

FOR LEGISLATIVE REVIEW

REGIONAL CENTER
LOCAL ASSISTANCE
2014 MAY REVISION
of the
2014-15 BUDGET



STATE OF CALIFORNIA DEPARTMENT OF
DEVELOPMENTAL SERVICES
MAY 13, 2014

Table of Contents

SECTION A: EXECUTIVE SUMMARY TABLES

FY 2013-14	A-1 to A-1.1
FY 2014-15	A-2 to A-2.1
FY 2013-14 vs. FY 2014-15	A-3 to A-3.1

SECTION B: EXECUTIVE HIGHLIGHTS B-1 to B-11

SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONS C-1 to C-10

SECTION D: POPULATION

FY 2013-14	D-1
FY 2014-15	D-1.1
FY 2013-14 vs. FY 2014-15	D-1.2
Active Status (over 3) Caseload Graph	D-2
Early Start (birth through 2) Caseload Graph	D-3
Community Caseload Bar Chart	D-4

SECTION E: ESTIMATE METHODOLOGIES

OPERATIONS

FY 2013-14 Summary	E-1.1
FY 2014-15 Summary	E-1.2
Staffing	E-2.1 to E-2.13
Agnews Ongoing Workload	E-2.14 to E-2.15
Lanterman Developmental Center Closure	E-2.16
Federal Compliance	E-3.1 to E-3.7
Projects	E-4.1 to E-4.7

INTERMEDIATE CARE FACILITIES – DEVELOPMENTALLY DISABLED

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

Table of Contents (continued)

SECTION E: ESTIMATE METHODOLOGIES (continued)

PURCHASE OF SERVICES

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

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

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

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

Table of Contents (continued)**SECTION E: ESTIMATE METHODOLOGIES (continued)****FUND SOURCES**

General Fund	E-18.1 to 18.2
Reimbursements	
Summary Table	E-19.1 to E-19.2
Home and Community-Based Services (HCBS) Waiver	E-20.1 to E-20.5
HCBS Waiver Administration.....	E-21.1 to E-21.6
Medicaid Administration	E-22.1 to E-22.4
Targeted Case Management (TCM).....	E-23
TCM Administration.....	E-24.1 to E-24.2
Title XX Block Grant	E-25.1 to E-25.3
Intermediate Care Facility-Developmentally Disabled	E-26.1 to E-26.2
Quality Assurance Fees	E-27.1 to E-27.2
1915(i) SPA.....	E-28.1 to E-28.3
Money Follows the Person Grant	E-29.1 to E-29.3
Homeland Security Grant Program	E-30
Early Periodic Screening Diagnosis and Treatment (EPSDT)	E-31.1 to E-31.2
Race to the Top.....	E-32
Program Development Fund/Parental Fees	E-33
Developmental Disabilities Services Account.....	E-34
Mental Health Services Fund	E-35
Federal Funds:	
<i>Early Start Grant</i>	E-36.1 to E-36.3
<i>Foster Grandparent Program</i>	E-37

SECTION F: IMPACT FROM OTHER DEPARTMENTS

<i>IMPACT FROM OTHER DEPARTMENTS</i>	F-1
--	-----

SECTION G: AUXILLARY TABLE**ASSEMBLY BILL (AB) 10 AND FEDERAL OVERTIME REQUIREMENTS**

AB 10 Operations	G-1
AB 10 Purchase of Services	G-2
Federal Labor Regulations	G-3

Table of Contents (continued)

SECTION H: DC TASK FORCE

Overview	H-1 to H-4
Regional Center Estimate	H-4 to H-11
Developmental Center Estimate.....	H-11 to H-13
Other DDS Commitments.....	H-13 to H-15
Cost Impacts	H-16 to H-18

Table of Contents

SECTION A: EXECUTIVE SUMMARY TABLES

FY 2013-14	A-1 to A-1.1
FY 2014-15	A-2 to A-2.1
FY 2013-14 vs. FY 2014-15	A-3 to A-3.1

**Comparison of Governor's Budget to 2014 May Revision
Fiscal Year 2013-14**

	A	B	C	D
	Enacted Budget CY 2013-14	Governor's Budget Adjusted Authority CY 2013-14	May Revision Proposed Authority for CY 2013-14	May Revision Update for CY 2013-14 (C - B)
I. BUDGET ITEMS:				
A. Operations				
1. Staffing	\$482,937,000	\$484,031,000	\$482,888,000	-\$1,143,000
2. Federal Compliance	47,789,000	48,297,000	48,320,000	23,000
3. Projects	23,105,000	23,245,000	23,311,000	66,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	2,946,000	0
5. Lanterman Development Center Closure	3,537,000	3,537,000	3,537,000	0
6. Operations Subtotal (Items 1 thru 5)	\$560,314,000	\$562,056,000	\$561,002,000	-\$1,054,000
7. ICF-DD SPA Administration Fee	1,745,000	1,745,000	1,679,000	-66,000
8. Total Operations (Items 6 and 7)	\$562,059,000	\$563,801,000	\$562,681,000	-\$1,120,000
B. Purchase of Services (POS)				
1. Community Care Facilities	\$948,820,000	\$945,805,000	\$946,850,000	\$1,045,000
2. Medical Facilities	\$26,896,000	28,399,000	28,190,000	-209,000
3. Day Programs	858,840,000	867,903,000	868,158,000	255,000
4. Habilitation Services	143,061,000	145,684,000	145,560,000	-124,000
5. Transportation	238,965,000	242,544,000	243,632,000	1,088,000
6. Support Services	808,714,000	823,132,000	827,853,000	4,721,000
7. In-Home Respite	209,483,000	208,759,000	211,754,000	2,995,000
8. Out-of-Home Respite	46,302,000	41,978,000	42,287,000	309,000
9. Health Care	94,935,000	84,967,000	85,470,000	503,000
10. Miscellaneous	414,314,000	403,712,000	413,153,000	9,441,000
11. POS Subtotal (Items 1 thru 10)	\$3,790,330,000	\$3,792,883,000	\$3,812,907,000	\$20,024,000
12. Quality Assurance Fees (Transfer from DHCS)	\$9,424,000	\$9,424,000	\$9,065,000	-\$359,000
13. Total POS (Items 11 thru 12)	\$3,799,754,000	\$3,802,307,000	\$3,821,972,000	\$19,665,000
C. Early Start/Part C: Other Agency Costs	\$17,606,000	\$17,829,000	\$17,829,000	\$0
D. Prevention Program	\$2,003,000	\$2,003,000	\$2,003,000	\$0
E. GRAND TOTAL	\$4,381,422,000	\$4,385,940,000	\$4,404,485,000	\$18,545,000

**Comparison of Governor's Budget to 2014 May Revision
Fiscal Year 2013-14**

	A	B	C	D
	Enacted Budget CY 2013-14	Governor's Budget Adjusted Authority CY 2013-14	May Revision Proposed Authority for CY 2013-14	May Revision Update for CY 2013-14 (C - B)
II. FUND SOURCES:				
A. General Fund Total	\$2,478,898,000	\$2,472,574,000	\$2,479,133,000	\$6,559,000
1. General Fund Match	23,105,000	1,624,145,000	1,634,999,000	10,854,000
2. General Fund - Other	872,798,000	848,429,000	844,134,000	-4,295,000
B. Reimbursements	\$1,847,046,000	\$1,857,913,000	\$1,869,888,000	\$11,975,000
1. Home and Community-Based Services (HCBS) Waiver	1,193,805,000	1,218,386,000	1,228,013,000	9,627,000
2. HCBS Waiver Administration	6,367,000	6,610,000	6,449,000	-161,000
3. Medicaid Administration	11,612,000	8,654,000	8,750,000	96,000
4. Targeted Case Management (TCM)	148,952,000	142,989,000	142,289,000	-700,000
5. TCM Administration	3,656,000	3,728,000	4,411,000	683,000
6. Title XX Block Grant	213,191,000	213,191,000	214,555,000	1,364,000
a. Social Services	136,034,000	136,034,000	137,088,000	1,054,000
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	77,467,000	310,000
7. ICF-DD SPA	58,193,000	58,193,000	55,967,000	-2,226,000
8. Quality Assurance Fees	10,297,000	10,297,000	9,905,000	-392,000
9. 1915(i) SPA	167,842,000	167,842,000	167,164,000	-678,000
10. Money Follows the Person	14,867,000	11,215,000	11,472,000	257,000
11. Homeland Security Grant	391,000	391,000	411,000	20,000
12. Race to the Top	286,000	472,000	472,000	0
13. Early Periodic Screening Diagnosis and Treatment	17,587,000	15,945,000	20,030,000	4,085,000
C. Program Development Fund / Parental Fees	\$5,970,000	\$5,908,000	\$5,908,000	\$0
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$740,000	\$0
F. Federal Funds	\$48,618,000	\$48,655,000	\$48,666,000	\$11,000
1. Early Start/Part C Grant	48,021,000	48,058,000	48,058,000	0
2. Foster Grandparent Program	597,000	597,000	608,000	11,000
G. GRAND TOTAL	\$4,381,422,000	\$4,385,940,000	\$4,404,485,000	\$18,545,000

**Comparison of Governor's Budget to 2014 May Revision
Fiscal Year 2014-15**

	A	B	C	D
	Enacted Budget CY 2013-14	Governor's Budget Adjusted Authority BY 2014-15	May Revision Proposed Authority for BY 2014-15	May Revision Update for BY 2014-15 (C - B)
I. BUDGET ITEMS:				
A. Operations				
1. Staffing	\$482,937,000	\$499,613,000	\$499,098,000	-\$515,000
2. Federal Compliance	47,789,000	48,314,000	48,335,000	21,000
3. Projects	23,105,000	23,757,000	23,756,000	-1,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	2,946,000	0
5. Lanterman Development Center Closure	3,537,000	2,672,000	2,672,000	0
6. Operations Subtotal (Items 1 thru 5)	\$560,314,000	\$577,302,000	\$576,807,000	-\$495,000
7. ICF-DD SPA Administration Fee	1,745,000	1,745,000	1,703,000	-\$42,000
8. AB 10 Minimum Wage Increase	0	136,000	136,000	\$0
9. DC Task Force	0	0	1,348,000	\$1,348,000 ¹
10. Total Operations (Items 6 thru 9)	\$562,059,000	\$579,183,000	\$579,994,000	\$811,000
B. Purchase of Services (POS)				
1. Community Care Facilities	\$948,820,000	\$965,590,000	\$966,645,000	\$1,055,000
2. Medical Facilities	\$26,896,000	27,443,000	29,563,000	2,120,000
3. Day Programs	858,840,000	903,911,000	904,166,000	255,000
4. Habilitation Services	143,061,000	146,477,000	146,353,000	-124,000
5. Transportation	238,965,000	246,581,000	247,669,000	1,088,000
6. Support Services	808,714,000	859,070,000	864,504,000	5,434,000
7. In-Home Respite	209,483,000	216,375,000	220,820,000	4,445,000
8. Out-of-Home Respite	46,302,000	42,928,000	43,237,000	309,000
9. Health Care	94,935,000	88,845,000	89,348,000	503,000
10. Miscellaneous	414,314,000	416,809,000	426,250,000	9,441,000
11. POS Subtotal (Items 1 thru 10)	\$3,790,330,000	\$3,914,029,000	\$3,938,555,000	\$24,526,000
12. Quality Assurance Fees (Transfer from DHCS)	\$9,424,000	\$9,424,000	\$9,192,000	-\$232,000
13. Impacts from Other Departments	0	-3,133,000	-3,133,000	0
14. AB 10 Minimum Wage Increase	0	110,054,000	106,468,000	-3,586,000
15. Federal Labor Regulations	0	7,500,000	7,788,000	288,000
16. DC Task Force	0	0	11,700,000	11,700,000 ¹
17. Total POS (Items 11 thru 16)	\$3,799,754,000	\$4,037,874,000	\$4,070,570,000	\$32,696,000
C. Early Start/Part C: Other Agency Costs	\$17,606,000	\$17,698,000	\$19,450,000	\$1,752,000
D. Prevention Program	\$2,003,000	\$2,003,000	\$2,003,000	\$0
E. GRAND TOTAL	\$4,381,422,000	\$4,636,758,000	\$4,672,017,000	\$35,259,000 ¹

1/ Amount includes \$13.0 million (\$12.9 million GF) reappropriation for Community Placement Plan (CPP) to implement the Developmental Center Task Force recommendations, with \$1.3 million (\$1.2 million GF) in OPS and \$11.7 million GF in POS.

**Comparison of Governor's Budget to 2014 May Revision
Fiscal Year 2014-15**

	A	B	C	D	
	Enacted Budget CY 2013-14	Governor's Budget Adjusted Authority BY 2014-15	May Revision Proposed Authority for BY 2014-15	May Revision Update for BY 2014-15 (C - B)	
II. FUND SOURCES:					
A. General Fund Total	\$2,478,898,000	\$2,634,203,000	\$2,646,253,000	\$12,050,000	¹
1. General Fund Match	1,606,100,000 #	1,713,449,000	1,732,702,000	19,253,000	
2. General Fund - Other	872,798,000	920,754,000	913,551,000	-7,203,000	
B. Reimbursements	\$1,847,046,000	\$1,947,086,000	\$1,967,312,000	\$20,226,000	
1. Home and Community-Based Services (HCBS) Waiver	1,193,805,000	1,293,056,000	1,310,687,000	17,631,000	
2. HCBS Waiver Administration	6,367,000	6,648,000	6,494,000	-154,000	
3. Medicaid Administration	11,612,000	8,654,000	10,417,000	1,763,000	
4. Targeted Case Management (TCM)	148,952,000	143,008,000	146,952,000	3,944,000	
5. TCM Administration	3,656,000	3,728,000	4,411,000	683,000	
6. Title XX Block Grant	213,191,000	213,191,000	214,555,000	1,364,000	
a. Social Services	136,034,000	136,034,000	137,088,000	1,054,000	
b. Temporary Assistance for Needy Families	77,157,000	77,157,000	77,467,000	310,000	
7. ICF-DD SPA	58,193,000	58,193,000	56,751,000	-1,442,000	
8. Quality Assurance Fees	10,297,000	10,297,000	10,044,000	-253,000	
9. 1915(i) SPA	167,842,000	182,261,000	177,154,000	-5,107,000	
10. Money Follows the Person	14,867,000	11,373,000	8,290,000	-3,083,000	
11. Homeland Security Grant	391,000	391,000	411,000	20,000	
12. Race to the Top	286,000	341,000	341,000	0	
13. Early Periodic Screening Diagnosis and Treatment	17,587,000	15,945,000	20,805,000	4,860,000	
C. Program Development Fund / Parental Fees	\$5,970,000	\$5,808,000	\$5,808,000	\$0	
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$150,000	\$0	
E. Mental Health Services Fund	\$740,000	\$740,000	\$740,000	\$0	
F. Federal Funds	\$48,618,000	\$48,771,000	\$51,754,000	\$2,983,000	
1. Early Start/Part C Grant	48,021,000	48,058,000	51,041,000	2,983,000	
2. Foster Grandparent Program	597,000	713,000	713,000	0	
G. GRAND TOTAL	\$4,381,422,000	\$4,636,758,000	\$4,672,017,000	\$35,259,000	¹

1/ Amount includes \$13.0 million (\$12.9 million GF) reappropriation for Community Placement Plan (CPP) to implement the Developmental Center Task Force recommendations, with \$1.3 million (\$1.2 million GF) in OPS and \$11.7 million GF in POS.

Comparison Fiscal Year 2013-14 to Fiscal Year 2014-15

	A Fiscal Year 2013-14	B Fiscal Year 2014-15	C Incremental Increase (B - A)
I. BUDGET ITEMS:			
A. Operations			
1. Staffing	\$482,888,000	\$499,098,000	\$16,210,000
2. Federal Compliance	48,320,000	48,335,000	15,000
3. Projects	23,311,000	23,756,000	445,000
4. Agnews Ongoing Workload	2,946,000	2,946,000	0
5. Lanterman Developmental Center Closure	3,537,000	2,672,000	-865,000
6. Operations Subtotal (Items 1 thru 5)	\$561,002,000	\$576,807,000	\$15,805,000
7. ICF-DD SPA Administration Fee	1,679,000	1,703,000	24,000
8. AB 10 Minimum Wage Increase	0	136,000	136,000
9. DC Task Force	0	1,348,000	1,348,000
10. Total Operations (Items 6 and 9)	\$562,681,000	\$579,994,000	\$17,313,000
B. Purchase of Services (POS)			
1. Community Care Facilities	\$946,850,000	\$966,645,000	\$19,795,000
2. Medical Facilities	28,190,000	29,563,000	1,373,000
3. Day Programs	868,158,000	904,166,000	36,008,000
4. Habilitation Services	145,560,000	146,353,000	793,000
5. Transportation	243,632,000	247,669,000	4,037,000
6. Support Services	827,853,000	864,504,000	36,651,000
7. In-Home Respite	211,754,000	220,820,000	9,066,000
8. Out-of-Home Respite	42,287,000	43,237,000	950,000
9. Health Care	85,470,000	89,348,000	3,878,000
10. Miscellaneous	413,153,000	426,250,000	13,097,000
11. POS Subtotal (Items 1 thru 10)	\$3,812,907,000	\$3,938,555,000	\$125,648,000
12. Quality Assurance Fees (Transfer from DHCS)	\$9,065,000	\$9,192,000	\$127,000
13. Impacts from Other Departments	0	-3,133,000	-3,133,000
14. AB 10 Minimum Wage Increase	0	106,468,000	106,468,000
15. Federal Overtime Requirements	0	7,788,000	7,788,000
16. DC Task Force	0	11,700,000	11,700,000
17. Total POS (Items 11 thru 16)	\$3,821,972,000	\$4,070,570,000	\$248,598,000
C. Early Start/Part C: Other Agency Costs	\$17,829,000	\$19,450,000	\$1,621,000
D. Prevention Program	\$2,003,000	\$2,003,000	\$0
F. GRAND TOTAL	\$4,404,485,000	\$4,672,017,000	\$267,532,000

1/ Amount includes \$13.0 million (\$12.9 million GF) reappropriation for Community Placement Plan (CPP) to implement the Developmental Center Task Force recommendations, with \$1.3 million (\$1.2 million GF) in OPS and \$11.7 million GF in POS.

Comparison Fiscal Year 2013-14 to Fiscal Year 2014-15

	A	B	C
	Fiscal Year 2013-14	Fiscal Year 2014-15	Incremental Increase (B - A)
II. FUND SOURCES:			
A. General Fund Total	\$2,479,133,000	\$2,646,253,000	\$167,120,000 ¹
1. General Fund Match	1,634,999,000	1,732,702,000	97,703,000
2. General Fund - Other	844,134,000	913,551,000	69,417,000
B. Reimbursements	\$1,869,888,000	\$1,967,312,000	\$97,424,000
1. Home & Community-Based Services (HCBS) Waiver	1,228,013,000	1,310,687,000	82,674,000
2. HCBS Waiver Administration	6,449,000	6,494,000	45,000
3. Medicaid Administration	8,750,000	10,417,000	1,667,000
4. Targeted Case Management (TCM)	142,289,000	146,952,000	4,663,000
5. TCM Administration	4,411,000	4,411,000	0
6. Title XX Block Grant	214,555,000	214,555,000	0
a. Social Services	137,088,000	137,088,000	0
b. Temporary Assistance for Needy Families	77,467,000	77,467,000	0
7. ICF-DD SPA	55,967,000	56,751,000	784,000
8. Quality Assurance Fees	9,905,000	10,044,000	139,000
9. 1915(i) SPA	167,164,000	177,154,000	9,990,000
10. Money Follows the Person	11,472,000	8,290,000	-3,182,000
11. Homeland Security Grant	411,000	411,000	0
12. Race to the Top	472,000	341,000	-131,000
13. Early Periodic Screening Diagnosis and Treatment	20,030,000	20,805,000	775,000
C. Program Development Fund / Parental Fees	\$5,908,000	\$5,808,000	-\$100,000
D. Developmental Disabilities Services Account	\$150,000	\$150,000	\$0
E. Mental Health Services Fund	\$740,000	\$740,000	\$0
F. Federal Funds	\$48,666,000	\$51,754,000	\$3,088,000
1. Early Start/Part C Grant	48,058,000	51,041,000	2,983,000
2. Foster Grandparent Program	608,000	713,000	105,000
G. GRAND TOTAL	\$4,404,485,000	\$4,672,017,000	\$267,532,000 ¹

1/ Amount includes \$13.0 million (\$12.9 million GF) reappropriation for Community Placement Plan (CPP) to implement the Developmental Center Task Force recommendations, with \$1.3 million (\$1.2 million GF) in OPS and \$11.7 million GF in POS.

Table of Contents

SECTION B: EXECUTIVE HIGHLIGHTS	B-1 to B-11
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Executive Highlights

I. FISCAL YEAR 2013-14 COSTS AND FUND SOURCES

A. Overview

Funding for the regional centers in the current year is estimated to increase by \$18.5 million (\$6.5 million General Fund (GF)) compared to the Governor's Budget.

Fiscal Year 2013-14 Costs and Fund Sources <i>(in thousands)</i>			
	Governor's Budget	Updated 2013-14	Request
Total Costs	\$4,385,940	\$4,404,485	\$18,545
Operations	563,801	562,681	-1,120
Purchase of Services	3,802,307	3,821,972	19,665
Early Start - Other Agency Costs	17,829	17,829	0
Prevention Program	2,003	2,003	0
Fund Sources	\$4,385,940	\$4,404,485	\$18,545
General Fund (GF)	2,472,574	2,479,133	6,559
<i>GF Match</i>	(1,624,145)	(1,634,999)	(10,854)
<i>GF Other</i>	(848,429)	(844,134)	(-4,295)
Reimbursements	1,857,913	1,869,888	11,975
Program Development Fund	5,908	5,908	0
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	48,655	48,666	11

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

- \$1.1 million decrease (\$1.1 million GF decrease) in Operations (OPS) to reflect updated caseload and expenditure data; and
- \$19.6 million increase (\$7.6 million GF increase) in Purchase of Services (POS) to reflect updated caseload, utilization change and expenditure data.

B. Caseload

The 2013-14 community caseload as of January 31, 2014, is estimated to decrease by 493 consumers over the Governor's Budget caseload estimate of 265,709 to the level of 265,216.

	Fiscal Year 2013-14		
	Governor's Budget	Updated 2013-14	Difference
<u>CASELOAD</u>			
Active (Age 3 & Older)	234,702	235,099	397
Early Start (Birth through 2 Years)	31,007	30,117	-890
Total Community Caseload	265,709	265,216	-493

C. Total Regional Center Costs: \$18.5 Million increase (\$6.5 Million GF increase)

1. Updated Costs for Regional Center OPS: \$1.1 million decrease (\$1.1 million GF decrease) to reflect updated caseload and decreased reimbursements as discussed in fund sources on pages B-3 through B-4 as follows:

	Fiscal Year 2013-14		
	Governor's Budget	Updated 2013-14	Request
	<i>(in thousands)</i>		
<u>Operations Total</u>			
Core Staffing	\$484,031	\$482,888	-\$1,143
Federal Compliance	48,297	48,320	23
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure	3,537	3,537	0
Projects	23,245	23,311	66
Intermediate Care Facility-Developmentally Disabled Administration Fee	1,745	1,679	-66
Total Operations	\$563,801	\$562,681	-\$1,120

- Core Staffing: \$1.1 million decrease (\$1.6 million GF decrease) to reflect updated caseload, and decreased reimbursements as discussed in fund sources on page B-3 through B-4,
- Agnews Ongoing Workload: \$0.4 million GF increase to reflect a reduction in regional center expenditures for Home and Community-Based Services (HCBS) Waiver Administration and Medicaid Administration;
- Federal Compliance: \$23,000 increase (\$0.1 million GF increase) to reflect updated expenditures; and
- Projects: \$66,000 increase (\$29,000 GF increase) to reflect the following;
 - Quality Assessment Contract: \$26,000 increase (\$20,000 GF increase) to reflect updated expenditures;

- Foster Grandparent/Senior Companion: \$20,000 increase (\$9,000 GF increase) to reflect the transfer of funding from the Developmental Centers (DC) Program to the Community Services Program; and
 - Homeland Security: \$20,000 increase to reflect increase in the grant amount.
- Intermediate Care Facility-Developmentally Disabled (ICF-DD)
Administration Fee: \$66,000 decrease (\$33,000 GF decrease) to reflect updated expenditures.
2. Updated Costs for Regional Center POS: \$19.6 million increase (\$7.6 million GF increase) to reflect updated caseload, utilization change and expenditure data.

D. Fund Sources

1. General Fund: \$6.5 million increase: This increase reflects updated caseload, utilization change, expenditures and HCBS Waiver enrollment data.
2. Reimbursements: \$12.0 million increase: This increase reflects the following:

Fiscal Year 2013-14 Reimbursements <i>(in thousands)</i>			
	Governor's Budget	Updated 2013-14	Request
Home and Community-Based Services (HCBS) Waiver	\$1,218,386	\$1,228,013	\$9,627
HCBS Waiver Administration	6,610	6,449	-161
Medicaid Administration	8,654	8,750	96
Targeted Case Management (TCM)	142,989	142,289	-700
TCM Administration	3,728	4,411	683
Title XX Block Grant	213,191	214,555	1,364
(1) <i>Social Services</i>	(136,034)	(137,088)	(1,054)
(2) <i>Temporary Assistance for Needy Families</i>	(77,157)	(77,467)	(310)
Intermediate Care Facility - Developmentally Disabled	58,193	55,967	-2,226
Quality Assurance Fees (Transfer from DHCS)	10,297	9,905	-392
1915(i) State Plan Amendment (SPA)	167,842	167,164	-678
Money Follows the Person	11,215	11,472	257
Homeland Security Grant	391	411	20
Race to the Top	472	472	0
Early Periodic Screening Diagnostic and Treatment	15,945	20,030	4,085
TOTAL	\$1,857,913	\$1,869,888	\$11,975

- HCBS Waiver (POS): \$9.6 million increase reflects additional Federal Financial Participation (FFP) from updated enrollments and service costs for consumers under the Waiver;
 - HCBS Waiver Administration (OPS): \$0.2 million decrease reflects updated regional center expenditures;
 - Medicaid Administration (OPS): \$0.1 million increase reflects updated regional center expenditures;
 - Targeted Case Management (TCM) (OPS): \$0.7 million decrease reflects updated data on billable units;
 - TCM Administration (OPS): \$0.7 million increase reflects updated regional center expenditures;
 - Title XX Social Services Block Grant (POS): \$1.4 million increase reflects updated information from the Department of Social Services (DSS) regarding the grant amount;
 - ICF-DD State Plan Amendment (SPA) (POS): \$2.2 million decrease reflects updated POS expenditures for adult day treatment and transportation services for consumers residing in an ICF-DD;
 - Quality Assurance Fees (QAF in OPS and POS): \$0.4 million decrease reflects updated regional center expenditures.
 - 1915(i) SPA (POS): \$0.7 million decrease reflects updated regional center POS expenditures for consumers under the 1915(i) SPA;
 - Money Follows the Person (MFP in OPS and POS): \$0.3 million increase reflects updated expenditures;
 - Homeland Security (OPS): \$20,000 increase reflects updated information on the grant amount; and
 - Early Periodic Screening Diagnosis and Treatment (EPSDT) (POS): \$4.1 million increase reflects updated service costs for consumers under the EPSDT benefit.
3. Foster Grandparent (OPS): \$11,000 increase reflects the transfer of funding from DC Programs to the Community Services Program.

II. FISCAL YEAR 2014-15 COSTS AND FUND SOURCES**A. Overview**

Funding for the regional centers in the budget year is estimated to increase by \$35.2 million (\$12.0 million GF increase) compared to the Governor's Budget.

Fiscal Year 2014-15 Costs and Fund Sources <i>(in thousands)</i>			
	Governor's Budget	Updated 2014-15	Request
Total Costs	\$4,636,758	\$4,672,017	\$35,259
Operations ¹	579,183	579,994	811
Purchase of Services ¹	4,037,874	4,070,570	32,696
Early Start - Other Agency Costs	17,698	19,450	1,752
Prevention Program	2,003	2,003	0
Fund Sources	\$4,636,758	\$4,672,017	\$35,259
General Fund (GF) ¹	2,634,203	2,646,253	12,050
<i>GF Match</i>	(1,713,449)	(1,732,702)	(19,253)
<i>GF Other</i>	(920,754)	(913,551)	(-7,203)
Reimbursements	1,947,086	1,967,312	20,226
Program Development Fund	5,808	5,808	0
Developmental Disabilities Services Account	150	150	0
Mental Health Services Fund	740	740	0
Federal Funds	48,771	51,754	2,983

1/ Amount includes \$13.0 million (\$12.9 million GF) reappropriation for Community Placement Plan (CPP) to implement the Developmental Center Task Force recommendations, with \$1.3 million (\$1.2 million GF) in OPS and \$11.7 million GF in POS.

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

- \$0.5 million decrease (\$3.3 million GF decrease) in OPS to reflect updated caseload and expenditure data, including additional HCBS Waiver enrollment;
- \$24.2 million increase (\$11.8 million GF increase) in POS to reflect updated caseload, utilization change, and expenditure data;
- \$1.8 million increase in Early Start, Part C in Other Agency Costs to reflect updated grant award amount;
- \$3.6 million decrease (\$9.6 million GF decrease) in POS for Assembly Bill (AB) 10, Chapter 351, Statutes of 2013 to reflect:
 - Increase of \$0.9 million (\$6.1 million GF decrease) due to updated expenditures, consumer information, and percentage of expenditures eligible for federal financial participation used to estimate impact of minimum wage increase from \$8.00 to \$9.00 effective July 1, 2014; and

- Exclusion of Supported Employment (SEP) (Individual and Group) in determining impact to services which rely on employees that are paid minimum wage. The Department in the November 2013 Estimate of the 2014-15 Governor's Budget included an estimate of \$4.5 million (\$3.5 million GF) for the impact of the minimum wage increase for these services.
- \$0.3 million increase (\$0.2 million GF increase) in POS to reflect updated expenditures in estimating the impact of changes in the Fair Labor Standards Act (FLSA) due to provider rate increases based on the administrative costs required to comply with the federal regulation, effective January 1, 2015; and
- \$13.0 million (\$12.9 million GF) reappropriation from 2011-12 for CPP in OPS and POS to reflect proposals that address recommendations in the Developmental Centers Task Force's, "*Plan for the Future of Developmental Centers in California*" (<http://www.chhs.ca.gov/Pages/DCsTaskForce.aspx>) as follows:
 - \$1.3 million increase (\$1.2 million GF) in OPS to reflect regional center staffing to support community development, transitions and necessary quality assurance and monitoring, and a quality management system for DC residents transitioning into the community; and
 - \$11.7 million GF in POS to develop community resources, including two new models of care for challenging behavioral needs, Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN), and other needed services and supports.

B. Caseload

The 2014-15 community caseload as of January 31, 2015, is estimated to increase by 1,053 consumers over the Governor's Budget caseload estimate of 273,643 to the level of 274,696.

	Fiscal Year 2014-15		
	Governor's Budget	Updated 2014-15	Request
<u>CASELOAD</u>			
Active (Age 3 & Older)	241,748	243,414	1,666
Early Start (Birth through 2 Years)	31,895	31,282	-613
Total Community Caseload	273,643	274,696	1,053

C. Total Regional Center Costs: \$35.2 million increase (\$12.0 million GF increase):

1. OPS to Reflect Budget Year Costs: \$0.8 million increase (\$2.1 million GF decrease) to reflect updated caseload and decreased reimbursements as discussed in fund sources on page B-8 through B-11; and proposals that address recommendations in the Developmental Centers Task Force's, "*Plan for the Future of Developmental Centers in California*" as follows:

	Fiscal Year 2014-15		
	Governor's Budget	Updated 2014-15	Request
	(in thousands)		
<u>Operations Total</u>			
Core Staffing	\$499,613	\$499,098	-\$515
Federal Compliance	48,314	48,335	21
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure	2,672	2,672	0
Projects	23,757	23,756	-1
Intermediate Care Facility-Developmentally Disabled Administration Fee	1,745	1,703	-42
AB 10 Minimum Wage Increase	136	136	0
Developmental Center Task Force	0	1,348	1,348
Total Operations	\$579,183	\$579,994	\$811

- Caseload:
 - Core Staffing: \$0.5 million decrease (\$3.8 million GF decrease) to reflect updated caseload and expenditure data, including HCBS Waiver enrollment above budgeted levels;
 - Agnews Ongoing Workload: \$0.4 million GF increase to reflect a reduction in regional center expenditures for HCBS Waiver Administration and Medicaid Administration;
 - Federal Compliance: \$21,000 increase (\$0.1 million GF increase) to reflect updated expenditures;
 - Project: \$1,000 decrease (\$21,000 GF decrease) to reflect updated caseload and expenditures; and
 - ICF-DD Administration Fees: \$42,000 decrease (\$21,000 GF decrease) to reflect updated caseload and expenditures.
- \$1.3 million (\$1.2 million GF) reappropriation for CPP in OPS to reflect regional center staffing to support community development, transitions and necessary quality assurance and monitoring, and a quality management system for DC residents transitioning into the community;

2. POS to Reflect Budget Year Costs: \$32.6 million increase (\$14.1 million GF increase) to reflect the following:
 - \$24.2 million increase (\$11.8 million GF increase) to reflect updated caseload, utilization change and expenditure data;
 - \$3.6 million decrease (\$9.6 million GF decrease) to reflect the impact of AB 10, updated expenditures and consumer information used to estimate impact of minimum wage increase from \$8.00 to \$9.00 effective July 1, 2014; and exclusion of SEP (Individual and Group) in determining impact to services which rely on employees that are paid minimum wage, as discussed above;
 - \$0.3 million increase (\$0.2 million GF increase) in POS to reflect updated expenditures in estimating the impact of changes in the FLSA due to provider rate increases based on the administrative costs required to comply with the federal regulation, effective January 1, 2015; and
 - \$11.7 million GF reappropriation for CPP in POS to develop community resources, including two new models of care for challenging behavioral needs, ARFPSHN, and other needed services and supports.
3. Updated Costs for Early Start Part C, Other Agency Costs: \$1.8 million increase to reflect updated grant award amount.

D. Fund Sources

1. General Fund: \$12.0 million increase to reflect the following:
 - \$8.5 million increase to reflect updated caseload, utilization change and expenditure data, including HCBS waiver enrollment;
 - \$9.6 million decrease to AB 10, Chapter 351, Statutes of 2013 to reflect updated expenditures and consumer information used to estimate impact of minimum wage increase from \$8.00 to \$9.00 effective July 1, 2014; and exclusion of SEP (Individual and Group) in determining impact to services which rely on employees that are paid minimum wage, as discussed above;
 - \$0.2 million increase to reflect updated expenditures in estimating the impact of change in the FLSA due to provider rate increases based on the administrative costs required to comply with the federal regulation, effective January 1, 2015; and
 - \$12.9 million reappropriation for CPP in OPS and POS to reflect proposals that address recommendations in the Developmental Centers Task Force's, "*Plan for the Future of Developmental Centers in California*" as follows:

- \$1.2 million reappropriation for CPP in OPS to reflect regional center staffing to support community development, transitions and necessary quality assurance and monitoring, and a quality management system for DC residents transitioning into the community; and
- \$11.7 million reappropriation for CPP in POS to develop community resources, including two new models of care for challenging behavioral needs, ARFPSHN, and other needed services and supports.

2. Reimbursements: \$20.2 million increase to reflect the following:

Fiscal Year 2014-15 Reimbursements <i>(in thousands)</i>			
	Governor's Budget	Updated 2014-15	Request
Home and Community-Based Services (HCBS) Waiver	\$1,293,056	\$1,310,687	\$17,631
HCBS Waiver Administration	6,648	6,494	-154
Medicaid Administration	8,654	10,417	1,763
Targeted Case Management (TCM)	143,008	146,952	3,944
TCM Administration	3,728	4,411	683
Title XX Block Grant	213,191	214,555	1,364
(1) Social Services	(136,034)	(137,088)	(1,054)
(2) Temporary Assistance for Needy Families	(77,157)	(77,467)	(310)
Intermediate Care Facility - Developmentally Disabled	58,193	56,751	-1,442
Quality Assurance Fees (Transfer from DHCS)	10,297	10,044	-253
1915(i) State Plan Amendment (SPA)	182,261	177,154	-5,107
Money Follows the Person	11,373	8,290	-3,083
Homeland Security Grant	391	411	20
Race to the Top	341	341	0
Early Periodic Screening Diagnostic and Treatment	15,945	20,805	4,860
TOTAL	\$1,947,086	\$1,967,312	\$20,226

- Caseload: \$14.1 million
 - HCBS Waiver (POS): \$14.7 million increase to reflect additional FFP from updated enrollments and services costs for consumers under the Waiver;
 - HCBS Waiver Administration (OPS): \$0.2 million decrease to reflect updated regional center expenditures;
 - Medicaid Administration (OPS): \$1.8 million increase to reflect updated regional center expenditures;
 - TCM (OPS): \$3.8 million increase due to updated data on billable units;

- TCM Administration (OPS): \$0.6 million increase to reflect the most current expenditure data;
- Title XX Social Services Block Grant (POS): \$1.4 million increase reflects updated information from DSS regarding the grant amount;
- ICF-DD (POS): \$1.4 million decrease reflects updated POS expenditures for adult day treatment and transportation services for consumers residing in an ICF-DD;
- Quality Assurance Fees (QAF): \$0.3 million decrease reflects updated regional center expenditures;
 - ICF-DD Administration Fee (OPS): \$21,000 decrease
 - QAF (POS): \$232,000 decrease
- 1915(i) SPA (POS): \$8.2 million decrease reflects updated regional center POS expenditures for consumers under the 1915(i) SPA;
- Money Follows the Person (OPS and POS): \$3.0 million decrease reflects updated expenditures;
 - OPS: \$2.0 million decrease;
 - POS: \$1.0 million decrease; and
- Homeland Security Grant (OPS): \$20,000 increase reflects updated information on the grant; and
- EPSDT (POS): \$4.9 million increase reflects updated POS expenditures for consumers under the EPSDT benefit.
- AB 10: \$6.0 million increase to reflect updated expenditures and consumer information used to estimate impact of minimum wage increase from \$8.00 to \$9.00 effective July 1, 2014; and exclusion of SEP (Individual and Group) in determining impact to services which rely on employees that are paid minimum wage, as follows:
 - HCBS Waiver (POS): \$2.8 million increase
 - 1915(i) (POS): \$3.2 million increase
- Federal Labor Regulations: \$42,000 increase to reflect updated expenditures in estimating the impact of changes in the FLSA due to provider rate increases based on the administrative costs required to comply with the federal regulation, effective January 1, 2015; as follows
 - HCBS Waiver (POS): \$133,000 increase
 - 1915(i) (POS): \$91,000 decrease

- DC Task Force: \$0.1 million reappropriation for CPP to reflect proposals that address recommendations in the Developmental Centers Task Force's, *"Plan for the Future of Developmental Centers in California"* as follows:
 - TCM (OPS): \$0.1 million increase
- 3. Early Start Part C: \$3.0 million increase to reflect updated grant award amount as follows:
 - POS: \$1.2 million increase; and
 - Other Agency Costs: \$1.8 million increase

Table of Contents

SECTION C: FUTURE FISCAL ISSUES/MAJOR ASSUMPTIONS	C-1 to C-10
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FUTURE FISCAL ISSUES, NEW AND REVISED MAJOR ASSUMPTIONS

Future Fiscal Issues

Change of Rates for Some Intermediate Care Facilities (ICF)

On February 27, 2013, the Centers for Medicare and Medicaid Services (CMS) approved a state plan amendment submitted by the Department of Health Care Services (DHCS), changing the rate setting methodology for ICFs. Applying this new methodology, DHCS estimates that 36 percent of ICFs may be subject to a rate reduction of up to 10 percent, effective May 2014. Stakeholders have expressed concern, both prior to and after CMS' approval that enacting this change would result in some ICFs closing because the providers could not absorb a reduction in rates that have been frozen since 2008. Other residential options (e.g. a different ICF or a regional center funded setting) would be necessary for the individuals residing in any ICFs that decide to no longer offer ICF services. Since ICFs are funded by Medi-Cal, any movement of individuals from an ICF to a regional center funded residential setting will result in increased costs to the Department of Developmental Services (DDS). The number of ICFs that may cease operation and the resulting fiscal impact has not been determined. DDS, in conjunction with DHCS, will continue to monitor the outcome of the application of the new rate setting methodology.

