large Specialized Residential Facility <sup>A</sup>	15		6/1/17	Paulson
<b>TOTAL IN PROGRESS HOMES</b>			<b>17</b>			
<b>TOTAL IN PROGRESS CAPACITY</b>			<b>81</b>			

\* homes with at least one bed designated for people being placed out of Developmental Centers

<sup>A</sup> this facility is actually three Specialized Residential Facility 5-bed homes within the same secure complex

## Early Start Expenditures and Population

### DESCRIPTION:

Per Legislative request, the Department is providing projected caseload and expenditures for the Early Start program.

### ASSUMPTIONS:

Early Start Expenditure Data Source: State Claims Data file, dated December 1, 2016 with actuals through June 2016. Data was adjusted for lag based on historical data and used to project 2016-17 and 2017-18 expenditures.

Fiscal Year	Monthly <sup>1/</sup> Caseload	Total POS Expenditures	Per Capita
2016-17	38,978	\$316,642,000	\$8,124
2017-18	42,179	\$332,830,000	\$7,891

1/ Refer to Section D - Population for additional detail on the Early Start population.

