Schedule 13

Department of Health Care Policy and Financing

Funding Request for The FY 2021-22 Budget Cycle

Request Title

R-06 Remote Supports for HCBS Programs

Dept. Approval By:

OSPB Approval By:

	Supplemental FY 2020-21
	Budget Amendment FY 2021-22
X	**Change Request FY 2021-22**

Summary Information	**Fund**	**FY 2020-21** Initial Appropriation	**FY 2020-21** Supplemental Request	**FY 2021-22** Base Request	**FY 2021-22** Change Request	**FY 2022-23** Continuation
Total of All Line Items Impacted by Change Request	**Total**	**$9,098,281,335**	**$0**	**$9,056,424,979**	**($716,616)**	**($2,149,847)**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,278,577,901	$0	$2,456,210,499	($348,345)	($1,045,040)
	CF	$1,393,675,650	$0	$1,202,307,021	($9,962)	($29,883)
	RF	$41,603,960	$0	$43,625,726	$0	$0
	FF	$5,384,423,824	$0	$5,354,281,733	($358,309)	($1,074,924)

Line Item Information	**Fund**	**FY 2020-21** Initial Appropriation	**FY 2020-21** Supplemental Request	**FY 2021-22** Base Request	**FY 2021-22** Change Request	**FY 2022-23** Continuation
02. Medical Services Premiums, (A) Medical Services Premiums, (1) Medical Services Premiums - Medical Services Premiums	**Total**	**$9,026,391,954**	**$0**	**$8,984,194,399**	**($639,397)**	**($1,918,189)**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,245,225,203	$0	$2,422,686,658	($310,810)	($932,432)
	CF	$1,393,285,900	$0	$1,201,917,467	($8,888)	($26,662)
	RF	$41,603,960	$0	$43,625,726	$0	$0
	FF	$5,346,276,891	$0	$5,315,964,548	($319,699)	($959,095)
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Supported Living Services	**Total**	**$71,889,381**	**$0**	**$72,230,580**	**($77,219)**	**($231,658)**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$33,352,698	$0	$33,523,841	($37,535)	($112,608)
	CF	$389,750	$0	$389,554	($1,074)	($3,221)
	RF	$0	$0	$0	$0	$0
	FF	$38,146,933	$0	$38,317,185	($38,610)	($115,829)

Auxiliary Data			
Requires Legislation?	YES		
Type of Request?	Department of Health Care Policy and Financing Prioritized Request	**Interagency Approval or Related Schedule 13s:**	No Other Agency Impact

Department Priority: R-6
Request Detail: Remote Supports for HCBS Programs

Summary of Funding Change for FY 2021-22				
	Totals		Incremental Change	
	FY 2020-21 Appropriation	FY 2021-22 Base	FY 2021-22 Request	FY 2022-23 Request
Total Funds	$9,098,281,335	$9,056,424,979	($716,616)	($2,149,847)
FTE	0.0	0.0	0.0	0.0
General Fund	$2,278,577,901	$2,456,210,499	($348,345)	($1,045,040)
Cash Funds	$1,393,675,650	$1,202,307,021	($9,962)	($29,883)
Reappropriated Funds	$41,603,960	$43,625,726	$0	$0
Federal Funds	$5,384,423,824	$5,354,281,733	($358,309)	($1,074,924)

Summary of Request:

The Department requests to implement a remote support option into existing electronic monitoring services in several Home and Community-Based Services (HCBS) waivers. Remote Supports is an emerging service model that combines technology and direct care to support people with disabilities and reduces the use of in-person services. Examples of remote supports include monitors, sensors, and communication devices that allow attendants in a separate location to provide verbal prompts to members in their homes. Remote supports can provide a convenient means for members to stay in contact with caregivers and reduce risks associated with in-person contact amid concerns of the pandemic. Expanding electronic monitoring to include remote supports would result in cost savings to the State and would increase independence for HCBS waiver members. Remote supports have been implemented in other states which saw members shift utilization away from higher cost, in-person care to the remote option. This request represents a decrease of less than 0.5% of the Department's FY 2020-21 Long Bill total funds appropriation.

This request aligned with Step 2 on the Evidence Continuum based on studies examining a similar program in Ohio, which measured program impacts including the adoption rate of the technology.

Current Program:

The Department currently operates ten Home and Community Based Services (HCBS) programs that served an estimated 56,997 people in FY 2019-20. Each HCBS program is an extra set of Health First Colorado benefits that a member could qualify for in certain cases. These benefits help a member remain in their home and community instead of institutions.

Electronic monitoring services include the installation, purchase, or rental of electronic monitoring devices which enable the individual to secure help in the event of an emergency and may be used to provide reminders to the individual of medical appointments, treatments, or medication schedules. These services are required because of an individual's illness, impairment, or disability as documented on the member's assessment, and are essential to prevent institutionalization of the individual. Examples of electronic monitoring services include Personal Emergency Response System (PERS), Medication Reminders, and Assistive Technology that exist in all adult waivers except the Home and Community-Based Services Waiver For Persons With Developmental Disabilities (HCBS-DD).

