

Department of Health Care Policy and Financing

Funding Request for the FY 2025-26 Budget Cycle

Request Title

R-11 Office of Community Living Benefits

Dept. Approval By: _____ **Supplemental FY 2024-25**

OSPB Approval By: _____ **Budget Amendment FY 2025-26**

X

_____ **Change Request FY 2025-26**

Summary Information	Fund	FY 2024-25		FY 2025-26		FY 2026-27
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$13,110,514,398	\$0	\$13,188,083,238	\$1,354,223	(\$1,088,383)
FTE		795.8	0.0	753.3	2.0	2.0
Total of All Line Items Impacted by Change Request	GF	\$4,102,223,775	\$0	\$4,092,236,766	\$478,573	(\$602,730)
	CF	\$1,352,769,323	\$0	\$1,339,764,403	\$0	\$0
	RF	\$123,613,071	\$0	\$123,415,080	\$0	\$0
	FF	\$7,531,908,229	\$0	\$7,632,666,989	\$875,650	(\$485,653)

Line Item Information	Fund	FY 2024-25		FY 2025-26		FY 2026-27
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$74,559,074	\$0	\$71,488,619	\$130,974	\$130,974
FTE		795.8	0.0	753.3	2.0	2.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$27,137,849	\$0	\$28,080,949	\$65,487	\$65,487
General Administration - Personal Services	CF	\$8,253,521	\$0	\$5,832,260	\$0	\$0
	RF	\$3,153,686	\$0	\$2,988,332	\$0	\$0
	FF	\$36,014,018	\$0	\$34,587,078	\$65,487	\$65,487

Total		\$3,244,093	\$0	\$3,029,493	\$2,300	\$2,300
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,302,594	\$0	\$1,254,022	\$1,150	\$1,150
General Administration - Operating Expenses	CF	\$307,043	\$0	\$265,664	\$0	\$0
	RF	\$61,415	\$0	\$28,778	\$0	\$0
	FF	\$1,573,041	\$0	\$1,481,029	\$1,150	\$1,150

Total		\$39,323,047	\$0	\$32,318,791	\$350,000	\$0
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$14,318,306	\$0	\$11,685,822	\$35,000	\$0
General Administration - General Professional Services and Special Projects	CF	\$3,462,102	\$0	\$2,393,155	\$0	\$0
	RF	\$81,000	\$0	\$81,000	\$0	\$0
	FF	\$21,461,639	\$0	\$18,158,814	\$315,000	\$0

Total		\$107,008,840	\$0	\$101,557,279	\$234,155	\$234,155
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (B) Information Technology Contracts and Projects, (1)	GF	\$18,031,794	\$0	\$15,928,015	\$58,539	\$58,539
Information Technology Contracts and Projects -						

Office, (B) Information Technology Contracts and Projects, (1)	CF	\$9,382,159	\$0	\$9,357,543	\$0	\$0
Information Technology Contracts and Projects - MMIS Maintenance and Projects	RF	\$12,204	\$0	\$12,204	\$0	\$0
	FF	\$79,582,683	\$0	\$76,259,517	\$175,616	\$175,616

	Total	\$11,931,356,051	\$0	\$12,009,671,603	\$636,970	(\$436,470)
02. Medical Services	FTE	0.0	0.0	0.0	0.0	0.0
Premiums, (A) Medical Services Premiums, (1)	GF	\$3,573,779,779	\$0	\$3,561,445,916	\$318,485	(\$218,235)
Medical Services Premiums - Medical Services Premiums	CF	\$1,321,506,284	\$0	\$1,312,107,528	\$0	\$0
	RF	\$120,304,766	\$0	\$120,304,766	\$0	\$0
	FF	\$6,915,765,222	\$0	\$7,015,813,393	\$318,485	(\$218,235)

	Total	\$838,089,305	\$0	\$847,797,827	\$0	(\$898,598)
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Comprehensive Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$417,653,637	\$0	\$422,505,604	\$0	(\$449,299)
	CF	\$1,391,032	\$0	\$1,393,309	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$419,044,636	\$0	\$423,898,914	\$0	(\$449,299)