Patient Protection and Affordable Care Act (PPACA) – Employer Mandate

A key reform of the healthcare system included in the PPACA is the requirement that many businesses that do not currently offer insurance to employees make healthcare coverage available or pay a fine to cover the cost of the coverage through the new health exchange. In addition, the health insurance must meet the requirements for a qualified health plan.

Effective January 1, 2015, service providers with 100 or more full time employees will need to provide health insurance that meets the requirements of a qualified healthcare plan or pay a fine. On January 1, 2016, this requirement becomes effective for service providers with 50 to 100 full time employees. While some service providers already provide health insurance for their employees that meet these requirements, provision of this type of coverage is not a DDS mandated cost. Therefore, for those service providers affected by this requirement that do not provide health insurance for their employees, it is likely DDS will receive requests for rate increases if the new requirements result in an increase in costs. These requests could include a rate adjustment for unanticipated costs (permissible for some cost statement based rates such as day programs) or health and safety requests.

Developmental Centers (DC) Task Force: Future Services for DC Residents

Responding to the declining population in the DCs, concerns for meeting the specialized needs of the remaining residents in the future, and the associated operational and fiscal

implications, the Secretary of the California Health and Human Services Agency established a “Task Force on the Future of Developmental Centers” (Task Force). The charge of the Task Force was to advise the Administration on the development of a master plan for the future of the DCs that addresses the service needs of all DC residents and ensures the delivery of cost-effective, integrated, quality services for this population. The Task Force focused on individuals who are the most difficult to serve in three primary service categories, recognizing there is significant overlap: individuals with enduring and complex medical needs; individuals with challenging behaviors; and individuals involved in the criminal justice system. It also considered the appropriate role for the State in providing services. The recommendations of the Task Force were published in the “Plan for the Future of Developmental Centers in California” on January 13, 2014.

The Task Force recommended that the future role of the State should be to operate a limited number of smaller, safety-net crisis and residential services. Additionally, the State should continue serving individuals judicially committed to the State for competency training (the Porterville DC—Secure Treatment Program) and providing transition services (the Canyon Springs Community Facility). The Task Force also recommended developing new and additional service components, including development of an enhanced community behavioral home, and exploring utilization of DC assets to provide health resource centers and community housing through public/private partnerships.

DDS is moving forward with the Task Force recommendations as proposed in this May Revision. (See DC Task Force tab for more detail.) However, the various efforts underway and those that require definition and development through additional stakeholder involvement may have cost impacts that will need to be incorporated into future budget cycles. In particular, areas with possible cost implications and/or cost adjustments may include, but are not limited to: new models of care and service components that will be developed through the Community Placement Plan (CPP); DDS and regional center staffing to support CPP resource development including new initiatives, and the certification and monitoring of new or specialty models of care; expert consultants to support or evaluate specialized service development or data collection for risk management; and enhanced monitoring of, and services and supports for DC residents transitioning to the community. While these costs will typically impact DDS programs, they may also affect other State agencies, such as the Department of Social Services (DSS), the DHCS and the Department of General Services.

DDS is committed to providing essential information and cost impacts through each successive budget cycle, and continuing to work with all stakeholders and the Legislature in defining the path for the future of DC residents.

New Major Assumptions

CPP for Implementing DC Task Force Recommendations

Each fiscal year DDS budgets CPP funds for developing resources in the community as an alternative to institutional care, including the development of new and innovative service

models. The primary purpose for the funding is to reduce reliance on DCs, certain mental health facilities that are ineligible for federal funding, and out-of-state placements. The CPP is used to fund the development and start-up of residential facilities, day programs and other ancillary services and supports, as well as costs to transition (or deflect) an individual from institutional care into the community. The funds also support the comprehensive assessments of DC residents from which regional centers can estimate future service needs.

The Task Force on the Future of the Developmental Centers recognized the CPP as the primary funding source needed to meet the future needs of DC residents, and that greater community capacity is needed. The Task Force specifically recommended the development of more Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN, also referred to as Senate Bill [SB] 962 or SB 853 homes) in the community to serve individuals with enduring medical needs, estimating that approximately 315 DC residents would require this level of care in the future. The Task Force also recommended development of a new enhanced model of behavioral care and new short term crisis homes, as well as other supports, through the CPP process to meet the needs of individuals with challenging behaviors. DDS agrees with these recommendations and proposes trailer bill language for development of new models of behavioral care (see below). Although ARFPSHNs were initially authorized to support the closure of Agnews and Lanterman DCs, existing statutes already provide for the statewide use of this service model. To jump start the development of new and additional capacity within the community, the Department proposes budget bill language authorizing the reappropriation of \$13.0 million (\$12.9 million GF) from 2011-12.

Based on the regional center proposals DDS has already received and the statewide priorities, the 2014-15 CPP start-up funding is fully committed. Extending the life of the 2011-12 appropriation will provide additional CPP funding that will be prioritized for development of the enhanced behavioral supports homes and the community crisis homes to meet the needs of individuals with challenging behaviors, development of additional community capacity consistent with the Task Force recommendations, and for resources to support community development, transitions and quality assurance activities.

Reappropriation of Prior Fiscal Year 2011-12

Amend Budget Bill Language in January Budget Bill

Note: Existing Language in the Budget Bill with Strikeouts to delete Item 3

4300-490 - Reappropriation, Department of Developmental Services.

Notwithstanding any other provisions of law, the following period to liquidate encumbrances of the following citations are each extended to June 30, 2015:

0001-General Fund

(1) Item 4300-101-0001, Budget Act of 2009 (Ch. 1, 2009-10 3rd Ex. Sess., as revised by Ch. 1, 2009-10th Ex. Sess.), as partially reverted by Item 4300-495, Budget Act of 2010 (Ch. 712, Stats. 2010), as reappropriated by Item 4300-490,

- Budget Act of 2012 (Chs. 21 and 29, Stats. 2012) and Budget Act of 2013 (Ch. 20, Stats. 2013)
- (2) Item 4300-101-001, Budget Act of 2010 (Ch. 712, Stats. 2010), as reappropriated by Item 4300-490, Budget Act of 2012 (Chs. 21 and 29, Stats. 2012), and Budget Act of 2013 (Ch. 20, Stats. 2013)
- ~~(3) Item 4300-101-0001, Budget Act of 2011 (Ch. 33, Stats. 2011)~~

Note: Proposed Budget Bill Language for Reappropriation of 2011-12 for CPP activities

4300-491—Reappropriation, Department of Developmental Services.

Notwithstanding any other provision of law, Item 4300-101-0001, Budget Act of 2011 (Ch. 33, Stats. 2011) is available for liquidation of encumbrances through June 30, 2015. The unencumbered balance of \$13,048,000 is reappropriated for the purposes provided for in the appropriation and shall be available for encumbrance or expenditure until June 30, 2015, and for liquidation through June 30, 2017.

PURCHASE OF SERVICES

New Models of Care for Challenging Behavioral Needs: \$11.7 million (\$11.7 million GF)

In the “Plan for the Future of Developmental Centers in California” published January 13, 2014, the Task Force on the Future of Developmental Centers focused on the needs of DC residents with significantly complex and challenging behaviors, and analyzed the services currently available for this population. The Task Force concluded that the community system of behavioral and psychiatric services is the one area in most need of further development. It recognized a need for increased mental health services generally, short-term crisis and acute crisis stabilization facilities, transition facilities, and the importance of a “placement of last resort.” The Task Force specifically recommended that a new enhanced model of community care be developed to provide a higher level of behavioral supports in a small setting, preferably utilizing a flexible approach to services that can quickly address changes in an individual’s needs and avoid having to move the individual to another facility. Although intended to provide a long-term residential option, the model could also serve as a transitional home.

It is recommended that trailer bill language authorize DDS to develop enhanced behavioral supports homes as a pilot using CPP funds, including the authority to promulgate emergency regulations, to meet the immediate needs of the DC residents who could be successfully served in the community. Working closely with the regional centers, the goal would be to develop no more than six pilot homes each fiscal year with a capacity for each home to serve no more than four consumers. The homes would be distributed regionally to test the service parameters and ensure that elements of the program can be generalized and adapted.

The Task Force also recommended that, using CPP funding, short-term crisis homes be created to serve individuals with challenging behaviors who are in crisis. To implement this

recommendation, trailer bill language is also proposed that provides DDS authority to develop community crisis homes, one in Northern and one in Southern California, each with a capacity to serve no more than eight consumers. These facilities are needed to provide immediate access to short-term crisis stabilization services. The same stakeholder process will define and oversee the progression of both the enhanced behavioral supports homes and the community crisis homes.

DDS is proposing \$11.7 million in funds reappropriated from 2011-12 for CPP, as discussed above, be prioritized for the development of these new models of care and additional community capacity, consistent with the Task Force recommendations.

OPERATIONS

Regional Center Staffing to Support Resource Development, Transitions and Quality Assurance: \$1.2 million (\$1.1 million GF)

To ensure the quality of transition supports and community services for DC residents moving into community homes and provide necessary quality assurance and monitoring, DDS is proposing 18.4 regional center positions and \$1.2 million funded from CPP for the following critical functions:

Quality Assurance Staff: \$380,000 (\$380,000 GF)

DDS is proposing six regional center positions (eight months' funding in 2014-15) funded from CPP to ensure the healthy and safe transition of individuals leaving DCs to reside in the community. Individuals moving from DCs to the community are among the most vulnerable of California's citizens with developmental disabilities. Many of them have resided in a DC most of their lives. Residing in the community will be a significant life event filled with many new changes and challenges. The transition alone can be traumatic and the adjustment to community life takes time as individuals become familiar with their new living environment and the surrounding community, learn to work with new staff, make new friends, and explore activity and employment options during the day.

Regional centers have developed and continue to develop residential homes to accommodate individuals transitioning from a DC with very significant medical and/or behavioral needs. The success of DC residents transitioning to these new settings is not only contingent upon the quality of the services they receive, but the quality assurance monitoring that regional centers must provide to ensure health and safety. Quality assurance functions include, but are not limited to monitoring the new living arrangement to ensure it is meeting the consumer's unique needs, following up on and helping to resolve quality of care issues, utilizing risk management and system monitoring data toward positive outcomes, and providing technical assistance and training for regional center and service provider staff.

Resource Developer Staff: \$190,000 (\$190,000 GF)

DDS is proposing to provide CPP funding for two new residential models to be developed by regional centers beginning in 2014-15. The homes will meet the needs of individuals with complex behavioral needs transitioning from DCs to the community, or at risk of admission to a DC. DDS is proposing two larger homes of no more than eight beds, one each for Northern and Southern California; and no more than six smaller homes located throughout the State that will accommodate no more than four individuals each. The larger homes will serve individuals in acute crisis at risk of admission to a DC, whereas the smaller homes will serve as a “step-down” and long-term residential option. The homes will be owned by a non-profit organization (NPO) and leased by a service provider.

DDS is proposing CPP funding for two regional center resource developer staff for full year funding to assist regional centers with the development of these homes as expeditiously as possible. The resource developers will be responsible for overall project management and communicating with involved parties. The resource developers will work with the NPOs to search for and acquire properties, assist with the design of the homes, assist with budget development and monitoring to ensure the projects stay on budget, monitor the progress of the projects to ensure timelines are met, work with all parties to resolve issues as they arise, and facilitate development through final licensure and occupancy. The success of these projects is contingent upon adequate staffing to manage their development.

Board Certified Behavioral Analyst Staff (BCBA): \$160,000 (\$160,000 GF)

DDS is proposing to provide CPP funding for two BCBA staff to be employed by regional centers to oversee the development and ongoing operation of the enhanced models of behavioral care, which consist of six enhanced behavioral supports homes and two community crisis homes. These homes are necessary for meeting the needs of individuals with very complex behavioral challenges who currently reside in a DC or are at risk of admission to a DC or other institutional setting ineligible for Federal Financial Participation. The homes will employ highly specialized staff and serve individuals at risk of injuring themselves, injuring others, property destruction and/or elopement.

Regional centers are the placing and primary oversight agency and will need staff well-trained to work with individuals with developmental disabilities using non-aversive behavior modification techniques. The staff will help design the homes, including the physical layout and program designs, and will be responsible for ongoing oversight and monitoring of each individual’s unique treatment plan. The treatment goals and plans for each individual will need to be modified frequently to respond to changing needs, and the regional center BCBA staff will provide the necessary oversight to ensure the service provider’s staff is properly responding to each individual’s unique needs, as well as crises that arise.

Nurses to Support Complex Medical Needs: \$153,000 (\$153,000 GF)

Approximately 415 individuals currently residing in a DC have complex and enduring medical needs. When these individuals transition to the community, they will need highly

specialized residential services such as those provided by an Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN) or possibly an Intermediate Care Facility for the Developmentally Disabled - Nursing (ICF-DDN). These residential models are heavily staffed by licensed clinical staff, including Registered Nurses (RN) and Licensed Vocational Nurses to treat, monitor and respond timely to each individual's unique health needs. Likewise, regional centers, as the primary oversight agency of the ARFPSHNs, must employ highly skilled nursing staff to monitor the services provided in these homes, and provide increased clinical case management for individuals residing in both types of homes.

In 2013-14 and 2014-15, regional centers plan to develop 10 new ARFPSHNs and four new ICF-DDN facilities. DDS is proposing to employ the services of two regional center RNs statewide that will be responsible for assisting in the development of the homes and the ongoing oversight and monitoring of the care provided to the individuals who transition into the homes. DDS has learned through past experience that the success of caring for individuals with complex and enduring medical needs in these settings requires intense involvement and clinical oversight by regional center nursing staff. Therefore, these positions are necessary for the successful transition of individuals residing in DCs with significant medical needs.

Enhanced Caseload Ratio of 1:45 for Two Years: \$344,000 (\$254,000 GF)

DDS is proposing one regional center case manager for every 45 individuals who move from a DC for an additional year, or a total of 6.4 positions. Current statute and funding dictate that regional centers maintain an average of 1:45 case manager to consumer ratio for the first year that an individual resides in the community. After the first year, the ongoing caseload ratio becomes 1:62. However, as one of the enhancements for individuals transitioning from Agnews and Lanterman DCs to the community, regional centers provide(d) a 1:45 caseload ratio for an additional year.

The case manager is the primary regional center staff focused on the consumer and how well the consumer's needs and personal choices are being met. The case manager is responsible for coordination of services and monitoring the health, safety and quality of services for the consumer as defined by the Individual Program Plan and as required by laws, regulations and service provider agreements.

Individuals moving out of DCs today have high acuity levels and other indicators of complex needs. They also face very unique changes and challenges in their lives as they transition from a DC to the community. The smaller caseload ratio allows regional center staff to provide the more intensive case management services needed to ensure health, safety and successful community living. Without the increased funding and associated case management, an individual's longevity residing in the community is at risk for some of the most vulnerable individuals with developmental disabilities served by regional centers.

Quality Assurance for DC Residents Transitioning to the Community: \$0.1 million (\$0.1 million GF)

DDS is proposing additional Regional Center Operations, Projects funding of \$121,000 one time, and \$76,000 ongoing, funded from CPP be dedicated to a quality management system for DC residents transitioning into the community. DDS will revise statewide contracts with the DDS risk management consultant and for the National Core Indicators surveys to address quality assurance enhancements that will support improved outcomes for consumers.

DDS has actively administered a Quality Management System for more than a decade, based on the Centers for Medicare and Medicaid Services' Quality Framework. The central goal is "doing the right thing" for the people served by the system. Quality management starts with establishing clear expectations of performance (design), collecting and analyzing data to determine if the expectations are being met (discovery), and finally, taking steps to correct deficiencies or improve processes and services (remediation and improvement). Over time, DDS has moved steadily toward a more integrated, value-based quality management and improvement system that produces desired consumer outcomes.

One important aspect of the system has been to ensure that individuals transitioning from a DC into the community do so safely and successfully. Quality services and supports in the community remain a concern for DC residents and their families. During recent processes for Agnews and Lanterman DC closures, consumers, families and other stakeholders were very interested and involved in defining data collection and reviewing performance data from transition experiences. These data are essential for understanding performance, observing trends and identifying issues, and then addressing issues to prevent potential harm.

Based on this prior stakeholder involvement, DDS has identified several components that will enhance the Quality Management System's risk management capabilities, which are proposed as part of this May Revision. These components will enable monitoring and assessment of the services provided to DC movers year over year. DDS will revise the contract with the DDS risk management consultant to evaluate overall indicators of performance (such as changes in residential settings, changes in the Client Development Evaluation Report, and Special Incident Report (SIR) rates); analyze SIR data with the goal of identifying subpopulations with greater risk for specific SIR types, and individuals at risk of additional SIRs; and perform statewide reviews of abuse, neglect and mortality SIRs to ensure that proper reporting, investigation, and risk prevention and mitigation occur. Additionally, DDS will expand the National Core Indicators satisfaction survey of individuals and families to increase the sample size for persons who have transitioned from a DC. These data will help identify areas for improvement in transition and community services.

Revised Major Assumption

Loan Authority

The Department proposes revised budget bill language to increase GF loan authority from the current \$260 million to \$395 million. The proposed language also clarifies that the Department may have one or more loans outstanding; to better meet cash flow needs of the system across the open years for liquidation, but total loan authority may not exceed \$395 million. The Department requires the loan authority due to the timing of the collection of reimbursements. The current loan authority is not sufficient to maintain regular payments to the regional centers. The request for amended budget language is not an increase in expenditure authority, but allows DDS to maintain adequate cash supply in the system. With the increased loan authority the Department will be better able to provide consistent payments throughout the fiscal year to regional centers and vendors for services provided.

Prior to the major GF reduction proposals in 2009-10, DDS budgeted \$1.5 billion in reimbursements for regional centers. In 2014-15, DDS has proposed \$1.9 billion in reimbursements for regional centers, an increase of \$408 million or 26.5 percent in reimbursements. The increases in reimbursements are due to expanded coverage and added consumers in existing reimbursements such as the Home and Community-Based Services Waiver, Targeted Case Management, and Title XX Block Grant, and added new sources of reimbursement such as the Intermediate Care Facility State Plan Amendment (SPA), 1915(i) SPA, Money Follows the Person, Early Periodic Screening Diagnosis and Treatment, and others. Budgeted reimbursement sources do not allow DDS advance payment of reimbursement so expenditures must be paid by the Department prior to submission of invoices to the DHCS or the DSS. This means that DDS must pay for regional center costs from the budgeted GF and the reimbursements as they are collected. DDS has worked to minimize the lag in collecting reimbursements, but even with those processes in place, there is not sufficient cash on hand to provide regional centers with sufficient operational cash throughout the fiscal year. For the last several years, regional centers have relied, to varying degrees, on lines of credit when they have been available to continue operations in the last quarter of each fiscal year. The regional centers' cost of borrowing is not a budgeted cost in the Regional Center Operations budget. Regional Centers are statutorily required to provide families and vendors with 30 days' notice if they do not have sufficient cash on hand to pay for services. These notices cause undue alarm to consumers, families and vendors. Without this proposed increase in loan authority, DDS will continue to struggle to maintain a 30-day cash supply for all regional centers.

Proposed Revision to Existing Provisional Language:

4300-101-0001

(2) A loan *or loans* shall be made available from the General Fund to the State Department of Developmental Services not to exceed a cumulative total of ~~\$260,000,000~~ \$395,000,000. The loan funds shall be transferred to this Item as needed to meet cash flow needs due to delays in collecting reimbursements from the Health Care Deposit Fund and

are subject to the repayment provisions of Section 16351 of the Government Code. *All moneys so transferred shall be repaid as soon as sufficient reimbursements have been collected to meet immediate cash needs and in installments as reimbursements accumulate if the loan is outstanding for more than one year.*

Table of Contents

SECTION D: POPULATION

FY 2013-14	D-1
FY 2014-15	D-1.1
FY 2013-14 vs. FY 2014-15	D-1.2
Active Status (over 3) Caseload Graph	D-2
Early Start (birth through 2) Caseload Graph	D-3
Community Caseload Bar Chart	D-4

CASELOAD

Fiscal Year 2013-14

<i>Estimated Caseload as of 1/31/14</i>				
	<i>GOVERNOR'S BUDGET</i>	<i>MAY REVISION</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Caseload (Age 3 & Older)	234,702	235,099	397	0.17%
B. Early Start (Birth through 2 Years)	31,007	30,117	-890	-2.87%
C. Total Community Caseload	265,709	265,216	-493	-0.19%
D. Developmental Center (DC) Average Population	1,348	1,348	0	0.00%
E. On Leave	-15	-15	0	0.00%
F. Total Avg. In Center DC Population	1,333	1,333	0	0.00%
G. Total Regional Center (RC) Caseload (C + F)	267,042	266,549	-493	-0.18%

CASELOAD

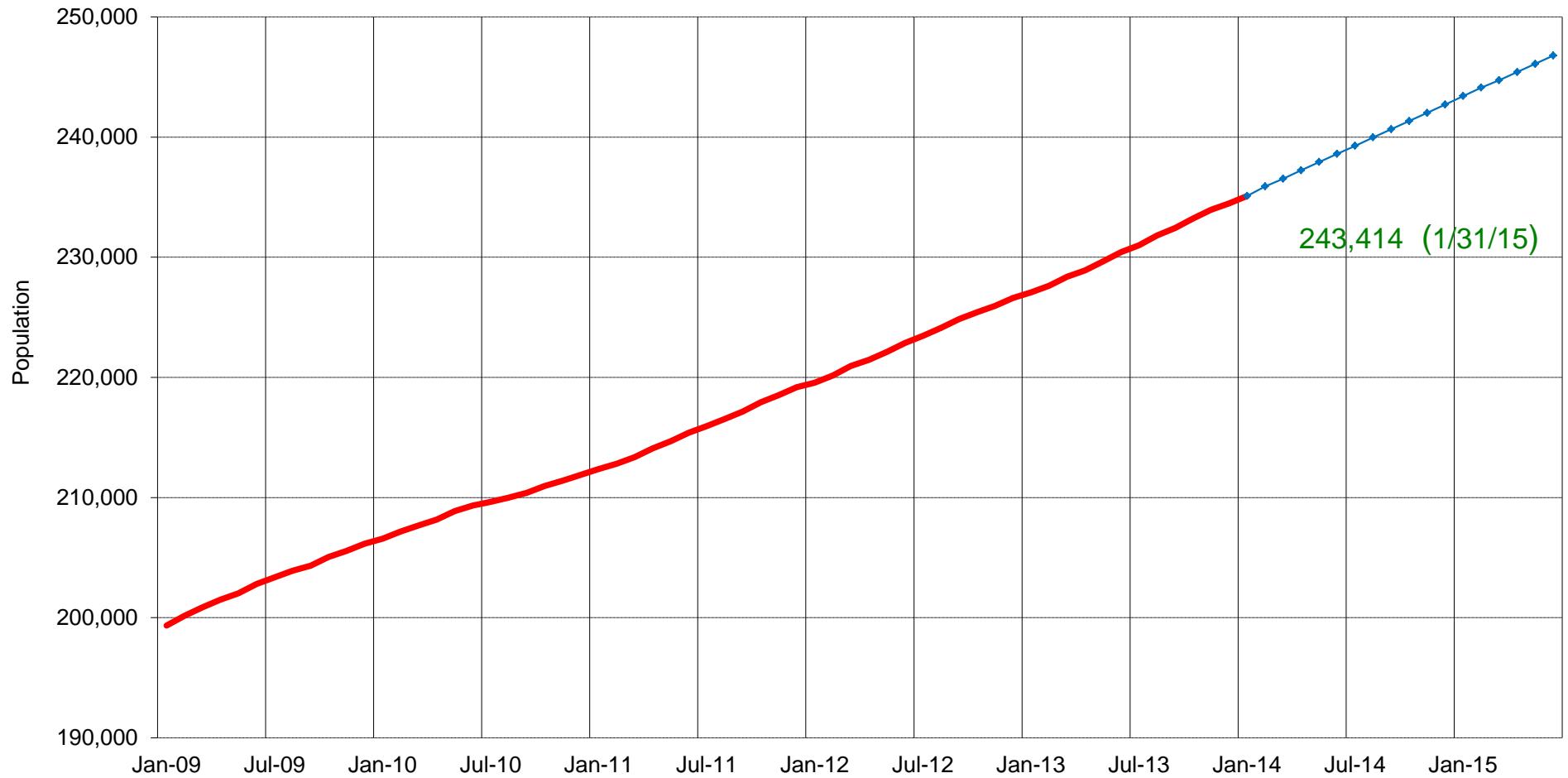
Fiscal Year 2014-15

<i>Estimated Caseload as of 1/31/15</i>				
	<i>GOVERNOR'S BUDGET</i>	<i>MAY REVISION</i>	<i>Change</i>	<i>Percent Change</i>
A. Active Caseload (Age 3 & Older)	241,748	243,414	1,666	0.69%
B. Early Start (Birth through 2 Years)	31,895	31,282	-613	-1.92%
C. Total Community Caseload	273,643	274,696	1,053	0.38%
D. Developmental Center (DC) Average Population	1,125	1,127	2	0.18%
E. On Leave	-15	-15	0	0.00%
F. Total Avg. In Center DC Population	1,110	1,112	2	0.18%
G. Total Regional Center (RC) Caseload (C + F)	274,753	275,808	1,055	0.4%

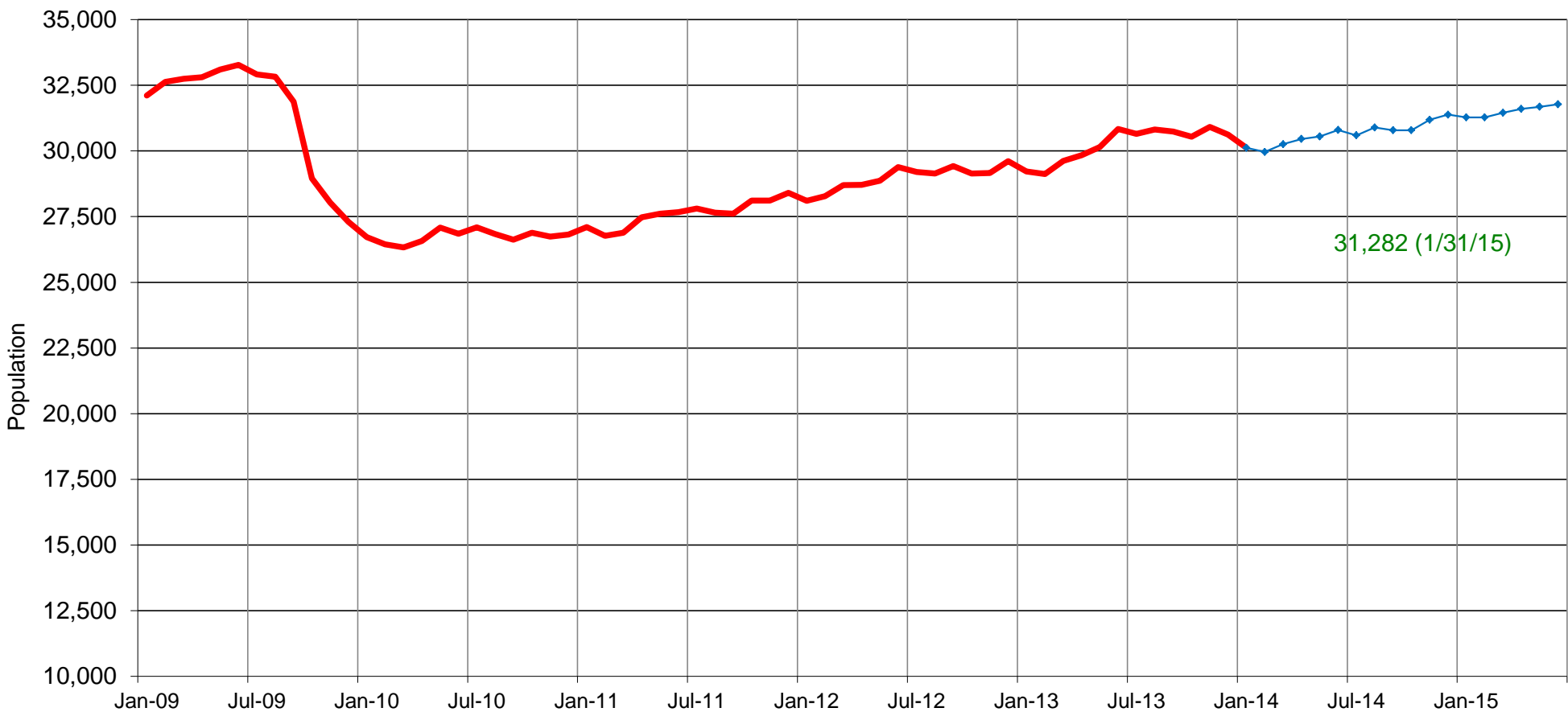
CASELOAD*Fiscal Year 2013-14 vs. Fiscal Year 2014-15*

	Fiscal Year 2013-14	Fiscal Year 2014-15		
	<i>Estimated Caseload as of 1/31/14</i>	<i>Estimated Caseload as of 1/31/15</i>	<i>Annual Change</i>	<i>Percent Annual Change</i>
A. Active Caseload (Age 3 & Older)	235,099	243,414	8,315	3.5%
B. Early Start (Birth through 2 Years)	30,117	31,282	1,165	3.9%
C. Total Community Caseload	265,216	274,696	9,480	3.6%
D. Developmental Center (DC) Average Population	1,348	1,127	-221	-16.4%
E. On Leave	-15	-15	0	0%
F. Total Avg. In Center DC Population	1,333	1,112	-221	-16.6%
G. Total Regional Center (RC) Caseload (D + G)	266,549	275,808	9,259	3.5%

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



Early Start
Birth through 2 Years
Client Master File Trend Analysis



Community Caseload

(Active Status and Early Start)

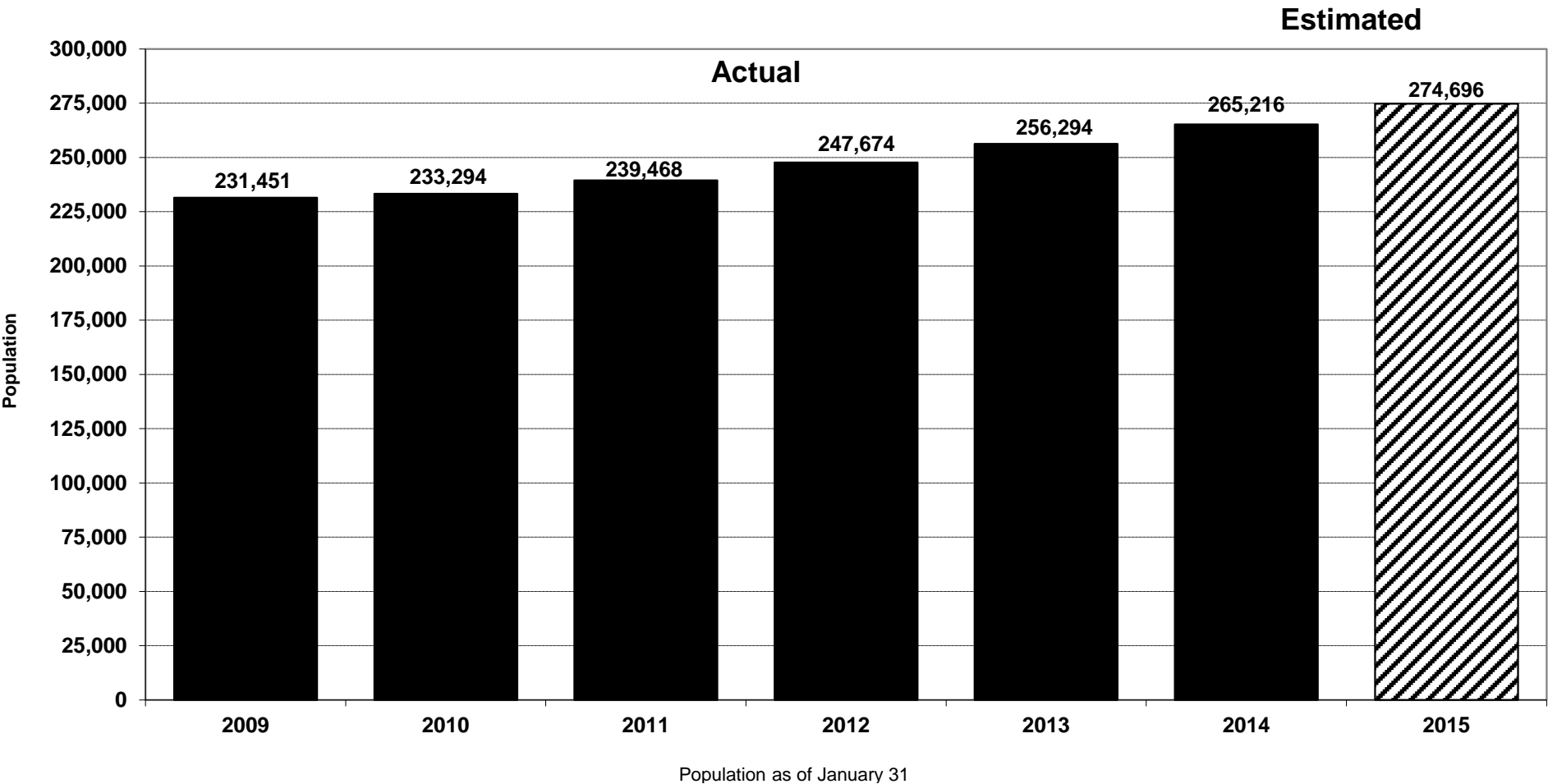


Table of Contents

SECTION E: ESTIMATE METHODOLOGIES

OPERATIONS

FY 2013-14 Summary	E-1.1
FY 2014-15 Summary	E-1.2
Staffing	E-2.1 to E-2.13
Agnews Ongoing Workload	E-2.14 to E-2.15
Lanterman Developmental Center Closure	E-2.16
Federal Compliance	E-3.1 to E-3.7
Projects	E-4.1 to E-4.7

INTERMEDIATE CARE FACILITIES – DEVELOPMENTALLY DISABLED

<i>ADMINISTRATIVE FEES</i>	E-4.8
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Operations
POPULATION AND OPERATIONS SUMMARY
Comparison of 2013-14 Governor's Budget to 2014 May Revision
Fiscal Year 2013-14

	Governor's Budget	May Revision	Request
POPULATION			
Active (Age 3 & Older)	234,702	235,099	397
Early Start (Birth through 2 Years)	31,007	30,117	-890
Total Population	265,709	265,216	-493
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$511,209,000	\$510,066,000	-\$1,143,000
B. Community Placement Plan	12,472,000	12,472,000	0
C. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	0
D. Less: Intake and Assessment	-4,465,000	-4,465,000	0
E. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	0
F. Less: Cost Containment	-5,968,000	-5,968,000	0
G. Less: Savings Target	-12,000,000	-12,000,000	0
H. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
I. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
J. Total Staffing	\$484,031,000	\$482,888,000	-\$1,143,000
II.			
A. Agnews Ongoing Workload	\$2,946,000	\$2,946,000	\$0
B. Lanterman Development Center Closure	3,537,000	3,537,000	0
C. Total Developmental Centers Closure	\$6,483,000	\$6,483,000	\$0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	\$21,135,000	\$21,135,000	\$0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	12,376,000	12,399,000	23,000
D. Targeted Case Management	4,129,000	4,129,000	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473,000	473,000	0
F. Federal Medicaid Requirement for RC HCBS Services	984,000	984,000	0
G. Total Federal Compliance	\$48,297,000	\$48,320,000	\$23,000
IV. PROJECTS			
A. Information Technology Costs:	\$2,917,000	\$2,917,000	\$0
1. Regional Center Application Support	1,567,000	1,667,000	100,000
2. Data Processing	1,350,000	1,250,000	-100,000
B. Clients' Rights Advocacy Contract	5,623,000	5,623,000	0
C. Quality Assessment Contract	3,058,000	3,084,000	26,000
D. Direct Support Professional Training	2,605,000	2,605,000	0
E. Office of Administrative Hearings Contract	2,910,000	2,910,000	0
F. Wellness Projects	100,000	100,000	0
G. Foster Grandparent / Senior Companion Programs	1,739,000	1,759,000	20,000
H. Special Incident Reporting/Risk Assessment Contract	807,000	807,000	0
I. Increased Access to Mental Health Services	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	301,000	301,000	0
K. Enhancing FFP, Phase II, Proposal C, Consultant	500,000	500,000	0
L. University Enterprises, Inc.	113,000	113,000	0
M. Affordable Housing	94,000	94,000	0
N. Review of SB 1175 Housing Proposals	150,000	150,000	0
O. Denti-Cal Infrastructure for RC Dental Services	1,197,000	1,197,000	0
P. Homeland Security Grant Program	391,000	411,000	20,000
Q. Total Projects	\$23,245,000	\$23,311,000	\$66,000
V. Intermediate Care Facility-Developmentally Disabled			
Administrative Fees	\$1,745,000	\$1,679,000	-\$66,000
VI. GRAND TOTAL	\$563,801,000	\$562,681,000	-\$1,120,000

Operations
POPULATION AND OPERATIONS SUMMARY
Comparison of 2014-15 Governor's Budget to 2014 May Revision
Fiscal Year 2014-15

	Governor's Budget	May Revision	Request
POPULATION			
Active (Age 3 & Older)	241,748	243,414	1,666
Early Start (Birth through 2 Years)	31,895	31,282	-613
Total Population	273,643	274,696	1,053
OPERATIONS			
I. STAFFING			
A. Core Staffing	\$525,926,000	\$525,411,000	-\$515,000
B. Community Placement Plan	13,337,000	13,337,000	0
C. Staffing for Collection of FFP for Contracted Services	2,228,000	2,228,000	0
D. Less: Intake and Assessment	-4,465,000	-4,465,000	0
E. Less: Unallocated Reduction (2001-02)	-10,559,000	-10,559,000	0
F. Less: Cost Containment	-5,968,000	-5,968,000	0
G. Less: Savings Target	-12,000,000	-12,000,000	0
H. Less: Cost Containment (2011-12)	-3,486,000	-3,486,000	0
I. Less: Unallocated Reduction (2011-12)	-5,400,000	-5,400,000	0
K. Total Staffing	\$499,613,000	\$499,098,000	-\$515,000
II. A. Agnews Ongoing Workload			
B. Lanterman Development Center Closure	2,946,000	2,946,000	0
C. Total Developmental Centers Closure	2,672,000	2,672,000	0
III. FEDERAL COMPLIANCE			
A. HCBS Waiver	21,135,000	21,135,000	0
B. Compliance with HCBS Waiver Requirements	9,200,000	9,200,000	0
C. Case Managers to Meet HCBS Waiver Requirements	12,393,000	12,414,000	21,000
D. Targeted Case Management	4,129,000	4,129,000	0
E. Nursing Home Reform/Pre-Admission Screening and Resident Review	473,000	473,000	0
F. Federal Medicaid Requirement for RC HCBS Services	984,000	984,000	0
G. Total Federal Compliance	\$48,314,000	\$48,335,000	\$21,000
IV. PROJECTS			
A. Information Technology Costs:	\$2,917,000	\$2,917,000	\$0
1. Regional Center Application Support	1,567,000	1,667,000	100,000
2. Data Processing	1,350,000	1,250,000	-100,000
B. Clients' Rights Advocacy Contract	5,792,000	5,792,000	0
C. Quality Assessment Contract	3,058,000	3,084,000	26,000
D. Direct Support Professional Training	2,605,000	2,620,000	15,000
E. Office of Administrative Hearings Contract	2,910,000	2,910,000	0
F. Wellness Projects	100,000	100,000	0
G. Foster Grandparent / Senior Companion Programs	2,082,000	2,110,000	28,000
H. Special Incident Reporting/Risk Assessment Contract	807,000	807,000	0
I. Increased Access to Mental Health Services	740,000	740,000	0
J. Sherry S. Court Case / Los Angeles County Hops	301,000	211,000	-90,000
K. Enhancing FFP, Phase II, Proposal C, Consultant	500,000	500,000	0
L. University Enterprises, Inc.	113,000	113,000	0
M. Affordable Housing	94,000	94,000	0
N. Review of SB 1175 Housing Proposals	150,000	150,000	0
O. Denti-Cal Infrastructure for RC Dental Services	1,197,000	1,197,000	0
P. Homeland Security Grant Program	391,000	411,000	20,000
Q. Total Projects	\$23,757,000	\$23,756,000	-\$1,000
V. Intermediate Care Facility-Developmentally Disabled Administrative Fees			
	\$1,745,000	\$1,703,000	-\$42,000
VI. AB 10 Minimum Wage Increase			
	\$136,000	\$136,000	\$0
VII. GRAND TOTAL	\$579,183,000	\$578,646,000	-\$537,000

Staffing

DESCRIPTION:

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

ASSUMPTIONS:

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

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Active Caseload (Age 3 and Over)	234,702	235,099	397	241,748	243,414	8,315	1,666
• Early Start (Birth through 2 Years and Active)	31,007	30,117	-890	31,895	31,282	1,165	-613
Subtotal	265,709	265,216	-493	273,643	274,696	9,480	1,053
• Developmental Center Population	1,333	1,333	0	1,129	1,112	-221	-17
Total Caseload	267,042	266,549	-493	274,772	275,808	9,259	1,036
Informational:							
• Community Care Facility Consumers (including PC)	25,297	25,107	-190	25,399	25,261	154	-138
• Home and Community-Based Services (HCBS) Waiver-Enrolled Consumers	106,283	106,569	286	111,584	111,584	5,015	0
• Early Start (with Assessment)	35,225	34,335	-890	36,197	35,584	1,249	-613
• PC Consumers	228	228	0	158	158	-70	0
• Intake cases per month	5,792	5,792	0	6,197	6,197	405	0
• Vendors	43,486	43,815	329	43,497	44,158	343	661
• Mediations per year	400	400	0	400	400	0	0

METHODOLOGY:

CORE STAFFING PERSONAL SERVICES:

- **Direct Services and Administration:**

Total Estimated Number of Positions:

Governor's Budget:	May Revision:
2013-14: 10,045.29	2013-14: 10,021.18
2014-15: 10,344.41	2014-15: 10,364.35

See Attachment A for Core Staffing Expenditure Detail.