Remote supports are a new, different kind of electronic monitoring that would be made available in these waivers within the Electronic Monitoring Service umbrella. Remote supports enable people to use technology in their homes, such as monitors, sensors, and communication devices and allow attendants in a separate location to provide verbal prompts to members in their homes.[1] For example, some HCBS members might currently be receiving in-person homemaker services for meal preparation for someone with memory or other cognitive issues. Instead of having an attendant come to their home, sensors on the refrigerator could notify a remote support worker if the person hasn't opened the refrigerator by a certain time, prompting the worker to reach out. The remote support worker could then prompt the person through the meal preparation process, and sensors on the stove could alert a remote support worker if left on. Similar sensor and prompting combinations are possible for many in-person supports, such as bathing, laundry, and for safety concerns such as open windows and doors or fall detection.

Problem or Opportunity:

The Department has an opportunity to achieve cost savings by offering remote services as an alternative option to in-person care for HCBS members.

During the COVID-19 pandemic, many seniors and people with disabilities receiving long-term care in their homes face serious difficulties. HCBS members rely on attendants coming into their home to help with tasks such as bathing, dressing, and preparing meals which can be challenging or even risky under normal circumstances. Many HCBS members have weaker immune systems

[1] "White Paper: Use of Remote Support in Ohio and Emerging Technologies on the Horizon". Nisonger Center, The Ohio State University. 2018. https://nisonger.osu.edu/wp-content/uploads/2017/02/White-Paper-Use-of-Remote-Support-in-Ohio-and-Emerging-Technologies-on-the-Horizon.pdf

putting them at higher risk all the time and especially during outbreaks like COVID-19 or the seasonal flu. HCBS services during public health emergencies can be critical to preventing increased needs for nursing facilities or hospitals by helping members stay safely in their homes and communities.[2]

A report completed by University of Colorado with Disability Cocoon found that the Department's current electronic monitoring services are "antiquated" and do "not reflect the modernization of technology or service deliver often associated with emerging remote supports"[3]. The Department sees an opportunity to modernize electronic monitoring by offering a remote supports benefit. This would also align with the current direction of health care to allow for more virtual access to services considering the COVID-19 pandemic.

Proposed Solution:

The Department requests a reduction of $716,616 total funds including a reduction of $348,345 General Fund, a reduction of $9,962 cash funds, and a reduction of $358,309 federal funds in FY 2021-22, a reduction of $2,149,847 total funds including a reduction of $1,045,040 General Fund, a reduction of $29,883 cash funds, and a reduction of $1,074,924 federal funds in FY 2022-23, and a reduction of $2,866,462 total funds including a reduction of $1,393,387 General Fund, a reduction of $39,843 cash funds, and a reduction of $1,433,232 federal funds in FY 2023-24 and ongoing to implement a remote support option into existing electronic monitoring services in several Home and Community-Based Services (HCBS) waivers. This request requires statutory changes to authorize these services in some instances.

The Department is requesting to implement remote supports into the following HCBS waivers: Elderly, Blind, and Disabled (HCBS-EBD), Community Mental Health Supports (HCBS-CMHS), Brain Injury (HCBS-BI), Spinal Cord Injury (HCBS-SCI), and Supported Living Services (HCBS-SLS). This would require one statute change for HCBS-EBD as the current definition of electronic monitoring is too specific to allow for a remote support option. For all the waivers, the Department would need to obtain approval from the Centers for Medicare and Medicaid Services (CMS) prior to implementation. Waiver members would have the option to use remote supports. The Department would not mandate use of this technology, and members may choose to continue to receive in-person services.

If the request is not approved the Department would miss an opportunity to achieve cost savings without reducing services to members or risking worsening health outcomes. This request presents

[2] "How Are States Supporting Medicaid Home and Community-Based Services During the COVID-19 Crisis?". Kaiser Family Foundation. May 5, 2020. https://www.kff.org/coronavirus-covid-19/issue-brief/how-are-states-supporting-medicaid-home-and-community-based-services-during-the-covid-19-crisis/

[3] "Remote Supports". D1 Colorado Technology Advancement Project. https://www.colorado.gov/pacific/hcpf/legislator-resource-center

a unique opportunity to achieve cost savings by adding a service that provides more efficiency and independence to members rather than reducing services or care.

The Department has consulted other states and used contractor resources to support the claim that remote supports would result in cost savings. In particular, the Department has done extensive research on the service delivery model used in Ohio and would implement remote supports similarly in Colorado with adjustments from lessons learned. The Department believes there are opportunities to achieve higher utilization and more savings faster than Ohio did by focusing on areas Ohio state staff have noted as necessary for service implementation success: outreach to members and stakeholders, training for case managers, and provider recruitment.

For member outreach and education, the Department plans to leverage an existing relationship with the Coleman Institute for Cognitive Disabilities at the University of Colorado to connect users from other states with Colorado members to discuss the increased independence they experienced once utilizing remote supports. Existing national providers would be invited to conduct regional and virtual demonstration sessions. Extensive stakeholder engagement on regulatory framework and implementation processes would occur both prior to implementation and during the six months immediately following to address questions and issues. Member outreach done partway through or after implementation was noted by multiple states as a major impediment to member uptake and satisfaction with remote supports.