	Total	\$98,534,109	\$0	\$101,921,471	\$0	(\$120,568)
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Supported Living Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$40,867,183	\$0	\$41,231,280	\$0	(\$60,284)
	CF	\$8,399,874	\$0	\$8,413,622	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$49,267,052	\$0	\$52,276,569	\$0	(\$60,284)

	Total	\$18,399,879	\$0	\$20,298,155	(\$176)	(\$176)
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$9,132,633	\$0	\$10,105,158	(\$88)	(\$88)
	CF	\$67,308	\$0	\$1,322	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$9,199,938	\$0	\$10,191,675	(\$88)	(\$88)

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



Department Priority: R-11 Office of Community Living Benefits

Summary of Funding Change for FY 2025-26

Fund Type	FY 2025-26 Base Request	FY 2025-26 Incremental Request	FY 2026-27 Incremental Request
Total Funds	\$13,188,083,23	\$1,354,223	(\$1,088,383)
General Fund	\$4,092,236,766	\$478,573	(\$602,730)
Cash Funds	\$1,339,764,403	\$0	\$0
Reappropriated Funds	\$123,415,080	\$0	\$0
Federal Funds	\$7,632,666,989	\$875,650	(\$485,653)
FTE	0.0	2.0	2.0

Summary of Request

Problem or Opportunity: The Department has the opportunity to increase access to care for members who are currently not receiving care in the appropriate setting and to increase the value of care for Community Based Long Term Care Services to better address member needs through a series of five initiatives.

Proposed Solution: The Department requests to expand the eligibility criteria for the Hospital Backup Unit program and offer a higher, tiered rate for Alternative Care Facilities to provide a more appropriate care option for members currently being treated in nursing facilities or hospitals. Introducing a group respite rate **for the Children’s Habilitation Residential waiver** and extending the Complementary and Integrated Health Services waiver will ensure greater access to needed care options for members. Restructuring the rates for Job Coaching and Job Development will encourage providers to focus on value-based care for members and increase employment.

Fiscal Impact: **This requestion includes an increase of \$73 thousand in total funds, including \$36 thousand General Fund and 1.0 FTE in FY 2024-25, an increase of \$1.4 million total funds, including \$479 thousand General fund and 2.0 FTE in FY 2025-26, a reduction of \$1.1 million total funds, including \$603 thousand General Fund and 2.0 FTE in FY 2026-27, and a reduction of \$2.1 million in total funds, including \$1.1 million in General Fund and 2.0 FTE in FY 2027-28.**

Requires Legislation	Equity Impacts	Revenue Impacts	Impacts Another Department?	Statutory Authority
Yes	Positive	No	No	§§ 25.5-6-1301 – 25.5-6-1304, 25.5-6-409, 25.5-6-903, 25.5-6-201 – 25.5-6-210, 25.5-6-108.5

Background and Opportunity

Long-Term Services and Supports (LTSS) are services that help people who have disabilities or chronic illnesses with their daily activities. They are additional benefits provided to qualifying members **that can be provided in different places, such as in a person’s home, in a community center, or a nursing home.** Within LTSS, members are eligible for services such as personal care, nursing care, home modification, and transportation.

Children’s Habilitation Residential Program Group Respite

The Children's Habilitation Residential Program (CHRP) waiver provides services for children and youth who have an intellectual or developmental disability and very high needs. Their needs for support put them at risk of, or in need of, out-of-home placement. Waiver services help children and youth learn and maintain the skills needed to live in their communities.

The CHRP waiver does not currently offer a group respite rate. Members can utilize individual respite services for in home and residential care, both at an hourly and day rate, but the Department has identified that a portion of the CHRP population that are receiving respite care within the same home location. Currently, members must receive care from different providers, even if they are receiving care in the same home. Parents or caretakers who rely on respite to run errands or take care of other essential tasks are unable to do so if their dependents receive respite at different times. The Department has the opportunity to improve the wellbeing of parents and caretakers and offer a more efficient service by addressing this service gap.

Hospital Backup Unit Eligibility Expansion

Hospital Backup Units (HBUs) provide hospital level care for members who are ventilator dependent, have complex wounds, or have medically complex needs. During calendar year 2023, 1,559 members received care in an HBU.