See Attachment B for Core Staffing Formulas.

- **Fringe Benefits:**

Based on 23.7% per position.

Staffing

METHODOLOGY (continued):

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Salary Savings:	-14,443,000	-14,427,000	16,000	-14,870,000	-14,909,000	-482,000	-39,000
<i>Client Program Coordinators:</i> 1.0% <i>Per Position</i>	-2,089,000	-2,081,000	8,000	-2,145,000	-2,150,000	-69,000	-5,000
<i>All Other Staff:</i> 5.5% <i>Per Position</i>	-12,354,000	-12,346,000	8,000	-12,725,000	-12,759,000	-413,000	-34,000
• Early Start /Part C Administrative and Clinical Support:	694,000	694,000	0	694,000	694,000	0	0
Includes salaries, fringe benefits and salary savings.							
TOTAL PERSONAL SERVICES	\$419,744,000	\$418,871,000	-\$873,000	\$431,697,000	\$432,731,000	\$13,860,000	1,034,000
OPERATING EXPENSES:							
• Operating Expenses:	\$39,445,000	\$39,370,000	-\$75,000	\$40,408,000	\$40,479,000	\$1,109,000	71,000
Base amount plus the following adjustments:							
Professional Positions: \$3,400 <i>Per New Position</i>							
Clerical Positions: \$2,400 <i>Per New Position</i>							
• Rent:	52,020,000	51,825,000	-195,000	53,821,000	52,201,000	376,000	-1,620,000
Base amount plus \$8,086 per new position							
TOTAL OPERATING EXPENSES	\$91,465,000	\$91,195,000	-\$270,000	\$94,229,000	\$92,680,000	\$1,485,000	-1,549,000
TOTAL CORE STAFFING	\$511,209,000	\$510,066,000	-\$1,143,000	\$525,926,000	\$525,411,000	\$15,345,000	-515,000
CPP:							
• See CPP for the methodology detail.	\$12,472,000	\$12,472,000	\$0	\$13,337,000	\$13,337,000	\$865,000	\$0
STAFFING FOR COLLECTION OF FEDERAL FINANCIAL PARTICIPATION (FFP) FOR CONTRACTED SERVICES							
• Funding provides one Community Program Specialist I and one Account Clerk II for each RC. This funding will be required until the RC have a billing system that allows the processing of vendor invoices that do not include the individual consumer data required to support HCBS Waiver billing.	2,228,000	2,228,000	0	2,228,000	2,228,000	0	0

Staffing**METHODOLOGY (continued):**

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
LESS INTAKE AND ASSESSMENT (2003-04)							
• Expenditures reflect savings as a result of extending the amount of time allowable for regional center (RC) to perform intakes and assessments from 60 to 120 days.	-4,465,000	-4,465,000	0	-4,465,000	-4,465,000	0	0
LESS UNALLOCATED REDUCTION (2001-02)	-10,559,000	-10,559,000	0	-10,559,000	-10,559,000	0	0
LESS COST CONTAINMENT (2004-05)	-5,968,000	-5,968,000	0	-5,968,000	-5,968,000	0	0
LESS SAVINGS TARGET (2009-10)	-12,000,000	-12,000,000	0	-12,000,000	-12,000,000	0	0
LESS COST CONTAINMENT (2011-12)	-3,486,000	-3,486,000	0	-3,486,000	-3,486,000	0	0
LESS UNALLOCATED REDUCTION (2011-12)	-5,400,000	-5,400,000	0	-5,400,000	-5,400,000	0	0
EXPENDITURES	<u>\$484,031,000</u>	<u>\$482,888,000</u>	<u>-\$1,143,000</u>	<u>\$499,613,000</u>	<u>\$499,098,000</u>	<u>\$16,210,000</u>	<u>-\$515,000</u>

Staffing

FUNDING:

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

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated caseload and expenditure data.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL	\$484,031,000	\$482,888,000	-\$1,143,000	\$499,613,000	\$499,098,000	\$16,210,000	-\$515,000
GF	\$336,011,000	\$334,442,000	-\$1,569,000	\$350,953,000	\$347,186,000	\$12,744,000	-\$3,767,000
<i>GF Match</i>	142,125,000	142,149,000	24,000	142,332,000	145,459,000	3,310,000	3,127,000
<i>GF Other</i>	193,886,000	192,293,000	-1,593,000	208,621,000	201,727,000	9,434,000	-6,894,000
Reimbursements	\$148,020,000	\$148,446,000	\$426,000	\$148,660,000	\$151,912,000	\$3,466,000	\$3,252,000
<i>MA</i>	4,870,000	2,623,000	-2,247,000	4,870,000	4,939,000	2,316,000	69,000
<i>HCBS Waiver Administration</i>	1,814,000	1,814,000	0	1,814,000	1,827,000	13,000	13,000
<i>TCM</i>	133,501,000	132,789,000	-712,000	133,492,000	137,336,000	4,547,000	3,844,000
<i>TCM Administration</i>	3,728,000	4,411,000	683,000	3,728,000	4,411,000	0	683,000
<i>MFP</i>	4,107,000	6,809,000	2,702,000	4,756,000	3,399,000	-3,410,000	-1,357,000

Attachment A
CORE STAFFING - CY 2013-14
Comparison of the 2013-14 Governor's Budget to the 2014 May Revision

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

	Governor's Budget	Positions	Budgeted Salary	Cost	Request
(a) Physician	\$10,584,264	133.52	\$79,271	\$10,584,264	\$0
(b) Psychologist	11,149,988	267.04	41,754	11,149,988	0
(c) Nurse	4,963,072	133.52	37,171	4,963,072	0
(d) Nutritionist	3,755,918	133.52	28,130	3,755,918	0

(2) Clinical Support Teams

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

(3) SB 1038 Health Reviews

(a) Physician	2,166,480	23.54	92,034	2,166,480	0
(b) Nurse	5,545,008	109.85	50,478	5,545,008	0

b. Intake / Case Management

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	3,147,099	82.74	38,036	3,147,099	0
(2) Intake Worker	26,090,207	827.42	31,532	26,090,207	0
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6) and (7) below)	22,038,171	420.64	52,392	22,038,171	0
(4) Supervising Counselor (Capitol People First)					
(DC Case Management 1:10 CPCs)	242,592	3.61	67,200	242,592	0
(5) Client Program Coordinator (CPC), 1:66 DC Consumers					
Capitol People First	1,698,326	36.12	47,019	1,698,326	0
(6) CPC, 1:66 Consumers (Total Pop w/o DCs, CPP, ES)	66,161,271	1,945.41	34,032	66,206,193	44,922
(7) CPC (Waiver, Early Start only), 1:62 Consumers	75,358,759	2,204.61	34,032	75,027,288	-331,471
(8) CPC, Quality Assurance for ARM	1,633,536	48.00	34,032	1,633,536	0
(9) Supervising Counselor, DSS Incidental Medical					
Care Regulations (1:10 CPCs)	66,014	1.34	52,392	70,205	4,191
(10) CPC, DSS Incidental Medical Care Regs	476,204	13.40	37,824	506,842	30,638

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,099,871	40.08	52,392	2,099,871	0
(2) CPC	13,640,706	395.84	34,032	13,471,227	-169,479

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	1,124,332	21.46	52,392	1,124,332	0
(b) CPC	7,304,288	209.22	34,032	7,120,175	-184,113
(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	1,238,051	24.45	50,844	1,243,136	5,085
(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	126,660	3.33	38,036	126,660	0
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation:					
(a) Supervising Counselor	7,335	0.14	52,392	7,335	0
(b) CPC (Supplement at 1:45 Consumers)	47,304	1.39	34,032	47,304	0

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	388,225	7.41	52,392	388,225	0
(2) QA/CPC	2,523,132	74.14	34,032	2,523,132	0
(3) Nurses	1,871,219	37.07	50,478	1,871,219	0

g. Mediation

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

h. Expansion of Autism Spectrum Disorders (ASD) Initiative

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

i. SUBTOTAL DIRECT SERVICES

\$292,917,708	7,679.94		\$292,317,481	-\$600,227
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Attachment A
CORE STAFFING, CY 2013-14 (continued)

	Governor's Budget	May Revision			
		Positions	Budgeted Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,239,190	106.57	39,887	4,250,758	11,568
(3) Fiscal Manager	963,480	21.00	45,880	963,480	0
(4) Program Tech II (FCPP)	881,432	24.17	36,468	881,432	0
(5) Revenue Clerk	1,242,793	56.38	20,617	1,162,386	-80,407
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	6,140,919	333.80	18,397	6,140,919	0
c. Information Systems and Human Resources					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
d. Clerical Support					
(1) Office Supervisor	489,867	21.00	23,327	489,867	0
(2) PBX/Mail/File Clerk	1,378,188	63.00	21,876	1,378,188	0
(3) Executive Secretary	1,148,490	52.50	21,876	1,148,490	0
(4) MD/Psychologist Secretary II	275,277	11.77	23,388	275,277	0
(5) MD/Psychologist Secretary I	4,381,325	200.28	21,876	4,381,325	0
(6) Secretary II	3,934,797	168.24	23,388	3,934,797	0
(7) Secretary I	19,255,749	1,023.91	18,757	19,205,480	-50,269
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848	210,834	0
e. SUBTOTAL ADMINISTRATION	\$57,521,643	2,341.24		\$57,402,535	-\$119,108
3. TOTAL POSITIONS AND SALARIES					
(Items A.1.i. + Item A.2.e.)	\$350,439,351	10,021.18		\$349,720,016	-\$719,335
a. CPCs	168,860,882			168,251,379	-609,503
b. All Other Staff	181,578,469			181,468,637	-109,832
4. Fringe Benefits					
a. CPCs 23.7%	\$40,020,000			\$39,876,000	-\$144,000
b. All Other Staff 23.7%	43,034,000			43,008,000	-26,000
c. Total Fringe Benefits	\$83,054,000			\$82,884,000	-\$170,000
5. Salary Savings					
a. CPCs 1.0%	-\$2,089,000			-\$2,081,000	\$8,000
b. All Other Staff 5.5%	-12,354,000			-12,346,000	8,000
c. Total Salary Savings	-\$14,443,000			-\$14,427,000	\$16,000
6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)	\$694,000			\$694,000	\$0
7. TOTAL PERSONAL SERVICES					
(Items A.3. + A.4. + A.5. + A.6.)	\$419,744,351			\$418,871,016	-\$873,335
ROUNDED	\$419,744,000	10,021.00		\$418,871,000	-\$873,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$39,445,000			\$39,370,000	-\$75,000
2. Rent	\$52,020,000			\$51,825,000	-\$195,000
3. Subtotal Operating Expenses and Rent	\$91,465,000			\$91,195,000	-\$270,000
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	\$511,209,000			\$510,066,000	-\$1,143,000

Attachment A
CORE STAFFING - BY 2014-15
Comparison of the 2014-15 Governor's Budget to the 2014 May Revision

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

	Governor's Budget	Positions	Budgeted Salary	Cost	Difference
(a) Physician	\$10,891,043	137.90	\$79,271	\$10,931,471	\$40,428
(b) Psychologist	11,472,747	275.81	41,754	11,516,171	43,424
(c) Nurse	5,106,924	137.90	37,171	5,125,881	18,957
(d) Nutritionist	3,864,781	137.90	28,130	3,879,127	14,346

(2) Clinical Support Teams

(a) Physician/Psychiatrist	6,442,380	71.00	92,034	6,534,414	92,034
(b) Consulting Pharmacist	4,231,500	71.00	60,450	4,291,950	60,450
(c) Behavioral Psychologist	3,848,040	71.00	54,972	3,903,012	54,972
(d) Nurse	3,533,460	71.00	50,478	3,583,938	50,478

(3) SB 1038 Health Reviews

(a) Physician	2,250,231	24.50	92,034	2,254,833	4,602
(b) Nurse	5,758,530	114.32	50,478	5,770,645	12,115

b. Intake / Case Management

(1) Supervising Counselor (Intake)					
(1:10 Intake Workers in Item (2) below)	3,367,327	88.53	38,036	3,367,327	0
(2) Intake Worker	27,916,226	885.33	31,532	27,916,226	0
(3) Supervising Counselor (Case Management)					
(1:10 CPCs in Items (6) and (7) below)	22,701,978	434.82	52,392	22,781,089	79,111
(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)	67,061,417	1,996.03	34,032	67,928,893	867,476
(7) CPC (Waiver, Early Start only), 1:62 Consumers	78,755,833	2,304.28	34,032	78,419,257	-336,576
(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)	64,966	1.36	52,392	71,253	6,287
(10) CPC, DSS Incidental Medical Care Regs	470,152	13.64	37,824	515,919	45,767

c. Quality Assurance / Quarterly Monitoring

(1) Supervising Counselor	2,099,871	40.08	52,392	2,099,871	0
(2) CPC	13,640,706	398.35	34,032	13,556,647	-84,059

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	1,155,768	22.06	52,392	1,155,768	0
(b) CPC	7,506,098	216.82	34,032	7,378,818	-127,280
(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	1,238,051	24.56	50,844	1,248,729	10,678
(3) Program Evaluator	898,653	21.00	42,793	898,653	0
(4) Resource Developer	898,653	21.00	42,793	898,653	0
(5) Transportation Coordinator	898,653	21.00	42,793	898,653	0
(6) Administrative Services Analyst (SB 1039					
Consumer Complaints)	449,327	10.50	42,793	449,327	0
(7) Developmental Center Liaison	107,262	2.82	38,036	107,262	0
(8) Diversion	126,584	4.00	31,646	126,584	0
(9) Placement Continuation:					
(a) Supervising Counselor	5,239	0.10	52,392	5,239	0
(b) CPC (Supplement at 1:45 Consumers)	32,671	0.96	34,032	32,671	0

f. Special Incident Reporting (SIR)

(1) Supervising Counselor	396,607	7.59	52,392	397,655	1,048
(2) QA/CPC	2,577,243	75.94	34,032	2,584,390	7,147
(3) Nurses	1,911,097	37.97	50,478	1,916,650	5,553

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

\$301,667,424	7,956.80		\$302,534,382	\$866,958
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Attachment A
CORE STAFFING, BY 2014-15 (continued)

	Governor's Budget	May Revision			
		Positions	Budgeted Salary	Cost	Difference
2. ADMINISTRATION					
a. Executive Staff					
(1) Director	\$1,279,698	21.00	\$60,938	\$1,279,698	\$0
(2) Administrator	1,009,449	21.00	48,069	\$1,009,449	0
(3) Chief Counselor	986,643	21.00	46,983	\$986,643	0
b. Fiscal					
(1) Federal Program Coordinator (Enh. FFP, Phase I)	1,206,177	21.00	57,437	1,206,177	0
(2) Federal Compliance Specialist (Enh. FFP, Phase II)	4,450,591	111.58	39,887	4,450,591	0
(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	1,252,689	56.72	20,617	1,169,396	-83,293
(6) Account Clerk (Enh. FFP, Phase II)	584,640	21.00	27,840	584,640	0
(7) Account Clerk	6,318,818	344.76	18,397	6,342,550	23,732
c. Information Systems and Human Resources					
(1) Information Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(2) Information Systems Assistant	1,000,692	21.00	47,652	1,000,692	0
(3) Information Systems Assistant (SIR)	500,346	10.50	47,652	500,346	0
(4) Privacy Officer (HIPAA)	898,653	21.00	42,793	898,653	0
(5) Personal Computer Systems Manager	1,397,844	21.00	66,564	1,397,844	0
(6) Training Officer	1,099,728	21.00	52,368	1,099,728	0
(7) Training Officer (SIR)	549,864	10.50	52,368	549,864	0
(8) Human Resources Manager	1,067,724	21.00	50,844	1,067,724	0
d. Clerical Support				0	
(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	286,035	12.25	23,388	286,503	468
(5) MD/Psychologist Secretary I	4,508,206	206.86	21,876	4,525,269	17,063
(6) Secretary II	3,973,387	169.89	23,388	3,973,387	0
(7) Secretary I	19,936,815	1,065.15	18,757	19,979,019	42,204
(8) Secretary I (DC Case Management - Capitol People First)	210,834	6.62	31,848	210,834	0
e. SUBTOTAL ADMINISTRATION	\$58,779,957	2,407.55		\$58,780,131	\$174
3. TOTAL POSITIONS AND SALARIES					
(Item A.1.i. + Item A.2.e.)	\$360,447,381	10,364.35		\$361,314,513	\$867,132
a. CPCs	173,405,930			173,778,405	372,475
b. All Other Staff	187,041,451			187,536,108	494,657
4. Fringe Benefits					
a. CPCs 23.7%	\$41,097,205			\$41,185,482	\$88,277
b. All Other Staff 23.7%	44,328,824			44,446,058	117,234
c. Total Fringe Benefits	\$85,426,029			\$85,631,540	\$205,511
5. Salary Savings					
a. CPCs 1.0%	-\$2,145,031			-\$2,149,639	-\$4,608
b. All Other Staff 5.5%	-12,725,365			-12,759,019	-33,654
c. Total Salary Savings	-\$14,870,396			-\$14,908,658	-\$38,262
6. Early Start / Part C Administrative and Clinical Support (salaries, fringe benefits and salary savings)	\$694,000			\$694,000	\$0
7. TOTAL PERSONAL SERVICES					
(Items A.3. + A.4. + A.5. + A.6.)	\$431,697,014			\$432,731,395	\$1,034,381
ROUNDED	\$431,697,000	10,364.00		\$432,731,000	\$1,034,000
B. OPERATING EXPENSES AND RENT					
1. Operating Expenses	\$40,408,000			\$40,479,000	\$71,000
2. Rent	\$53,821,000			\$52,201,000	-\$1,620,000
3. Subtotal Operating Expenses and Rent	\$94,229,000			\$92,680,000	-\$1,549,000
C. TOTAL CORE STAFFING (Items A.7. + B.3.)	\$525,926,000			\$525,411,000	-\$515,000

Attachment B
CORE STAFFING FORMULAS

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

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

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

d. Early Intervention

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

e. Community Services

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

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

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

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

g. Mediation

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

h. Expansion of Autism Spectrum Disorders (ASD) Initiative

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

2. ADMINISTRATION**a. Executive Staff**

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

b. Fiscal

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

c. Information Systems and Human Resources

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

CORE STAFFING CLASSIFICATION**STAFFING FORMULA****A. PERSONAL SERVICES (continued)****2. ADMINISTRATION (continued)****d. Clerical Support**

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

Staffing for Collection of FFP for Contracted Services (Operations)

STAFFING:			2013-14	2014-15
PERSONAL SERVICES:	Positions	Salary		
• Positions and Salaries				
Community Program Specialist I	21.00	\$42,948	\$901,908	\$901,908
Account Clerk II	21.00	29,220	613,620	613,620
Total, Positions and Salaries	42.00		\$1,515,528	\$1,515,528
• Fringe Benefits (@ 23.7%):			359,180	359,180
• Salary Savings (@ -5.5%):			-103,109	-103,109
Total Personal Services			\$1,771,599	\$1,771,599
OPERATING EXPENSES:				
• Operating Expenses:				
Professional Positions: \$3,400	Per Position		\$71,400	\$71,400
Clerical Positions: 2,400	Per Position		50,400	50,400
• Rent Factor: 7,968	Per Position		334,656	334,656
Total Operating Expenses			\$456,456	\$456,456
TOTAL STAFFING			\$2,228,055	\$2,228,055
(Rounded)			\$2,228,000	\$2,228,000

FUNDING:

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

EXPENDITURES:

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

Agnews Ongoing Workload (Operations)

A.	Governor's Budget 2013-14		Updated 2013-14		2013-14 Request		Governor's Budget 2014-15		Updated 2014-15		2014-15 Over 2013-14		2014-15 Request	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
Community Placement Plan Staffing														
1. Unified Operations Costs														
a. Personal Services														
(1) Quality Assurance/Management	6.50	\$503,488	6.50	\$503,488	0.00	\$0	6.50	\$503,488	6.50	\$503,488	0.00	\$0	0.00	\$0
(2) Health Care Community Specialists	4.00	503,000	4.00	503,000	0.00	0	4.00	503,000	4.00	503,000	0.00	0	0.00	0
(3) Total Personal Services	10.50	\$1,006,488	10.50	\$1,006,488	0.00	\$0	10.50	\$1,006,488	10.50	\$1,006,488	0.00	\$0	0.00	\$0
b. Operating Expenses														
(1) Operating Expenses		\$27,718		\$27,718		\$0		\$27,718		\$27,718		\$0		\$0
(2) Rent		51,800		51,800		0		51,800		51,800		0		0
(3) Total Operating Expenses		\$79,518		\$79,518		\$0		\$79,518		\$79,518		\$0		\$0
c. Subtotal Unified Operational Costs														
(Rounded)		\$1,086,006		\$1,086,006		\$0		\$1,086,006		\$1,086,006		\$0		\$0
2. State Employees in the Community														
a. Personal Services	13.40	\$1,193,669	13.40	\$1,193,669	0.00	\$0	13.40	\$1,193,669	13.40	\$1,193,669	0.00	\$0	0.00	\$0
b. Operating Expenses		73,833		73,833		0		73,833		73,833		0		0
c. Total State Employees in the Community		\$1,267,502		\$1,267,502		\$0		\$1,267,502		\$1,267,502		\$0		\$0
(Rounded)		\$1,268,000		\$1,268,000		\$0		\$1,268,000		\$1,268,000		\$0		\$0
3. Total CPP Staffing	13.40	\$2,354,000	13.40	\$2,354,000	0.00	\$0	13.40	\$2,354,000	13.40	\$2,354,000	0.00	\$0	0.00	\$0
B. Placement Continuation Staffing														
1. Nurse	3.00	\$356,000	3.00	\$356,000	0.00	\$0	3.00	\$356,000	3.00	\$356,000	0.00	\$0	0.00	\$0
2. Oral Health Care	3.00	236,000	3.00	236,000	0.00	0	3.00	236,000	3.00	236,000	0.00	0	0.00	0
3. Subtotal Placement Continuation Staffing	6.00	\$592,000	6.00	\$592,000	0.00	\$0	6.00	\$592,000	6.00	\$592,000	0.00	\$0	0.00	\$0
C. Total (A + B)														
(Rounded)	29.90	\$2,946,000	29.90	\$2,946,000	0.00	\$0	29.90	\$2,946,000	29.90	\$2,946,000	0.00	\$0	0.00	\$0

Agnews Ongoing Workload (Operations)

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL	\$2,946,000	\$2,946,000	\$0	\$2,946,000	\$2,946,000	\$0	\$0
GF	840,000	1,234,000	394,000	840,000	1,234,000	0	394,000
<i>GF Match</i>	840,000	696,000	-144,000	840,000	696,000	0	-144,000
<i>GF Other</i>	0	538,000	538,000	0	538,000	0	538,000
Reimbursements	2,106,000	1,712,000	-394,000	2,106,000	1,712,000	0	-394,000
<i>HCBS Waiver Administration</i>	355,000	188,000	-167,000	355,000	188,000	0	-167,000
<i>Medicaid Administration</i>	1,751,000	1,524,000	-227,000	1,751,000	1,524,000	0	-227,000

Lanterman Developmental Center Closure (Operations)

Community Placement Plan Staffing	Governor's Budget 2013-14		Updated 2013-14		2013-14 Request		Governor's Budget 2014-15		Updated 2014-15		2014-15 Over 2013-14		2014-15 Request	
	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost	Positions	Cost
1. Personal Services														
Resource Developer	5.00	\$425,000	5.00	\$425,000	0.00	\$0	0.00	\$0	0.00	\$0	-5.00	-\$425,000	0.00	\$0
Quality Assurance/Management	3.00	\$255,000	3.00	\$255,000	0.00	0	3.00	\$255,000	3.00	\$255,000	0.00	0	0.00	0
Placement	5.50	\$467,500	5.50	\$467,500	0.00	0	1.00	\$85,000	1.00	\$85,000	-4.50	-\$382,500	0.00	0
Oral Health Care Consultant	8.00	\$624,000	8.00	\$624,000	0.00	0	8.00	\$624,000	8.00	\$624,000	0.00	0	0.00	0
Nurse Consultants	4.50	\$382,500	4.50	\$382,500	0.00	0	5.00	\$425,000	5.00	\$425,000	0.50	\$42,500	0.00	0
Health Care Community Specialists	8.00	\$1,006,000	8.00	\$1,006,000	0.00	0	8.00	\$1,006,000	8.00	\$1,006,000	0.00	0	0.00	0
Total Personal Services	34.00	\$ 3,160,000	34.00	\$ 3,160,000	0.00	\$0	25.00	\$ 2,395,000	25.00	\$ 2,395,000	-9.00	-\$765,000	0.00	0
2. Operating Expenses														
Operating Expenses		\$115,600		\$115,600		\$0		\$85,000		\$85,000		-\$30,600		\$0
Rent		261,630		261,630		0		192,375		192,375		-\$69,255		\$0
Total Operating Expenses		\$377,230		\$377,230		\$0		\$277,375		\$277,375		-\$99,855		\$0
3. Grand Total (1 + 2)		\$3,537,230		\$3,537,230		\$0		\$2,672,375		\$2,672,375		-\$864,855		\$0
(Rounded)		\$3,537,000		\$3,537,000		\$0		\$2,672,000		\$2,672,000		-\$865,000		\$0
EXPENDITURES:														
TOTAL		\$3,537,000		\$3,537,000		\$0		\$2,672,000		\$2,672,000		-\$865,000		\$0
GF		\$884,000		\$884,000		\$0		\$668,000		\$668,000		-\$216,000		\$0
GF Match		884,000		884,000		0		668,000		668,000		-216,000		0
GF Other		0		0		0		0		0		0		0
Reimbursements		\$2,653,000		\$2,653,000		\$0		\$2,004,000		\$2,004,000		-\$649,000		\$0
Money Follows the Person Grant		2,653,000		2,653,000		0		2,004,000		2,004,000		-649,000		0

Federal Compliance

DESCRIPTION:

With the support of the Department of Health Care Services (the federally-recognized single state agency for Medicaid), the Department of Developmental Services utilizes federal funding combined with state General Fund (GF) expenditures to meet the mandate established by the Lanterman Developmental Disabilities Services Act. Services are provided to persons with developmental disabilities through a system of 21 not-for-profit agencies called regional centers (RC). Federal financial participation (FFP) in state programs is provided through the Home and Community-Based Services (HCBS) Waiver, and the Targeted Case Management (TCM), Nursing Home Reform (NHR), and Medicaid Administration (MA) programs.

There are both fiscal and program requirements placed on the RC that enable the State to receive federal funding. This workload includes ongoing tasks, such as reviewing choice statements, handling complex notice of action issues related to the HCBS Waiver, completing annual HCBS Waiver certification/recertification forms, preparing for program audits, determining billable services, reconciling data, ensuring records are maintained in accordance with applicable federal requirements for accuracy and completeness, reviewing case records, participating in training on HCBS Waiver policies and procedures, resolving eligibility/compliance issues, etc. In addition, RCs are required to complete ongoing tasks related to the TCM and NHR programs such as ensuring compliance with Medicaid State Plan requirements for case management activities and ensuring those admitted to the nursing facilities receive appropriate screenings.

ASSUMPTIONS/METHODOLOGY:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> ● HCBS Waiver Operations costs for HCBS Waiver activities in 2013-14 and 2014-15 are based upon 6.5% of 1995-96 HCBS Waiver reimbursements of \$325,148,000. (100% GF) 	\$21,135,000	\$21,135,000	\$0	\$21,135,000	\$21,135,000	\$0	\$0
<ul style="list-style-type: none"> ● Compliance with HCBS Waiver Requirements Provides funding to ensure the RC system maintains compliance with the HCBS Waiver. Functions include maintaining average service coordinator-to-consumer caseload ratios at not more than 1:62; performing quarterly face-to-face monitoring of consumers residing in out-of-home living arrangements; clinical consultation, monitoring, and review of consumers' health status; and developing and annually reviewing Waiver consumers' individual program plans and Client Developmental Evaluation Reports. See the attachment on page E-3.5 for fiscal detail. Funding: \$3,950,000 GF Match, \$3,300,000 TCM, \$1,950,000 MA. 	\$9,200,000	\$9,200,000	\$0	\$9,200,000	\$9,200,000	\$0	\$0

Federal Compliance**ASSUMPTIONS/METHODOLOGY (continued):**

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Case Managers to Meet HCBS Waiver Requirements An April 21, 2006 letter from the Centers for Medicare and Medicaid Services (CMS) indicated that the State must "review and revise, as needed, its policies to assure that the waiver participant to case manager ratio of 62:1 is consistently met." This augmentation by the California Legislature is intended to ensure further compliance. See the attachment on page E-3.6 for fiscal detail. Governor's Budget: 2013-14: \$6,188,000 GF Match, \$6,188,000 TCM. 2014-15: \$6,196,000 GF Match, \$6,197,000 TCM. May Revision: 2013-14: \$6,199,000 GF Match, \$6,200,000 TCM. 2014-15: \$6,207,000 GF Match, \$6,207,000 TCM. Change from Prior Estimate and Reason for Year-to-Year Change: Reflects increase in the number of case manager positions to meet the ratio of 62:1. 	\$12,376,000	\$12,399,000	\$23,000	\$12,393,000	\$12,414,000	\$15,000	\$21,000
<ul style="list-style-type: none"> TCM Operations costs for TCM activities in 2013-14 and 2014-15 are based upon 5.8% of 1995-96 TCM reimbursements of \$71,181,000. (100% GF) 	\$4,129,000	\$4,129,000	\$0	\$4,129,000	\$4,129,000	\$0	\$0
<ul style="list-style-type: none"> NHR/Pre-Admission Screening and Resident Review (PASRR) Operations costs for RC to perform activities associated with NHR and to handle the increased workload of processing PASRR Levels I and II screening and evaluation activities. Persons determined to be eligible for services under the Lanterman Act will result in an increase in the number of consumers who require RC case management and other specialized services. RC, through clinical assessments, will identify individuals who meet the expanded federal definition of developmental disability. (100% GF) 	\$473,000	\$473,000	\$0	\$473,000	\$473,000	\$0	\$0

Federal Compliance

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's			Governor's			
	Budget	Updated	2013-14	Budget	Updated	2014-15	2014-15
	2013-14	2013-14	Request	2014-15	2014-15	over 2013-14	Request
<ul style="list-style-type: none"> Federal Medicaid Requirement for RC HCBS Services <p>Pursuant to federal law and mandated by the Centers for Medicare and Medicaid Services (CMS), RC are required to gather and review business ownership, control and relationship information from current and prospective vendors. Additionally, RC are required to determine that all vendors are eligible to participate as Medicaid service providers. Furthermore, on a periodic basis, RC are required to verify that vendors continue to meet all applicable vendorization requirements (e.g. professional licensure), in order for the State to comply with federal law and meet the CMS mandated Home and Community-Based Services Waiver (HCBS Waiver) assurance that only qualified providers deliver Medicaid funded services. (Funding is 50% HCBS Wavier Administration, 50% GF)</p> <p>Funding: \$492,000 GF Match, \$492,000 HCBS Waiver Administration.</p>	\$984,000	\$984,000	\$0	\$984,000	\$984,000	\$0	\$0
<ul style="list-style-type: none"> EXPENDITURES 	\$48,297,000	\$48,320,000	\$23,000	\$48,314,000	\$48,335,000	\$15,000	\$21,000

Federal Compliance**EXPENDITURES:**

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$48,297,000	\$48,320,000	\$23,000	\$48,314,000	\$48,335,000	\$15,000	\$21,000
GF	\$36,284,000	\$36,378,000	\$94,000	\$36,292,000	\$36,386,000	\$8,000	\$94,000
GF Match	10,658,000	10,642,000	-16,000	10,667,000	10,649,000	7,000	-18,000
GF Other	25,626,000	25,736,000	110,000	25,625,000	25,737,000	1,000	112,000
Reimbursements	\$12,013,000	\$11,942,000	-\$71,000	\$12,022,000	\$11,949,000	\$7,000	-\$73,000
HCBS Waiver Administration	492,000	492,000	0	492,000	492,000	0	0
MA	2,033,000	1,950,000	-83,000	2,033,000	1,950,000	0	-83,000
TCM	9,488,000	9,500,000	12,000	9,497,000	9,507,000	7,000	10,000

Attachment

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

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

FUNDING:

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

EXPENDITURES:

	<u>2013-14</u>	<u>2014-15</u>
TOTAL	\$9,200,000	\$9,200,000
General Fund	\$3,950,000	\$3,950,000
<i>GF Match</i>	<i>3,950,000</i>	<i>3,950,000</i>
<i>GF Other</i>	<i>0</i>	<i>0</i>
Reimbursements	\$5,250,000	\$5,250,000
<i>Medicaid Administration</i>	<i>1,950,000</i>	<i>1,950,000</i>
<i>TCM</i>	<i>3,300,000</i>	<i>3,300,000</i>

Increase in Case Managers to Meet Federal Audit Requirements

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	2014-15 Over 2013-14	2014-15 Request
A. Total Number of Budgeted HCBS Waiver-related Client Program Coordinator (CPC) Positions	2,184.54	2,188.56	4.02	2,191.25	2.69	6.71
B. Case Management Coverage Factor (e.g., immediate coverage for CPC vacancies) ^{a/}	7.4%	7.4%	0.0%	7.4%	0.0%	0.0%
C. Number of CPC Vacancies Related to HCBS Waiver Consumers (Item A x Item B) ^{b/}	161.66	161.95	0.30	162.15	0.20	0.50
D. CPC Salary	\$39,606	\$39,606	\$0.00	\$39,606	\$0	\$0.00
E. Total CPC Salary Expenditures (Item C x Item D)	\$6,402,546	\$6,414,328	\$11,782	\$6,422,212	\$7,884	\$19,666
F. Supervising Counselors (at 1:10 CPCs)						
Governor's Budget	161.66	x	1/10	=	16.17	
2013-14	161.95	x	1/10	=	16.20	
2014-15	162.15	x	1/10	=	16.22	
	16.17	16.20	0.03	16.22	0.02	0.05
G. Supervising Counselor Salary	\$62,784	\$62,784	\$0	\$62,784	\$0	\$0.00
H. Total Supervising Counselor Salary Expenditures (Item F x Item G)	\$1,015,217	\$1,017,101	\$1,884	\$1,018,356	\$0	\$3,139
I. Secretary II (at 1:6 CPCs and Supervising Counselors)						
Governor's Budget						
2013-14	161.95	+	16.20	=	178.15	
	178.15	x	1/6	=	29.69	
2014-15	162.15	+	16.22	=	178.37	
	178.37	x	1/6	=	29.73	
	29.64	29.69	0.05	29.73	0.04	0.09
J. Secretary II Salary	\$28,736	\$28,736	\$0	\$28,736	\$0	\$0
Total Secretary II Salary Expenditures (Item I x Item J)	\$851,735	\$853,172	\$1,437	\$854,321	\$0	\$0

Increase in Case Managers to Meet Federal Audit Requirements

		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	2014-15 Over 2013-14	2014-15 over Enacted Budget
K. Fringe Benefits							
CPC's and All Other Staff	23.7%	\$1,959,871	\$1,963,450	\$3,579	\$1,965,889	\$2,438	\$6,018
		<u>\$1,959,871</u>	<u>\$1,963,450</u>	<u>\$3,579</u>	<u>\$1,965,889</u>	<u>\$2,438</u>	<u>\$6,018</u>
L. Salary Savings							
CPCs	1.0%	-\$79,199	-\$79,345	-146	-\$79,443	-\$98	-244
All Other Staff	5.5%	-127,018	-127,244	-226	-127,408	-164	-390
		<u>-206,218</u>	<u>-206,589</u>	<u>-371</u>	<u>-206,850</u>	<u>-261</u>	<u>-632</u>
M. Total Personal Services (Item E + Item H + Item J + Item K + Item L)		\$10,023,151	\$10,041,462	\$18,311	\$10,053,927	\$10,061	\$30,776
N. Operating Expenses							
Professional Positions	\$3,400	\$604,608	\$605,722	\$1,114	\$606,467	\$745	\$1,859
Clerical Positions	\$2,400	71,136	71,256	120	71,352	96	216
Rent	\$8,086	1,677,570	1,680,622	3,052	1,682,717	2,095	5,147
Total Operating Expenses		\$2,353,314	\$2,357,600	\$4,286	\$2,360,536	\$2,936	\$7,222
O. Total Costs (Item M + Item N)		\$12,376,465	\$12,399,062	22,597	\$12,414,463	\$15,401	37,998
Rounded		<u>\$12,376,000</u>	<u>\$12,399,000</u>	<u>\$23,000</u>	<u>\$12,414,000</u>	<u>\$15,000</u>	<u>\$38,000</u>
	TOTAL	\$12,376,000	\$12,399,000	\$23,000	\$12,414,000	\$15,000	\$38,000
	General Fund (GF)	\$6,188,000	\$6,199,000	\$11,000	\$6,207,000	\$8,000	\$19,000
	<i>GF Match</i>	6,188,000	6,199,000	11,000	6,207,000	8,000	19,000
	<i>GF Other</i>	0	0	0	0	0	0
	Reimbursements	\$6,188,000	\$6,200,000	\$12,000	\$6,207,000	\$7,000	19,000
	<i>Targeted Case Management</i>	6,188,000	6,200,000	12,000	6,207,000	7,000	19,000

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

b/ Need to cover these vacancies to meet the CMS compliance audit recommendation.