To address case manager education and preparedness, the Department plans to create a training for case managers that emphasizes assessing if someone's needs can be met through remote supports first before looking at in-person services. This process change would likely result in remote supports being added to service authorizations for HCBS members faster than what was seen in Ohio, which would lead to a faster ramp-up and quicker realization of cost savings.

Lastly, the Department plans to actively recruit providers prior to implementation so that the provider pool is ready to accept members right away. The Department has already identified existing providers of remote supports for other states' HCBS programs that are active but limited in Colorado. The Department would first outreach to those providers if this request is approved, followed by outreach to national providers not currently active in Colorado, and invitations to expand into remote supports to existing in-state providers of HCBS.

The Department believes this request is on Step 2, "Identify Outputs," of the Office of State Planning and Budgeting (OSPB) Evidence Continuum. Ohio has implemented a similar program and has studies impacts such as the extent to which the remote supports were adopted by patients.[4].

[4] "White Paper: Use of Remote Support in Ohio and Emerging Technologies on the Horizon". Nisonger Center, The Ohio State University. 2018. https://nisonger.osu.edu/wp-content/uploads/2017/02/White-Paper-Use-of-Remote-Support-in-Ohio-and-Emerging-Technologies-on-the-Horizon.pdf

The Department has also consulted with other states on utilization and uptake measures to estimate savings but has not yet collected data or evaluated whether the cost savings were achieved since the program has not been implemented yet.

Anticipated Outcomes:

Modernizing electronic monitoring by offering a remote supports benefit has the potential to reduce HCBS expenditures by providing services at a lower cost than residential or in-person care, would increase independence for members while ensuring safety and support, could address workforce shortages by increasing provider efficiency, and improve access to care in rural areas.

In addition, this request aligns with the Health Cabinet's WIG 3: Leverage New Normal Opportunities. Adopting remote support options for HCBS waivers means driving a "new normal" that enhances remote health care. A study from The Human Services Research Institute (HSRI) published in 2016 discusses usage of remote technology by people with intellectual and development disabilities and states, "As a service for increasing independence at home, remote technology can be a good option for individuals needing either sporadic support, or full-time support not requiring hands-on assistance"[5]. The Department believes that statement describes the needs of many HCBS members enrolled on waivers. Remote supports are a way to leverage existing technology to reduce the number of in-home visits while still providing members with the care they need.

Remote supports would reduce HCBS expenditure because the rate for remote supports is about one-third of the rate for in-person services. This aligns with the Department's WIG "Medicaid Cost Control" as the Department believes this would lower per-utilizer costs for those who access it. The Department estimated cost savings by examining data from other states that have already implemented remote supports, particularly Ohio. The savings come from the lower rate and individuals shifting care from in-person to remote as well as shifting members with lower acuity out of residential services and into their homes. The Department would evaluate service plan authorizations to determine the savings and costs avoided after implementation. This would be easy to trace because case managers must authorize a certain amount of in-person and remote care therefore the Department could easily quantify the change in both service delivery options post-implementation.

The Department anticipates that many HCBS members would shift some of their current utilization of in-person services to a remote support option if available, resulting in cost savings since the rate for remote services is about one third of the rate for in-person services such as personal care or homemaker. The Department believes that this request would also have a positive effect on

[5] "Remote Technology. Application of Remote Technology in Supporting People with Intellectual and Developmental Disabilities". Human Services Research Institute. December, 2016. https://onlinelibrary.wiley.com/doi/abs/10.1111/jar.12709

member care. In a paper examining the effect of remote supports on Ohio's Medicaid members, authors found that about half of people interviewed reported increased independence[4]. Researchers also found that safety was the most frequently endorsed response among satisfaction metrics with the use of remote supports. The study surveyed and interviewed HCBS members utilizing remote supports through one of three of Ohio's waivers that included a remote support option.

Remote supports have the possibility to lower the turnover rate of direct service providers. Nationwide, turnover rates annually are estimated to be between 38.2% and 50% annually[6]. For example, a staff person who typically provides eight hours of in-person care per day may be able to provide remote supervisory support to up to fifty individuals per day with the assistance of monitoring sensors and two-way communication due to the intermittent nature of engagement. Easing the known workforce shortage crisis could also alleviate wage and rate pressure, leading to additional long-term cost savings.

Access to care could be improved for users in all areas due to increased efficiencies in worker distribution, however, rural member access to care has the most opportunity for improvement with the addition of remote supports. Rural access could be improved by eliminating or reducing the need for locally-based staff or costly travel. The increases in workforce efficiency are especially powerful when connecting chronically underserved communities to provider pools not limited by geographic considerations.

Assumptions and Calculations:

Please see Appendix A for details of calculations and tables.

The Department estimates savings in several areas from implementing remote supports in HCBS waivers. First, utilizers of personal care, homemaker, and Independent Living Skills Training (ILST) may shift some of their in-person care to the remote options which would have a lower rate and result in savings. To estimate savings, the Department looked at other states that have implemented remote supports. Overall, there are 19 other states with remote support options but most of these options reside under a residential service and are reimbursed within the residential per diem rate. Only two states have implemented remote supports as its own, independent service: Ohio and Indiana. The Department's proposed service and implementation plan is closest to Ohio, so the estimated impact to utilization is based on information from Ohio only.