Members with certain conditions are currently not eligible to be treated in HBUs and often end up with long and costly hospital stays. HBU’s do not cover members with disorders of consciousness, certain neurologic conditions, and bariatric needs. The Department has the

opportunity to improve access to care for members by expanding the HBU eligibility criteria to allow members with those qualifying conditions to receive care in HBUs, which will lead to shorter hospital stays. The per diem HBU rate is considerably lower than the per diem hospital rates members currently experience, so expanding eligibility would create savings with shorter hospital stays and lower per diem costs.

Alternative Care Facilities Tiered Rates

Alternative Care Facilities are certified assisted living residences that offer elders and persons with disabilities health services in a community setting. These services include 24-hour protective oversight, medication administration, and assistance with activities of daily living (ADL).

Currently there is only one rate for all ACFs, which means all ACFs receive the same daily rate regardless of the individual **member's needs**. This in turn incentivizes providers to only provide care for lower acuity members with less complex needs. Members with higher acuity needs are generally receiving care through nursing facilities and hospitals, which have higher rates. These members often have higher behavioral and/or ADL needs, which is why they are receiving care in these settings. By adding a new tiered rate, ACF providers would be incentivized to care for higher acuity members, thus creating savings from shifting members out of nursing facilities and into ACFs.

Members who have higher ADL and/or behavioral health needs often require more staff time, behavioral interventions, redirection and personal care services. They do not meet the care level of a nursing facility, because they do not need skilled nursing services. Despite this, members have been admitted to nursing facilities because there is no other appropriate care setting. This has been used as a last resort for situations when there are no other care setting available that can properly meet their needs. However, they require more staff intervention and assistance than is typically provided in an ACF, so they currently have no preferred care setting. Many of these members also end up with a longer length of stay in a hospital, which is not the appropriate level of care. This is because there are no appropriate care settings available to them, as their needs are incompatible for a traditional ACF or a nursing facility. Thus, members end up staying in the hospital awaiting placement in the correct care setting. The Department has the opportunity to create a new rate for ACFs to allow members with these higher care needs to transfer into ACFs, thus creating savings for the Department and providing better access to the appropriate level of care.

Tiered rates within the ACF benefit have been a long-time goal of both the Department and stakeholders. In 2020, the Department put forth SB 20-173 to adopt rules to increase Medicaid reimbursement for secure **ACF's** with higher staffing ratios in order to serve individuals requiring memory care. This would create a **tiered reimbursement rate for secure ACF's that offer memory care**, which would be higher than the rate for an ACF that did not offer memory care. In 2021, the Department initiated a new research project through the American Rescue Plan Act (ARPA) under HB22-1188 to develop multiple tiers of care, a rate methodology and ultimately a rate for the developed tiers. While the Department is not seeking to implement multiple levels of care with this request, it does address the greatest needs of the higher acuity members who are often served at an incorrect care setting.

Complementary and Integrated Health Services Waiver Extension

The Complementary and Integrated Health Services Waiver provides acupuncture, chiropractic, and massage therapy to members with qualifying conditions such as a spinal cord injury. This waiver also provides all other HCBS waiver services, such as personal care and respite. The waiver received extended funding through SB 19-197 and SB 21-038 as a continued pilot program to provide complementary and alternative medicine to qualifying members. The program has a statutory expiration date of September 2025. The Department did not intend for this waiver to be temporary; only the required report included in the legislation. The alternative therapy services offered in this waiver are not offered under any other waivers or other Medicaid programs, so the waiver is necessary to provide these services to members. There are approximately 240 members on the CIH waiver who utilize alternative therapies. Members with spinal cord injuries and other qualifying conditions rely on acupuncture, chiropractic services, and massage therapy for pain relief and improved bodily function specifically improving bladder dysfunction.

SB 19-197 and SB 21-038 included funding for contractor costs to evaluate the efficacy of acupuncture, chiropractic and massage therapy for members with spinal cord injuries. This evaluation has been completed, and the funding is no longer necessary.