Projects

DESCRIPTION:

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

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
ASSUMPTIONS/METHODOLOGY:							
• Information Technology Costs	\$2,917,000	\$2,917,000	\$0	\$2,917,000	\$2,917,000	\$0	\$0
• RC Application Support	1,567,000	1,667,000	100,000	1,567,000	1,667,000	0	100,000
• Data Processing	1,350,000	1,250,000	-100,000	1,350,000	1,250,000	0	-100,000
100% General Fund (GF)							
• Clients' Rights Advocacy	\$5,623,000	\$5,623,000	\$0	\$5,792,000	\$5,792,000	\$169,000	\$0
The Department of Developmental Services (DDS) contracts with Disability Rights California for clients' rights advocacy services for RC consumers. 45% of costs are eligible for Home and Community-Based Services (HCBS) Waiver Administration: 50% GF Match/50% federal financial participation (FFP).							
• Quality Assessment Contract	\$3,058,000	\$3,084,000	\$26,000	\$3,058,000	\$3,084,000	\$0	\$26,000
Assembly Bill (AB) X4 9, Welfare and Institutions Code (WIC) 4571 consolidated the Life Quality Assessment and the Movers Study which sunset on June 30, 2009 into one improved quality assurance survey to measure consumer and family satisfaction, provision of services and personal outcomes. 45% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP.							

Projects

METHODOLOGY (continued):

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Direct Support Professional Training WIC Section 4695.2, Statutes of 1998, mandates all direct support service professionals working in licensed community care facilities to complete two 35-hour competency-based training courses or pass challenge tests within the first two years of employment. DDS contracts with the Department of Education which in turn administers the training through the Regional Occupational Centers and Programs. 89% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. 	\$2,605,000	\$2,605,000	\$0	\$2,605,000	\$2,620,000	\$15,000	\$15,000
<ul style="list-style-type: none"> Office of Administrative Hearings Federal law requires DDS to have a process to adjudicate disputes involving Medicaid beneficiaries; both the fair hearing and mediation processes satisfy this requirement. DDS contracts with the Office of Administrative Hearings to: (1) conduct fair hearings to resolve conflicts between RC and their consumers. Section 4700 et seq. of the Lanterman Act provides mediation as a potential option to consumers whose services are proposed to be terminated, reduced, or suspended, and (2) provide mediation services. 45% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. 	\$2,910,000	\$2,910,000	\$0	\$2,910,000	\$2,910,000	\$0	\$0

Projects

METHODOLOGY (continued):	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Wellness Projects WIC Sections 4696 and 4646.5 contain requirements that are fulfilled through the Wellness Initiative. Project priorities are determined annually by a selection committee comprised of legislative staff, advocacy groups, consumers, RC representatives and the Community Services Division within DDS. The types of projects generally fall into the following categories: health professional training programs, medication reviews, health assessments, specialty clinics, telemedicine, resource development for persons with a dual diagnosis, training programs for parents and consumers, and dental health programs and services. (100% GF) 	\$100,000	\$100,000	\$0	\$100,000	\$100,000	\$0	\$0
<ul style="list-style-type: none"> Foster Grandparent/Senior Companion (FG/SC) Through these programs, men and women, 60 years of age and older, devote up to 20 hours a week to help people with developmental disabilities lead more independent and productive lives. CY 2013-14: \$608,000 FG/SC, \$1,151,000 GF BY 2014-15: \$713,000 FG/SC, \$1,397,000 GF 	\$1,739,000	\$1,759,000	\$20,000	\$2,082,000	\$2,110,000	\$351,000	\$28,000
<ul style="list-style-type: none"> Special Incident Reporting/Risk Assessment DDS contracts for the services of an independent specialized risk-assessment and mitigation contractor, possessing a multidisciplinary capacity, to conduct key activities such as data analysis, training, mortality reviews, site reviews, and to provide services related to protecting the health, safety and well-being of consumers. 45% costs are eligible for HCBS Waiver Administration: 50% GF Match/50% FFP. 	\$807,000	\$807,000	\$0	\$807,000	\$807,000	\$0	\$0

Projects

METHODOLOGY (continued):	Governor's			Governor's		2014-15	
	Budget 2013-14	Updated 2013-14	2013-14 Request	Budget 2014-15	Updated 2014-15	Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Increased Access to Mental Health Services <ul style="list-style-type: none"> Regional Best Practice Training RC Technical Assistance and Liaison Support <p>100% Mental Health Services Fund (MHSF)</p>	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0
	675,000	675,000	0	675,000	675,000	0	0
	65,000	65,000	0	65,000	65,000	0	0
<ul style="list-style-type: none"> Sherry S. Court Case <p>In 1981 the Supreme Court ruled In Re Hop that before an adult is admitted to a developmental center, he/she must be afforded due process through a court hearing to determine if such a placement is warranted. Subsequently, in the Sherry S. case, the court ruled that a conservator or parent of an adult has authority to admit that adult through the Hop process. This estimate reflects the RC costs of processing Hop actions for RC consumers. (100% GF)</p>	\$301,000	\$301,000	\$0	\$301,000	\$211,000	-\$90,000	-\$90,000
<ul style="list-style-type: none"> 2003-04 FFP Enhancement, Phase II <p>These costs are associated with legal support for federal program activities. (100% GF)</p>	\$500,000	\$500,000	\$0	\$500,000	\$500,000	\$0	\$0
<ul style="list-style-type: none"> University Enterprises, Inc. <p>DDS contracts with University Enterprises, Inc. for statistical forecasting assistance in estimating RC costs. (100% GF)</p>	\$113,000	\$113,000	\$0	\$113,000	\$113,000	\$0	\$0

Projects

METHODOLOGY (continued):

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Affordable Housing In 1994, pursuant to the court decision commonly referred to as the Coffelt Settlement Agreement, funds were allocated to create affordable housing for persons with developmental disabilities. Funding was allocated on a per capita basis to four geographic regions throughout California to provide affordable housing to very low-income individuals receiving services from the RC. Annual loan forgiveness for the term of twenty years was stipulated to occur based on each project's compliance with the Standard and Regulatory Agreement. Fiscal review and site monitoring activities are required annually. Technical assistance on additional housing-related issues is obtained through an interagency agreement with the Department of Housing and Community Development as needed. (100% GF) 	\$94,000	\$94,000	\$0	\$94,000	\$94,000	\$0	\$0
<ul style="list-style-type: none"> Review of Senate Bill (SB) 1175 Housing Proposals Chapter 617, Statutes of 2008, (SB 1175) permits DDS to approve RC housing proposals for consumers with special health care needs. This legislation requires a nonrefundable fee to be paid by housing developers to reimburse DDS' costs for review and approval of the proposals. Developmental Disabilities Services Account (DDSA) 100%. 	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0
<ul style="list-style-type: none"> Extension of Denti-Cal Infrastructure for RC Funded Dental This project allows the RC to use the expertise and Department of Health Care Services (DHCS) system for reviewing treatment plans and approving claims for dental services consistent with the DHCS Denti-Cal program. (100% GF). 	\$1,197,000	\$1,197,000	\$0	\$1,197,000	\$1,197,000	\$0	\$0

Projects

METHODOLOGY (continued):	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Homeland Security Grant Program (HSGP) The RC portion of the HSGP award will fund projects at specific RC's that will include such things as equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events. (100% Homeland Security Grant) 	\$391,000	\$ 411,000.00	\$20,000	\$391,000	\$411,000	\$0	\$20,000
<ul style="list-style-type: none"> EXPENDITURES 	\$23,245,000	\$23,311,000	\$66,000	\$23,757,000	\$23,756,000	\$445,000	-\$1,000

CHANGE FROM PRIOR ESTIMATE:

This estimate reflects updated estimate of Regional Center cost.

REASON FOR YEAR-TO-YEAR CHANGE:

The increase in 2014-15 over 2013-14 reflects the most current expenditures available.

Projects

EXPENDITURES:	Governor's			Governor's		2014-15	2014-15
	Budget 2013-14	Updated 2013-14	2013-14 Request	Budget 2014-15	Updated 2014-15	Over 2013-14	
TOTAL	\$23,245,000	\$23,311,000	\$66,000	\$23,757,000	\$23,756,000	\$445,000	-\$1,000
GF	\$17,418,000	\$17,447,000	\$29,000	\$17,776,000	\$17,755,000	\$308,000	-\$21,000
GF Match	3,948,000	3,954,000	6,000	3,986,000	3,986,000	32,000	0
GF Other	13,470,000	13,493,000	23,000	13,790,000	13,769,000	276,000	-21,000
Reimbursements	\$4,340,000	\$4,366,000	\$26,000	\$4,378,000	\$4,398,000	\$32,000	\$20,000
HCBS Waiver Administration	3,949,000	3,955,000	6,000	3,987,000	3,987,000	32,000	0
HSGP	391,000	411,000	20,000	391,000	411,000	0	\$20,000
Developmental Disabilities Services Account	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0
Mental Health Services Fund	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0
Federal Funds	\$597,000	\$608,000	\$11,000	\$713,000	\$713,000	\$105,000	\$0
Foster Grandparent Program	597,000	608,000	11,000	713,000	713,000	105,000	\$0

Intermediate Care Facility-Developmentally Disabled Administrative Fees

DESCRIPTION:

To realize the federal financial participation (FFP) associated with the Intermediate Care Facility-Developmentally Disabled (ICF-DD), there are administrative costs for Regional Centers (RCs) billing on behalf of the ICF-DD.

ASSUMPTIONS/METHODOLOGY:

Billing costs are 1.5% of the cost of day treatment and transportation.

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

- POS costs for day treatment and transportation for 2013-14 totals \$111.9 million. RC administration costs are 1.5% of the total or \$1.7 million.

2014-15: Total billing costs are \$1.7 million for RC administration.

- POS costs for day treatment and transportation for 2014-15 totals \$113.5 million. RC administration costs are 1.5% of the total or \$1.7 million.

FUNDING:

The Federal Medical Assistance Percentages establishes the Federal Financial Participation (FFP) for expenditures associated with Operations, which is 50 percent for 2013-14 and 2014-15.

CHANGE FROM PRIOR ESTIMATE:

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

EXPENDITURES:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$1,745,000	\$1,679,000	-\$66,000	\$1,745,000	\$1,703,000	\$24,000	-\$42,000
General Fund	872,000	839,000	-33,000	872,000	851,000	12,000	-21,000
<i>General Fund Match</i>	872,000	839,000	-33,000	872,000	851,000	12,000	-21,000
Reimbursements	873,000	840,000	-33,000	873,000	852,000	12,000	-21,000
<i>FFP (Quality Assurance Fees)</i>	873,000	840,000	-33,000	873,000	852,000	12,000	-21,000

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES (continued)

PURCHASE OF SERVICES

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

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

DESCRIPTION:

Pursuant to Health and Safety Code Section 1502 (a)(1), (4), (5), or (6); Section 1567.50. (a); and Section 1569.2(k), Regional Centers (RCs) contract with vendors of facilities licensed by the Department of Social Services (DSS) to provide 24-hour residential care to children and adults with developmental disabilities who are in need of personal services, supervision, and/or assistance essential for self-protection or sustenance of daily living activities.

ASSUMPTIONS:

- CCF Consumers and Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated February 1, 2014. Data were adjusted for lag based on historical data.
- Supplemental Security Income/State Supplementary Program (SSI/SSP) payment is a grant received by persons in CCFs from the Social Security Administration (the "SSI" portion), along with a supplemental payment from the State (the "SSP" portion). For individuals who receive SSI/SSP (an estimated 94.9 percent of persons in CCFs), the RCs fund only the portion of the facility costs that is above the SSI/SSP level of payment (i.e., the "net" costs). Funds for the SSI/SSP grants are in the DSS budget. This factor is incorporated in the CCF estimate.

METHODOLOGY:

	Governor's			Governor's		2014-15	
	Budget	Updated	2013-14	Budget	Updated	Over	2014-15
	2013-14	2013-14	Request	2014-15	2014-15	2013-14	Request
• Base: Actual Fiscal Year 2012-13 expenditures were used to develop the 2013-14 base. For 2014-15 the prior-year estimate, with the following adjustments, was used as the base:	\$906,080,000	\$906,127,000	\$47,000	\$929,740,000	\$929,787,000	\$23,660,000	\$47,000
• Updated Costs without CPP/Prior Year Estimate	901,927,000	901,974,000	47,000	925,587,000	925,634,000	23,660,000	47,000
• Lanterman Continuation Costs in 2012-13	4,153,000	4,153,000	0	4,153,000	4,153,000	0	0

Community Care Facilities

METHODOLOGY (continued):	Governor's	Updated	2013-14	Governor's	Updated	2014-15	2014-15
	Budget	2013-14	Request	Budget	2014-15	Over	Request
	2013-14	2013-14		2014-15	2014-15	2013-14	
• Utilization Change/Growth:							
Total Utilization Change/Growth for 2013-14	\$23,660,000	\$23,660,000	\$0	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>	
Total Utilization Change/Growth for 2014-15				\$24,426,000	\$24,426,000	\$766,000	\$0
• Caseload Growth							
Estimate for 2013-14	7,413,000	7,413,000	0				
Estimate for 2014-15				7,691,000	7,691,000	278,000	0
The 2013-14 and 2014-15 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the payment reduction, and implementation of cost containment measures.							
Estimated Caseload Growth:							
	2013-14	2014-15					
Governor's Budget:	2,440	2,457	Person Months				
2014 May Revision:	2,440	2,457	Person Months				
• Average Cost Increase:							
Estimate for 2013-14	16,247,000	16,247,000	0				
Estimate for 2014-15				16,735,000	16,735,000	488,000	0
Reflects the costs of consumers needing higher levels of CCF care than in the past.							
• Subtotal Base, Growth and Payment Reduction	\$929,740,000	\$929,787,000	\$47,000	\$954,166,000	\$954,213,000	\$24,426,000	\$47,000
• CPP: See CPP methodology for detail.	\$19,515,000	\$19,515,000	\$0	\$14,884,000	\$14,884,000	-\$4,631,000	\$0
• SSI/SSP Increases Effective January 1, 2014	-\$3,450,000	-\$2,452,000	\$998,000	-\$3,460,000	-\$2,452,000	\$0	\$1,008,000
The SSI/SSP rate is estimated to increase from \$993 to \$1,003 January 2014							
• TOTAL EXPENDITURES	\$945,805,000	\$946,850,000	\$1,045,000	\$965,590,000	\$966,645,000	\$19,795,000	\$1,055,000

Community Care Facilities

FUNDING:

CCF expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, 1915 (i) State Plan Amendment (SPA), and the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), and Money Follows the Person. Based on actual 2012-13 billing data, approximately 79 percent of CCF expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). Of the Money Follows the Person eligible amount, 75 percent is FFP. The State GF portion is that which is non-FFP.

	Governor's			Governor's		2014-15	
	Budget 2013-14	Updated 2013-14	2013-14 Request	Budget 2014-15	Updated 2014-15	Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL	\$945,805,000	\$946,850,000	\$1,045,000	\$965,590,000	\$966,645,000	\$19,795,000	\$1,055,000
GF	\$513,667,000	\$516,895,000	\$3,228,000	\$519,975,000	\$522,987,000	\$6,092,000	\$3,012,000
GF Match	425,183,000	422,575,000	-2,608,000	438,660,000	436,278,000	13,703,000	-2,382,000
GF Other	88,484,000	94,320,000	5,836,000	81,315,000	86,709,000	-7,611,000	5,394,000
Reimbursements	\$432,138,000	\$429,955,000	-\$2,183,000	\$445,615,000	\$443,658,000	\$13,703,000	-\$1,957,000
HCBS Waiver	390,800,000	390,468,000	-332,000	402,772,000	403,943,000	13,475,000	1,171,000
1915 (i) SPA	29,927,000	27,443,000	-2,484,000	31,274,000	27,443,000	0	-3,831,000
Title XX TANF	6,956,000	7,381,000	425,000	6,956,000	7,381,000	0	425,000
Money Follows the Person	4,455,000	4,663,000	208,000	4,613,000	4,891,000	228,000	278,000

Medical Facilities

DESCRIPTION:

Pursuant to the Health and Safety Code, Sections 1250, 1255.6, and 1255.7, among others, the regional centers (RCs) vendor Intermediate Care Facilities (ICFs) and Developmentally Disabled Continuous Nursing Care (DD/CNC) for consumers not eligible for Medi-Cal. ICFs are health facilities licensed by the Licensing and Certification Division of the State Department of Public Health (CDPH) to provide 24-hour-per-day services and certified for Medi-Cal reimbursement for services by the State Department of Health Care Services (DHCS). The types of ICFs providing services for Californians with developmental disabilities are: ICF/DD (Developmentally Disabled), ICF/DD-H (Habilitative), ICF/DD-N (Nursing), and DD/CNC (Continuous Nursing Care).

ASSUMPTIONS:

- Assumptions regarding caseload and facility growth for 2013-14 and 2014-15 are based on the 2014 Regional Center Spring Survey with updated assumptions.
- The daily rates for 4 to 6 bed ICFs for 2013-14 and 2014-15 are provided by the DHCS and are effective August 1, 2012, as follows: \$187.62 for DD-Hs, \$213.95 for DD-Ns, \$425.92 for ventilator Dependent DD/CNC.
- Estimated New Consumers:

	Governor's Budget 2013-14	Updated 2013-14	Governor's Budget 2014-15	Updated 2014-15
DD-H	80	64	80	64
DD-N	70	70	70	70
DD/CNC	0	0	0	0

- For 2013-14 and 2014-15 it is assumed that 2.0 percent of the consumers in Medical Facilities will not be funded by Medi-Cal; therefore, Department of Developmental Services (DDS) will pay their Medical Facility costs.

METHODOLOGY:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2012-13 expenditures were used to develop the 2013-14 base. For 2014-15 the prior-year estimate, with the following adjustments, was used as the base: 	\$27,680,000	\$27,493,000	-\$187,000	\$26,724,000	\$28,866,000	\$1,373,000	\$2,142,000
<ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> 	30,031,000	29,844,000	-187,000	27,899,000	30,041,000	197,000	2,142,000
<ul style="list-style-type: none"> <i>Redesign Services for Individuals with Challenging Service Needs</i> 	-2,351,000	-2,351,000	0	-1,175,000	-1,175,000	1,176,000	0

Medical Facilities

METHODOLOGY (continued):	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Utilization Change/Growth:							
Total Utilization Change/Growth for 2013-14	\$219,000	\$197,000	-\$22,000	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>	<i>In Base</i>
Total Utilization Change/Growth for 2014-15				\$219,000	\$197,000	\$0	-\$22,000
It is assumed that in 2013-14 and 2014-15 that 2.0 percent of the persons in medical facilities will not be funded by Medi-Cal; therefore, regional centers will pay their Medical Facility costs.							
• Subtotal Base and Growth	\$27,899,000	\$27,690,000	-\$209,000	\$26,943,000	\$29,063,000	\$1,373,000	\$2,120,000
• Gap Resource Development (New Facilities)	\$336,000	\$336,000	\$0	\$336,000	\$336,000	\$0	\$0
Gap is the time period between licensure and certification of small health facilities when Medi-Cal does not cover any person's facility costs.							
In 2013-14 and 2014-15 it is assumed that 3 DD-H facilities will need gap funding for 2 consumers each for not more than 60 days, and 7 DD-N facilities will need gap funding for 2 consumers each for not more than 60 days.							
• CPP	\$164,000	\$164,000	\$0	\$164,000	\$164,000	\$0	\$0
• TOTAL EXPENDITURES	\$28,399,000	\$28,190,000	-\$209,000	\$27,443,000	\$29,563,000	\$1,373,000	\$2,120,000

FUNDING:

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

EXPENDITURES:

TOTAL	\$28,399,000	\$28,190,000	-\$209,000	\$27,443,000	\$29,563,000	\$1,373,000	\$2,120,000
GF Other	28,399,000	28,190,000	-209,000	27,443,000	29,563,000	1,373,000	2,120,000

Day Programs

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC) Section 4648, among others, of the Lanterman Act, regional centers (RCs) contract with vendors to provide services and supports to all qualified RC consumers. Day Program services may be at a fixed location or out in the community.

Types of services available through a Day Program include:

- Developing and maintaining self-help and self-care skills.
- Developing the ability to interact with others, making one's needs known and responding to instructions.
- Developing self-advocacy and employment skills.
- Developing community integration skills such as accessing community services.
- Improving behaviors through behavior management.
- Developing social and recreational skills.

ASSUMPTIONS:

- Day Program Consumer and Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated February 1, 2014. Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Base: Actual Fiscal Year 2012-13 expenditures were used to develop the 2013-14 base. For 2014-15 the prior-year estimate, with the following adjustments, was used as the base:	\$830,181,000	\$830,436,000	\$255,000	\$863,951,000	\$864,206,000	\$33,770,000	\$255,000
• <i>Updated Costs without CPP/Prior Year Estimate</i>	<i>833,046,000</i>	<i>833,301,000</i>	<i>255,000</i>	<i>866,816,000</i>	<i>867,071,000</i>	<i>33,770,000</i>	<i>255,000</i>
• <i>Maximize Utilization of Generic Resources - Education Services</i>	<i>-2,865,000</i>	<i>-2,865,000</i>	<i>0</i>	<i>-2,865,000</i>	<i>-2,865,000</i>	<i>0</i>	<i>0</i>

Day Programs

METHODOLOGY (continued):

•	Utilization Change/Growth:							
•	Total Utilization Change/Growth for 2013-14	\$33,770,000	\$33,770,000	\$0			In Base	In Base
•	Total Utilization Change/Growth for 2013-14				\$36,008,000	\$36,008,000	\$2,238,000	\$0
•	Caseload Growth							
	Estimate for 2013-14	32,102,000	32,102,000	0				
	Estimate for 2014-15				34,280,000	34,280,000	2,178,000	0
	The 2013-14 and 2014-15 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the payment reduction, and implementation of cost containment measures.							
	Estimated Caseload Growth:							
		2013-14	2014-15					
	Governor's Budget:	32,005	33,806	Person Months				
	2014 May Revision:	32,005	33,806	Person Months				
•	Average Cost Increase:							
	Estimate for 2013-14	1,668,000	1,668,000	0				
	Estimate for 2014-15				1,728,000	1,728,000	60,000	0
	Reflects the cost of new community-based day programs							
•	Subtotal Base and Growth	\$863,951,000	\$864,206,000	\$255,000	\$899,959,000	\$900,214,000	\$36,008,000	\$255,000
•	CPP: See CPP methodology for detail.	\$3,952,000	\$3,952,000	\$0	\$3,952,000	\$3,952,000	\$0	\$0
•	TOTAL EXPENDITURES:	\$867,903,000	\$868,158,000	\$255,000	\$903,911,000	\$904,166,000	\$36,008,000	\$255,000

Day Programs

FUNDING:

Day Program expenditures are funded by the General Fund (GF), Intermediate Care Facility-Developmentally Disabled (ICF-DD), Home and Community-Based Services (HCBS) Waiver, 1915(i) SPA, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), and the Early Start Grant. Based on actual 2012-13 billing data, approximately 52 percent of Day Program expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount and 1915(i) SPA amount, 50 percent is federal financial participation (FFP). The ICF-DD eligible amount is 50 percent FFP. The State GF portion is that which is non-FFP.

	Governor's			Governor's		2014-15	2014-15 Request
	Budget 2013-14	Updated 2013-14	2013-14 Request	Budget 2014-15	Updated 2014-15	Over 2013-14	
EXPENDITURES:							
TOTAL	\$867,903,000	\$868,158,000	\$255,000	\$903,911,000	\$904,166,000	\$36,008,000	\$255,000
GF	\$461,169,000	\$461,469,000	\$300,000	\$487,926,000	\$487,326,000	\$25,857,000	-\$600,000
GF Match	342,695,000	340,827,000	-1,868,000	351,945,000	350,451,000	9,624,000	-1,494,000
GF Other	118,474,000	120,642,000	2,168,000	135,981,000	136,875,000	16,233,000	894,000
Reimbursements	\$389,139,000	\$389,094,000	-\$45,000	\$398,390,000	\$398,717,000	\$9,623,000	\$327,000
HCBS Waiver	242,044,000	239,420,000	-2,624,000	249,459,000	247,681,000	8,261,000	-1,778,000
1915 (i) SPA	40,801,000	39,492,000	-1,309,000	42,637,000	39,492,000	0	-3,145,000
Title XX Social Services	46,389,000	48,229,000	1,840,000	46,389,000	48,229,000	0	1,840,000
Title XX TANF	55,000	37,000	-18,000	55,000	37,000	0	-18,000
ICF-DD	43,905,000	41,886,000	-2,019,000	43,905,000	42,473,000	587,000	-1,432,000
EPSDT	15,945,000	20,030,000	4,085,000	15,945,000	20,805,000	775,000	4,860,000
Federal Funds	\$17,595,000	\$17,595,000	\$0	\$17,595,000	\$18,123,000	\$528,000	\$528,000
Early Start Grant	17,595,000	17,595,000	0	17,595,000	18,123,000	528,000	528,000

Habilitation

DESCRIPTION:

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

Types of Services available through Habilitation include:

Work Activity Program (WAP):

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

Supported Employment Program (SEP):

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

ASSUMPTIONS:

- Habilitation Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated February 1, 2014. Data were adjusted for lag based on historical data.

METHODOLOGY:	Governor's			Governor's		2014-15	2014-15
	Budget 2013-14	Updated 2013-14	2013-14 Request	Budget 2014-15	Updated 2014-15	Over 2013-14	
<ul style="list-style-type: none"> Base: Actual 2012-13 expenditures were used to develop the 2013-14 base. For the 2014-15, the prior year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>Maximize Utilization of Generic Resources - Education Services</i> 	\$144,727,000	\$144,603,000	-\$124,000	\$145,508,000	\$145,384,000	\$781,000	-\$124,000
<ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> 	147,591,000	147,467,000	-124,000	148,372,000	148,248,000	781,000	-124,000
<ul style="list-style-type: none"> <i>Maximize Utilization of Generic Resources - Education Services</i> 	-2,864,000	-2,864,000	0	-2,864,000	-2,864,000	0	0
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2013-14 Total Utilization Change/Growth for 2014-15 <p>The 2013-14 and 2014-15 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the payment reduction, and implementation of cost containment measures.</p>	\$781,000	\$781,000	\$0	\$793,000	\$793,000	In Base \$12,000	In Base \$0
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$145,508,000	\$145,384,000	-\$124,000	\$146,301,000	\$146,177,000	\$793,000	-\$124,000
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 	\$176,000	\$176,000	\$0	\$176,000	\$176,000	\$0	\$0
<ul style="list-style-type: none"> TOTAL EXPENDITURES 	\$145,684,000	\$145,560,000	-\$124,000	\$146,477,000	\$146,353,000	\$793,000	-\$124,000

Habilitation

FUNDING:

Habilitation Services expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Temporary Assistance for Needy Families (TANF), and the 1915(i) State Plan Amendment (SPA). Based on actual 2012-13 billing data, approximately 60 percent, 37 percent, and 22 percent of WAP, SEP Group, and SEP Individual Placement expenditures, respectively, are eligible for the HCBS Waiver reimbursement. Of the HCBS Waiver and 1915(i) eligible amount, 50 percent is federal financial participation (FFP). The State GF portion is that which is non-FFP.

		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:								
	TOTAL	\$145,684,000	\$145,560,000	-\$124,000	\$146,477,000	\$146,353,000	\$793,000	-\$124,000
	GF	\$88,119,000	\$88,930,000	\$811,000	\$86,823,000	\$88,517,000	-\$413,000	\$1,694,000
	GF Match	57,564,000	56,629,000	-935,000	59,654,000	57,835,000	1,206,000	-1,819,000
	GF Other	30,555,000	32,301,000	1,746,000	27,169,000	30,682,000	-1,619,000	3,513,000
	Reimbursements	\$57,565,000	\$56,630,000	-\$935,000	\$59,654,000	\$57,836,000	\$1,206,000	-\$1,818,000
	HCBS Waiver	34,870,000	34,946,000	76,000	35,938,000	36,152,000	1,206,000	214,000
	1915 (i) SPA	22,695,000	21,684,000	-1,011,000	23,716,000	21,684,000	0	-2,032,000

Transportation

DESCRIPTION:

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

ASSUMPTIONS:

- Transportation Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated February 1, 2014. Data were adjusted for lag based on historical data.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
METHODOLOGY:							
<ul style="list-style-type: none"> Base: Actual 2012-13 expenditures were used to develop the 2013-14 base. For the 2014-15, the prior year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>Maximize Utilization of Generic Resources - Education Services</i> 	\$237,528,000	\$238,616,000	\$1,088,000	\$241,799,000	\$242,887,000	\$4,271,000	\$1,088,000
<ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> 	237,861,000	238,949,000	1,088,000	242,132,000	243,220,000	4,271,000	1,088,000
<ul style="list-style-type: none"> <i>Maximize Utilization of Generic Resources - Education Services</i> 	-333,000	-333,000	0	-333,000	-333,000	0	0
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2013-14 Total Utilization Change/Growth for 2014-15 <p>The 2013-14 and 2014-15 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, and implementation of cost containment measures.</p>	\$4,271,000	\$4,271,000	\$0	\$4,037,000	\$4,037,000	<i>In Base</i> -\$234,000	<i>In Base</i> \$0
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$241,799,000	\$242,887,000	\$1,088,000	\$245,836,000	\$246,924,000	\$4,037,000	\$1,088,000
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 	\$745,000	\$745,000	\$0	\$745,000	\$745,000	\$0	\$0
<ul style="list-style-type: none"> TOTAL EXPENDITURES 	\$242,544,000	\$243,632,000	\$1,088,000	\$246,581,000	\$247,669,000	\$4,037,000	\$1,088,000

Transportation

FUNDING:

Transportation expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, 1915(i) State Plan Amendment (SPA), the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families and Intermediate Care Facility - Developmentally Disabled (ICF-DD). Based on actual 2012-13 billing data, approximately 54 percent of Transportation expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount 50 percent is federal financial participation (FFP). The State GF portion is that which is non FFP.

		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:								
	TOTAL	\$242,544,000	\$243,632,000	\$1,088,000	\$246,581,000	\$247,669,000	\$4,037,000	\$1,088,000
	GF	\$131,044,000	\$131,539,000	\$495,000	\$132,158,000	\$132,682,000	\$1,143,000	\$524,000
	<i>GF Match</i>	104,043,000	104,220,000	177,000	106,967,000	107,112,000	2,892,000	145,000
	<i>GF Other</i>	27,001,000	27,319,000	318,000	25,191,000	25,570,000	-1,749,000	379,000
	Reimbursements	\$111,500,000	\$112,093,000	\$593,000	\$114,423,000	\$114,987,000	\$2,894,000	\$564,000
	<i>HCBS Waiver</i>	77,680,000	78,133,000	453,000	80,060,000	80,830,000	2,697,000	770,000
	<i>1915 (i) SPA</i>	12,077,000	12,005,000	-72,000	12,620,000	12,005,000	0	-615,000
	<i>Title XX Social Services</i>	6,314,000	6,732,000	418,000	6,314,000	6,732,000	0	418,000
	<i>Title XX TANF</i>	1,141,000	1,142,000	1,000	1,141,000	1,142,000	0	1,000
	<i>ICF-DD</i>	14,288,000	14,081,000	-207,000	14,288,000	14,278,000	197,000	-10,000

Support Services

DESCRIPTION:

Pursuant to Welfare and Institution Code (WIC) Section 4648, among others, of the Lanterman Act, regional centers (RC) contract with vendors to provide services and supports to all qualifying RC consumers. Support Services include a broad range of services to adults who choose to live in homes they themselves own or lease in the community. Included in the Support Services expenditures are Independent Living Supplement (ILS) payments to adults who are in supported/independent living (SL/IL) settings and receiving Supplementary Security Income/State Supplementary Portion (SSI/SSP) grant payments. RC's supplement the reduction in the SSP portion of the SSI/SSP grant to assure that consumers will be able to remain in these settings instead of having to move into community care facilities.

ASSUMPTIONS:

Support Services Expenditure Data Source: Purchase of Services (POS) Claims Data file, dated February 1, 2014. Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Base: Actual Fiscal Year 2012-13 expenditures were used to develop the 2013-14 base. For 2014-15 the prior-year estimate, with the following adjustments, was used as the base:	\$785,162,000	\$786,937,000	\$1,775,000	\$819,198,000	\$822,947,000	\$36,010,000	\$3,749,000
• <i>Updated Costs without CPP/Prior Year Estimate</i>	<i>800,264,000</i>	<i>802,039,000</i>	<i>1,775,000</i>	<i>834,300,000</i>	<i>838,049,000</i>	<i>36,010,000</i>	<i>3,749,000</i>
• <i>Co-Payments</i>	<i>2,942,000</i>	<i>2,942,000</i>	<i>0</i>	<i>2,942,000</i>	<i>2,942,000</i>	<i>0</i>	<i>0</i>
• <i>Redesign Supported Living Assessments</i>	<i>-3,800,000</i>	<i>-3,800,000</i>	<i>0</i>	<i>-3,800,000</i>	<i>-3,800,000</i>	<i>0</i>	<i>0</i>
• <i>Coverage for Behavioral Health Treatment, SB 946, Statutes of 2012</i>	<i>-14,244,000</i>	<i>-14,244,000</i>	<i>0</i>	<i>-14,244,000</i>	<i>-14,244,000</i>	<i>0</i>	<i>0</i>

Support Services

METHODOLOGY (continued):

- Utilization Change/Growth:

- Total Utilization Change/Growth for 2013-14

Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
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- Total Utilization Change/Growth for 2014-15

The 2013-14 and 2014-15 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the payment reduction, and implementation of cost containment measures.

- Subtotal Base and Growth

- CPP: See CPP methodology for detail.

- Independent Living Supplement

Based on Client Master File data as of February 1, 2014, it is estimated the following consumers will live in SL/IL arrangements. Of these totals, based on the 2014 May Revision RC Survey (March 2014), estimated persons who are part of a couple, who will receive their monthly supplemental payment of \$53.14, as well as the remainder who will receive their monthly payments of \$41.60 as individuals, are also displayed. All consumers are assumed to receive their payments in each month of the fiscal year. Prior year costs remain in the base, therefore only the incremental costs are added.