Savings to personal care, homemaker, and ILST come from a portion of utilizers shifting part of their units from in-person care to remote support. The Department examined forecasts from Ohio that were approved by the Centers for Medicare and Medicaid Services (CMS) to estimate the shift in Colorado. Ohio's forecasts were based on actual data since implementation of the remote

[6] "White Paper: Use of Remote Support in Ohio and Emerging Technologies on the Horizon". Nisonger Center, The Ohio State University. 2018.

support option. The Department calculated the ratio of remote support users to personal care and homemaker users for each service delivery model (agency-based care or participant direction). The Department estimates a similar take-up rate for waivers with similar populations to Ohio's Comprehensive Waiver, such as HCBS-BI, HCBS-CMHS, BI, and HCBS-SLS. The Department estimates a dampened take up rate for waivers for members who primarily have physical disabilities, such as HCBS-EBD and HCBS-SCI. Ohio's waiver is for people with intellectual and development disabilities (IDD) and the Department believes the rate of utilization may be slightly lower for those waivers that primarily enroll members with physical disabilities rather than IDD or other cognitive disabilities due to different needs for in-person, hands-on care.

The Department also looked at the forecasts from Ohio to estimate how many units per utilizer would shift from in-person to remote. The Department calculated the ratio of remote support units to in-person personal care and homemaker units and applied this ratio to current utilization data of the affected waivers. The Department altered this assumption where appropriate, in the same way the utilizer assumptions were altered for HCBS-EBD and HCBS-SCI and applied it to the waivers where remote supports would be added.

The savings from utilization shifts come from the lower rate for remote supports. The Department assumes its rate would align with Ohio's which is $8.56. Although this is lower than the current minimum wage, the Department does not believe this is an issue because agencies would be receiving payments for multiple members during an attendant's shift and the attendant would still be receiving a wage above the required minimum. This rate is blended between daytime and overnight care and aligns with Ohio's rate model.

In addition to the hourly rate for care, there would be a small installation fee for any necessary equipment. The Department believes this would operate similarly to the existing installation service Personal Emergency Response Systems (PERS), a service offered on other waivers. The Department estimated costs by applying the average PERS installation cost per utilizer for FY 2019-20 to the forecasted number of remote support users each year. PERS installations range from basic pendants with a call button to sensor systems similar to what would be used under remote supports, such as door sensors and out-of-bed sensors, but with more limited monitoring and communication able to be initiated only by the member. The Department believes this to be a good proxy for what remote support installations could cost.

Another effect of adding remote supports would be cost savings to the Supportive Living Program (SLP) in the Brain Injury (BI) waiver. The Supportive Living Program (SLP) is a specialized assisted living services for people with brain injuries. Services include 24-hour oversight; assessment, training and supervision of self-care; medication management; behavioral management; and cognitive supports. They also include interpersonal and social skills development. The Department believes members with lower acuity scores that are currently

utilizing the SLP service may be able to stay in their homes and stop using SLP if remote supports were available. In addition, there may be some avoided enrollments into SLP from members who are able to stay in their homes if remote supports are an option. This would cause significant cost savings since the rate for the residential service is much higher than the remote option. The Department assumes that a quarter of SLP utilizers with acuity scores in the lowest two levels would either shift out of SLP or avoid a future enrollment. Savings for this populations comes from the reduction in SLP units where daily rates range from $197.91 to $369.67. For the detailed calculation, please see table 9.1 in Appendix A.

Implementing remote supports could potentially result in long-term savings for HCBS-DD. From May 2018 through December 2019, 63% of members enrolled onto HCBS-DD had a needs-assessment score of 1 or 2. Support Intensity Scale (SIS) scores range from 1 at the lowest acuity to 7 at the highest. By offering remote supports on HCBS-SLS paired with targeted outreach, the Department could potentially reduce the number of HCBS-DD emergency enrollments needed throughout the year. Most members on HCBS-SLS are also on the waiting list for HCBS-DD. The Department believes if more services are offered on HCBS-SLS that meet people where they are, fewer people would need an emergency enrollment into HCBS-DD.

The Department is currently forecasting 189 emergency enrollments for FY 2021-22. Over time, with more service options in HCBS-SLS that meet people where they are and fill any existing gaps in care, the number of emergency enrollments each fiscal year could decrease, resulting in long-term cost savings from people staying on the HCBS-SLS waiver longer, which has significantly lower costs per utilizer than HCBS-DD. While this diversion is not included in potential cost savings due to the unpredictability of the size of diversion, it is included here due to the potential for future savings. This would potentially increase average cost per utilizer on HCBS-SLS while reducing demand for and utilization of more costly HCBS-DD services, lowering overall expenditures. Even with moderate increases in HCBS-SLS expenditures, the potential to capture cost savings and address waitlist concerns adds to the urgency of this request.

The Department included a ramp-up timeline for both implementation and utilization in Table 3.1 through Table 3.3 of Appendix A. The Department would need to submit and gain CMS approval for waiver amendments in order to implement the service. The Department also believes this new service would require a statutory amendment to HCBS-EBD to broaden the definition of "electronic monitoring services" to allow for remote support options. Given these requirements, the Department estimates the earliest implementation date could be January 1, 2022. In addition, the Department expects that it would take up to three years for service utilization to ramp-up as members become aware of the services and case managers start working with members to add this option to their determined service plan.