From SB 19-197, the Department received funding for 1.0 FTE and the evaluation contractor mentioned above. From SB 21-038, the Department received funding for 1.0 FTE and continued funding for the evaluation contractor. Funding for the waiver program and staff to operate the program are necessary for the continued offering of this critical program. These positions manage the therapies offered under the CIH waiver. They are responsible for provider recruitment, technical assistance, and billing assistance. They monitor and evaluate the CIH services for deficiencies and compliance requirements, collaborate with stakeholders to improve the health outcomes of members, and provide support for case management requests and processing. These positions research the impact of policy decisions including member, provider, budgetary and legal ramifications. Department leadership relies on these positions to write and present rule changes, fiscal notes and legislative responses specific to the CIH waiver benefits. These positions **assess current and future benefit policies to meet the Department's** expectations for a high level of efficiency, economy, and quality of care. Each position also develops and provides specific training and technical assistance to providers, case managers, members, and other stakeholders regarding the CIH waiver benefits. These positions provide consultation on person-centered care and long-term care culture change initiatives that are applicable to HCBS services. They are also responsible for identifying, monitoring, and providing support to facilities that are at higher risk of deficiencies and non-compliance to CDPHE provider and HCPF Medicaid regulations. This includes new-to-Medicaid providers that will need additional support. Finally, each position analyzes claims data to monitor utilization trends and directs management on policy recommendations in response to these trends.

Supported Employment Pilot

Currently, reimbursement for job coaching services encourages providers to maintain the same level of this service over time. This is contradictory to Employment First, which promotes the reduction of member reliance on job coaching and increasing member independence in Competitive Integrated Employment (CIE). CIE is full or part-time work in an integrated setting where the member interacts with individuals without disabilities, is not paid less than the state minimum wage or customary wage paid by the employer and is eligible for the same level of benefits provided to other employees.

Additionally, job development and job exploration services are currently reimbursed hourly, which does not incentivize outcomes based on a member's interests, strengths, and abilities. This leads to more turnover among members, higher utilization, and increased expenditure for this service. A fundamental expectation of supported employment is that job support and coaching will be reduced or eliminated over time as support fades to the minimum level necessary for the member to sustain employment. The goal is to support members in becoming fully independent in their jobs. The fee-for-service model currently used to reimburse supported employment services inherently disadvantages providers that fade service. The most capable providers require the least amount of service delivery to support the member effectively. This leaves them with the least billable hours and, thus, the lowest reimbursement for their work. At the system level, this incentivizes providers to maintain the status quo or even increase job support, resulting in unnecessary service delivery and an impediment to the member independence.

The Department has the opportunity to improve the payment model so that rates and payment structures incentivize Employment First Outcomes and CIE. This proposed model utilizes a payment structure that incentivizes CIE, members' success, and independence. This will lead to higher quality services in a more efficient delivery system, leading to savings and improved employment outcomes for HCBS-Developmental Disabilities and Supported Living Services waiver members.

Proposed Solution and Anticipated Outcomes

The Department requests \$1,354,399 total funds, including \$478,661 General Fund, to implement five initiatives aimed at increasing access to appropriate levels of care and increasing the value of care for members utilizing Community Based Long Term Care Services in FY 2025-26. The Department has determined that the following initiatives support the Wildly Important Goal of Medicaid Efficiency. All of the included initiatives prioritize reducing Medicaid spending through value-based care, with member needs driving the proposed changes and continuations of care. The Hospital Backup Unit Eligibility Expansion, Alternative Care Facility Tiered Rate and Supported Employment Rate Restructure also focus on reducing inappropriate Medicaid spending by moving members into the right setting and level of care.

Children's Habilitation Residential Program Group Respite

The Department proposes **adding group respite services to the Children's Habilitation Residential Program** in order to provide better services options to members. Offering a group respite rate will be less expensive than offering individual respite for members living in the same home, though it will not offer significant savings to the Department. This will increase the quality of life of members and their family members/caretakers, as they will be able to receive respite care at one scheduled time from one provider.

Hospital Backup Unit Eligibility Expansion

The Department proposed to expand the eligibility criteria for Hospital Backup Units in order to provide different service levels to members with disorders of consciousness, certain neurologic conditions, and bariatric needs. Expanding the HBU eligibility criteria to allow members with these conditions to receive care in an HBU setting will reduce length of stay in hospital settings and create savings for the Department.

Members' Prior Authorization Requests will continue to be evaluated three times per year. They will be renewed or denied depending on the level of care determined by the UR/UM contractor. The Department proposes adding costs to cover these evaluations carried out by a UR/UM contractor.

Expanding the eligibility criteria will allow for members to receive the appropriate level of care in a lower cost setting. Increasing the number of members eligible for HBUs will incentivize facilities to increase capacity and increase access to care for a new population of members.