	Governor's Budget 2013-14	Updated 2013-14	Governor's Budget 2014-15	Updated 2014-15
Total SL/IL Consumers	24,270	24,096	23,520	24,350
Part of a Couple	1,301	1,047	1,253	988
Individuals	22,969	23,049	22,267	23,362

- TOTAL EXPENDITURES

\$34,036,000	\$36,010,000	1,974,000					<i>In Base</i>
			\$35,499,000	\$37,644,000	\$1,634,000	\$2,145,000	
\$819,198,000	\$822,947,000	\$3,749,000	\$854,697,000	\$860,591,000	\$37,644,000	\$5,894,000	
\$4,450,000	\$4,450,000	\$0	\$3,992,000	\$3,992,000	-\$458,000	\$0	
-\$516,000	\$456,000	\$972,000	\$381,000	-\$79,000	-\$535,000	-\$460,000	
\$823,132,000	\$827,853,000	\$4,721,000	\$859,070,000	\$864,504,000	\$36,651,000	\$5,434,000	

Support Services

FUNDING:

Support Services expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), 1915(i) State Plan Amendment (SPA), 1915(k) SPA, and the Early Start Grant. Based on actual 2012-13 billing data, approximately 68 percent of Support Services expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount, 50 percent in 2013-14 and 50 percent in 2014-15, is federal financial participation (FFP). The State GF portion is that which is non-FFP.

		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:								
	TOTAL	\$823,132,000	\$827,853,000	\$4,721,000	\$859,070,000	\$864,504,000	\$36,651,000	\$5,434,000
	GF	\$408,570,000	\$409,394,000	\$824,000	\$433,518,000	\$435,405,000	\$26,011,000	\$1,887,000
	<i>GF Match</i>	341,999,000	346,104,000	4,105,000	352,989,000	356,728,000	10,624,000	3,739,000
	<i>GF Other</i>	66,571,000	63,290,000	-3,281,000	80,529,000	78,677,000	15,387,000	-1,852,000
	Reimbursements	\$414,065,000	\$417,962,000	\$3,897,000	\$425,055,000	\$428,587,000	\$10,625,000	\$3,532,000
	<i>HCBS Waiver</i>	306,283,000	307,871,000	1,588,000	315,666,000	318,496,000	10,625,000	2,830,000
	<i>1915 (i) SPA</i>	35,714,000	38,232,000	2,518,000	37,321,000	38,232,000	0	911,000
	<i>Title XX Social Services</i>	58,615,000	58,063,000	-552,000	58,615,000	58,063,000	0	-552,000
	<i>Title XX TANF</i>	13,453,000	13,796,000	343,000	13,453,000	13,796,000	0	343,000
	Federal Funds	\$497,000	\$497,000	\$0	\$497,000	\$512,000	\$15,000	\$15,000
	<i>Early Start Grant</i>	497,000	497,000	0	497,000	512,000	15,000	15,000

In Home Respite

DESCRIPTION:

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

ASSUMPTIONS:

- In-Home Respite Expenditure Data Source: Purchase of Services (POS) Claims Data file dated February 1, 2014. Data were adjusted for lag based on historical data.

METHODOLOGY:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2012-13 expenditures were used to develop the 2013-14 base. For 2014-15 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>Co-Payments</i> <i>Adjustment for October POS Claims File</i> 	\$201,391,000	\$203,024,000	\$1,633,000	\$208,735,000	\$211,730,000	\$8,706,000	\$2,995,000
<ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>Co-Payments</i> <i>Adjustment for October POS Claims File</i> 	200,806,000	202,937,000	2,131,000	208,648,000	211,643,000	8,706,000	2,995,000
	87,000	87,000	0	87,000	87,000	0	0
	498,000	0	-498,000	0	0	0	0
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2013-14 Total Utilization Change/Growth for 2014-15 <p>The 2013-14 and 2014-15 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the payment reduction, and implementation of cost containment measures.</p>	\$7,344,000	\$8,706,000	\$1,362,000			<i>In Base</i>	<i>In Base</i>
				\$7,616,000	\$9,066,000	\$360,000	\$1,450,000
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$208,735,000	\$211,730,000	\$2,995,000	\$216,351,000	\$220,796,000	\$9,066,000	\$4,445,000
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 	\$24,000	\$24,000	\$0	\$24,000	\$24,000	\$0	\$0
<ul style="list-style-type: none"> TOTAL EXPENDITURES: 	\$208,759,000	\$211,754,000	\$2,995,000	\$216,375,000	\$220,820,000	\$9,066,000	\$4,445,000

In Home Respite

FUNDING:

In Home Respite expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families (TANF), 1915(i) State Plan Amendment (SPA), and the Early Start Grant. Based on actual 2011-12 billing data, approximately 64 percent percent In-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). The State General Fund portion is that which is non-FFP.

EXPENDITURES:		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
	TOTAL	\$208,759,000	\$211,754,000	\$2,995,000	\$216,375,000	\$220,820,000	\$9,066,000	\$4,445,000
	GF	\$94,748,000	\$93,063,000	-\$1,685,000	\$99,769,000	\$99,301,000	\$6,238,000	-\$468,000
	<i>GF Match</i>	80,882,000	85,348,000	4,466,000	83,477,000	87,995,000	2,647,000	4,518,000
	<i>GF Other</i>	13,866,000	7,715,000	-6,151,000	16,292,000	11,306,000	3,591,000	-4,986,000
	Reimbursements	\$114,011,000	\$118,691,000	\$4,680,000	\$116,606,000	\$121,337,000	\$2,646,000	\$4,731,000
	<i>HCBS Waiver</i>	72,730,000	76,689,000	3,959,000	74,958,000	79,335,000	2,646,000	4,377,000
	<i>1915 (i) SPA</i>	8,152,000	8,660,000	508,000	8,519,000	8,660,000	0	141,000
	<i>Title XX Social Services</i>	18,371,000	18,453,000	82,000	18,371,000	18,453,000	0	82,000
	<i>Title XX TANF</i>	14,758,000	14,889,000	131,000	14,758,000	14,889,000	0	131,000
	Federal Funds	\$0	\$0	\$0	\$0	\$182,000	\$182,000	\$182,000
	<i>Early Start Grant</i>	0	0	0	0	182,000	182,000	182,000

Out of Home Respite

DESCRIPTION:

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

ASSUMPTIONS:

- Out-of-Home Respite Expenditure Data Source: Purchase of Services (POS) Claims Data file dated February 1, 2014. Data were adjusted for lag based on historical data.

METHODOLOGY:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Budget
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2012-13 expenditures were used to develop the 2013-14 base. For 2014-15 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> 	\$41,113,000	\$41,422,000	\$309,000	\$41,902,000	\$42,211,000	\$789,000	\$309,000
	41,113,000	41,422,000	309,000	41,902,000	42,211,000	789,000	309,000
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2013-14 Total Utilization Change/Growth for 2014-15 <p>The 2012-13 and 2013-14 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, and implementation of cost containment measures.</p>	\$789,000	\$789,000	\$0			<i>In Base</i>	<i>In Base</i>
				\$950,000	\$950,000	\$161,000	\$0
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$41,902,000	\$42,211,000	\$309,000	\$42,852,000	\$43,161,000	\$950,000	\$309,000
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 	\$76,000	\$76,000	\$0	\$76,000	\$76,000	\$0	\$0
<ul style="list-style-type: none"> TOTAL EXPENDITURES: 	\$41,978,000	\$42,287,000	\$309,000	\$42,928,000	\$43,237,000	\$950,000	\$309,000

Out of Home Respite

FUNDING:

Out-of-Home Respite expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance for Needy Families (TANF), 1915(i) State Plan Amendment (SPA), and the Early Start Grant. Based on actual 2012-13 billing data, approximately 57 percent percent Out-of-Home Respite expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver and 1915 (i) SPA eligible amount, 50 percent is federal financial participation (FFP). The State General Fund portion is that which is non-FFP.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL	\$41,978,000	\$42,287,000	\$309,000	\$42,928,000	\$43,237,000	\$950,000	\$309,000
GF	\$21,364,000	\$20,799,000	-\$565,000	\$21,866,000	\$21,147,000	\$348,000	-\$719,000
GF Match	14,182,000	14,962,000	780,000	14,629,000	15,435,000	473,000	806,000
GF Other	7,182,000	5,837,000	-1,345,000	7,237,000	5,712,000	-125,000	-1,525,000
Reimbursements	\$20,614,000	\$21,488,000	\$874,000	\$21,062,000	\$21,962,000	\$474,000	\$900,000
HCBS Waiver	13,305,000	13,728,000	423,000	13,713,000	14,202,000	474,000	489,000
1915 (i) SPA	877,000	1,235,000	358,000	917,000	1,235,000	0	318,000
Title XX Social Services	1,746,000	1,552,000	-194,000	1,746,000	1,552,000	0	-194,000
Title XX TANF	4,686,000	4,973,000	287,000	4,686,000	4,973,000	0	287,000
Federal Funds	\$0	\$0	\$0	\$0	\$128,000	\$128,000	\$128,000
Early Start Grant	0	0	0	0	128,000	128,000	128,000

Health Care

DESCRIPTION:

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

ASSUMPTIONS:

Health Care Expenditure Data Source: Purchase of Services (POS) Claims Data file dated February 1, 2014. Data were adjusted for lag based on historical data.

METHODOLOGY:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2012-13 expenditures were used to develop the 2013-14 base. For 2014-15 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> <i>Medi-Cal Hard Cap on Hearing Aids</i> <i>Denti Cal</i> <i>Redesign Services for Individuals with Challenging Needs</i> <i>Co-Payments</i> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2013-14 Total Utilization Change/Growth for 2014-15 <p>The 2013-14 and 2014-15 utilization change and growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, and implementation of cost containment measures.</p> Subtotal Base and Growth CPP: See CPP methodology for detail. TOTAL EXPENDITURES 	\$80,418,000	\$80,921,000	\$503,000	\$84,296,000	\$84,799,000	\$3,878,000	\$503,000
	81,911,000	82,706,000	795,000	85,789,000	86,584,000	3,878,000	795,000
	355,000	355,000	0	355,000	355,000	0	0
	1,169,000	877,000	-292,000	1,169,000	877,000	0	-292,000
	-3,627,000	-3,627,000	0	-3,627,000	-3,627,000	0	0
	610,000	610,000	0	610,000	610,000	0	0
	\$3,878,000	\$3,878,000	\$0			<i>In Base</i>	<i>In Base</i>
				\$3,878,000	\$3,878,000	\$0	\$0
	\$84,296,000	\$84,799,000	\$503,000	\$88,174,000	\$88,677,000	\$3,878,000	\$503,000
	\$671,000	\$671,000	\$0	\$671,000	\$671,000	\$0	\$0
	\$84,967,000	\$85,470,000	\$503,000	\$88,845,000	\$89,348,000	\$3,878,000	\$503,000

Health Care

FUNDING:

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

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL	\$84,967,000	\$85,470,000	\$503,000	\$88,845,000	\$89,348,000	\$3,878,000	\$503,000
GF	\$68,875,000	\$68,308,000	-\$567,000	\$72,328,000	\$71,799,000	\$3,491,000	-\$529,000
GF Match	12,142,000	12,999,000	857,000	12,568,000	13,305,000	306,000	737,000
GF Other	56,733,000	55,309,000	-1,424,000	59,760,000	58,494,000	3,185,000	-1,266,000
Reimbursements	\$13,366,000	\$14,436,000	\$1,070,000	\$13,791,000	\$14,741,000	\$305,000	\$950,000
HCBS Waiver	8,399,000	8,845,000	446,000	8,656,000	9,150,000	305,000	494,000
1915 (i) SPA	3,745,000	4,156,000	411,000	3,913,000	4,156,000	0	243,000
Title XX TANF	1,222,000	1,435,000	213,000	1,222,000	1,435,000	0	213,000
Federal Funds	\$2,726,000	\$2,726,000	\$0	\$2,726,000	\$2,808,000	\$82,000	\$82,000
Early Start Grant	2,726,000	2,726,000	0	2,726,000	2,808,000	82,000	82,000

Miscellaneous Services

DESCRIPTION:

Pursuant to Welfare and Institutions Code (WIC) Section 4648, among others, of the Lanterman Act, regional centers (RC) contract with vendors to provide services and supports to all qualifying RC consumers. The Miscellaneous Services category includes a 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, among others: behavior intervention, early intervention programs, interdisciplinary assessments, translators, and tutors.

ASSUMPTIONS:

Miscellaneous Services Expenditure Data Source: Purchase of Services (POS) Claims Data file dated February 1, 2014. Data were adjusted for lag based on historical data.

METHODOLOGY:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> Base: Actual Fiscal Year 2011-12 expenditures were used to develop the 2012-13 base. For 2013-14 the prior-year estimate, with the following adjustments, was used as the base: <ul style="list-style-type: none"> <i>Updated Costs without CPP/Prior Year Estimate</i> 396,418,000 398,621,000 2,203,000 404,426,000 406,629,000 8,008,000 2,203,000 <i>Adjustment for April POS</i> 0 7,238,000 7,238,000 0 7,238,000 0 7,238,000 <i>Co-Payments</i> 6,226,000 6,226,000 0 6,226,000 6,226,000 0 0 <i>Coverage for Behavioral Health Treatment, SB 946,</i> -30,054,000 -30,054,000 0 -30,054,000 -30,054,000 0 0 <i>Cost Savings and Efficiencies (Use of Technology)</i> -2,050,000 -2,050,000 0 -2,050,000 -2,050,000 0 0 	\$370,540,000	\$379,981,000	\$9,441,000	\$378,548,000	\$387,989,000	\$8,008,000	\$9,441,000
Note: Updated costs includes -\$4,107,000 for cost containment from AB 104 and \$4,544,000 for restoration of the 1.25% payment reduction							
<ul style="list-style-type: none"> Utilization Change/Growth: <ul style="list-style-type: none"> Total Utilization Change/Growth for 2013-14 \$8,008,000 \$8,008,000 \$0 <i>In Base</i> <i>In Base</i> Total Utilization Change/Growth for 2014-15 \$8,008,000 \$8,008,000 \$0 <i>In Base</i> <i>In Base</i> <p>The 2013-14 and 2014-15 utilization change/growth were estimated based upon updated expenditure trends. The estimate reflects interventions for anomalies in the expenditure trends related to the 4.25% payment reduction, and implementation of cost containment measures.</p>							
<ul style="list-style-type: none"> Subtotal Base and Growth 	\$378,548,000	\$387,989,000	\$9,441,000	\$386,556,000	\$395,997,000	\$8,008,000	\$9,441,000
<ul style="list-style-type: none"> CPP: See CPP methodology for detail. 	\$25,164,000	\$25,164,000	\$0	\$30,253,000	\$30,253,000	\$5,089,000	\$0
<ul style="list-style-type: none"> TOTAL EXPENDITURES 	\$403,712,000	\$413,153,000	\$9,441,000	\$416,809,000	\$426,250,000	\$13,097,000	\$9,441,000

Miscellaneous Services

FUNDING:

Miscellaneous Services expenditures are funded by the General Fund (GF), Home and Community-Based Services (HCBS) Waiver, the Title XX Block Grant, which includes Social Services and Temporary Assistance to Needy Families (TANF), 1915(i) State Plan Amendment (SPA), 1915(k) SPA, the Early Start Grant, Program Development Funds, and California Children and Families First Trust Fund. Based on actual 2012-13 billing data, approximately 28 percent of Miscellaneous Services expenditures are eligible for HCBS Waiver reimbursement. Of the HCBS Waiver eligible amount, 50 percent in 2013-14 and 50 percent in 2014-15 is federal financial participation (FFP). The GF portion is that which is non-FFP.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL	\$403,712,000	\$413,153,000	\$9,441,000	\$416,809,000	\$426,250,000	\$13,097,000	\$9,441,000
GF	\$262,307,000	\$267,319,000	\$5,012,000	\$272,666,000	\$277,532,000	\$10,213,000	\$4,866,000
GF Match	86,128,000	92,171,000	6,043,000	88,966,000	94,860,000	2,689,000	5,894,000
GF Other	176,179,000	175,148,000	-1,031,000	183,700,000	182,672,000	7,524,000	-1,028,000
Reimbursements	\$125,614,000	\$130,043,000	\$4,429,000	\$128,452,000	\$132,731,000	\$2,688,000	\$4,279,000
HCBS Waiver	72,275,000	77,913,000	5,638,000	74,489,000	80,601,000	2,688,000	6,112,000
1915 (i) SPA	13,854,000	14,257,000	403,000	14,478,000	14,257,000	0	-221,000
Title XX Social Services	4,599,000	4,059,000	-540,000	4,599,000	4,059,000	0	-540,000
Title XX TANF	34,886,000	33,814,000	-1,072,000	34,886,000	33,814,000	0	-1,072,000
Federal Funds	\$9,883,000	\$9,883,000	\$0	\$9,883,000	\$10,179,000	\$296,000	\$296,000
Early Start Grant	9,883,000	9,883,000	0	9,883,000	10,179,000	296,000	296,000
Program Development Fund	\$5,908,000	\$5,908,000	\$0	\$5,808,000	\$5,808,000	-\$100,000	\$0

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

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

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

2013-14 Total billing costs are \$1.7 million ICF-DD administration and \$7.4 million QAF

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2013-14 totals \$111.9 million. ICF-DD administration costs are 1.5% of the total or \$1.7 million. QAF set by DHCS are \$9.1 million.

2014-15: Total billing costs are \$1.7 million ICF-DD administration and \$7.5 million QAF.

- POS costs for day treatment and transportation including Regional Center Administration Costs for 2014-15 totals \$113.5 million. ICF-DD administration costs are 1.5% of the total or \$1.7 million. QAF set by DHCS are \$9.2 million.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

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

EXPENDITURES:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$9,424,000	\$9,065,000	-\$359,000	\$9,424,000	\$9,192,000	\$127,000	-\$232,000
Reimbursements	9,424,000	9,065,000	-359,000	9,424,000	9,192,000	127,000	-232,000
QAF Admin Fees	4,712,000	4,533,000	-179,000	4,712,000	4,596,000	63,000	-116,000
Transfer from DHCS	4,712,000	4,532,000	-180,000	4,712,000	4,596,000	64,000	-116,000

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES (continued)

<i>PREVENTION PROGRAM</i>	E-16
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Prevention Program

DESCRIPTION:

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

ASSUMPTIONS:

The estimate assumes FRCs will provide PRRS for eligible children.

CHANGE FROM PRIOR ESTIMATE:

No change.

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
General Fund	\$2,003,000	\$2,003,000	\$0	\$2,003,000	\$2,003,000	\$0	\$0
Prevention Program	2,003,000	2,003,000	0	2,003,000	2,003,000	0	0

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES (continued)

<i>COMMUNITY PLACEMENT PLAN</i>	E-17.1 to E-17.11
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Community Placement Plan

DESCRIPTION:

The purpose of Community Placement Plan (CPP) funding is to enhance the capacity of the community service delivery system and to reduce reliance on developmental centers (DC), mental health facilities [e.g., Mental Health Rehabilitation Centers (MHRC) and Institutions for Mental Disease (IMD)] ineligible for Federal Financial Participation (FFP), and out-of-state placements. This estimate is based on projected costs and historical experience derived from individualized assessments of community services and supports needs, and reflects what is needed to place an individual from a DC, IMD, MHRC, or out-of-state placement into the community and to deflect individuals who have been referred to a DC for potential admission. 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:

- Work with the DCs and families in identifying individuals for movement.
- Facilitate transitions to the community from a DC.
- Deflect the admission of individuals to a DC, MHRCs and IMDs ineligible for FFP, and out of state services.
- Stabilize current community living arrangements.

Regular CPP funding covers these Operations and POS categories:

OPERATIONS:

Personal Services:

- **Resource Development:** Positions needed to develop community living arrangements for consumers moving from DCs, MHRCs and IMDs ineligible for FFP, and out of state services into the community. These positions are critical to developing living arrangements that will safely meet the challenges of people moving into the community.
- **Assessment:** Positions needed to identify DC residents, individuals residing in a MHRC and IMDs ineligible for FFP, and in out of state services ready for placement in community living arrangements. Proper comprehensive assessment is critical to safe and successful community placement and should minimize re-admission to a DC and/or unstable and cost-inefficient community placement.
- **Placement:** Positions for placement activities. Individuals who reside in the DCs, at MHRCs, or in out of state services, have, on average, more complex "unique" placement needs that will be addressed by these staff.
- **Crisis Service Teams:** Positions for crisis services which include a behavioral team, a clinical team, an emergency response team, health care coordinators, nursing and oral health care coordinators.

Operating Expenses:

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

Community Placement Plan

DESCRIPTION (continued):

PURCHASE OF SERVICES:

- **Start-Up:** These costs are related to development of new facilities/programs and program expansion.
- **Assessment:** Individualized and comprehensive identification of consumer supports and services needed for stabilized community living.
- **Placement:** Funds cost of consumers' move into community settings based on consumer-specific information.
- **Deflection:** Placement POS for residential costs of facilities developed with 2012-13 CPP start-up to deflect admission from a DC. These facilities are developed based on a comprehensive analysis of DC admission data, current trends in needed services specific to the RC, and other local issues.

ASSUMPTIONS:

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

METHODOLOGY:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• OPERATIONS TOTAL	\$12,472,000	\$12,472,000	\$0	\$13,337,000	\$13,337,000	\$865,000	\$0
• PURCHASE OF SERVICES TOTAL	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$54,937,000	\$0	\$0
• TOTAL EXPENDITURES	\$67,409,000	\$67,409,000	\$0	\$68,274,000	\$68,274,000	\$865,000	\$0

See Pages E-17.4 to E-17.10

FUNDING:

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

Community Placement Plan

EXPENDITURES:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$67,409,000	\$67,409,000	\$0	\$68,274,000	\$68,274,000	\$865,000	\$0
RC Operations	\$12,472,000	\$12,472,000	\$0	\$13,337,000	\$13,337,000	\$865,000	\$0
RC Purchase of Services	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$54,937,000	\$0	\$0
Community Care Facilities	19,515,000	19,515,000	0	14,884,000	14,884,000	-4,631,000	0
Medical Facilities	164,000	164,000	0	164,000	164,000	0	0
Day Programs	3,952,000	3,952,000	0	3,952,000	3,952,000	0	0
Work Activity Program	0	0	0	0	0	0	0
Supported Employment Program: Group Placement	176,000	176,000	0	176,000	176,000	0	0
Supported Employment Program: Individual Placement	0	0	0	0	0	0	0
Transportation	745,000	745,000	0	745,000	745,000	0	0
Support Services	4,450,000	4,450,000	0	3,992,000	3,992,000	-458,000	0
In-Home Respite	24,000	24,000	0	24,000	24,000	0	0
Out-of-Home Respite	76,000	76,000	0	76,000	76,000	0	0
Health Care	671,000	671,000	0	671,000	671,000	0	0
Miscellaneous Services	25,164,000	25,164,000	0	30,253,000	30,253,000	5,089,000	0
FUND SOURCES:							
TOTAL	\$67,409,000	\$67,409,000	\$0	\$68,274,000	\$68,274,000	\$865,000	\$0
GF	\$52,842,000	\$54,653,000	\$1,811,000	\$55,256,000	\$56,031,000	\$1,378,000	\$775,000
GF Match	11,846,000	10,003,000	-1,843,000	9,840,000	9,562,000	-441,000	-278,000
GF Other	40,996,000	44,650,000	3,654,000	45,416,000	46,469,000	1,819,000	1,053,000
Reimbursements	\$14,567,000	\$12,756,000	-\$1,811,000	\$13,018,000	\$12,243,000	-\$513,000	-\$775,000
HCBS Waiver	7,506,000	5,496,000	-2,010,000	5,166,000	5,172,000	-324,000	6,000
MFP Grant	7,061,000	7,260,000	199,000	7,852,000	7,071,000	-189,000	-781,000

COMMUNITY PLACEMENT PLAN OPERATIONS AND PURCHASE OF SERVICES 2013-14 and 2014-15

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
I. OPERATIONS	\$12,472,000	\$12,472,000	\$0	\$13,337,000	\$13,337,000	\$865,000	\$0
II. PURCHASE OF SERVICES							
A. Start-Up a/	\$22,075,000	\$22,075,000	\$0	\$25,856,000	\$25,856,000	\$3,781,000	\$0
B. Assessment b/	\$2,292,000	\$2,292,000	\$0	\$3,600,000	\$3,600,000	\$1,308,000	\$0
	718	718	0	1,289	1,289	571	0
	consumers	consumers	consumers	consumers	consumers	consumers	consumers
C. Placement	\$24,168,000	\$24,168,000	\$0	\$24,168,000	\$24,168,000	\$0	\$0
	228	228	0	158	158	-70	0
	^{1/} consumers	^{1/} consumers	consumers	^{2/} consumers	^{2/} consumers	consumers	consumers
D. Deflection	\$6,402,000	\$6,402,000	\$0	\$1,313,000	\$1,313,000	-\$5,089,000	\$0
	72	72	0	66	66	-6	0
	consumers	consumers	consumers	consumers	consumers	consumers	consumers
E. SUBTOTAL POS	\$54,937,000	\$54,937,000	\$0	\$54,937,000	\$54,937,000	\$0	\$0
III. TOTAL CPP	\$67,409,000	\$67,409,000	\$0	\$68,274,000	\$68,274,000	\$865,000	\$0

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

2/ For Governor's Budget and Updated 2014-15, of the 158 consumers in placement, 120 are from LDC and 38 are from other DCs.

a/ Based on projected increase in resource development to meet new statute requirements; delayed egress, secured perimeter, out-of-state, IMDs/MHRCs ineligible for FFP. Estimate reflects resources necessary to provide services to consumers with challenging service needs.

b/ Based on an initial and updated assessments.

COMMUNITY PLACEMENT PLAN

Operations

2013-14

A. STAFFING**1. PERSONAL SERVICES**

	Governor's Budget 2013-13		Updated 2013-14		2013-14 Request	
	Positions	Cost	Positions	Cost	Positions	Cost
a. Resource Development Quality Assurance/	50.83	\$4,391,000	50.83	\$4,391,000	0.00	\$0
b. Management	12.51	1,213,000	12.51	1,213,000	0.00	0
c. Assessment	13.88	1,494,000	13.88	1,494,000	0.00	0
d. Placement	55.46	4,442,000	55.46	4,442,000	0.00	0
e. Crisis Services Teams	6.13	1,137,999	6.13	1,137,999	0.00	0
f. Total Personal Services	138.81	\$12,677,999	138.81	\$12,677,999	0.00	\$0

2. OPERATING EXPENSES

a. Operating Expenses		\$467,000		\$467,000		\$0
b. Rent		1,074,000		1,074,000		\$0
c. Training, Travel, Consultants		155,000		155,000		\$0
d. Total Operating Expenses		\$1,696,000		\$1,696,000		\$0

**3. SUBTOTAL STAFFING
(Rounded)**

	\$14,373,999	\$14,373,999	0.00	\$0
	\$14,374,000	\$14,374,000	0.00	\$0

**B. Budget Balancing Reduction 2009-10
Reduce CPP Operations**

	-\$1,902,000	-\$1,902,000	0.00	\$0
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C. Total (A+B)

	\$12,472,000	\$12,472,000	0.00	\$0
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COMMUNITY PLACEMENT PLAN

Operations 2014-15

A. STAFFING**1. PERSONAL SERVICES**

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

f. Total Personal Services

2. OPERATING EXPENSES

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

d. Total Operating Expenses

**3. SUBTOTAL STAFFING
(Rounded)****B. Budget Balancing Reduction 2009-10
Reduce CPP Operations****C. Total (A+B)**

Governor's Budget 2014-15		Updated 2014-15		2014-15 Request	
Positions	Cost	Positions	Cost	Positions	Cost
55.83	\$4,773,500	55.83	\$4,773,500	0.00	\$0
12.51	1,213,000	12.51	1,213,000	0.00	0
13.88	1,494,000	13.88	1,494,000	0.00	0
59.96	4,824,500	59.96	4,824,500	0.00	0
6.13	1,137,999	6.13	1,137,999	0.00	0
148.31	\$13,442,999	148.31	\$13,442,999	0.00	\$0
	\$497,600		\$497,600		\$0
	1,143,255		1,143,255		\$0
	155,000		155,000		\$0
	\$1,795,855		\$1,795,855		\$0
148.31	\$15,238,854	148.31	\$15,238,854	0.00	\$0
	\$15,239,000		\$15,239,000		\$0
	-\$1,902,000		-\$1,902,000		\$0
148.31	\$13,337,000	148.31	\$13,337,000	0.00	\$0

Community Placement Plan
Purchase of Services
Summary of Costs by POS Category
2013-14

CPP Activity	# of Consumers	Living Arrangement				Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,075,000	\$22,075,000
B. Assessment	718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,292,000	\$2,292,000
C. Placement	228	\$13,689,000	\$0	\$164,000	\$2,546,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$797,000	\$24,168,000
D. Deflection b/	72	\$5,826,000	\$0	\$0	\$576,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,402,000
E. 2014 May Revision 2013-14 TOTAL		\$19,515,000	\$0	\$164,000	\$3,122,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$25,164,000	\$54,937,000
F. Governor's Budget 2013-14 TOTAL		\$19,515,000	\$0	\$164,000	\$3,122,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$25,164,000	\$54,937,000
G. DIFFERENCE		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

a/ Start-Up Cost: This is related to start-up funds needed for new facilities/programs, program expansion, and program continuations.

b/ A "deflection" is defined as a person who is in a community setting and who is deflected away from placement in a developmental center.

Community Placement Plan
Purchase of Services
Summary of Costs by POS Category
2014-15

CPP Activity	# of Consumers	Living Arrangement				Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
		Community Care Facilities	Adult Family Home Agencies	Intermediate Care Facilities	Supported Living			Group	Individual							
A. Start-Up a/		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,856,000	\$25,856,000
B. Assessment	1,289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,600,000	\$3,600,000
C. Placement	158	\$13,689,000	\$0	\$164,000	\$2,546,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$797,000	\$24,168,000
D. Deflection b/	66	\$1,195,000	\$0	\$0	\$118,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,313,000
E. 2014 May Revision 2014-15 TOTAL		\$14,884,000	\$0	\$164,000	\$2,664,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$30,253,000	\$54,937,000
F. Governor's Budget 2014-15 TOTAL		\$14,884,000	\$0	\$164,000	\$2,664,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$30,253,000	\$54,937,000
G. DIFFERENCE		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

a/ Start-Up Cost: This is related to start-up funds needed for new facilities/programs, program expansion, and program continuations.

b/ A "deflection" is defined as a person who is in a community setting and who is deflected away from placement in a developmental center.

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

For the 2014 May Revision, Regular CPP costs are assumed to be the following.

Living Arrangement	# of Consumers	% of Total	Consumer Months	Living Arrangement			Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
				CCF	Intermediate Care Facilities	Supported Living			Group	Individual							
Regular CPP																	
• Community Care Facilities (CCF)																	
• Residential Facilities	32	14%	267	\$1,874,000	\$0	\$0	\$701,000	\$0	\$0	\$0	\$94,000	\$316,000	\$0	\$6,000	\$24,000	\$159,000	\$3,174,000
• Specialized Residential Facilities (SRF)	150	66%	1,182	\$11,476,000	\$0	\$0	\$2,666,000	\$0	\$176,000	\$0	\$521,000	\$894,000	\$0	\$33,000	\$580,000	\$395,000	\$16,741,000
• Intermediate Care Facilities (ICF)	14	6%	69	\$0	\$164,000	\$0	\$158,000	\$0	\$0	\$0	\$20,000	\$73,000	\$0	\$9,000	\$15,000	\$87,000	\$526,000
• Supported Living	27	12%	178	\$0	\$0	\$2,546,000	\$378,000	\$0	\$0	\$0	\$94,000	\$44,000	\$0	\$4,000	\$51,000	\$156,000	\$3,273,000
Avg Cost/Consumer Mo						\$14,285	\$2,121	\$0	\$0	\$0	\$527	\$247		\$22	\$286	\$875	\$18,363
• Other (Own Home, etc.)	5	2%	28	\$339,000	\$0	\$0	\$49,000	\$0	\$0	\$0	\$16,000	\$1,000	\$24,000	\$24,000	\$1,000	\$0	\$454,000
TOTAL	228	100%	1,724	\$13,689,000	\$164,000	\$2,546,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$797,000	\$24,168,000

Community Placement Plan
Purchase of Services
Cost and Service Utilization Assumptions for Placements
2014-15

For the 2014 May Revision, Regular CPP costs are assumed to be the following.

Living Arrangement	# of Consumers	% of Total	Consumer Months	Living Arrangement				Day Programs	Work Activity Program	Supported Employment Program		Transportation	Support Services	In-Home Respite	Out-of-Home Respite	Health Care	Misc.	Total
				CCF	Adult Family Home	Intermediate Care Facilities	Supported Living			Group	Individual							
Regular CPP																		
• Community Care Facilities (CCF)																		
• Residential Facilities	22	14%	185	\$1,874,000	\$0	\$0	\$0	\$701,000	\$0	\$0	\$0	\$94,000	\$316,000	\$0	\$6,000	\$24,000	\$159,000	\$3,174,000
• Specialized Residential Facilities (SRF)	104	66%	819	\$11,476,000	\$0	\$0	\$0	\$2,666,000	\$0	\$176,000	\$0	\$521,000	\$894,000	\$0	\$33,000	\$580,000	\$395,000	\$16,741,000
• Intermediate Care Facilities (ICF)	10	6%	48	\$0	\$0	\$164,000	\$0	\$158,000	\$0	\$0	\$0	\$20,000	\$73,000	\$0	\$9,000	\$15,000	\$87,000	\$526,000
• Supported Living	19	12%	124	\$0	\$0	\$0	\$2,546,000	\$378,000	\$0	\$0	\$0	\$94,000	\$44,000	\$0	\$4,000	\$51,000	\$156,000	\$3,273,000
Avg Cost/Consumer Mo							\$20,613	\$3,060				\$761	\$356		\$32	\$413	\$1,263	\$26,498
• Other (Own Home, etc.)	3	2%	19	\$339,000	\$0	\$0	\$0	\$49,000	\$0	\$0	\$0	\$16,000	\$1,000	\$24,000	\$24,000	\$1,000	\$0	\$454,000
TOTAL	158	100%	1,195	\$13,689,000	\$0	\$164,000	\$2,546,000	\$3,952,000	\$0	\$176,000	\$0	\$745,000	\$1,328,000	\$24,000	\$76,000	\$671,000	\$797,000	\$24,168,000

COMMUNITY PLACEMENT PLAN

Lanterman Developmental Center Closure Share of Funds

DESCRIPTION:

CPP efforts have been refocused in 2013-14 and 2014-15 to achieve a safe and successful transition of individuals with developmental disabilities from (LDC) to the community. This chart reflects the CPP costs dedicated to the LDC closure.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 over 2013-14	2014-15 Request
I. OPERATIONS*	\$11,192,000	\$11,192,000	\$0	\$11,192,000	\$11,192,000	\$0	\$0
II. PURCHASE OF SERVICES							
A. Start-Up	\$1,000,000	\$1,000,000	\$0	\$0	\$0	-\$1,000,000	\$0
B. Assessment	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Placement	\$16,088,000	\$16,088,000	\$0	\$3,036,000	\$3,036,000	-\$13,052,000	\$0
D. Deflection	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. SUBTOTAL POS(A + B + C + D)	\$17,088,000	\$17,088,000	\$0	\$3,036,000	\$3,036,000	-\$14,052,000	\$0
III. TOTAL CPP (I + II)	\$28,280,000	\$28,280,000	\$0	\$14,228,000	\$14,228,000	-\$14,052,000	\$0

Table of Contents

SECTION E: ESTIMATE METHODOLOGIES (continued)

FUND SOURCES

General Fund	E-18.1 to 18.2
Reimbursements	
Summary Table	E-19.1 to E-19.2
Home and Community-Based Services (HCBS) Waiver	E-20.1 to E-20.5
HCBS Waiver Administration.....	E-21.1 to E-21.6
Medicaid Administration	E-22.1 to E-22.4
Targeted Case Management (TCM).....	E-23
TCM Administration.....	E-24.1 to E-24.2
Title XX Block Grant	E-25.1 to E-25.3
Intermediate Care Facility-Developmentally Disabled	E-26.1 to E-26.2
Quality Assurance Fees	E-27.1 to E-27.2
1915(i) SPA.....	E-28.1 to E-28.3
Money Follows the Person Grant	E-29.1 to E-29.3
Homeland Security Grant Program	E-30
Early Periodic Screening Diagnosis and Treatment (EPSDT)	E-31.1 to E-31.2
Race to the Top.....	E-32
Program Development Fund/Parental Fees	E-33
Developmental Disabilities Services Account.....	E-34
Mental Health Services Fund	E-35
Federal Funds:	
<i>Early Start Grant</i>	E-36.1 to E-36.3
<i>Foster Grandparent Program</i>	E-37

General Fund

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

● GF Match:			\$1,624,145,000	\$1,634,999,000	\$10,854,000	\$1,713,449,000	\$1,732,702,000	\$97,703,000	\$19,253,000
This portion of GF is required to use as a match to reimbursements received from the Department of Health Care Services (DHCS). These reimbursements are originally funded by the federal government and passed through DHCS (the federally-recognized single state agency for Medicaid). The federal financial participation (FFP) costs are established by utilizing the Federal Medical Assistance Program (FMAP) percentages. They are as follows:									
FMAP % of GF Match									
1	Home and Community-Based Services (HCBS) Waiver	50.00%	1,218,385,000	1,228,012,000	9,627,000	1,293,056,000	1,310,686,000	82,674,000	17,630,000
2	HCBS Waiver Administration	50.00%	6,609,000	6,449,000	-160,000	6,647,000	6,494,000	45,000	-153,000
3	Medicaid Administration	25.00%	2,885,000	2,916,000	31,000	2,885,000	3,471,000	555,000	586,000
4	Targeted Case Management (TCM)	50.00%	142,989,000	142,289,000	-700,000	143,007,000	146,951,000	4,662,000	3,944,000
5	TCM Administration	50.00%	3,728,000	4,411,000	683,000	3,728,000	4,411,000	0	683,000
6	Intermediate Care Facility/Developmentally Disabled (ICF-DD)		58,192,000	55,966,000	-2,226,000	58,192,000	56,749,000	783,000	-1,443,000
7	Quality Assurance Fees		872,000	839,000	-33,000	872,000	851,000	12,000	-21,000
8	1915(i) State Plan Amendment (SPA)	50.00%	167,842,000	167,164,000	-678,000	182,261,000	177,154,000	9,990,000	-5,107,000
9	Money Follows the Person Grant		6,699,000	6,923,000	224,000	6,857,000	5,130,000	-1,793,000	-1,727,000
10	Early Periodic Screening Diagnosis and Treatment (EPSDT)	50.00%	15,944,000	20,030,000	4,086,000	15,944,000	20,805,000	775,000	4,861,000
● GF Other:			\$848,429,000	\$844,134,000	-\$4,295,000	\$920,754,000	\$913,551,000	\$69,417,000	-\$7,203,000
These costs consist of the remainder of total regional center expenditures not included in the GF Match, Reimbursements, Program Development Fund, Developmental Disabilities Services Account, Mental Health Services Fund or Federal Funds.									