In addition to members ramping up their utilization, the Department expects the provider network to ramp up over time as well. There are several national remote support providers currently operating in Colorado and the Department anticipates there are more providers that could be outreached to provide services in the state. The Department also believes some providers of other services like Personal Emergency Response System (PERS) and home care agencies would shift into offering remote supports to expand their client base, avoid losing existing members, and take advantage of the increases in workforce efficiency that would reduce the impact of employee turnover, workforce shortages, and wage increase pressure.

Table 1.1
Summary by Line Item
FY 2021-22

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(2) Medical Services Premiums	($639,397)	0.0	($310,810)	($8,888)	$0	($319,699)	50.00%	Table 2.1 Sum of Rows A thru F
B	(4) Office of Community Living (A) Division of Intellectual and Development Disabilities (2) Medicaid Programs, Adult Supported Living Services	($77,219)	0.0	($37,535)	($1,074)	$0	($38,610)	50.00%	Table 2.1 Sum of Rows G thru I
C	**Total Request**	**($716,616)**	**0.0**	**($348,345)**	**($9,962)**	**$0**	**($358,309)**		**Sum of Rows A thru B**

Table 1.2
Summary by Line Item
FY 2022-23

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(2) Medical Services Premiums	($1,918,189)	0.0	($932,432)	($26,662)	$0	($959,095)	50.00%	Table 2.2 Sum of Rows A thru F
B	(4) Office of Community Living (A) Division of Intellectual and Development Disabilities (2) Medicaid Programs, Adult Supported Living Services	($231,658)	0.0	($112,608)	($3,221)	$0	($115,829)	50.00%	Table 2.2 Sum of Rows G thru I
C	**Total Request**	**($2,149,847)**	**0.0**	**($1,045,040)**	**($29,883)**	**$0**	**($1,074,924)**		**Sum of Rows A thru B**

Table 1.3
Summary by Line Item
FY 2023-24

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(2) Medical Services Premiums	($2,557,584)	0.0	($1,243,242)	($35,550)	$0	($1,278,792)	50.00%	Table 2.3 Sum of Rows A thru F
B	(4) Office of Community Living (A) Division of Intellectual and Development Disabilities (2) Medicaid Programs, Adult Supported Living Services	($308,878)	0.0	($150,145)	($4,293)	$0	($154,440)	50.00%	Table 2.3 Sum of Rows G thru I
C	**Total Request**	**($2,866,462)**	**0.0**	**($1,393,387)**	**($39,843)**	**$0**	**($1,433,232)**		**Sum of Rows A thru B**

Table 2.1
Summary by Initiative
FY 2021-22

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
Savings to Non-Intellectual and Development Disabilities (IDD) Waivers									
A	Agency-Based Care Savings	($270,700)	0.0	($131,587)	($3,763)	$0	($135,350)	50.00%	Table 3.1 Row A
B	In-Home Support Services (IHSS) Savings	($95,778)	0.0	($46,558)	($1,331)	$0	($47,889)	50.00%	Table 3.1 Row B
C	Consumer Directed Attendant Support Services (CDASS) Savings	($113,652)	0.0	($55,246)	($1,580)	$0	($56,826)	50.00%	Table 3.1 Row C
D	Independent Life Skills Training Savings	($12,423)	0.0	($6,038)	($173)	$0	($6,212)	50.00%	Table 3.1 Row D
E	Supported Living Program Savings	($172,290)	0.0	($83,750)	($2,395)	$0	($86,145)	50.00%	Table 3.1 Row E
F	Installation Costs	$25,446	0.0	$12,369	$354	$0	$12,723	50.00%	Table 3.1 Row F
Savings to Supported Living Services (SLS) Waiver									
G	Agency-Based Care Savings	($66,008)	0.0	($32,086)	($918)	$0	($33,004)	50.00%	Table 3.1 Row G
H	CDASS Savings	($15,241)	0.0	($7,408)	($212)	$0	($7,621)	50.00%	Table 3.1 Row H
I	Installation Costs	$4,030	0.0	$1,959	$56	$0	$2,015	50.00%	Table 3.1 Row I
J	**Total Request**	**($716,616)**	**0.0**	**($348,345)**	**($9,962)**	**$0**	**($358,309)**		**Sum of all rows**