Alternative Care Facility Tiered Rate

The Department is requesting to create a second tier within the ACF rate, which will incentivize ACFs to accept members with higher ADL and behavioral health needs. Currently, there is not an appropriate setting for members to receive this level of care, as their needs exceed a traditional ACF but are not high enough for a Skilled Nursing Facility (SNF). Increasing the range of care within an ACF will give members access to higher staff time and ADL care. The Department is projecting savings from this initiative, as members who receive this care are currently in hospitals or SNFs, and the proposed rate is lower than the per diem SNF rate.

Complementary and Integrated Health Services Waiver Extension

The Department proposes to permanently extend the CIH Waiver in order to continue providing alternative therapy services. The Department is pursuing a corresponding bill to remove the repeal date of the waiver that is currently in statute. Without this waiver, members who rely on the alternative therapies provided by this waiver will no longer be able to access this care. Alternative therapies offer pain relief, improved bodily function, and increased range of motion for members with brain injuries, spinal cord injuries, cerebral palsy, muscular dystrophy, spina bifida, or multiple sclerosis.

The cost to continue the funding for this waiver, the existing and associated FTE, and the evaluation contractor will be annualized out of the base budget due to the repeal date included in statute. The purpose of this request is to continue the listed resources for a net neutral change. However, the evaluation contractor included is no longer necessary, so that portion of the funding can be removed from the base budget, resulting in savings. Two FTE work in provider capacity building to ensure access to care, as well as assist with benefit management and stakeholder engagement. Both FTE are essential to the function of this waiver. These FTE are included in the funding from SB 19-197 and SB 21-038. To continue providing services through this waiver, the Department requires continued funding for the services provided and the two FTE. Both FTE are necessary to provide continued oversight for HCBS benefits for the CIH waiver and the rendering providers. Aside from provider recruitment, technical assistance and billing assistance, both FTE work on member outreach; monitor program utilization, quality and cost effectiveness of each of the services; and ensure federal compliance of the CIH waiver. Due to the workload associated with the HCBS benefits, the Department requests that both FTE positions receive continued funding. Based on the Department's experience with the pilot program and implementation of the waiver, provider recruitment for these waiver services takes dedicated staff to work with providers and enroll them in the program. Enrolling providers in the program ensures that members can access chiropractic, acupuncture, and massage therapy services within the communities where they live without requiring expensive transportation to locations with enrolled providers.

Supported Employment Pilot

The Department proposes implementing a new rate structure for the Job Coaching service that increases CIE outcomes for members. To accomplish this the Department requests funding to implement system changes in order to establish variable rates based on the amount of time the member has been working in the job and their level of independence. In addition, providers will become eligible for Milestone Payments as members reach specific goals. The Department will also update the rate structure for Job Development to improve a member's job match, with a flat rate per member for the initial evaluation and any following updates.

The Department proposes implementing a three-tiered rate structure to incentivize providers to **focus on member's independence** and successful employment. The three applicable job coaching periods would be 1-3 months (Job Coaching Period 1), 4-18 months (Job Coaching Period 2), and 19+ months (Job Coaching Maintenance). During the first two job coaching periods, the provider is reimbursed based on how many hours the member worked. When a member reaches 19+ months, the provider will be reimbursed a per member per month flat rate. The Department anticipates that members utilizing Job Coaching can maintain successful employment and become more independent in their positions by moving through the Job Coaching Periods and support levels. Additionally, this payment structure provides the support and flexibility HCBS waiver providers need to provide only the support the member needs, thereby increasing independence and earning potential. The Department anticipates improvement in the level of job coaching with the implementation of this program.

To work in conjunction with the Job Coaching periods, the Department is proposing to implement milestone payments that providers will be eligible for as members reach different employment goals. There are four milestone payments that providers may become eligible for based on: when members increase the number of hours worked, increases in members wages, the graduation of members moving into the Maintenance tier of supported employment, and when members achieve full independence in their job without the use of supported employment services. The Department anticipates that these Milestone payments will incentivize and support members achieving more independence in their jobs.