General Fund

FUNDING:

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

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

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

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Over 2014-15 Request
• TOTAL EXPENDITURES:	\$2,472,574,000	\$2,479,133,000	\$6,559,000	\$2,634,203,000	\$2,646,253,000	\$167,120,000	\$12,050,000
Total General Fund	\$2,472,574,000	\$2,479,133,000	\$6,559,000	\$2,634,203,000	\$2,646,253,000	\$167,120,000	\$12,050,000
GF Match	1,624,145,000	1,634,999,000	10,854,000	1,713,449,000	1,732,702,000	97,703,000	19,253,000
GF Other	848,429,000	844,134,000	-4,295,000	920,754,000	913,551,000	69,417,000	-7,203,000

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

REIMBURSEMENTS a/	Governor's Budget 2013-14	May Revision for 2013-14	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,436,771,000	\$2,456,025,000	\$19,254,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	1,218,386,000	1,228,013,000	9,627,000
2. DDS GF Match = CY 50% and BY 50% (Purchase of Services)	1,218,385,000	1,228,012,000	9,627,000
B. HCBS Waiver Administration	\$13,219,000	\$12,898,000	-\$321,000
1. Reimbursement (from DHCS) = 50%	6,610,000	6,449,000	-161,000
2. DDS GF Match = 50% (Operations)	6,609,000	6,449,000	-160,000
C. Medicaid Administration	\$11,539,000	\$11,666,000	\$127,000
1. Reimbursement (from DHCS) = 75%	8,654,000	8,750,000	96,000
2. DDS GF Match = 25% (Operations)	2,885,000	2,916,000	31,000
D. Targeted Case Management (TCM)	\$285,978,000	\$284,578,000	-\$1,400,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	142,989,000	142,289,000	-700,000
2. DDS GF Match = CY 50% and BY 50% (Operations)	142,989,000	142,289,000	-700,000
E. Targeted Case Management Administration	\$7,456,000	\$8,822,000	\$1,366,000
1. Reimbursement (from DHCS) = 50%	3,728,000	4,411,000	683,000
2. DDS GF Match = 50% (Operations)	3,728,000	4,411,000	683,000
F. Title XX Block Grant	\$213,191,000	\$214,555,000	\$1,364,000
1a. Social Services (from DSS) = 100%	136,034,000	137,088,000	1,054,000
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157,000	77,467,000	310,000
2. DDS GF Match (Purchase of Services)	0	0	0
G. Intermediate Care Facility-Developmentally Disabled (ICF-DD)	\$116,385,000	\$111,933,000	-\$4,452,000
1. Reimbursement (from DHCS)	58,193,000	55,967,000	-2,226,000
2. DDS GF Match (Purchase of Services)	58,192,000	55,966,000	-2,226,000
H. Quality Assurance Admin Fees (Transfer from DHCS)	\$11,169,000	\$10,744,000	-\$425,000
1. Reimbursement (from DHCS)	10,297,000	9,905,000	-392,000
2. DDS GF Match (Purchase of Services & Operations)	872,000	839,000	-33,000
I. 1915(i) State Plan Amendment	\$335,684,000	\$334,328,000	-\$1,356,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	167,842,000	167,164,000	-678,000
2. DDS GF Match = CY 50% and BY 50% (Purchase of Services)	167,842,000	167,164,000	-678,000
J. Money Follows the Person Grant	\$17,914,000	\$18,395,000	\$481,000
1. Reimbursement (from DHCS) = 100%	11,215,000	11,472,000	257,000
2. DDS GF Match (Operations / POS)	6,699,000	6,923,000	224,000
K. Homeland Security Grant	\$391,000	\$411,000	\$20,000
1. Reimbursement (from DHCS) = 100%	391,000	411,000	20,000
2. DDS GF Match (Operations)	0	0	0
L. Race to the Top	\$472,000	\$472,000	\$0
1. Reimbursement (from DHCS)	472,000	472,000	0
2. DDS GF Match (Other Agency Costs)	0	0	0
M. Early Periodic Screening Diagnosis and Treatment	\$31,889,000	\$40,060,000	\$8,171,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	15,945,000	20,030,000	4,085,000
2. DDS GF Match = CY 50% and BY 50% (Purchase of Services)	15,944,000	20,030,000	4,086,000
N. TOTAL	\$3,482,058,000	\$3,504,887,000	\$22,829,000
1. Reimbursements	\$1,857,913,000	\$1,869,888,000	\$11,975,000
2. Total GF Match	\$1,624,145,000	\$1,634,999,000	\$10,854,000

a/ Reimbursements are funds received via other state agencies.

DHCS = Department of Health Care Services

DSS = Department of Social Services

DOE = Department of Education

CEMA = California Emergency Management Agency

Reimbursements
Summary of Reimbursements and General Fund (GF) Match
Fiscal Year 2014-15

REIMBURSEMENTS a/	Governor's Budget 2014-15	May Revision for 2014-15	Difference
A. Home and Community-Based Services (HCBS) Waiver	\$2,586,112,000	\$2,621,373,000	\$35,261,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	1,293,056,000	1,310,687,000	17,631,000
2. DDS GF Match = CY 50% and BY 50%	1,293,056,000	1,310,686,000	17,630,000
(Purchase of Services)			
B. HCBS Waiver Administration	\$13,295,000	\$12,988,000	-\$307,000
1. Reimbursement (from DHCS) = 50%	6,648,000	6,494,000	-154,000
2. DDS GF Match = 50%	6,647,000	6,494,000	-153,000
(Operations)			
C. Medicaid Administration	\$11,539,000	\$13,888,000	\$2,349,000
1. Reimbursement (from DHCS) = 75%	8,654,000	10,417,000	1,763,000
2. DDS GF Match = 25%	2,885,000	3,471,000	586,000
(Operations)			
D. Targeted Case Management (TCM)	\$286,015,000	\$293,903,000	\$7,888,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	143,008,000	146,952,000	3,944,000
2. DDS GF Match = CY 50% and BY 50%	143,007,000	146,951,000	3,944,000
(Operations)			
E. Targeted Case Management Administration	\$7,456,000	\$8,822,000	\$1,366,000
1. Reimbursement (from DHCS) = 50%	3,728,000	4,411,000	683,000
2. DDS GF Match = 50%	3,728,000	4,411,000	683,000
(Operations)			
F. Title XX Block Grant	\$213,191,000	\$214,555,000	\$1,364,000
1a. Social Services (from DSS) = 100%	136,034,000	137,088,000	1,054,000
1b. Temporary Assistance for Needy Families (TANF) (from DSS) = 100%	77,157,000	77,467,000	310,000
2. DDS GF Match	0	0	0
(Purchase of Services)			
G. Intermediate Care Facility-Developmentally Disabled (ICF-DD)	\$116,385,000	\$113,500,000	-\$2,885,000
1. Reimbursement (from DHCS)	58,193,000	56,751,000	-1,442,000
2. DDS GF Match	58,192,000	56,749,000	-1,443,000
(Purchase of Services)			
H. Quality Assurance Admin Fees(Transfer from DHCS)	\$11,169,000	\$10,895,000	-\$274,000
1. Reimbursement (from DHCS)	10,297,000	10,044,000	-253,000
2. DDS GF Match	872,000	851,000	-21,000
(Purchase of Services & Operations)			
I. 1915(i) State Plan Amendment	\$364,522,000	\$354,308,000	-\$10,214,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	182,261,000	177,154,000	-5,107,000
2. DDS GF Match = CY 50% and BY 50%	182,261,000	177,154,000	-5,107,000
(Purchase of Services)			
J. Money Follows the Person Grant	\$18,230,000	\$13,420,000	-\$4,810,000
1. Reimbursement (from DHCS) = 100%	11,373,000	8,290,000	-3,083,000
2. DDS GF Match	6,857,000	5,130,000	-1,727,000
(Operations / POS)			
K. Homeland Security Grant	\$391,000	\$411,000	\$20,000
1. Reimbursement (from DHCS) = 100%	391,000	411,000	20,000
2. DDS GF Match	0	0	0
(Operations)			
L. Race to the Top	\$341,000	\$341,000	\$0
1. Reimbursement (from DHCS)	341,000	341,000	0
2. DDS GF Match	0	0	0
(Other Agency Costs)			
M. Early Periodic Screening Diagnosis and Treatment	\$31,889,000	\$41,610,000	\$9,721,000
1. Reimbursement (from DHCS) = CY 50 % and BY 50%	15,945,000	20,805,000	4,860,000
2. DDS GF Match = CY 50% and BY 50%	15,944,000	20,805,000	4,861,000
(Purchase of Services)			
N. TOTAL	\$3,660,535,000	\$3,700,014,000	\$39,479,000
1. Reimbursements	\$1,947,086,000	\$1,967,312,000	\$20,226,000
2. Total GF Match	\$1,713,449,000	\$1,732,702,000	\$19,253,000

a/ Reimbursements are funds received via other state agencies.

DHCS = Department of Health Care Services

DSS = Department of Social Services

DOE = Department of Education

CEMA = California Emergency Management Agency

Home and Community-Based Services Waiver

DESCRIPTION:

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

KEY DATA/ASSUMPTIONS:

Data Source: Medicaid Waiver Total Billed Dollar Amounts and Client Counts report, dated March 3, 2014 for the period of January 2013 through December 2013.

METHODOLOGY:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> • Base: <ul style="list-style-type: none"> • 2013-14 Total estimated expenditures based on billing data for the period of January 2013 - June 2013 	\$2,333,550,000	\$2,405,127,000	\$71,577,000	\$2,411,715,000	\$2,443,743,000	\$38,616,000	\$32,028,000
	2,333,550,000	2,405,127,000	71,577,000				
<ul style="list-style-type: none"> • 2014-15 Total Estimated prior-year HCBS Waiver Expenditures 				2,436,771,000	2,456,025,000		19,254,000
Less 2013-14 Community Placement Plan (CPP) Placements, Deflections, Assessments and Continuation				-27,816,000	-14,268,000		13,548,000
Less Financial Management Services for Participant-Directed Services							
Plus SSI/SSP RC Savings				2,760,000	1,986,000		-774,000
<ul style="list-style-type: none"> • Annual Growth, New RC Consumers 	\$53,543,000	\$28,311,000	-\$25,232,000	\$52,049,000	\$59,320,000	\$31,009,000	\$7,271,000
<ul style="list-style-type: none"> • 2013-14 <ul style="list-style-type: none"> • 2013-14 Annual Growth Add annual growth costs in 2013-14 for 3,524 consumers who will be new to the Regional Center (RC) system and added to the HCBS Waiver (3,524 x \$15,000 (annual cost/consumer) x .41105 (phase-in factor) = \$21,728,000). 	22,681,000	21,728,000	-953,000				
<ul style="list-style-type: none"> • 2012-13 Annual Growth, Continuation for RC Consumers Added in 2012-13 	30,862,000	6,583,000	-24,279,000				
<ul style="list-style-type: none"> • 2014-15 <ul style="list-style-type: none"> • 2014-15 Annual Growth Add annual growth costs in 2014-15 for 3,658 consumers who will be new to the RC system and added to the HCBS Waiver in 2014-15 (3,658 x \$15,000 (annual cost/consumer) x .56353 (phase-in factor) = \$30,921,000). 				27,405,000	30,921,000		3,516,000
<ul style="list-style-type: none"> • 2013-14 Annual Growth, Continuation for RC Consumers Added in 2013-14 				24,644,000	28,399,000		3,755,000

Home and Community-Based Services Waiver

METHODOLOGY (continued):

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> • Increase of Waiver Base Growth, Existing RC Consumers <ul style="list-style-type: none"> • 2013-14 Increase of Waiver Base Growth Add increase of waiver base growth costs in 2013-14 for 1,306 consumers to the HCBS Waiver (1,306 x \$14,400 (annual cost/consumer) x .39588 (phase-in factor) = \$7,445,000). • 2012-13 Increase of Waiver Base Growth Continuation • 2014-15 Increase of Waiver Base Growth Add increase of waiver base growth costs in 2014-15 for 1,232 consumers to the HCBS Waiver (1,232 x \$14,000 (annual cost/consumer) x .55717 (phase-in factor) = \$9,610,000). • 2014-15 Increase of Waiver Base Growth Continuation • CPP <ul style="list-style-type: none"> • 2013-14 Add CPP costs in 2013-14 for 194 consumers in the RC system and added to the HCBS Waiver (194 x \$144,000 (annual cost/consumer) x .39347 (phase-in factor) = \$10,992,000). • 2014-15 Add CPP costs in 2014-15 for 134 consumers in the RC system and added to the HCBS Waiver (134 x \$144,000 (annual cost/consumer) x .53607 (phase-in factor) = \$10,344,000). • Placement Continuation: <ul style="list-style-type: none"> • 2013-14 The annual estimated Placement Continuation costs for 179 HCBS Waiver-eligible consumers in each living arrangement (179 x \$144,000 (annual cost/consumer) x .12709 (phase-in factor) = \$3,276,000). • 2013-14 The annual estimated Placement Continuation costs for 194 HCBS Waiver-eligible consumers in each living arrangement (194 x \$144,000 (annual cost/consumer) x .35954 (phase-in factor) = \$10,044,000). 	\$24,622,000	\$10,305,000	-\$14,317,000	\$27,170,000	\$19,315,000	\$9,010,000	-\$7,855,000
	12,826,000	7,445,000	-5,381,000				
	11,796,000	2,860,000	-8,936,000				
				13,424,000	9,610,000		-3,814,000
				13,746,000	9,705,000		-4,041,000
	\$15,012,000	\$10,992,000	-\$4,020,000	\$10,332,000	\$10,344,000	-\$648,000	\$12,000
	15,012,000	10,992,000					
				10,332,000	10,344,000		
	\$12,804,000	\$3,276,000	-\$9,528,000	\$12,924,000	\$10,044,000	\$6,768,000	-\$2,880,000
	12,804,000	3,276,000					
				12,924,000	10,044,000		

Home and Community-Based Services Waiver

METHODOLOGY (continued):

	Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2013-14	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• SSI/SSP Increase/RC Savings	-\$2,760,000	-\$1,986,000	\$774,000	-\$2,768,000	-\$1,986,000	\$0	\$782,000
• AB 10 Minimum Wage Increase	\$0	\$0	\$0	\$69,290,000	\$74,927,000	\$74,927,000	\$5,637,000
• Federal Overtime Requirements	\$0	\$0	\$0	\$5,400,000	\$5,666,000	\$5,666,000	\$266,000
• TOTAL EXPENDITURES	\$2,436,771,000	\$2,456,025,000	\$19,254,000	\$2,586,112,000	\$2,621,373,000	\$165,348,000	\$35,261,000
• Federal Medical Assistance Percentage (FMAP)	50.00%	50.00%		50.00%	50.00%		
• Total Federal Financial Participation (FFP)	\$1,218,386,000	\$1,228,013,000	\$9,627,000	\$1,293,056,000	\$1,310,687,000	\$82,674,000	\$17,631,000
• General Fund (GF) Match	\$1,218,385,000	\$1,228,012,000	\$9,627,000	\$1,293,056,000	\$1,310,686,000	\$82,674,000	\$17,630,000

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

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

REASON FOR YEAR-TO-YEAR CHANGE:

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

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

EXPENDITURES:

	FYI Only Estimated % of Costs Billable to HCBS Waiver	% of Actual 2012-13 Waiver Expenditures by Budget Category	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Total Estimated HCBS Waiver-Billable Expenditures			\$2,436,771,000	\$2,456,025,000	\$19,254,000	\$2,586,112,000	\$2,621,373,000	\$165,348,000	\$35,261,000
<i>GF Match</i>			1,218,385,000	1,228,012,000	9,627,000	1,293,056,000	1,310,686,000	82,674,000	17,630,000
<i>FFP (from DHCS)</i>			1,218,386,000	1,228,013,000	9,627,000	1,293,056,000	1,310,687,000	82,674,000	17,631,000
<i>FMAP</i>			50.00%	50.00%		50.00%	50.00%		
Purchase of Services									
Community Care Facilities	81%	31.80%	781,601,000	780,936,000	-665,000	805,545,000	807,886,000	26,950,000	2,341,000
<i>GF Match</i>			390,801,000	390,468,000	-333,000	402,773,000	403,943,000	13,475,000	1,170,000
<i>FFP</i>			390,800,000	390,468,000	-332,000	402,772,000	403,943,000	13,475,000	1,171,000
Day Programs	54%	19.50%	484,089,000	478,839,000	-5,250,000	498,919,000	495,363,000	16,524,000	-3,556,000
<i>GF Match</i>			242,045,000	239,419,000	-2,626,000	249,460,000	247,682,000	8,263,000	-1,778,000
<i>FFP</i>			242,044,000	239,420,000	-2,624,000	249,459,000	247,681,000	8,261,000	-1,778,000
Work Activity Program	60%	1.48%	36,622,000	36,470,000	-152,000	37,744,000	37,728,000	1,258,000	-16,000
<i>GF Match</i>			18,311,000	18,235,000	-76,000	18,872,000	18,864,000	629,000	-8,000
<i>FFP</i>			18,311,000	18,235,000	-76,000	18,872,000	18,864,000	629,000	-8,000
Supported Employment Placement (SEP) / Group	38%	1.19%	28,867,000	29,149,000	282,000	29,751,000	30,155,000	1,006,000	404,000
<i>GF Match</i>			14,433,000	14,574,000	141,000	14,875,000	15,077,000	503,000	202,000
<i>FFP</i>			14,434,000	14,575,000	141,000	14,876,000	15,078,000	503,000	202,000
SEP / Individual	23%	0.17%	4,250,000	4,272,000	22,000	4,380,000	4,420,000	148,000	40,000
<i>GF Match</i>			2,125,000	2,136,000	11,000	2,190,000	2,210,000	74,000	20,000
<i>FFP</i>			2,125,000	2,136,000	11,000	2,190,000	2,210,000	74,000	20,000
Transportation	62%	6.36%	155,359,000	156,267,000	908,000	160,119,000	161,659,000	5,392,000	1,540,000
<i>GF Match</i>			77,679,000	78,134,000	455,000	80,059,000	80,829,000	2,695,000	770,000
<i>FFP</i>			77,680,000	78,133,000	453,000	80,060,000	80,830,000	2,697,000	770,000
Support Services	73%	25.07%	612,567,000	615,743,000	3,176,000	631,333,000	636,992,000	21,249,000	5,659,000
<i>GF Match</i>			306,284,000	307,872,000	1,588,000	315,667,000	318,496,000	10,624,000	2,829,000
<i>FFP</i>			306,283,000	307,871,000	1,588,000	315,666,000	318,496,000	10,625,000	2,830,000

Home and Community-Based Services Waiver

Estimated Distribution in Purchase of Services

EXPENDITURES

	FYI Only Estimated % of Costs	% of Actual 2011-12 Waiver	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
	Billable to HCBS Waiver	Expenditures by Budget Category							
In-Home Respite	72%	6.24%	145,460,000	153,378,000	7,918,000	149,916,000	158,671,000	5,293,000	8,755,000
GF Match			72,730,000	76,689,000	3,959,000	74,958,000	79,336,000	2,647,000	4,378,000
FFP			72,730,000	76,689,000	3,959,000	74,958,000	79,335,000	2,646,000	4,377,000
Out-of-Home Respite	63%	1.12%	26,610,000	27,456,000	846,000	27,426,000	28,403,000	947,000	977,000
GF Match			13,305,000	13,728,000	423,000	13,713,000	14,201,000	473,000	488,000
FFP			13,305,000	13,728,000	423,000	13,713,000	14,202,000	474,000	489,000
Health Care	21%	0.72%	16,797,000	17,689,000	892,000	17,311,000	18,300,000	611,000	989,000
GF Match			8,398,000	8,844,000	446,000	8,655,000	9,150,000	306,000	495,000
FFP			8,399,000	8,845,000	446,000	8,656,000	9,150,000	305,000	494,000
Miscellaneous	36%	6.34%	144,549,000	155,826,000	11,277,000	148,978,000	161,203,000	5,377,000	12,225,000
GF Match			72,274,000	77,913,000	5,639,000	74,489,000	80,602,000	2,689,000	6,113,000
FFP			72,275,000	77,913,000	5,638,000	74,489,000	80,601,000	2,688,000	6,112,000
AB 10 Minimum Wage Increase			0	0	0	69,290,000	74,927,000	74,927,000	5,637,000
GF Match			0	0	0	34,645,000	37,463,000	37,463,000	2,818,000
FFP (from DHCS)			0	0	0	34,645,000	37,464,000	37,464,000	2,819,000
Federal Labor Regulations			0	0	0	5,400,000	5,666,000	5,666,000	266,000
GF Match			0	0	0	2,700,000	2,833,000	2,833,000	133,000
FFP (from DHCS)			0	0	0	2,700,000	2,833,000	2,833,000	133,000

Home and Community-Based Services Waiver Administration

DESCRIPTION:

The Home and Community-Based Services (HCBS) Waiver enables the Department of Developmental Services (DDS) to provide a broad array of home and community-based services to eligible individuals who, without these services, would require the level of care provided in an intermediate care facility for the developmentally disabled. These HCBS Waiver Administration funds are for the proper and efficient administration of the HCBS Waiver.

ASSUMPTIONS/METHODOLOGY:

Training for Direct Support Professional (DSP) Staff:

Welfare and Institutions Code Section 4695.2, Statutes of 1998, mandates all DSPs working in licensed community care facilities (CCFs) to either pass competency tests or satisfactorily complete each of two consecutive 35-hour training segments within two years of the date of hire. The testing and training program is conducted through an Interagency Agreement (IA) with the Department of Education (DOE). This estimate of Operations costs covers the costs of challenge tests, training through the IA with DOE.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2013-14	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Training for DSP Staff	\$2,318,000	\$2,318,000	\$0	\$2,318,000	\$2,332,000	\$14,000	\$14,000

- Total Cost for DSP Training is:
CY \$2,605,000
BY \$2,620,000
- 89% of the consumers residing in CCFs are HCBS Waiver eligible; therefore, it is assumed that 89% of the costs are eligible for federal financial participation (FFP).

CY $\$2,605,000 \times .89 = \$2,318,000$
BY $\$2,620,000 \times .89 = \$2,332,000$
- The FFP portion of the HCBS Waiver Administration-eligible costs is 50%.
CY $\$2,318,000 \times .50 = \$1,159,000$
BY $\$2,332,000 \times .50 = \$1,166,000$
- These costs are reflected in the DSP Training estimate, under Operations, Projects.

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

Collection (FFP) for Contracted Services

Regional center staff will renegotiate contracts with vendors, liaison with the Department of Developmental Services experts on changes required to expand and enhance existing billing options, train vendors and regional center personnel involved in the billing process to key enter necessary attendance and other required billing data from paper invoices submitted by vendors, and review, adjust and/or correct attendance data after it is uploaded to the Uniform Fiscal System to assure proper payment to vendors. These resources will allow the State to collect HCBS Waiver Administration reimbursements.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Staffing for Collection of FFP for Contracted Services	\$891,000	\$891,000	\$0	\$891,000	\$891,000	\$0	\$0

- Total cost of Staffing for Collection of FFP for Contracted Services is \$2,228,000.
- 40% of the total community population is FFP eligible, therefore it is assumed that 40% of the costs are eligible for FFP.
- Therefore 40% of the total costs would be FFP + General Fund (GF) Match.
\$2,228,000 x .40 = \$891,000.
- The FFP portion of the HCBS Waiver Administration eligible costs is 50%.
\$891,000 x .50 = \$445,000

These costs are reflected in the Staffing for Collection of FFP for Contracted Services under Operations, Staffing.

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

Collection of Federal Financial Participation (FFP) for Contracted Services

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

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
FFP Enhancement (related to 2003-04 Enhancing FFP BCP)							
<ul style="list-style-type: none"> Total RC Administrative Costs are \$7,737,000 100% of costs are eligible for FFP. The FFP portion of total HCBS Waiver Administration eligible costs is 50%. 	\$7,737,000	\$7,737,000	\$0	\$7,737,000	\$7,737,000	\$0	\$0
$\$7,737,000 \times .50 = \$3,869,000$ These Costs are reflected under Operations, Core Staffing.							

2007-08 Legislative Augmentation: Resources for Health Care Community Specialists

Reimbursement related to Agnews Ongoing workload Health Care Community Specialists positions were moved from Medicaid Administration (MA) to HCBS Waiver Administration. 98% of the total personal services and operating expenses for the above positions were eligible for waiver.

2007-08 Legislative Augmentation: Resources for Health Care Community Specialist

	\$710,000	\$377,000	-\$333,000	\$710,000	\$377,000	\$0	-\$333,000
<ul style="list-style-type: none"> Total Cost for Resources for Health Care Community Specialist is \$385,000 98% of Agnews Consumers are HCBS Waiver eligible, therefore it is assumed that 98% of these costs are eligible for FFP. $\\$385,000 \times .98 = \\$377,000$ The FFP portion of the HCBS Waiver Administration costs is 50%. 							
$\$377,000 \times .50 = \$188,000$ These costs are reflected under Operations, Agnews Ongoing Workload.							

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Federal Medicaid Requirements for RC HCBS Services	\$984,000	\$984,000	\$0	\$984,000	\$984,000	\$0	\$0
<ul style="list-style-type: none"> Total Costs \$984,000 100% of costs are eligible for FFP. The FFP portion of the HCBS Waiver Administration costs is 50%. $\\$984,000 \times .50 = \\$492,000$ These costs are reflected in the Federal Medicaid Requirements for RC HCBS Services estimate under Operations, Federal 							
Office of Administrative Hearings	\$1,310,000	\$1,310,000	\$0	\$1,310,000	\$1,310,000	\$0	\$0
<ul style="list-style-type: none"> Total Costs: \$2,910,000 45% of costs are eligible for FFP. $\\$2,910,000 \times .45 = \\$1,310,000$ The FFP portion of the HCBS Waiver Administration costs is 50%. $\\$1,310,000 \times .50 = \\$655,000$ These costs are reflected in the Office of Administrative Hearings estimate under Operations, Projects. 							
Clients' Rights Advocacy	\$2,530,000	\$2,530,000	\$0	\$2,606,000	\$2,606,000	\$76,000	\$0
<ul style="list-style-type: none"> Total Costs: CY \$5,623,000 BY \$5,792,000 45% of costs are eligible for FFP. CY: $\\$5,623,000 \times .45 = \\$2,530,000$ BY: $\\$5,792,000 \times .45 = \\$2,606,000$ The FFP portion of the HCBS Waiver Administration costs is 50%. CY: $\\$2,530,000 \times .50 = \\$1,265,000$ BY: $\\$2,606,000 \times .50 = \\$1,303,000$ These costs are reflected in the Clients' Rights Advocacy estimate under Operations, Projects. 							

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Quality Assessment Contract	\$1,376,000	\$1,388,000	\$12,000	\$1,376,000	\$1,388,000	\$0	\$12,000
<ul style="list-style-type: none"> Total Costs \$3,084,000 45% of costs are eligible for FFP. $\\$3,084,000 \times .45 = \\$1,388,000$ The FFP portion of the HCBS Waiver Administration costs is 50%. $\\$1,388,000 \times .50 = \\$694,000$ <p>These costs are reflected in the Quality Assessment Contract estimate under Operations, Projects.</p>							
Special Incident Reporting/Risk Assessment	\$363,000	\$363,000	\$0	\$363,000	\$363,000	\$0	\$0
<ul style="list-style-type: none"> Total Costs \$807,000 45% of costs are eligible for FFP. $\\$807,000 \times .45 = \\$363,000$ The FFP portion of the HCBS Waiver Administration costs is 50%. $\\$363,000 \times .50 = \\$182,000$ <p>These costs are reflected in the Special Incident Reporting/Risk Assessment estimate under Operations, Projects.</p>							
<u>FY 2012-13 General Fund Savings Proposal</u>	-\$5,000,000	-\$5,000,000	\$0	-\$5,000,000	-\$5,000,000	\$0	\$0

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditure data.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated expenditure data.

Home and Community-Based Services Waiver Administration

ASSUMPTIONS/METHODOLOGY (continued):

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL	\$13,219,000	\$12,898,000	-\$321,000	\$13,295,000	\$12,988,000	\$90,000	-\$307,000
FFP	6,610,000	6,449,000	-161,000	6,648,000	6,494,000	45,000	-154,000
GF Match	6,609,000	6,449,000	-160,000	6,647,000	6,494,000	45,000	-153,000

Medicaid Administration

DESCRIPTION:

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

Clinical support teams ensure the regional centers' (RC) ability to adequately monitor the health care of consumers with severe behavior and/or medical problems; to provide health-related consultation to these consumers, their families, providers and other community health professionals; to ensure careful and complete mortality reviews for these consumers' deaths; and to ensure health care access and advocacy for these consumers.

In addition, clinical support teams complete yearly reviews of medications, health care plans and behavioral plans for all consumers in community care facilities and in supported and independent living arrangements. Clinical teams also review circumstances leading to all deaths of these consumers.

Pursuant to SB 1038 (Chapter 1043, Statutes of 1998), RC physicians and nurses (with clerical support) provide medical reviews for the remainder of the community consumers who are not getting medical reviews from the clinical support teams.

These activities are eligible for federal Medicaid Administration (MA) reimbursement.

Compliance with Home and Community-Based Services (HCBS) Waiver Requirements (Regional Center Operations page E-3.5)

RC physicians and psychiatrists perform activities, including clinical consultation, monitoring and review of consumers' medications, to ensure the RC system maintains compliance with the HCBS Waiver.

Agnews Ongoing Workload (AOW) (Regional Center Operations page E-2.14)

RC physicians and psychiatrists perform activities, including clinical consultation, monitoring and review of consumers' medications, to ensure the RC system maintains compliance with the HCBS Waiver.

Consistent with passage of Assembly Bill 1378 (Chapter 538, Statutes of 2005) AOW employees will provide clinical support services to ensure the health and well being of Agnews residents as they transition into the community consistent with the Department of Developmental Services' (DDS) Interagency Agreement for MA with the Department of Health Care Services.

Nurse consultants will monitor consumer health care plans and health care for Agnews residents living in SB 962 homes. One dental coordinator at each of the Bay Area RC (RC of the East Bay, San Andreas RC and Golden Gate RC) will promote and coordinate dental resources for Agnews residents that have moved into the community.

State employees in the community may participate in all MA activities, including clinical support teams, SB 1038 health reviews, and compliance with HCBS Waiver requirements.

Medicaid Administration**METHODOLOGY:****ASSUMPTIONS:**

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
<ul style="list-style-type: none"> The cost of conducting health reviews is based upon Regional Centers (RCs) actual cost. 							
<ul style="list-style-type: none"> Costs for Clinical Support Teams and SB 1038 Health Reviews are based on 2012-13 data collected from the RC's. <ul style="list-style-type: none"> Of the consumers receiving health reviews, 76% are Medicaid eligible; therefore, it is assumed that 76% of costs are eligible for MA reimbursement . 	\$9,266,000	\$9,257,000	-\$9,000	\$9,266,000	\$12,180,000	\$2,923,000	\$2,914,000
	0.73	0.76		0.73	0.76		
Total	\$6,764,180	\$7,035,320	\$271,140	\$6,764,180	\$9,256,800	\$2,221,480	\$2,492,620
Rounded	\$6,764,000	\$7,035,000	\$271,000	\$6,764,000	\$9,257,000	\$2,222,000	\$2,493,000
<ul style="list-style-type: none"> The Federal Financial Participation (FFP) portion of total MA-eligible costs is 75%. 							
	0.75	0.75		0.75	0.75		
Total	\$5,073,000	\$5,276,250	\$203,250	\$5,073,000	\$6,942,750	\$1,666,500	\$1,869,750
Rounded	\$5,073,000	\$5,276,000	\$203,000	\$5,073,000	\$6,943,000	\$1,667,000	\$1,870,000
<ul style="list-style-type: none"> Staffing for Compliance with HCBS Waiver Requirements <ul style="list-style-type: none"> Total personal services and operating costs related to MA. 100% of these costs are eligible for MA because related staff will be working only with HCBS Waiver consumers. 	\$2,711,000	\$2,600,000	-\$111,000	\$2,711,000	\$2,600,000	\$0	-\$111,000
	1.00	1.00		1.00	1.00	\$0	
Total	\$2,711,000	\$2,600,000	-\$111,000	\$2,711,000	\$2,600,000	\$0	-\$111,000
Rounded	\$2,711,000	\$2,600,000	-\$111,000	\$2,711,000	\$2,600,000	\$0	-\$111,000
<ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 75% . 							
	0.75	0.75		0.75	0.75		
Total	\$2,033,250	\$1,950,000	-\$83,250	\$2,033,250	\$1,950,000	\$0	-\$83,250
Rounded	\$2,033,000	\$1,950,000	-\$83,000	\$2,033,000	\$1,950,000	\$0	-\$83,000
<ul style="list-style-type: none"> Agnews Ongoing Workload <ul style="list-style-type: none"> Nurse Consultants <ul style="list-style-type: none"> Total personal services and operating costs related to MA. Consistent with the Community Placement Plan (CPP) assumptions, 98% of these cost are eligible for MA 	\$123,000	\$275,000	\$152,000	\$123,000	\$275,000	\$0	\$152,000
	0.98	0.98		0.98	0.98		
Total	\$120,540	\$269,500	\$148,960	\$120,540	\$269,500	\$0	\$148,960
Rounded	\$121,000	\$270,000	\$149,000	\$121,000	\$270,000	\$0	\$149,000
<ul style="list-style-type: none"> The FFP portion of total MA-eligible costs is 75% . 							
	0.75	0.75		0.75	0.75		
Total	\$90,750	\$202,500	\$111,750	\$90,750	\$202,500	\$0	\$111,750
Rounded	\$91,000	\$203,000	\$112,000	\$91,000	\$203,000	\$0	\$112,000

Medicaid Administration

METHODOLOGY: (continued)

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• State Employees in the Community							
• Total personal services and operating costs related to MA.	\$1,678,000	\$1,292,000	-\$386,000	\$1,678,000	\$1,292,000	\$0	-\$386,000
• Consistent with CPP assumptions, 98% of these costs are eligible for MA	0.98	0.98		0.98	0.98		
Total	\$1,644,440	\$1,266,160	-\$378,280	\$1,644,440	\$1,266,160	\$0	-\$378,280
Rounded	\$1,644,000	\$1,266,000	-\$378,000	\$1,644,000	\$1,266,000	\$0	-\$378,000
• The FFP portion of total MA-eligible costs is 75% .	0.75	0.75		0.75	0.75		
Total	\$1,233,000	\$949,500	-\$283,500	\$1,233,000	\$949,500	\$0	-\$283,500
Rounded	\$1,233,000	\$950,000	-\$284,000	\$1,233,000	\$950,000	\$0	-\$283,000
• Dental Coordinators							
• Total personal services and operating costs related to MA.	\$581,000	\$505,000	-\$76,000	\$581,000	\$505,000	\$0	-\$76,000
• Consistent with the CPP assumptions, 98% of these costs are eligible for MA (\$505,000 x .98 = \$495,000).	0.98	0.98		0.98	0.98		
Total	\$569,380	\$494,900	-\$74,480	\$569,380	\$494,900	\$0	-\$74,480
Rounded	\$569,000	\$495,000	-\$74,000	\$569,000	\$495,000	\$0	-\$74,000
• The FFP portion of total MA-eligible costs is 75% (\$495,000 x .75 = \$371,000).	0.75	0.75		0.75	0.75		
Total	\$426,750	\$371,250	-\$55,500	\$426,750	\$371,250	\$0	-\$55,500
Rounded	\$427,000	\$371,000	-\$56,000	\$427,000	\$371,000	\$0	-\$56,000

Medicaid Administration**METHODOLOGY: (continued)**

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Target Savings (2009-10)							
• Total personal services and operating costs related to MA.	-\$270,000	\$0	\$270,000	-\$270,000	\$0	\$0	\$270,000
• It is assumed that 100% of these costs are eligible for MA.	1.00	1.00		1.00	1.00		
Total	-\$270,000	\$0	\$0	-\$270,000	\$0	\$0	\$270,000
Rounded	-\$270,000	\$0	\$0	-\$270,000	\$0	\$0	\$270,000
• The FFP portion of total MA-eligible costs is 75%	0.75	0.75		0.75	0.75		
Total	-\$202,500	\$0	\$0	-\$202,500	\$0	\$0	\$0
Rounded	-\$203,000	\$0	\$0	-\$203,000	\$0	\$0	\$0

FUNDING:

The MA reimbursement is 75% FFP and 25% General Fund (GF). These MA funds are reflected in Operations, Staffing, Compliance with HCBS Waiver Requirements estimate, and Agnews Ongoing Workload.

CHANGE FROM PRIOR ESTIMATE:

The reimbursement amounts reflect updated RC personal services expenditures.

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$11,539,000	\$11,666,000	\$127,000	\$11,539,000	\$13,888,000	\$2,222,000	\$2,349,000
FFP	8,654,000	8,750,000	96,000	8,654,000	10,417,000	1,667,000	1,763,000
GF Match	2,885,000	2,916,000	31,000	2,885,000	3,471,000	555,000	586,000

Targeted Case Management

DESCRIPTION:

The Targeted Case Management (TCM) program provides Medicaid federal matching funds for case management services provided by regional centers (RC) for specific client groups. There are approximately 178,000 Medi-Cal eligible persons in the RC system. Federal legislation enacted in 1986 defined these case management services as services which "...will assist individuals...in gaining access to needed medical, social, educational, and other services." This means that the cost for most of the RC case manager's time spent on Medi-Cal eligible developmentally disabled persons is eligible for federal financial participation (FFP).