Table 2.2
Summary by Initiative
FY 2022-23

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
Savings to Non-Intellectual and Development Disabilities (IDD) Waivers									
A	Agency-Based Care Savings	($812,099)	0.0	($394,761)	($11,288)	$0	($406,050)	50.00%	Table 3.2 Row A
B	In-Home Support Services (IHSS) Savings	($287,333)	0.0	($139,672)	($3,994)	$0	($143,667)	50.00%	Table 3.2 Row B
C	Consumer Directed Attendant Support Services (CDASS) Savings	($340,956)	0.0	($165,739)	($4,739)	$0	($170,478)	50.00%	Table 3.2 Row C
D	Independent Life Skills Training Savings	($37,268)	0.0	($18,116)	($518)	$0	($18,634)	50.00%	Table 3.2 Row D
E	Supported Living Program Savings	($516,870)	0.0	($251,251)	($7,184)	$0	($258,435)	50.00%	Table 3.2 Row E
F	Installation Costs	$76,337	0.0	$37,107	$1,061	$0	$38,169	50.00%	Table 3.2 Row F
Savings to Supported Living Services (SLS) Waiver									
G	Agency-Based Care Savings	($198,023)	0.0	($96,258)	($2,753)	$0	($99,012)	50.00%	Table 3.2 Row G
H	CDASS Savings	($45,724)	0.0	($22,226)	($636)	$0	($22,862)	50.00%	Table 3.2 Row H
I	Installation Costs	$12,089	0.0	$5,876	$168	$0	$6,045	50.00%	Table 3.2 Row I
J	**Total Request**	**($2,149,847)**	**0.0**	**($1,045,040)**	**($29,883)**	**$0**	**($1,074,924)**		**Sum of all rows**

Table 2.3
Summary by Initiative
FY 2022-23

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
Savings to Non-Intellectual and Development Disabilities (IDD) Waivers									
A	Agency-Based Care Savings	($1,082,799)	0.0	($526,348)	($15,051)	$0	($541,400)	50.00%	Table 3.3 Row A
B	In-Home Support Services (IHSS) Savings	($383,110)	0.0	($186,230)	($5,325)	$0	($191,555)	50.00%	Table 3.3 Row B
C	Consumer Directed Attendant Support Services (CDASS) Savings	($454,608)	0.0	($220,985)	($6,319)	$0	($227,304)	50.00%	Table 3.3 Row C
D	Independent Life Skills Training Savings	($49,690)	0.0	($24,154)	($691)	$0	($24,845)	50.00%	Table 3.3 Row D
E	Supported Living Program Savings	($689,160)	0.0	($335,001)	($9,579)	$0	($344,580)	50.00%	Table 3.3 Row E
F	Installation Costs	$101,783	0.0	$49,476	$1,415	$0	$50,892	50.00%	Table 3.3 Row F
Savings to Supported Living Services (SLS) Waiver									
G	Agency-Based Care Savings	($264,031)	0.0	($128,345)	($3,670)	$0	($132,016)	50.00%	Table 3.3 Row G
H	CDASS Savings	($60,965)	0.0	($29,635)	($847)	$0	($30,483)	50.00%	Table 3.3 Row H
I	Installation Costs	$16,118	0.0	$7,835	$224	$0	$8,059	50.00%	Table 3.3 Row I
J	**Total Request**	**($2,866,462)**	**0.0**	**($1,393,387)**	**($39,843)**	**$0**	**($1,433,232)**		**Sum of all rows**

Table 3.1
Implementation Adjustments for Year 1 of Implementation

Row	Implementation Adjustments	Full Impact	Ramp Up Factor	Implementation Factor	Estimated Savings
Non-Intellectual and Developmental Disabilities (IDD) Waivers					
A	Agency-Based Services Savings	($1,082,799)	50.00%	50.00%	($270,700)
B	IHSS Savings	($383,110)	50.00%	50.00%	($95,778)
C	CDASS Savings	($454,608)	50.00%	50.00%	($113,652)
D	ILST Savings	($49,690)	50.00%	50.00%	($12,423)
E	Savings to SLP	($689,160)	50.00%	50.00%	($172,290)
F	Installation Costs	$101,783	50.00%	50.00%	$25,446
Supported Living Services Waiver					
G	Agency-Based Services Savings	($264,031)	50.00%	50.00%	($66,008)
H	CDASS Savings	($60,965)	50.00%	50.00%	($15,241)
I	Installation Costs	$16,118	50.00%	50.00%	$4,030
J	**Total**	**($2,866,462)**	**50.00%**	**50.00%**	**($716,616)**

Table 3.2
Implementation Adjustments for Year 2 of Implementation

Row	Implementation Adjustments	Full Impact	Ramp Up Factor	Implementation Factor	Estimated Savings
Non-Intellectual and Developmental Disabilities (IDD) Waivers					
A	Agency-Based Services Savings	($1,082,799)	75.00%	100.00%	($812,099)
B	IHSS Savings	($383,110)	75.00%	100.00%	($287,333)
C	CDASS Savings	($454,608)	75.00%	100.00%	($340,956)
D	ILST Savings	($49,690)	75.00%	100.00%	($37,268)
E	Savings to SLP	($689,160)	75.00%	100.00%	($516,870)
F	Installation Costs	$101,783	75.00%	100.00%	$76,337
Supported Living Services Waiver					
G	Agency-Based Services Savings	($264,031)	75.00%	100.00%	($198,023)
H	CDASS Savings	($60,965)	75.00%	100.00%	($45,724)
I	Installation Costs	$16,118	75.00%	100.00%	$12,089
J	**Total**	**($2,866,462)**	**75.00%**	**100.00%**	**($2,149,847)**

Table 3.3
Implementation Adjustments for Year 3 of Implementation

Row	Implementation Adjustments	Full Impact	Ramp Up Factor	Implementation Factor	Estimated Savings
Non-Intellectual and Developmental Disabilities (IDD) Waivers					
A	Agency-Based Services Savings	($1,082,799)	100.00%	100.00%	($1,082,799)
B	IHSS Savings	($383,110)	100.00%	100.00%	($383,110)
C	CDASS Savings	($454,608)	100.00%	100.00%	($454,608)
D	ILST Savings	($49,690)	100.00%	100.00%	($49,690)
E	Savings to SLP	($689,160)	100.00%	100.00%	($689,160)
F	Installation Costs	$101,783	100.00%	100.00%	$101,783
Supported Living Services Waiver					
G	Agency-Based Services Savings	($264,031)	100.00%	100.00%	($264,031)
H	CDASS Savings	($60,965)	100.00%	100.00%	($60,965)
I	Installation Costs	$16,118	100.00%	100.00%	$16,118
J	**Total**	**($2,866,462)**	**100.00%**	**100.00%**	**($2,866,462)**

Table 4.1
Estimated Savings by Service and Waiver

Row	Item	Non-IDD Waivers	Supported Living Services Waiver	Source
A	Savings to Agency-Based Care	($1,082,799)	($264,031)	Table 6.1 Row J
B	Savings to IHSS	($383,110)	$0	Table 9.1 Row M
C	Savings to CDASS	($454,608)	($60,965)	Table 7.1 Row J and Table 8.1 Row J
D	Savings to ILST	($49,690)	$0	Table 10.1 Row J
E	Savings to Supported Living Program (SLP)	($689,160)	$0	Table 11.1 Row J
F	Installation Costs	$101,783	$16,118	Table 5.1 Row F
G	**Total**	**($2,557,584)**	**($308,878)**	**Sum of all rows**

Table 5.1
Estimated Installation Costs

Row	Item	EBD	CMHS	BI	SCI	SLS	Source
A	Remote Support Users from Agency-Based Care	1,044	220	18	3	265	Table 6.1 Row G
B	Remote Support Users from In-Home Support Services (IHSS)	258	N/A	N/A	2	N/A	Table 9.1 Row J
C	Remote Support Users from Consumer Directed Attendant Support Services (CDASS)	218	27	9	5	11	Table 7.1 Row G (non-SLS waivers) and Table 8.1 Row G (SLS waiver)
D	**Total Remote Support Users**	**1,520**	**247**	**27**	**10**	**276**	**Sum of Rows A - C**
E	Estimated Annual Installation Cost per Utilizer	$56.40	$56.40	$57.40	$57.40	$58.40	Average Personal Emergency Response System (PERS) Installation Costs for FY 2019-20
F	**Total Estimated Installation Costs**	**$85,728**	**$13,931**	**$1,550**	**$574**	**$16,118**	**Row D * Row E**

Table 6.1
Estimated Agency Based Personal Care and Homemaker Savings

Row	Item	EBD	CMHS	BI	SCI	SLS	Total	Notes
A	FY 2018-19 Utilizers	20,122	2,120	178	50	2,555	25,025	Actuals
B	FY 2018-19 Hours per Utilizer	410.07	269.86	403.63	548.14	197.61	376.73	Actuals
C	FY 2018-19 Cost per Hour	$19.11	$19.14	$19.11	$19.17	$22.40	$19.29	Actuals
D	Proposed RS Cost per Hour	$8.56	$8.56	$8.56	$8.56	$8.56	$8.56	Assumption: same rate as Ohio
E	Savings per Hour	($10.55)	($10.58)	($10.55)	($10.61)	($13.84)	($10.73)	Row D - Row C
F	Estimated Utilizer Rate	5.19%	10.37%	10.37%	5.19%	10.37%	N/A	Assumption: based on actuals data & forecast from Ohio
G	Estimated RS Utilizers	1,044	220	18	3	265	1,550	Row A * Row F
H	Estimated Unit Substitution	18.22%	36.43%	36.43%	18.22%	36.43%	N/A	Assumption: based on actuals data & forecast from Ohio
I	Estimated RS Hours	74.71	98.31	147.04	99.87	71.99	491.92	Row B * Row H
J	**Estimated Savings**	**($822,871)**	**($228,826)**	**($27,923)**	**($3,179)**	**($264,031)**	**($1,346,830)**	**Row E* Row G * Row I**

Table 7.1
Consumer Directed Attendant Support Services (CDASS) Personal Care and Homemaker Savings

Row	Item	EBD	CMHS	BI	SCI	Total	Notes
A	FY 2018-19 Utilizers	4,201	260	83	99	4,643	Actuals
B	FY 2018-19 Hours per Utilizer	1,142.69	2,200.37	865.63	276.84	N/A	Actuals
C	FY 2018-19 Cost per Hour	$17.48	$6.24	$35.00	$107.38	N/A	Actuals
D	Proposed RS Cost per Hour	$8.56	$8.56	$8.56	$8.56	$8.56	Assumption: same rate as Ohio
E	Savings per Hour	($8.92)	$2.32	($26.44)	($98.82)	N/A	Row D - Row C
F	Estimated Utilizer Rate	5.20%	10.40%	10.40%	5.20%	N/A	Assumption: based on actuals data & forecast from Ohio
G	Estimated RS Utilizers	218	27	9	5	259	Row A * Row F
H	Estimated Unit Substitution	18.22%	36.43%	36.43%	18.22%	N/A	Assumption: based on actuals data & forecast from Ohio
I	Estimated RS Hours	208.20	801.59	315.35	50.44	1,376	Row B * Row H
J	**Estimated Savings**	**($404,857)**	**$50,212**	**($75,041)**	**($24,922)**	**($454,608)**	**Row E* Row G * Row I**