KEY DATA/ASSUMPTIONS:

Source data is from the TCM RC Billed Units report dated March 3, 2014 for the period November 2012 - November 2013.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
METHODOLOGY:							
• Base: TCM expenditures are based on actual TCM billable units for a 12-month period (November 2012 - November 2013) multiplied by the RC TCM rates effective July 2013 for Current Year (CY) and Budget Year (BY).	\$285,978,000	\$284,578,000	-\$1,400,000	\$285,978,000	\$293,686,000	\$9,108,000	\$7,708,000
• AB 10 Minimum Wage Increase (Operations)	\$0	\$0	\$0	\$37,000	\$37,000	\$37,000	\$0
FFP	0	0	0	19,000	19,000	19,000	0
GF Match	0	0	0	18,000	18,000	18,000	0
• DC Task Force	\$0	\$0	\$0	\$0	\$180,000	\$180,000	\$180,000
FFP	0	0	0	0	90,000	90,000	90,000
GF Match	0	0	0	0	90,000	90,000	90,000

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

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

REASON FOR YEAR-TO-YEAR CHANGE:

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

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$285,978,000	\$284,578,000	-\$1,400,000	\$286,015,000	\$293,903,000	\$9,325,000	\$7,888,000
FFP	142,989,000	142,289,000	-700,000	143,008,000	146,952,000	4,663,000	3,944,000
GF Match	142,989,000	142,289,000	-700,000	143,007,000	146,951,000	4,662,000	3,944,000

Targeted Case Management Administration

DESCRIPTION:

The Targeted Case Management (TCM) program provides Medicaid federal matching funds for case management services for specific client groups. There are approximately 178,000 Medi-Cal eligible persons in the regional center (RC) system. Federal legislation enacted in 1986 defined case management services as services which "...will assist individuals...in gaining access to needed medical, social, educational, and other services." This means that the cost for most of the RC case manager's time spent on Medi-Cal eligible developmentally disabled persons and the cost of providing administrative support to the case management program are both eligible for federal financial participation (FFP). These TCM Administration funds are for the proper and efficient administration of the TCM.

ASSUMPTIONS:

- TCM Administration reimbursements will be 50% FFP.
- Source of Monthly Data: Department of Developmental Services' (DDS) Fiscal Systems - California State Accounting and Reporting System.

METHODOLOGY:

Utilizing a time survey, DDS gathers records of time spent by DDS headquarters personnel providing administrative case management assistance to the RC. These surveys are used to allocate headquarters salaries, wages and benefits and a portion of DDS' statewide cost allocation related to administrative case management support.

Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
\$7,456,000	\$8,822,000	\$1,366,000	\$7,456,000	\$8,822,000	\$0	\$1,366,000

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

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

Targeted Case Management Administration

METHODOLOGY (continued):

REASON FOR YEAR-TO-YEAR CHANGE:

No Change.

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$7,456,000	\$8,822,000	\$1,366,000	\$7,456,000	\$8,822,000	\$0	\$1,366,000
FFP	3,728,000	4,411,000	683,000	3,728,000	4,411,000	0	683,000
GF Match	3,728,000	4,411,000	683,000	3,728,000	4,411,000	0	683,000

Title XX Block Grant

DESCRIPTION:

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

Federal statute establishes five service goals:

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

Temporary Assistance for Needy Families (TANF): These Title XX Block Grant funds are available for regional center expenditures for individuals under age 18 whose family income is less than 200 percent of the income official poverty line (as defined by the federal Office of Management and Budget) applicable to a family of the size involved.

KEY DATA/ASSUMPTIONS:

The Department of Developmental Services portion of the Title XX Block Grant is determined by the DSS.

Title XX Block Grant

ASSUMPTIONS/METHODOLOGY (Cont'd):

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated information regarding grant award amounts

REASON FOR YEAR-TO-YEAR CHANGE:

No Change

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
EXPENDITURES:							
TOTAL TITLE XX BLOCK GRANT	\$213,191,000	\$214,555,000	\$1,364,000	\$213,191,000	\$214,555,000	\$0	\$1,364,000
SOCIAL SERVICES	\$136,034,000	\$137,088,000	\$1,054,000	\$136,034,000	\$137,088,000	\$0	\$1,054,000
ESTIMATED DISTRIBUTION IN							
RC PURCHASE OF SERVICES							
<i>Day Programs</i>	<i>46,389,000</i>	<i>48,229,000</i>	<i>1,840,000</i>	<i>46,389,000</i>	<i>48,229,000</i>	<i>0</i>	\$1,840,000
<i>Transportation</i>	<i>6,314,000</i>	<i>6,732,000</i>	<i>418,000</i>	<i>6,314,000</i>	<i>6,732,000</i>	<i>0</i>	\$418,000
<i>Support Services</i>	<i>58,615,000</i>	<i>58,063,000</i>	<i>-552,000</i>	<i>58,615,000</i>	<i>58,063,000</i>	<i>0</i>	-\$552,000
<i>In-Home Respite</i>	<i>18,371,000</i>	<i>18,453,000</i>	<i>82,000</i>	<i>18,371,000</i>	<i>18,453,000</i>	<i>0</i>	\$82,000
<i>Out-of-Home Respite</i>	<i>1,746,000</i>	<i>1,552,000</i>	<i>-194,000</i>	<i>1,746,000</i>	<i>1,552,000</i>	<i>0</i>	-\$194,000
<i>Miscellaneous Services</i>	<i>4,599,000</i>	<i>4,059,000</i>	<i>-540,000</i>	<i>4,599,000</i>	<i>4,059,000</i>	<i>0</i>	-\$540,000

Title XX Block Grant

EXPENDITURES (Cont'd):		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TANF		\$77,157,000	\$77,467,000	\$310,000	\$77,157,000	\$77,467,000	\$0	\$310,000
ESTIMATED DISTRIBUTION IN RC PURCHASE OF SERVICES								
Community Care Facilities		6,956,000	7,381,000	425,000	6,956,000	7,381,000	0	425,000
Day Programs		55,000	37,000	-18,000	55,000	37,000	0	-18,000
Habilitation Services		0	0	0	0	0	0	0
Transportation		1,141,000	1,142,000	1,000	1,141,000	1,142,000	0	1,000
Support Services		13,453,000	13,796,000	343,000	13,453,000	13,796,000	0	343,000
In-Home Respite		14,758,000	14,889,000	131,000	14,758,000	14,889,000	0	131,000
Out-of-Home Respite		4,686,000	4,973,000	287,000	4,686,000	4,973,000	0	287,000
Health Care		1,222,000	1,435,000	213,000	1,222,000	1,435,000	0	213,000
Miscellaneous Services		34,886,000	33,814,000	-1,072,000	34,886,000	33,814,000	0	-1,072,000

Intermediate Care Facility-Developmentally Disabled State Plan Amendment

DESCRIPTION:

In 2007, the Department of Developmental Services (DDS), in conjunction with the Department of Health Care Services (DHCS), submitted a State Plan Amendment (SPA) seeking federal financial participation (FFP) in the day program and transportation services of Intermediate Care Facility-Developmentally Disabled (ICF-DD) residents. DDS reached agreement with the Centers for Medicare and Medicaid Services (CMS) on the mechanism to achieve the already budgeted FFP for 2007-08 through 2010-11, which was reflected in the 2010-11 Budget Bill Trailer Language. The SPA was approved April 14, 2011 by CMS.

IMPLEMENTATION DATE:

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

ASSUMPTIONS/METHODOLOGY:

The total expenditures for adult day treatment and non-medical transportation services received by regional center consumers residing in an ICF-DD are based on an estimate of expenditures using actual expenditures for calendar year 2013.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Estimated day and transportation costs for ICF-DD residents	\$116,385,000	\$111,933,000	-\$4,452,000	\$116,385,000	\$113,500,000	\$1,567,000	-\$2,885,000

Intermediate Care Facility-Developmentally Disabled State Plan Amendment

FUNDING:

Funding for ICF-DDs is 50 percent Federal Financial Participation (FFP) and 50 percent General Fund (GF) for Day Treatment and Transportation Services for consumers residing in an ICF-DD. It is assumed that 75 percent of this funding is for Day Programs and the remaining 25 percent for Transportation services. This funding is reflected under Purchase of Services for Day Programs and Transportation.

CHANGE FROM PRIOR ESTIMATE:

Reflects updated Regional Center POS expenditures.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated Regional Center POS expenditures.

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$116,385,000	\$111,933,000	-\$4,452,000	\$116,385,000	\$113,500,000	\$1,567,000	-\$2,885,000
FFP	58,193,000	55,967,000	-2,226,000	58,193,000	56,751,000	784,000	-1,442,000
GF Match	58,192,000	55,966,000	-2,226,000	58,192,000	56,749,000	783,000	-1,443,000
Day Programs	\$87,809,000	\$83,772,000	-\$4,037,000	\$87,809,000	\$84,945,000	\$1,173,000	-\$2,864,000
FFP	43,905,000	41,886,000	-2,019,000	43,905,000	42,473,000	587,000	-1,432,000
GF Match	43,904,000	41,886,000	-2,018,000	43,904,000	42,472,000	586,000	-1,432,000
Transportation	\$28,576,000	\$28,161,000	-\$415,000	\$28,576,000	\$28,555,000	\$394,000	-\$21,000
FFP	14,288,000	14,081,000	-207,000	14,288,000	14,278,000	197,000	-10,000
GF Match	14,288,000	14,080,000	-208,000	14,288,000	14,277,000	197,000	-11,000

Quality Assurance Fees

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

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

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

2013-14: Total billing costs: \$1.7 million for RC administration, \$1.7 million for ICF-DD administration, and \$7.4 million QAF.

- POS costs for day treatment and transportation for 2013-14 totals \$111.9 million. RC and ICF-DD administration costs are each 1.5%. QAF set by DHCS are \$9.1 million.

2014-15: Total billing costs: \$1.7 million for RC administration, \$1.7 million for ICF-DD administration, and \$7.5 million QAF.

- POS costs for day treatment and transportation for 2014-15 totals \$113.5 million. RC and ICF-DD administration costs are each 1.5%. QAF set by DHCS are \$9.2 million.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

This estimate reflects the current available expenditure data.

REASON FOR YEAR-TO-YEAR CHANGE:

This estimate reflects the current available expenditure data.

Quality Assurance Fees

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

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$11,169,000	\$10,744,000	-\$425,000	\$11,169,000	\$10,895,000	\$151,000	-\$274,000
Operations	1,745,000	1,679,000	-66,000	1,745,000	1,703,000	24,000	-42,000
General Fund	872,000	839,000	-33,000	872,000	851,000	12,000	-21,000
<i>General Fund Match</i>	<i>872,000</i>	<i>839,000</i>	<i>-33,000</i>	<i>872,000</i>	<i>851,000</i>	<i>12,000</i>	<i>-21,000</i>
Reimbursements	873,000	840,000	-33,000	873,000	852,000	12,000	-21,000
<i>FFP (Quality Assurance Fees)</i>	<i>873,000</i>	<i>840,000</i>	<i>-33,000</i>	<i>873,000</i>	<i>852,000</i>	<i>12,000</i>	<i>-21,000</i>
Purchase of Services	9,424,000	9,065,000	-359,000	9,424,000	9,192,000	127,000	-232,000
<i>QAF Admin Fees (FFP)</i>	<i>4,712,000</i>	<i>4,533,000</i>	<i>-179,000</i>	<i>4,712,000</i>	<i>4,596,000</i>	<i>63,000</i>	<i>-116,000</i>
<i>Transfer from DHCS (FFP)</i>	<i>4,712,000</i>	<i>4,532,000</i>	<i>-180,000</i>	<i>4,712,000</i>	<i>4,596,000</i>	<i>64,000</i>	<i>-116,000</i>

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$11,169,000	\$10,744,000	-\$425,000	\$11,169,000	\$10,895,000	\$151,000	-\$274,000
FFP	<i>10,297,000</i>	<i>9,905,000</i>	<i>-392,000</i>	<i>10,297,000</i>	<i>10,044,000</i>	<i>139,000</i>	<i>-253,000</i>
GF Match	<i>872,000</i>	<i>839,000</i>	<i>-33,000</i>	<i>872,000</i>	<i>851,000</i>	<i>12,000</i>	<i>-21,000</i>

1915(i) State Plan Amendment

DESCRIPTION:

Section 6086 of the Deficit Reduction Act of 2005, (Public Law 109-171) established an optional Medicaid benefit giving states a new method for covering Home and Community-Based (HCBS) services for Medicaid beneficiaries beginning in January 2007. To date only a few other states have exercised this option for mental health benefits delivery. The Department of Developmental Services (DDS) in a joint effort with the Department of Health Care Services, submitted a 1915(i) State Plan Amendment (SPA) to be effective October 2009 to cover habilitation, respite, and other services allowable under a 1915(i) SPA. Subsequent changes to federal law have allowed DDS to seek further expansion of the services covered under the 1915(i) SPA. The initial SPA was approved April 25, 2013 with an effective date of October 1, 2009. DDS continues to work with DHCS and the Centers for Medicare and Medicaid Services to finalize the remaining components of the SPA. On February 19, 2014, CMS approved the portion of the 1915(i) SPA that expands the scope of eligible services to include services relating to hearing and language, dental, optometric/optician, psychology, non-medical transportation, and transition/set-up retroactive to October 2011.

ASSUMPTIONS:

Estimated expenditures of \$334.3 million in 2013-14 and 2014-15 are based on actual expenditures for calendar year 2013.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated Regional Center POS expenditures

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects AB 10 minimum wage increase and Federal Labor Regulations in budget year 2014-15.

EXPENDITURES:		Governor's			Governor's		2014-15	
		Budget 2013-14	Updated 2013-14	2013-14 Request	Budget 2014-15	Updated 2014-15	Over 2013-14	2014-15 Request
TOTAL	EXPENDITURES	\$335,684,000	\$334,328,000	-\$1,356,000	\$364,522,000	\$354,308,000	\$19,980,000	-\$10,214,000
	GF Match	167,842,000	167,164,000	-678,000	182,261,000	177,154,000	9,990,000	-5,107,000
	FFP	167,842,000	167,164,000	-678,000	182,261,000	177,154,000	9,990,000	-5,107,000

1915(i) State Plan Amendment

Estimated Distribution in Purchase of Services

EXPENDITURES:	% of Expenditures by Budget Category 2013-14 & 2014-15			Governor's Budget		2013-14 Request	Governor's Budget		2014-15 Over 2013-14	2014-15 Request
				2013-14	Updated 2013-14		2014-15	Updated 2014-15		
TOTAL EXPENDITURES				\$335,684,000	\$334,328,000	-\$1,356,000	\$364,522,000	\$354,308,000	\$19,980,000	-\$10,214,000
GF Match				167,842,000	167,164,000	-678,000	182,261,000	177,154,000	9,990,000	-5,107,000
FFP				167,842,000	167,164,000	-678,000	182,261,000	177,154,000	9,990,000	-5,107,000
Community Care Facilities	16.42%	16.42%		\$59,854,000	\$54,887,000	-\$4,967,000	\$62,548,000	\$54,887,000	\$0	-\$7,661,000
GF Match				29,927,000	27,444,000	-2,483,000	31,274,000	27,444,000	0	-3,830,000
FFP				29,927,000	27,443,000	-2,484,000	31,274,000	27,443,000	0	-3,831,000
Day Programs	23.62%	23.62%		\$81,603,000	\$78,984,000	-\$2,619,000	\$85,274,000	\$78,984,000	\$0	-\$6,290,000
GF Match				40,802,000	39,492,000	-1,310,000	42,637,000	39,492,000	0	-3,145,000
FFP				40,801,000	39,492,000	-1,309,000	42,637,000	39,492,000	0	-3,145,000
Habilitation	12.97%	12.97%		\$45,390,000	\$43,368,000	-\$2,022,000	\$47,433,000	\$43,368,000	\$0	-\$4,065,000
GF Match				22,695,000	21,684,000	-1,011,000	23,717,000	21,684,000	0	-2,033,000
FFP				22,695,000	21,684,000	-1,011,000	23,716,000	21,684,000	0	-2,032,000
Transportation	7.18%	7.18%		\$24,153,000	\$24,011,000	-\$142,000	\$25,240,000	\$24,011,000	\$0	-\$1,229,000
GF Match				12,076,000	12,006,000	-70,000	12,620,000	12,006,000	0	-614,000
FFP				12,077,000	12,005,000	-72,000	12,620,000	12,005,000	0	-615,000
Support Services	22.87%	22.87%		\$71,429,000	\$76,464,000	\$5,035,000	\$74,643,000	\$76,464,000	\$0	\$1,821,000
GF Match				35,715,000	38,232,000	2,517,000	37,322,000	38,232,000	0	910,000
FFP				35,714,000	38,232,000	2,518,000	37,321,000	38,232,000	0	911,000
In-Home Respite	5.18%	5.18%		\$16,304,000	\$17,319,000	\$1,015,000	\$17,038,000	\$17,319,000	\$0	\$281,000
GF Match				8,152,000	8,659,000	507,000	8,519,000	8,659,000	0	140,000
FFP				8,152,000	8,660,000	508,000	8,519,000	8,660,000	0	141,000

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

EXPENDITURES:	% of Expenditures by Budget Category 2013-14 & 2014-15		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Out-of-Home Respite	0.74%	0.74%	\$1,754,000	\$2,469,000	\$715,000	\$1,833,000	\$2,469,000	\$0	\$636,000
<i>GF Match</i>			877,000	1,234,000	357,000	916,000	1,234,000	0	318,000
<i>FFP</i>			877,000	1,235,000	358,000	917,000	1,235,000	0	318,000
Health Care	2.49%	2.49%	\$7,489,000	\$8,311,000	\$822,000	\$7,826,000	\$8,311,000	\$0	\$485,000
<i>GF Match</i>			3,744,000	4,155,000	411,000	3,913,000	4,155,000	0	242,000
<i>FFP</i>			3,745,000	4,156,000	411,000	3,913,000	4,156,000	0	243,000
Miscellaneous	8.53%	8.53%	\$27,708,000	\$28,515,000	\$807,000	\$28,955,000	\$28,515,000	\$0	-\$440,000
<i>GF Match</i>			13,854,000	14,258,000	404,000	14,477,000	14,258,000	0	-219,000
<i>FFP</i>			13,854,000	14,257,000	403,000	14,478,000	14,257,000	0	-221,000
AB 10 Minimum Wage Increase			\$0	\$0	\$0	\$12,136,000	\$18,566,000	\$18,566,000	\$6,430,000
<i>GF Match</i>			0	0	0	6,068,000	9,283,000	9,283,000	3,215,000
<i>FFP</i>			0	0	0	6,068,000	9,283,000	9,283,000	3,215,000
Federal Labor Regulations			\$0	\$0	\$0	\$1,596,000	\$1,414,000	\$1,414,000	-\$182,000
<i>GF Match</i>			0	0	0	798,000	707,000	707,000	-91,000
<i>FFP</i>			0	0	0	798,000	707,000	707,000	-91,000

Money Follows the Person Grant Operations

DESCRIPTION:

The Department of Health Care Services administers California's Money Follows the Person (MFP) Grant. The federal MFP Grant (also known as California Community Transitions) provides federal funding for eligible services needed to assist consumers in transitioning to the community from institutions.

ASSUMPTIONS:

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

		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Quality of Life Surveys		\$26,000	\$27,000	\$1,000	\$26,000	\$27,000	\$0	\$1,000
It is assumed that each regional center will complete three QoL surveys per consumer who has transitioned from a developmental center into the community and whose POS is funded by MFP	<i>Funding:</i>							
	<i>FFP</i>	26,000	27,000	1,000	26,000	27,000	0	1,000
	<i>GF Match</i>	0	0	0	0	0	0	0
• Lanterman Developmental Center Closure, see Page E-2.14.		\$3,537,000	\$3,537,000	\$0	\$2,624,000	\$904,000	-\$2,633,000	-\$1,720,000
	<i>Funding:</i>							
	<i>FFP</i>	2,653,000	2,653,000	0	1,968,000	678,000	-1,975,000	-1,290,000
	<i>GF Match</i>	884,000	884,000	0	656,000	226,000	-658,000	-430,000
• Community Placement Plan, Resource Development, see Pages E-17.3 and E-17.5.		\$5,441,000	\$5,505,000	\$64,000	\$6,354,000	\$5,363,000	-\$142,000	-\$991,000
	<i>Funding:</i>							
	<i>FFP</i>	4,081,000	4,129,000	48,000	4,766,000	4,022,000	-107,000	-744,000
	<i>GF Match</i>	1,360,000	1,376,000	16,000	1,588,000	1,341,000	-35,000	-247,000

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditures for Money Follows the Person Grant.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated expenditures for Money Follows the Person Grant.

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$9,004,000	\$9,069,000	\$65,000	\$9,004,000	\$6,294,000	-\$2,775,000	-\$2,710,000
FFP	6,760,000	6,809,000	49,000	6,760,000	4,727,000	-2,082,000	-2,033,000
GF Match	2,244,000	2,260,000	16,000	2,244,000	1,567,000	-693,000	-677,000

Money Follows the Person Grant Purchase of Services

DESCRIPTION:

The Department of Health Care Services administers California's Money Follows the Person (MFP) Grant. The federal MFP Grant (also known as California Community Transitions) provides federal funding for eligible services needed to assist consumers in transitioning to the community from institutions.

ASSUMPTIONS:

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

- Community Placement Plan, Purchase of Services, see Page E-17.3.

Funding:

FFP

GF Match

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

Funding:

FFP

GF Match

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
	\$5,960,000	\$6,262,000	\$302,000	\$6,172,000	\$6,098,000	-\$164,000	-\$74,000
<i>FFP</i>	2,980,000	3,131,000	151,000	3,086,000	3,049,000	-82,000	-37,000
<i>GF Match</i>	2,980,000	3,131,000	151,000	3,086,000	3,049,000	-82,000	-37,000
	\$2,950,000	\$3,064,000	\$114,000	\$3,054,000	\$1,028,000	-\$2,036,000	-\$2,026,000
<i>FFP</i>	1,475,000	1,532,000	57,000	1,527,000	514,000	-1,018,000	-1,013,000
<i>GF Match</i>	1,475,000	1,532,000	57,000	1,527,000	514,000	-1,018,000	-1,013,000

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditures for the Money Follows the Person Grant

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated expenditures for the Money Follows the Person Grant

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$8,910,000	\$9,326,000	\$416,000	\$9,226,000	\$7,126,000	-\$2,200,000	-\$2,100,000
<i>FFP</i>	4,455,000	4,663,000	208,000	4,613,000	3,563,000	-1,100,000	-1,050,000
<i>GF Match</i>	4,455,000	4,663,000	208,000	4,613,000	3,563,000	-1,100,000	-1,050,000

Money Follows the Person Grant Total

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$17,914,000	\$18,395,000	\$481,000	\$18,230,000	\$13,420,000	-\$4,975,000	-\$4,810,000
FFP	11,215,000	11,472,000	257,000	11,373,000	8,290,000	-3,182,000	-3,083,000
GF Match	6,699,000	6,923,000	224,000	6,857,000	5,130,000	-1,793,000	-1,727,000

Homeland Security Grant Program

DESCRIPTION:

The Homeland Security Grant Program (HSGP), administered by the California Emergency Management Agency, is comprised of five interconnected grants that support the implementation of State Homeland Security Strategies to address the identified planning, organization, equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events.

ASSUMPTIONS/METHODOLOGY:

The Department of Development Services' (DDS) portion of the HSGP award is determined by the U.S. Department of Homeland Security Federal Emergency Management Agency and will fund equipment, training, and exercise needs to prevent, protect against, respond to, and recover from acts of terrorism and other catastrophic events at specific regional centers (RC's).

FUNDING:

The HSGP award is 100% federal funds and is reflected under RC Operations, Projects.

CHANGE FROM PRIOR ESTIMATE:

Reflects updated information regarding grant award amounts

REASON FOR YEAR-TO-YEAR CHANGE:

No change.

EXPENDITURES:

	Governor's			Governor's		2014-15	
	Budget	Updated	2013-14	Budget	Updated	Over	2014-15
	2013-14	2013-14	Request	2014-15	2014-15	2013-14	Request
Grant Amount Allocation:	\$391,000	\$411,000	\$20,000	\$391,000	\$411,000	\$0	\$20,000

Early Periodic Screening Diagnosis and Treatment

DESCRIPTION:

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

ASSUMPTIONS:

Estimates based on actual expenditures for the period of January 2013 through December 2013, with an implementation date of October 1, 2012.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

Reflects updated expenditures

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated expenditures

EXPENDITURES:		Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
	TOTAL EXPENDITURES	\$31,889,000	\$40,060,000	\$8,171,000	\$31,889,000	\$41,610,000	\$1,550,000	\$9,721,000
	GF Match	15,944,000	20,030,000	4,086,000	15,944,000	20,805,000	775,000	4,861,000
	FFP	15,945,000	20,030,000	4,085,000	15,945,000	20,805,000	775,000	4,860,000

Early Periodic Screening Diagnosis and Treatment

Estimated Distribution in Purchase of Services

EXPENDITURES:		% of Expend. by Budget Category 2013-14 & 2014-15	Governor's			Governor's		2014-15	2014-15
			Budget 2013-14	Updated 2013-14	2013-14 Request	Budget 2014-15	Updated 2014-15	Over 2013-14	Request
TOTAL EXPENDITURES			\$31,889,000	\$40,060,000	\$8,171,000	\$31,889,000	\$41,610,000	\$1,550,000	\$9,721,000
	GF Match		15,944,000	20,030,000	4,086,000	15,944,000	20,805,000	775,000	4,861,000
	FFP		15,945,000	20,030,000	4,085,000	15,945,000	20,805,000	775,000	4,860,000
	Day Programs	100.00%	\$31,889,000	\$40,060,000	\$8,171,000	\$31,889,000	\$41,610,000	\$1,550,000	\$9,721,000
	GF Match		15,944,000	20,030,000	4,086,000	15,944,000	20,805,000	775,000	4,861,000
	FFP		15,945,000	20,030,000	4,085,000	15,945,000	20,805,000	775,000	4,860,000

Race to the Top

DESCRIPTION:

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

ASSUMPTIONS:

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

2012-13:	\$44,000
2013-14:	\$472,000
2014-15:	\$341,000
2015-16:	\$143,000

FUNDING:

Funding for Race to the Top is reflected under Early Start/Part C: Other Agency costs

CHANGE FROM PRIOR ESTIMATE:

No Change

REASON FOR YEAR-TO-YEAR CHANGE:

Refelcts reallocation of grant funds

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Grant Allocation	\$472,000	\$472,000	\$0	\$341,000	\$341,000	-\$131,000	\$0

Program Development Fund/Parental Fees

DESCRIPTION:

Parents of children under the age of 18 years who receive 24-hour out-of-home services provided by the State or purchased with State funds through a regional center are required to pay a fee depending on their ability to pay. Parents of children under the age of 18 years who live at home and receive qualifying services from a regional center whose adjusted gross family income is at or above 400 percent of the federal poverty level are required to pay an annual fee. The purpose of the Program Development Fund (PDF) is to provide resources needed to initiate new programs which are consistent with the State Plan (Welfare and Institutions Code Sections 4677, 4782, and 4785).

ASSUMPTIONS/METHODOLOGY:

PDF amounts are based on the current information regarding projected revenues.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

No Change

CHANGE FOR YEAR-TO-YEAR CHANGE:

Reflects an update of revenues for Parental Fee based upon the net effect of a declining number of individuals in the Parental Fee Program.

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Parental Fees	\$2,005,000	\$2,005,000	\$0	\$1,905,000	\$1,905,000	-\$100,000	\$0
Annual Family Program Fees	3,903,000	3,903,000	0	3,903,000	3,903,000	0	0
TOTAL	\$5,908,000	\$5,908,000	\$0	\$5,808,000	\$5,808,000	-\$100,000	\$0

Developmental Disabilities Services Account**DESCRIPTION:**

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

ASSUMPTIONS:

DDS expects to receive housing proposals totaling \$150,000 in application fees.

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

No change

REASON FOR YEAR-TO-YEAR CHANGE:

No change

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$0

Mental Health Services Fund

DESCRIPTION:

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

ASSUMPTIONS/METHODOLOGY:

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

METHODOLOGY:	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Regional Best Practice Training	\$675,000	\$675,000	\$0	\$675,000	\$675,000	\$0	\$0
• Regional Center Technical Assistance and Liaison Support	65,000	65,000	0	65,000	65,000	0	0
• TOTAL EXPENDITURES	\$740,000	\$740,000	\$0	\$740,000	\$740,000	\$0	\$0

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

No change

REASON FOR YEAR-TO-YEAR CHANGE:

No change

EXPENDITURES:

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

DESCRIPTION:

Part C of the federal Individuals with Disabilities Education Act (IDEA) provides federal grant funding for states to develop and operate early intervention programs for families and their children with developmental delays, disabilities, or conditions, which place them at high risk of disabilities from birth to under age 3 years. The program, known as Early Start in California, is administered according to 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 and State regulations found in Title 17 of the California Code of Regulations, Sections 52000 through 52175. California has designated the Department of Developmental Services (DDS) to act as its lead agency for preparing the annual grant application and for receiving and administering the federal funds. DDS allocates a significant portion of the federal funding to regional centers (RC) for local program operation. Also, DDS has an interagency agreement with CDE to provide funding for local education agency programs and services, in accordance with the California Early Intervention Services Act, contained in Title 14 of the Government Code (GC), Sections 95000 through 95029.

KEY DATA/ASSUMPTIONS:

Federal Office of Special Education Programs (OSEP) grant award letter Part C Allocation Table dated July 10, 2013.

METHODOLOGY:

The Part C IDEA Grant funds are used to pay costs for the additional federal requirements imposed by the Part C program. Funds are disbursed in this order (1) other agencies, and (2) RC Purchase of Services (POS). Services and costs for this age group are identified below. Costs for POS expenditures are already included in the forecasts for each of the POS budget categories, in the POS section of the estimate.

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
• Other Agencies	\$17,357,000	\$17,357,000	\$0	\$17,357,000	\$19,109,000	\$1,752,000	\$1,752,000
• CDE: Additional federal requirements include shorter time lines for conducting evaluation, assessment and program plan development, provision of year-round services, service coordination and administrative services, and provision of services to children with solely low incidence disabilities in regions where such services to this age group were not provided prior to Part C implementation.							
<i>Local Education Agencies</i>	13,670,000	13,670,000	0	13,670,000	14,245,000	575,000	575,000
<i>Support</i>	228,000	228,000	0	228,000	355,000	127,000	127,000

Early Start Part C Grant, Federal Funds

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
METHODOLOGY (continued):							
• System Requirements: Funding is required for public awareness and a comprehensive system of personnel development, mediation and due process hearings conducted by the State Office of Administrative Hearings, and collaboration with Department of Health Care Services' Children's Medical Services.	850,000	850,000	0	850,000	1,850,000	1,000,000	1,000,000
• Family Resource Centers (FRC): Funds pay for services that are provided by 33 contractors. Services, which are specified in GC 95024(d)(2), include parent-to-parent support, information dissemination, public awareness and family professional collaboration activities.	2,609,000	2,609,000	0	2,609,000	2,659,000	50,000	50,000
• RC POS The remaining Part C Grant funds, after funding CDE and FRC system requirements, are used for POS. The following estimates are based on the proportion of total POS expenditures in 2012-13 by budget category.	\$30,701,000	\$30,701,000	\$0	\$30,701,000	\$31,932,000	\$1,231,000	\$1,231,000
Day Programs	17,595,000	17,595,000	0	17,595,000	18,123,000	528,000	528,000
Support Services	497,000	497,000	0	497,000	512,000	15,000	15,000
In-Home Respite	0	0	0	0	182,000	182,000	182,000
Out-of-Home Respite	0	0	0	0	128,000	128,000	128,000
Health Care	2,726,000	2,726,000	0	2,726,000	2,808,000	82,000	82,000
Miscellaneous Services	9,883,000	9,883,000	0	9,883,000	10,179,000	296,000	296,000
• TOTAL EXPENDITURES	\$48,058,000	\$48,058,000	\$0	\$48,058,000	\$51,041,000	\$2,983,000	\$2,983,000

Early Start Part C Grant, Federal Funds**CHANGE FROM PRIOR ESTIMATE:**

Reflects updated Part C Allocation Table from Part C grant award letter dated July 10, 2013.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects updated Part C Grant from OSEP

FUNDING:

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

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
TOTAL	\$48,058,000	\$48,058,000	\$0	\$48,058,000	\$51,041,000	\$2,983,000	\$2,983,000
Grant	48,058,000	48,058,000	0	48,058,000	51,041,000	2,983,000	2,983,000

Foster Grandparent Program

DESCRIPTION:

The Foster Grandparent Program (FGP) is a federal grant gives men and women, 60 years of age and older, the opportunity to serve their community by sharing their time and attention with children under the age of 22 years who have developmental disabilities. Foster grandparents volunteer in community schools, developmental centers, Head Start centers, foster homes and pre-schools (see Regional Center (RC) Operations, Projects, for more detail on the total RC costs for this program).

ASSUMPTIONS/METHODOLOGY:

The FGP grant is used as a fund source for specified RC operations costs in five RC's: Valley Mountain, Tri-Counties, Kern, Central Valley and San Andreas.

FUNDING:

These federal funds are reflected in the Foster Grandparent/Senior Companion Programs estimate, under RC Operations, Projects.

CHANGE FROM PRIOR ESTIMATE:

Reflects updated information on grant amount.

REASON FOR YEAR-TO-YEAR CHANGE:

Reflects the transfer of funding from the Developmental Centers Program to the community.

EXPENDITURES:

	Governor's Budget 2013-14	Updated 2013-14	2013-14 Request	Governor's Budget 2014-15	Updated 2014-15	2014-15 Over 2013-14	2014-15 Request
Grant Amount Allocation :	\$597,000	\$608,000	\$11,000	\$713,000	\$713,000	\$105,000	\$0

Table of Contents

SECTION F: IMPACT FROM OTHER DEPARTMENTS

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

DESCRIPTION:

Reductions to the Department of Health Care Services (DHCS) Medi-Cal services for enteral nutrition products and adult dental for adults 21 years of age or older directly impact the Department of Developmental Services (DDS). With these funding reductions from DHCS regional centers became the payer of these services for DDS consumers. Assembly Bill 82, Chapter 23, Statutes of 2013 authorizes DHCS to restore as a covered Medi-Cal benefit the purchase of enteral nutrition products beyond those administered through a feeding tube and to partially restore dental services for adults 21 years of age or older. The restoration of these benefits is May 1, 2014.

ASSUMPTIONS:

In Fiscal Year 2012-13 DDS expended an estimated \$3.1 million GF providing dental services for adults 21 years of age and older and based upon DHCS' estimate DDS expenditures for dental services can be reduced by 53.35% or \$1.6 million. In addition, DDS received \$1.5 million GF to cover the cost of providing enteral nutrition products to DDS consumers. The restoration of these benefits is effective May 1, 2014, and as a result DDS will reduce its funding by \$3.1 million GF effective July 1, 2014.

METHODOLOGY:		Governor's Budget 2014-15	Updated 2014-15	2014-15 Request
•	DHCS Restoration of Enteral Nutrition	-\$1,500,000	-\$1,500,000	\$0
•	DHCS Adult Dental.	-\$1,633,000	-\$1,633,000	\$0
•	TOTAL EXPENDITURES:	-\$3,133,000	-\$3,133,000	\$0
EXPENDITURES:				
	TOTAL	-\$3,133,000	-\$3,133,000	\$0
	GF	-\$3,133,000	-\$3,133,000	\$0
	<i>GF Other</i>	-3,133,000	-3,133,000	0

Table of Contents

SECTION G: AUXILIARY TABLE

ASSEMBLY BILL (AB) 10 AND FEDERAL LABOR REGULATIONS

AB 10 Operations	G-1
AB 10 Purchase of Services.....	G-2
Federal Labor Regulations	G-3

Assembly Bill (AB) 10, Minimum Wage Increase Operations

DESCRIPTION:

AB 10, Chapter 351, Statutes of 2013 increases the minimum wage, on and after July 1, 2014, from \$8 per hour to \$9 per hour. This bill further increases the minimum wage, on and after January 1, 2016, from \$9 per hour to \$10 per hour. This minimum wage increase will apply to positions in Core Staffing that are budgeted at minimum wage. The positions that requires additional funding are Account Clerks.

ASSUMPTIONS:

Cost were estimated based on the budgeted salary for Account Clerks (see page E-2.8 Attachment A, Operations).

METHODOLOGY:

	Governor's Budget 2014-15	Updated 2014-15	2014-15 Request
Total Expenditures	\$136,000	\$136,000	\$0

FUNDING:

Expenditures for the minimum wage increase are funded by Targeted Case Management (TCM) and General Fund (GF) with 50% Federal Financial Participation (FFP) and 50% GF. The State GF Other portion is that which is non-FFP.

CHANGE FROM PRIOR ESTIMATE:

No Change

EXPENDITURES:

	Governor's Budget 2014-15	Updated 2014-15	2014-15 Request
TOTAL	\$136,000	\$136,000	\$0
GF	\$117,000	\$117,000	\$0
<i>GF Match</i>	<i>18,000</i>	<i>18,000</i>	<i>0</i>
<i>GF Other</i>	<i>99,000</i>	<i>99,000</i>	<i>0</i>
Reimbursements	\$19,000	\$19,000	\$0
<i>TCM</i>	<i>19,000</i>	<i>19,000</i>	<i>0</i>

Assembly Bill (AB) 10, Minimum Wage Increase

Purchase of Services

DESCRIPTION:

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

ASSUMPTIONS:

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

METHODOLOGY:

	Governor's Budget 2014-15	Updated 2014-15	2014-15 Request
<i>Community Care Facilities</i>	\$51,446,000	\$52,800,000	\$1,354,000
<i>Day Program Services</i>	30,308,000	30,317,000	\$9,000
<i>Habilitation Services</i>	7,200,000	1,863,000	-\$5,337,000
<i>Transportation</i>	3,000,000	3,177,000	\$177,000
<i>Support Services</i>	7,900,000	7,945,000	\$45,000
<i>In-Home Respite</i>	9,026,000	9,010,000	-\$16,000
<i>Out-of-Home Respite</i>	1,174,000	1,356,000	\$182,000
Total Expenditures	\$110,054,000	\$106,468,000	-\$3,586,000

FUNDING:

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

CHANGE FROM PRIOR ESTIMATE:

This is a new major assumption, with estimated full-year costs in budget year 2014-15.

EXPENDITURES:

	Governor's Budget 2014-15	Updated 2014-15	2014-15 Request
TOTAL	\$110,054,000	\$106,468,000	-\$3,586,000
GF	\$69,341,000	\$59,721,000	-\$9,620,000
<i>GF Match</i>	40,713,000	46,746,000	6,033,000
<i>GF Other</i>	28,628,000	12,975,000	-15,653,000
Reimbursements	\$40,713,000	\$46,747,000	\$6,034,000
<i>HCBS Waiver</i>	34,645,000	37,464,000	2,819,000
<i>1915 (i)</i>	6,068,000	9,283,000	3,215,000

Federal Labor Regulations

DESCRIPTION:

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

ASSUMPTIONS:

Actual expenditures for Personal Assistant, In-Home Respite, and Supported Living Services (SLS) were used for estimating impact of changes to the Federal Labor Regulations. The direct care workers in these services employed by a third party (non-family member) performing "companionship" services currently are exempt from overtime and under the rule change will become eligible for overtime effective January 1, 2015. DDS assumes a 2.25 percent increase in costs for consumers receiving SLS, Respite and Personal Assistant services. Provider rate increases will be based on the administrative costs required to comply with the federal regulations.

METHODOLOGY:

	Governor's Budget 2014-15	Updated 2014-15	2014-15 Request
<i>Support Services</i>	\$5,582,000	\$5,716,000	\$134,000
<i>In-Home Respite</i>	1,918,000	2,072,000	154,000
Total	\$7,500,000	\$7,788,000	\$288,000

FUNDING:

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

EXPENDITURES:

	Governor's Budget 2014-15	Updated 2014-15	2014-15 Request
TOTAL	\$7,500,000	\$7,788,000	\$288,000
GF	\$4,002,000	\$4,248,000	\$246,000
<i>GF Match</i>	3,498,000	3,540,000	42,000
<i>GF Other</i>	504,000	708,000	204,000
Reimbursements	\$3,498,000	\$3,540,000	\$42,000
<i>HCBS Waiver</i>	2,700,000	2,833,000	133,000
<i>1915 (i)</i>	798,000	707,000	-91,000

Table of Contents

SECTION H: DC Task Force

Overview ..	H-1 to H-4
Regional Center Estimate	H-4 to H-11
Developmental Center Estimate.....	H-11 to H-13
Other DDS Commitments.....	H-13 to H-15
Cost Impacts.....	H-16 to H-18

DEVELOPMENTAL CENTERS TASK FORCE: FUTURE SERVICES FOR DEVELOPMENTAL CENTER RESIDENTS

Overview

Since the passage of the Lanterman Developmental Disabilities Services Act (Lanterman Act) in the 1960s, the role of the State-operated Developmental Centers (DC) has been changing. No longer are DCs the only alternative available to families of children with intellectual and developmental disabilities who are unable to be cared for at home. A system of community alternatives has developed and now serves over 265,000 consumers. Today, providing services in the least restrictive environment appropriate for the person is strongly supported by state and federal laws, and court decisions. Additionally, the trailer bill to the Budget Act of 2012 (Assembly Bill [AB] 1472, Chapter 25, Statutes of 2012) imposed a moratorium on admissions to DCs except for individuals involved in the criminal justice system and consumers in an acute crisis needing short-term stabilization. The DC resident population has dropped from a high of 13,400 in 1968, with thousands on waiting lists for admission, to 1,271 as of April 30, 2014.

Given these dramatic changes in the system, an effort is underway to carefully and compassionately reconsider how, going forward, services should be provided to the special populations served in the DCs, and what role the State should have in providing those services. The Secretary of the California Health and Human Services Agency established the “Task Force on the Future of the Developmental Centers” (Task Force) to advise the Administration on the development of a master plan for the future of the DCs that addresses the service needs of all DC residents and ensures the delivery of cost-effective, integrated, quality services for this population. The Task Force considered three primary service categories, recognizing there is significant overlap: individuals with enduring and complex medical needs; individuals with challenging behaviors; and individuals involved in the criminal justice system. Within each category, there is a range of service needs. The Task Force focused on the individuals who require more intensive support, and how their complex needs should be met in the future.

In the “Plan for the Future of Developmental Centers in California,” issued January 13, 2014, the Task Force recommended that the future role of the State should be to operate a limited number of smaller, safety-net crisis and residential services. Additionally, the State should continue serving individuals judicially committed to the State for competency training (the Porterville DC—Secure Treatment Program [STP]) and providing transition services (the Canyon Springs Community Facility). The Task Force also recommended developing new and additional service components, including development of an enhanced community behavioral home, and exploring utilization of DC assets to provide health resource centers and community housing through public/private partnerships.

While the cost of operating the DCs is high compared to the number of persons being served, the process of transforming the DCs, developing specialized community resources, and supporting the transition of each DC resident into integrated community settings, as appropriate, will take time. As the population in the DCs has declined, the average acuity level has increased considerably. Each person has his or her own unique set of significant and complex needs, often requiring specialized medical and/or behavioral services. The principles and promises of the Lanterman Act ensure those needs are properly addressed using a person-centered approach, and personal quality of life is supported. Key components of effective planning for an individual's future and successful transition to another service model, as recognized by the Task Force, include:

- A carefully crafted, comprehensive person-centered Individual Program Plan (IPP), developed through a robust Interdisciplinary Team process;
- The development of quality services and supports delivered in the least restrictive environment possible, taking into consideration the comprehensive assessment and consistent with the IPP;
- Priority for the health and safety of each person;
- Access to quality health and mental health services, including coordination of health care, access to health records, and medication management; and
- Sensitivity to the fact that, for the residents of the DCs, the DC is their home and community, where their relationships are, and where they have lived for many years. Changes in their living arrangements must be done very carefully, with thorough planning and by investing the time that is needed.

The State now has the opportunity to manage the transformation of the DCs from historically large congregate living facilities to more integrated and specialized services. DDS is moving forward with the Task Force recommendations and preparing to continue active stakeholder engagement on the more involved recommendations that will further define the future utilization of each DC. While the focus of the Task Force was on the future of the DCs and how to best serve the DC residents going forward, implementation of the various recommendations will provide long term improvements in community services that will benefit the service system generally.

Following is a summary of how DDS will address each Task Force recommendation:

Recommendation 1: Individuals with Enduring and Complex Medical Needs

DDS, working closely with regional centers, will focus on developing community resources using Community Placement Plan (CPP) funds, to support the transition of DC residents into the community each year. Activities directly related to individuals with enduring and complex medical needs include: developing community capacity utilizing existing service models; maximizing the use of CPP funds to develop additional Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN); and enhancing regional center staffing for resource development, and to support transitions and quality assurance.

Recommendation 2: Individuals with Challenging Behaviors and Support Needs

DDS proposes to improve crisis services at Fairview DC and establish new crisis services at Sonoma DC. DDS also proposes trailer bill language to authorize: 1) the development of enhanced behavioral supports homes and community crisis homes; and 2) The expansion of the Community State Staff Program to support any individual moving from a DC. Future CPP guidelines will incorporate Task Force recommendations as a priority for resource development, including crisis teams and other supports. DDS will work with stakeholders to further evaluate the availability of, and access to behavioral services system-wide, covering crisis, transitional and long-term services.

Recommendation 3: Individuals Involved in the Criminal Justice System

As recommended, DDS plans to continue operating the STP and Canyon Springs Community Facility, as the appropriate role for the State. Additionally, DDS will engage stakeholders to explore additional and alternative services for persons with criminal justice system involvement.

Recommendation 4: Health Resource Center

DDS will engage stakeholders to explore a workable model for a health resource center to address the health needs of DC residents after they transition to community homes, including the utilization of DC resources. DDS will also work with the Department of Health Care Services to evaluate expanding managed care benefits to qualified DC residents who are transitioning to the community.

Recommendation 5: Use of DC Land and Resources

DDS will engage stakeholders in exploring innovative projects for repurposing DC land and employees, and defining future DC services consistent with the Task Force recommendations. In particular, the feasibility of using DC land to develop community housing through public/private partnerships will be evaluated.

Recommendation 6: Future of the Community System

In the short term, DDS will focus its efforts on thoroughly addressing Task Force Recommendations 1 through 5. After key components are underway, DDS will establish a task force to explore community system improvements and make recommendations. In the interim, DDS will continue to work with stakeholders and the Legislature to address significant community issues.

Specific activities and budget components related to the work of the Task Force are summarized below and further described in the narrative that follows:

Regional Center Estimate: \$13.0 million (\$12.9 million General Fund (GF))**Reappropriation for CPP**

- CPP for Implementing DC Task Force Recommendations: DDS requests budget bill language to reappropriate funds for community resource development, and transition and quality assurance support.

- New Models of Care for Challenging Behavioral Needs (\$11.7 million total funds (TF)): DDS proposes trailer bill language for development of two enhanced models of care in the community, one for enhanced behavioral supports homes and one for community crisis homes.
- Regional Center Staffing to Support Resource Development, Transitions and Quality Assurance (\$1.2 million TF): DDS proposes Regional Center Operations funding for staff to perform quality assurance, resource development, support for specialized behavioral and medical care homes, and enhanced case management.
- Quality Assurance for DC Residents Transitioning to the Community (\$0.1 million TF): DDS proposes Projects funding (Regional Center Operations) for additional data collection and analysis using statewide contracts that support risk management.

DC Estimate: \$3.2 million (\$2.0 million GF) and 43.1 Positions

- Acute Crisis Units at Sonoma and Fairview Developmental Centers: DDS proposes to improve crisis services at Fairview DC and provide new services at Sonoma DC. Associated trailer bill language is proposed to authorize admissions to Sonoma DC for acute crisis services beginning January 1, 2015.
- Expand the Community State Staff Program to Supplement Community Services: DDS proposes trailer bill language for the necessary authority to expand this program to potentially support anyone transitioning from a DC.

Other DDS Commitments

- Other Efforts to Support DC Residents include:
 - Managed Care benefits for qualified DC residents as they transition into the community; and
 - Enhanced Transition Planning at each DC, including development of an Individual Health Transition Plan.
- Stakeholder Engagement on Major Initiatives, such as exploring community housing using DC land, health resource centers using DC land and staff, additional and alternative services for persons with challenging behaviors or criminal justice system involvement, and community system improvements.

REGIONAL CENTER ESTIMATE

CPP for Implementing DC Task Force Recommendations

Each fiscal year DDS budgets CPP funds for developing resources in the community as an alternative to institutional care, including the development of new and innovative service models. The primary purpose for the funding is to reduce reliance on DCs, certain mental health facilities that are ineligible for federal funding, and out-of-state placements (AB 1472, Chapter 25, Statutes of 2012). The CPP is used to fund the development and start-up of residential facilities, day programs and other ancillary services and supports, as well as costs to transition (or deflect) an individual from institutional care into the community. The funds also support the comprehensive

assessments of DC residents from which regional centers estimate future service needs.

Annually, based on the particular needs of their consumers compared to the services that already exist in their catchment areas, regional centers propose the development of new projects and resources using CPP funds. Two or more regional centers may also partner and propose regional projects for statewide use, usually addressing specialized services for individuals facing particularly complex challenges. After thoroughly considering each proposal, the unique circumstances of the regional center, and statewide priorities, DDS allocates the funds to the regional centers for the approved projects.

The Task Force recognized the CPP as the primary funding source needed to meet the future needs of DC residents, and that greater community capacity is needed. The Task Force specifically recommended the development of more Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN, also referred to as Senate Bill [SB] 962 or SB 853 homes) in the community to serve individuals with enduring medical needs, estimating that approximately 315 DC residents would require this level of care in the future. The Task Force also recommended development of a new enhanced model of behavioral care and new short term crisis homes, as well as other supports, through the CPP process to meet the needs of individuals with challenging behaviors. DDS agrees with these recommendations and proposes trailer bill language for development of new models of behavioral care. Although ARFPSHNs were initially authorized to support the closure of Agnews and Lanterman DCs, existing statutes already provide for the statewide use of this service model. To jump start the development of new and additional capacity within the community, the Department proposes budget bill language authorizing the reappropriation of \$13.0 million (\$12.9 million GF) from 2011-12.

Based on the regional center proposals DDS has already received and the statewide priorities, the 2014-15 CPP start-up funding is fully committed. Extending the life of the 2011-12 appropriation will provide additional CPP funding that will be prioritized for development of the enhanced behavioral supports homes and the community crisis homes to meet the needs of individuals with challenging behaviors, development of additional community capacity consistent with the Task Force recommendations, and for resources to support community development, transitions and quality assurance activities.

Additionally, in a related proposal, DDS is requesting an augmentation of \$0.5 million (\$0.3 million GF) to fund 4.0 redirected positions in headquarters to address the community program workload associated with the Task Force recommendations. Specifically, the positions will support community resource development, implementation and monitoring of the two new models of behavioral care, coordination with and oversight of regional center resource development and quality assurance activities, and organizing and participating in stakeholder processes.

New Models of Care for Challenging Behavioral Needs: \$11.7 million (\$11.7 million GF)

In the “Plan for the Future of Developmental Centers in California” published January 13, 2014, the Task Force on the Future of Developmental Centers identified approximately 227 DC residents with significantly complex and challenging behaviors, and analyzed the services currently available for this population. The Task Force concluded that the community system of behavioral and psychiatric services is the one area in most need of further development. It recognized a need for increased mental health services generally, short-term crisis and acute crisis stabilization facilities, transition facilities, and the importance of a “placement of last resort.” The Task Force specifically recommended that a new enhanced model of community care be developed to provide a higher level of behavioral supports in a small setting, preferably utilizing a flexible approach to services that can quickly address changes in an individual’s needs and avoid having to move the individual to another facility. Although intended to provide a long-term residential option, the model could also serve as a transitional home.

The effort to develop this new enhanced behavioral supports home and any other model of community behavioral care requires that DDS work with regional centers, families, providers, Disability Rights California, Clients’ Rights Advocates, the Department of Social Services, and the State Fire Marshal, among other stakeholders, to conceptualize a workable structure. Issues that must be fully evaluated include, but are not limited to: the program design and requirements; the criteria or indicators for needing this level of care; the appropriate staffing structure; safety and accessibility concerns; the availability and accessibility of wrap-around services; the rate and payment structure; the anticipated need for this service geographically; whether the service requires statutory changes; and funding mechanisms, including accessing federal funds.

It is recommended that trailer bill language authorize DDS to develop enhanced behavioral supports homes as a pilot using CPP funds, including the authority to promulgate emergency regulations, to meet the immediate needs of the DC residents who could be successfully served in the community. Working closely with the regional centers, the goal would be to develop up to six pilot homes each fiscal year with a capacity for each home to serve no more than four consumers. The homes would be distributed regionally to test the service parameters and ensure that elements of the program can be generalized and adapted. Additionally, under existing authority, DDS will develop two transitional homes and an ARFPSHN that includes behavioral supports.

The Task Force also recommended that, using CPP funding, short-term crisis homes be created to serve individuals with challenging behaviors who are in crisis. To implement this recommendation, trailer bill language is also proposed that provides DDS authority to develop two community crisis homes, one in Northern and one in Southern California, each with a capacity to serve no more than eight consumers. These facilities are needed to provide immediate access to short-term crisis stabilization services. The same stakeholder process will define and oversee the progression of both the enhanced behavioral supports homes and the community crisis homes, and further evaluate the

availability of, and access to an appropriate continuum of behavioral services system-wide, covering crisis, transitional and long-term services.

DDS is proposing \$11.7 million in funds reappropriated from 2011-12 for CPP, as discussed above, be prioritized for the development of these new models of care and additional community capacity, consistent with the Task Force recommendations. As more is known about these behavioral services models, DDS will include fiscal impact information in future budget Estimates and propose statutory changes, if needed, to support statewide development.

Regional Center Staffing to Support Resource Development, Transitions and Quality Assurance: \$1.2 million (\$1.1 million GF)

To ensure the quality of transition supports and community services for DC residents moving into community homes and provide necessary quality assurance and monitoring, DDS is proposing 18.4 regional center positions and \$1.2 million funded from CPP for the following critical functions:

- Quality Assurance Staff: \$380,000 (\$380,000 GF)
DDS is proposing six regional center positions (eight months' funding in 2014-15) funded from CPP to ensure the healthy and safe transition of individuals leaving DCs to reside in the community. Individuals moving from DCs to the community are among the most vulnerable of California's citizens with developmental disabilities. Many of them have resided in a DC most of their lives. Residing in the community will be a significant life event filled with many new changes and challenges. The transition alone can be traumatic and the adjustment to community life takes time as individuals become familiar with their new living environment and the surrounding community, learn to work with new staff, make new friends, and explore activity and employment options during the day.

Regional centers have developed and continue to develop residential homes to accommodate individuals transitioning from a DC with very significant medical and/or behavioral needs. The success of DC residents transitioning to these new settings is not only contingent upon the quality of the services they receive, but the quality assurance monitoring that regional centers must provide to ensure successful transitions and continued health and safety. Quality assurance functions include, but are not limited to monitoring the new living arrangement to ensure it is meeting the consumer's unique needs, following up on and helping to resolve quality of care issues, utilizing risk management and system monitoring data toward positive outcomes, and providing technical assistance and training for regional center and service provider staff.

- Resource Developer Staff: \$190,000 (\$190,000 GF)
DDS is proposing to provide CPP funding for two new residential models to be developed by regional centers beginning in fiscal year 2014-15. The homes will meet the needs of individuals with complex behavioral needs transitioning from

DCs to the community, or at risk of admission to a DC. DDS is proposing two larger homes of no more than eight beds, one each for Northern and Southern California; and no more than six smaller homes located throughout the State that will accommodate no more than four individuals each. The larger homes will serve individuals in acute crisis at risk of admission to a DC, whereas the smaller homes will serve as a “step-down” and long-term residential option. The homes will be owned by a non-profit organization (NPO) and leased by a regional center service provider.

DDS is proposing CPP funding for two regional center resource developer staff positions to assist regional centers with the development of these homes as expeditiously as possible. The resource developers will be responsible for overall project management and communicating with involved parties. The resource developers will work with the NPOs to search for and acquire properties, assist with the design of the homes, assist with budget development and monitoring to ensure the projects stay on budget, monitor the progress of the projects to ensure timelines are met, work with all parties to resolve issues as they arise, and facilitate development through final licensure and occupancy. The success of these projects is contingent upon adequate staffing to manage their development.

- Board Certified Behavioral Analyst Staff (BCBA): \$160,000 (\$160,000 GF)
DDS is proposing to provide CPP funding for two BCBA staff to be employed by regional centers to oversee the development and ongoing operation of the enhanced models of behavioral care, which consist of six enhanced behavioral supports homes and two community crisis homes. These homes are necessary for meeting the needs of individuals with very complex behavioral challenges who currently reside in a DC or are at risk of admission to a DC or other institutional setting ineligible for Federal Financial Participation. The homes will employ highly specialized staff and serve individuals at risk of injuring themselves, injuring others, property destruction and/or elopement.

Regional centers are the placing and primary oversight agency and will need staff well-trained to work with individuals with developmental disabilities using non-aversive behavior modification techniques. The staff will help design the homes, including the physical layout and program designs, and will be responsible for ongoing oversight and monitoring of each individual's unique treatment plan. The treatment goals and plans for each individual will need to be modified frequently to respond to changing needs, and the regional center BCBA staff will provide the necessary oversight to ensure the service provider's staff is properly responding to each individual's unique needs, as well as crises that arise.

- Nurses to Support Complex Medical Needs: \$153,000 (\$153,000 GF)
Approximately 415 individuals currently residing in a DC have complex and enduring medical needs. When these individuals transition to the community,

they will need highly specialized residential services such as those provided by an ARFPSHN or possibly an Intermediate Care Facility for the Developmentally Disabled - Nursing (ICF-DDN). These residential models are heavily staffed by licensed clinical staff, including Registered Nurses (RN) and Licensed Vocational Nurses to treat, monitor and respond timely to each individual's unique health needs. Likewise, regional centers, as the primary oversight agency of the ARFPSHNs, must employ highly skilled nursing staff to monitor the services provided in these homes, and provide increased clinical case management for individuals residing in both types of homes.

In 2013-14 and 2014-15, regional centers plan to develop 10 new ARFPSHNs and four new ICF-DDN facilities. DDS is proposing to employ the services of two regional center RNs statewide that will be responsible for assisting in the development of the homes and the ongoing oversight and monitoring of the care provided to the individuals who transition into the homes. DDS has learned through past experience that the success of caring for individuals with complex and enduring medical needs in these settings requires intense involvement and clinical oversight by regional center nursing staff, and coordination with DDS. Therefore, these positions are necessary for the successful transition of individuals residing in DCs with significant medical needs.

- Enhanced Caseload Ratio of 1:45 for Two Years: \$344,000 (\$254,000 GF)
DDS is proposing one regional center case manager for every 45 individuals who move from a DC for an additional year, or a total of 6.4 positions. Current statute and funding dictate that regional centers maintain an average of 1:45 case manager to consumer ratio for the first year that an individual resides in the community. After the first year, the ongoing caseload ratio becomes 1:62. However, as one of the enhancements for individuals transitioning from Agnews and Lanterman DCs to the community, regional centers provide(d) a 1:45 caseload ratio for an additional year.

The case manager is the primary regional center staff focused on the consumer and how well the consumer's needs and personal choices are being met. The case manager is responsible for coordination of services and monitoring the health, safety and quality of services for the consumer as defined by the Individual Program Plan and as required by laws, regulations and service provider agreements.

Individuals moving out of DCs today have high acuity levels and other indicators of complex needs. They also face very unique changes and challenges in their lives as they transition from a DC to the community. The smaller caseload ratio allows regional center staff to provide the more intensive case management services needed to ensure healthy, safe and successful community living. Without the increased funding and associated case management, an individual's longevity residing in the community is at risk for some of the most vulnerable individuals with developmental disabilities served by regional centers.

Quality Assurance for DC Residents Transitioning to the Community: \$0.1 million
(\$0.1 million GF)

DDS has actively administered a Quality Management System for more than a decade, based on the Centers for Medicare and Medicaid Services' Quality Framework. The central goal is "doing the right thing" for the people served by the system. Quality management starts with establishing clear expectations of performance (design), collecting and analyzing data to determine if the expectations are being met (discovery), and finally, taking steps to correct deficiencies or improve processes and services (remediation and improvement). Over time, DDS has moved steadily toward a more integrated, value-based quality management and improvement system that produces desired consumer outcomes.

One important aspect of the system has been to ensure that individuals transitioning from a DC into the community do so safely and successfully. Quality services and supports in the community remain a concern for DC residents and their families. During recent processes for Agnews and Lanterman DC closures, consumers, families and other stakeholders were very interested and involved in defining data collection and reviewing performance data from transition experiences. These data are essential for understanding performance, observing trends and identifying issues, and then addressing issues to prevent potential harm.

Based on this prior stakeholder involvement, DDS has identified several components that will enhance the Quality Management System's risk management capabilities, which are proposed as part of this May Revision. These components will enable monitoring and assessment of the services provided to DC movers year over year. DDS is proposing additional funding to revise the contract with the DDS risk management consultant to evaluate overall indicators of performance for DC movers (such as changes in residential settings, changes in the Client Development Evaluation Report, and Special Incident Report (SIR) rates); analyze SIR data with the goal of identifying subpopulations with greater risk for specific SIR types, and individuals at risk of additional SIRs; and perform statewide reviews of abuse, neglect and mortality SIRs to ensure that proper reporting, investigation, and risk prevention and mitigation occur. Additionally, DDS will expand the National Core Indicators satisfaction survey of individuals and families to increase the sample size for persons who have transitioned from a DC. These data will help identify areas for improvement in transition and community services.

DDS will work with stakeholders to review and evaluate the data, and determine appropriate steps for risk management. Regional centers' quality assurance departments regularly review SIR information and perform activities to decrease risks to consumer health and safety. They will directly benefit from the additional data collection and analysis to guide their quality assurance activities.

DDS is proposing additional Regional Center Operations, Projects funding of \$121,000 one time, and \$76,000 ongoing, funded from CPP be dedicated to a quality management system for DC residents transitioning into the community. DDS will revise statewide contracts with the DDS risk management consultant and for the National Core Indicators surveys to address quality assurance enhancements that will support improved outcomes for consumers.

DEVELOPMENTAL CENTER ESTIMATE

Acute Crisis Units at Sonoma and Fairview Developmental Centers

To meet the needs of DC residents with challenging behaviors and support needs, the Task Force on the Future of the Developmental Centers specifically recommended that the role of the State should be to operate acute crisis facilities, similar to the program at Fairview DC, and be a “placement of last resort” or safety net for consumers in acute crisis. A clear need was expressed for crisis services in Northern and Southern California, at a minimum.

Crisis services at Fairview DC were established in the trailer bill to the Budget Act of 2012 (AB 1472, Chapter 25, Statutes of 2012) which modified Welfare and Institutions Code section 4418.7. That statute, among other provisions, defines the process and criteria for admission to Fairview DC for short-term acute crisis services and the appropriate length of stay. When the program at Fairview DC was designed, additional resources were not requested to support crisis services in a separate residential unit. As a result, those individuals who have been admitted for crisis services are residing in housing units with other Fairview DC residents.

As part of this May Revision, DDS is proposing changes to the delivery of DC acute crisis services. First, an existing, stand-alone housing unit will be modified and staffed at Fairview DC to serve five residents requiring crisis services. Based on experience with the program since 2012, it is important not to serve individuals in crisis in the same residential unit as other individuals with challenging behaviors. Not only is the quality of services compromised, but it also limits the individuals who can be admitted. Second, a new acute crisis program will be developed at the Sonoma DC in direct response to the Task Force recommendation. Again, an existing, stand-alone housing unit will be modified and staffed at Sonoma DC to provide crisis services for five residents.

This proposal will allow acute crisis units to be separate and distinct from all other DC services and residential settings, and support consumers for the critical purpose of short-term stabilization. The proposal includes funding for appropriate direct care staffing, as well as renovation of a free-standing kitchen in each unit to ensure consumers do not lose necessary skills that will support transition to a less restrictive environment. DDS also is proposing trailer bill language to authorize admissions to Sonoma DC for acute crisis services beginning January 1, 2015.

As described above related to the New Models of Care for Challenging Behavioral Needs, a stakeholder process will define and oversee the progression of new behavioral

services models in the community, and further evaluate the availability of, and access to an appropriate continuum of behavioral services system wide, which includes the DC acute crisis services.

Expand the Community State Staff Program to Supplement Community Services

A recurring theme throughout the work of the Task Force on the Future of Developmental Centers was the need to extend benefits associated with an approved DC closure plan to other DC residents and, depending on the particular benefit, possibly to other consumers living in the community. The recent experiences with Agnews DC and Lanterman DC have led to the development and refinement of various options and improvements in services and supports. Among those services is the Community State Staff Program, where a community entity (typically a service provider or a regional center) may contract with the DC to obtain the services of a DC employee to support former DC residents during transition and/or in their new home. Currently, up to 200 residents are transitioning into the community each year. DDS is proposing to expand the Community State Staff Program to support anyone transitioning out of a DC. Additionally, DDS, working with stakeholders, will consider other uses of DC employees to augment community services in the future consistent with the Task Force recommendations.

The Community State Staff Program enables qualified staff, familiar with the needs of the DC residents, to continue supporting them in the community. This continuity of care benefits the consumer being cared for, the family members of the consumer who have trust in this level of support, and DC employees who are seeking new employment options. It also gives service providers and regional centers greater access to qualified staff when hiring. While working in the community, the DC employees retain their civil service status, including salary and benefits, and the State receives full reimbursement via the contract for these services. Ideally, after working in the program, the DC employees will transition to other roles in the service system supporting consumers.

Participation in the program depends on several variables. The initiating factor is the desire of the service provider or regional center to contract for DC employee services. When an entity enters into such a contract, it agrees to reimburse the DC for the full cost (salary and benefits) of the employee. This cost may be higher than the pay of other entity employees. This disparity can cause conflict within the community work place and/or create a financial burden. Additionally, geography and the interest of DC employees to work in different locations can be issues. Also, from a timing standpoint, DC employees may not be ready for other employment opportunities until layoff from the DC becomes inevitable based on population changes. DDS will work with stakeholders toward improving utilization of the program and keep this option available to service providers.

DDS is proposing trailer bill language to expand the Community State Staff Program to support anyone transitioning from a DC into the community. Because utilization during the early stages of the program is expected to be small, DDS currently has sufficient

reimbursement authority within its proposed budget to support this program during 2014-15.

OTHER DDS COMMITMENTS

Other Efforts to Support DC Residents

The members of the Task Force on the Future of Developmental Centers expressed throughout their deliberations a strong preference that various benefits and service improvements associated with the approved DC closure plans for Agnews DC and Lanterman DC should be extended to other DC residents and, depending on the particular benefit, possibly to other consumers living in the community. Specific services are identified below, along with DDS's commitment to implementing them:

- Managed Care. Specified individuals with unique medical health needs transitioning from Agnews or Lanterman DCs under a closure plan approved by the Legislature had the option to enroll in managed care pursuant to special statutory provisions. The statutes and how they were and are being administered provide particular program benefits, which include: access to a network of medical and specialty professionals; agreements between the regional center and the health plan that specify their respective roles and responsibilities for ensuring the health and welfare of each consumer; case managers at the regional center and the health plan who understand each person's health care needs and coordinate medical and specialty care; processes to expedite health plan eligibility and enrollment prior to leaving the DC; and compensation for the health plan for the specialized care of this population.

DDS is working with the Department of Health Care Services to evaluate the recent experience at Lanterman DC, consider the impact of expanding the program to include additional qualified individuals moving out of a DC to the community, determine the health plans and regional centers to be included in this process, and consider the resources that may be required. Sufficient analysis has not occurred that would support an expansion of the program at this time.

- Enhanced Transition Planning at the DC. Transition planning is the mechanism by which critical decisions are made about a person's future, and life-supporting services are identified and made available at the right time. Throughout the Agnews and Lanterman DC closure processes, particular attention was given to ensuring an intensive transition planning process at the DC that appropriately focused on the individual's assessed needs, preferences and choices, consistent with the principles of the Lanterman Act. The transition planning process enabled careful evaluation of the community living arrangements that appeared to meet the resident's needs, and identification of the services and supports necessary for a successful transition. Also, as a resident prepared to move out

of the DC, an Individual Health Transition Plan was developed to ensure all necessary health supports were identified and in place.

In the early stages of the Agnews and Lanterman DC closure processes, DDS worked with stakeholders, including family members, staff members, regional centers and other interested parties to develop transition guidelines. Such guidelines provided a framework for a comprehensive transition process. Once finalized, the guidelines were implemented through a joint training effort involving DC and regional center staff.

DDS recognizes the essential value of a thorough and robust planning process. DDS will initiate an evaluation of the transition planning processes now in use at the remaining DCs and community facility, and make improvements, as determined appropriate, that support a meaningful person-centered process, consistent with the principles of the Lanterman Act. Stakeholders will be engaged at each location to advise DDS and enhance the overall planning efforts. No budgetary impact has been identified with this activity.

Stakeholder Engagement on Major Initiatives.

DDS recognizes and appreciates the critical role of stakeholders in evaluating service delivery and suggesting improvements. The Task Force recommendations identified in the “Plan for the Future of Developmental Centers in California” provide an essential framework for services that will be needed by DC residents. DDS must now work toward implementation of those recommendations by forming workgroups of interested stakeholders to define in greater detail the various steps and initiatives for moving forward. DDS is committed to a full and collaborative process in pursuing the various strategies for achieving cost-efficient, integrated, quality services for the DC residents.

Throughout this narrative, DDS has identified a number of areas that will benefit from a stakeholder process. DDS will engage stakeholders in the following major initiatives:

- Community Housing Using DC Land. One of the recommendations that will be fully explored with stakeholders is utilization of DC land for development of community housing through public/private partnerships, similar to Harbor Village at Fairview DC.
- Health Resource Center(s). Another major initiative recommended by the Task Force is the development of one or more health resource centers. As conceptualized by the Task Force, the health resource center would focus on coordinated health and mental health services, the provision of direct services where greater resources are needed, and specialty services that the DCs provide today, such as equipment modifications, assistive technology and shoes. A health resource center would likely take the place of an outpatient clinic as a more comprehensive approach to services. Complex issues to be explored using a stakeholder process include, but are not limited to: the expected need or utilization of possible services; the appropriate mix of services; a physical

structure for the delivery of services; the availability of qualified staff; limitations presented by the DC location and other access issues; funding mechanisms; and if or how the services can be sustained over time.

- Additional and/or Alternative Transitional and Competency Restoration Services. The Task Force recommended the continuation of services in the Porterville DC STP, as a preferred program over jail or another locked facility, and as an appropriate role for the State. Similarly, the Task Force recommended the State continue providing transitional services at Canyon Springs Community Facility. DDS will continue to operate both programs. However, other related issues were raised by the Task Force, including the need for expanded transitional services, alternative services for competency restoration, and possibly greater capacity in the STP. The Task Force recognized the State's role of providing a "placement of last resort" for individuals with challenging behaviors and those with criminal justice system involvement. DDS will engage interested stakeholders in further analyzing the need for these services and the options that may be available. If any strategies are pursued, they may require statutory authority and funding for implementation.
- Future of the Community System. As the Task Force reviewed data and worked through issues to address the needs of the DC residents in the future, many current issues affecting the broader community system were discussed. These concerns were not within the scope of the Task Force on the Future of Developmental Centers, but certainly merit addressing through another effort, as recommended. A timeline has not been identified for this additional effort given the current priority to transform the role of the DCs and the concentrated effort that is needed to thoroughly address the other Task Force recommendations. After key components are underway, DDS will establish a task force to explore community system improvements and make recommendations. In the interim, DDS will continue to work with stakeholders and the Legislature on addressing significant community issues.

COST IMPACTS

The various efforts toward implementing the Task Force recommendations, including those that require definition and development through additional stakeholder involvement, may have cost impacts that will need to be incorporated into future budget cycles. These potential costs are identified as a Future Fiscal Issue in Section C of the Regional Center 2014 May Revision, and Section D-4 of the Developmental Centers 2014 May Revision.

Following are displays that summarize the 2014-15 costs associated with the Task Force recommendations.

Department of Developmental Services
Future Services for Developmental Center Residents
Regional Center Cost Impacts

Type of Position or Project	Estimated Annual Cost Per Position or Project	Estimated Cost Per Month	Position or Project Count	Number of Months in 2014-15	Total Estimated Cost	Total General Fund	Comments
Regional Center Operations, Staffing							
Quality Assurance (QA) Staff	\$ 95,000	\$ 7,917	6.0	8	\$ 380,000	\$ 380,000	Support enhanced QA activities to monitor homes and service delivery for individuals transitioning from a DC to the community.
Resource Developer Staff	\$ 95,000	\$ 7,917	2.0	12	\$ 190,000	\$ 190,000	Manage development of new models of enhanced behavioral care.
Board Certified Behavior Analyst (BCBA) Staff	\$ 160,000	\$ 13,333	2.0	6	\$ 160,000	\$ 160,000	Develop and provide ongoing oversight to new models of behavioral care (6 enhanced behavioral supports homes and 2 community crisis homes.)
Nurses to Support Complex Medical Needs	\$ 115,000	\$ 9,583	2.0	8	\$ 153,000	\$ 153,000	Develop and provide ongoing oversight to 10 new 853/962 homes and 4 new ICD-DDN homes.
Enhanced Caseload Ratio 1:45 for Two Years			6.4		\$ 344,000	\$ 254,000	Coordinate and monitor services for DC residents transitioning to the community for an additional year.
Subtotal, Staffing			18.4		\$ 1,227,000	\$ 1,137,000	
Regional Center Operations, Projects Funding for Quality Assurance							
Risk Management Consultant	\$ 66,000				\$ 66,000	\$ 66,000	On-going cost: \$31,000
National Core Indicators - Surveys	\$ 55,000				\$ 55,000	\$ 55,000	On-going cost: \$45,000
Subtotal, Quality Assurance					\$ 121,000	\$ 121,000	
Total, Regional Center Operations					\$ 1,348,000	\$ 1,258,000	

Department of Developmental Services
Future Services for Developmental Center Residents
Regional Center Cost Impacts

Type of Position or Project	Estimated Annual Cost Per Position or Project	Estimated Cost Per Month	Position or Project Count	Number of Months in 2014-15	Total Estimated Cost	Total General Fund	Comments
Regional Center Purchase of Services, Community Placement Plan							
Enhanced Behavioral Supports Home (no more than 4 beds)	\$ 900,000		6		\$ 5,400,000	\$ 5,400,000	Start up for acquisition, renovation and the service provider for newly designed residential model to support individuals with unique and challenging service needs consistent with DC Task Force recommendations.
Community Crisis Home (no more than 8 beds)	\$ 1,950,000		2		\$ 3,900,000	\$ 3,900,000	Start up for acquisition, renovation and the service provider for community crisis home (limited stay) to support individuals in active crisis requiring stabilization consistent with DC Task Force recommendations.
ARFPSHN Home for Individuals Who Have Complex Medical Needs and Challenging Behavioral Needs	\$ 900,000		1		\$ 900,000	\$ 900,000	Start up for acquisition, renovation and the service provider for an ARFPHSN home that can provide services to individuals who have complex medical and behavioral challenges.
Transition Homes (3 to 4 bed)	\$ 750,000		2		\$ 1,500,000	\$ 1,500,000	Start up for acquisition, renovation and the service provider for transition homes for individuals receiving services in a DC acute crisis facility or community crisis home, or for individuals at risk for placement in a non-federally funded facility.
Total, Purchase of Services					\$ 11,700,000	\$ 11,700,000	
Grand Total					\$ 13,048,000	\$ 12,958,000	

**Department of Developmental Services
Future Services for Developmental Center Residents
Developmental Center Cost Impacts
Acute Crisis Units at Sonoma and Fairview Developmental Centers**

Listed below are the staff needed to operate the two crisis facilities recommended by the Task Force. Located at Fairview DC and Sonoma DC, they will be separate housing units providing services to consumers admitted pursuant to Welfare and Institutions code section 4418.7.

<u>Level of Care:</u>	<u>Positions</u>	<u>Cost</u>
Psychology	0.7	\$68,065
Social Work	0.4	19,132
Rehab Therapy	0.4	22,494
Education	0.4	13,877
Nursing	24.3	1,135,259
Subtotal, Level of Care:	26.2	\$1,258,828
<u>Non-Level of Care:</u>		
Residence Managers (RNIII/Unit Sup)	1.5	\$93,759
Shift Sup (RNII/SPT)	6.0	330,462
Individual Program Coordinator	0.4	15,112
FSW I/II-Presentation	4.5	127,404
Custodian	4.5	124,907
Subtotal, Non-Level of Care:	16.9	\$691,643
Subtotal, Salaries and Wages:	43.1	\$1,950,471
<u>Benefits:</u>		
OASDI/Medicare		\$140,175
Health		363,218
Retirement		393,425
Subtotal, Benefits:		\$896,818
Total, Personal Services:		\$2,847,289
<u>Operating Expense & Equipment:</u>		
Foodstuffs		\$13,718
Drugs, Lab & Supply		10,283
Clothing		4,395
Special Repairs		300,000
Total, Operating Expense & Equipment		\$328,395

TOTAL EXPENDITURES:

BY 2014-15
\$3,175,684

Rounding **\$3,176,000**

TOTAL FUNDING

General Fund

\$1,978,000

General Fund Match

1,198,000

General Fund Other

780,000

Reimbursements

\$1,198,000

Medi-Cal Reimbursements

1,198,000

Reimbursements Other

0

TOTAL POSITIONS

43.1

IMPLEMENTATION DATE:

July 1, 2014 for FDC

January 1, 2015 for SDC