Table 8.1
Consumer Directed Attendant Support Services (CDASS) Personal Care and Homemaker Savings for Supported Living Services (SLS) Waiver Only

Row	Item	Personal Care	Homemaker	Homemaker Enhanced	Total	Notes
A	FY 2018-19 Utilizers	110	110	110	110	Actuals
B	FY 2018-19 Hours per Utilizer	370.90	478.68	297.30	N/A	Actuals
C	FY 2018-19 Cost per Hour	$22.76	$17.24	$28.04	N/A	Actuals
D	Proposed RS Cost per Hour	$8.56	$8.56	$8.56	$8.56	Assumption: same rate as Ohio
E	Savings per Hour	($14.20)	($8.68)	($19.48)	N/A	Row D - Row C
F	Estimated Utilizer Rate	10.40%	10.40%	10.40%	10.40%	Assumption: based on actuals data & forecast from Ohio
G	Estimated RS Utilizers	11	11	11	11	Row A * Row F
H	Estimated Unit Substitution	36.43%	36.43%	36.43%	36.43%	Assumption: based on actuals data & forecast from Ohio
I	Estimated RS Hours	135.12	174.38	108.31	417.81	Row B * Row H
J	**Estimated Savings**	**($21,106)**	**($16,650)**	**($23,209)**	**($60,965)**	**Row E* Row G * Row I**

Table 9.1
Estimated In-Home Support Services (IHSS) Personal Care and Homemaker Savings

Row	Item	EBD	SCI	Total	Notes
	In Home Support Services (IHSS) Personal Care and Homemaker				
A	FY 2018-19 Utilizers	4,956	43	4,999	Actuals
B	FY 2018-19 Expenditure	$72,427,159	$513,925	$72,941,084	Actuals
C	FY 2018-19 Units	15,088,445	106,894	15,195,339	Unit = 15 minutes
D	FY 2018-19 Hours	3,772,111	26,724	3,798,835	(Row C)/4
E	FY 2018-19 Hours per Utilizer	761.12	621.49	759.92	Actuals
F	FY 2018-19 Cost per Hour	$19.20	$19.23	$19.20	Actuals
G	Proposed RS Cost per Hour	$8.56	$8.56	$8.56	Assumption: same rate as Ohio
H	Savings per Hour	($10.64)	($10.67)	($10.64)	Row G - Row F
I	Estimated Utilizer Rate	5.20%	5.20%	N/A	Assumption: based on actuals data & forecast from Ohio
J	Estimated RS Utilizers	258	2	260	Row A * Row I
K	Estimated Unit Substitution	18.22%	18.22%	N/A	Assumption: based on actuals data & forecast from Ohio
L	Estimated RS Hours	138.68	113.24	252	Row E * Row K
M	**Estimated Savings**	**($380,693)**	**($2,417)**	**($383,110)**	**Row H* Row J * Row L**

Table 10.1
Savings to Independent Living Skills Training (ILST)

Row	Item	BI	Notes
A	FY 2018-19 Utilizers	124	Actuals
B	FY 2018-19 Hours per Utilizer	93.00	Actuals
C	FY 2018-19 Cost per Hour	$120.98	Actuals
D	Proposed RS Cost per Hour	$8.56	Assumption: same rate as Ohio
E	Savings per Hour	($112.42)	Row D - Row C
F	Estimated Utilization Rate	10.37%	Assumption: based on actuals data & forecast from Ohio
G	Estimated RS Utilizers	13	Row A * Row F
H	Estimated Unit Substitution	36.43%	Assumption: based on actuals data & forecast from Ohio
I	Estimated RS Hours	34	Row B * Row H
J	**Estimated Savings**	**($49,690)**	**Row E* Row G * Row I**

Table 11.1
Supported Living Program (SLP) Utilization Avoided

Row	Item	Amount	Description
A	Estimated FY 2020-21 SLP Utilizers	215	FY 2020-21 S-1 Forecast
B	Projected Number of Utilizers in Levels 1 & 2	23	2020 SLP Acuity Data
C	Avoidance/Deferral Percentage	25.00%	Assumption: estimated % of Level 1 or 2 members that could transition off SLP with availability of remote services
D	Avoided SLP Utilizers	6	Row B* Row C
E	Current Non-SLP Utilizer Cost	$33,492.04	FY 2018-19 average waiver costs for non SLP utilizers
F	Current SLP Average Cost	$158,399.75	FY 2018-19 average waiver costs for level 1 and 2 SLP utilizers
G	Utilization Increase	30.00%	Assumption: members who stay on SLP would increase their overall spending by 30% through CDASS/remote services/etc.
H	Estimated New Non-SLP Utilizer Cost	$43,539.65	Row F *(1+ Row G)
I	Incremental Savings	($114,860)	Row H - Row F
J	**Total Estimated Savings**	**($689,160)**	**Row D * Row I**