Finally, to support members in exploring CIE and identifying their conditions for successful employment, the Department proposes changing the structure of Job Development services. Job Development is a pre-employment service that supports a waiver member by identifying the employment conditions that will lead to a successful job match for the member. This **includes ascertaining a member's job interests and strengths. In this new model, Job Development** will change from an hourly reimbursement to paying a flat rate for intended outcomes, such as the completion of an Employment Profile. There would be two Job Development services and rates: Initial Job Development for members with poor employment history or a member just starting their career and Follow Up Job Development. The Department proposes to reimburse Initial Job Development at a higher rate because it takes longer and is more technical to complete, while Follow-up Job Development would be a lower rate because it would build off the work done in the Initial Job Development.

The Department anticipates these proposed changes to supported employment will yield savings by incentivizing providers to provide better care to members based on Employment First best practices. Members will utilize the service less as they become more independent. Job Coaches will also be able to work with more clients, adding efficacy to this service delivery system and stabilizing the workforce, which may also lead to savings.

Supporting Evidence and Evidence Designation

The different initiatives included in this budget request have different levels of evidential support.

The Department believes that the “Implementation of CHRP Group Respite” initiative would be considered ‘Evidence-Informed’ designation based on the H.B 24-1428 definitions. The Department believes that establishing a new group respite service on the CHRP waiver will provide better access to care for members who have demonstrated a need for this benefit. The Department has observed that group respite rates are utilized in other waivers, specifically the CES waiver, and that there is a population of members on the CHRP waiver who fit the service criteria. This population has been identified through a data pull conducted by the Department. The Department has also received feedback from providers regarding the structure and delivery of respite for families with children receiving respite care through different respite delivery methods. While the Department does not currently have documentation detailing the efficacy of group respite, there is evidence detailing the necessity of respite for parents and caretakers. According to a study published in 2018, parents and caretakers note that respite is not only beneficial for children receiving care, but for the families and caretakers as well. Because respite care provides a break for parents and caretakers, the time off providing care can help their marital relationship, as well as the relationship of the child with their siblings and family.¹

The Department believes that the “Hospital Backup Unit Eligibility Expansion” initiative falls under the ‘Evidence-Informed’ designation based on the H.B 24-1428 definition. The Department believes that expanding the current HBU eligibility criteria will allow a new population of members to access the service, thus removing additional spending on lengthy hospital stays. The Department has identified a group of members that would be eligible for this transfer based on specific health conditions and lengths of stay within hospitals. According to a study published in 2018, doctors have found that bariatric care is more labor intensive than **other services, as members receiving bariatric care often require more assistance with ADL’s,** and an increased need for assistance from more than 1 staff member. This increase in staffing results in higher care costs for members with bariatric needs. Due to the staffing and increased ADL needs, people with bariatric conditions are more likely to receive the level of care they require within a nursing home or similar facility.²

Other states have begun including Bariatric Needs Add-ons for qualifying members residing in nursing homes and similar facilities. As of February 2024, Massachusetts has implemented a member-based rate add on for members within a nursing facility that meet the stated bariatric need criteria, which includes ADL assistance and an increased number of staff to assist with transfers, personal care, and/or bed mobility.³

Oregon also includes a bariatric rate for members requiring a two person assist for ambulation or transfers, and a full assist in either cognition, eating, or elimination. When a member qualifies for this rate, the state must provide an additional Certified Nursing Assistant (CNA) per shift.⁴

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6202162/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6281754/>

³ <https://www.mass.gov/doc/nursing-facility-bulletin-184-bariatric-add-on-0/download>

⁴ <https://www.oregon.gov/odhs/rules-policy/apdrules/411-070.pdf>

The Department believes that the “Alternative Care Facility Tiered Rate” initiative falls under the ‘Evidence-Informed’ designation based on the H.B 24-1348 definition. The Department believes that adding another rate tier to ACFs will allow members who currently receive care in Skilled Nursing Facilities to transfer to ACFs, which will promote better access to care. The Department has identified the potential population of members eligible to transfer. There are not many states with an implemented ACF tiered rate system, and as a result there is little literature on the topic. However, California has implemented a similar tier rate for Assisted Living Services provided in either a Residential Care Facility for the Elderly, an Adult Residential Facility, or a Public Housing Setting serviced by a Home Health Agency. This rate breakdown has five tiers, including a tier for Residential Habilitation. These tiers provide different rates for members depending on their physical and behavioral health needs, which are deemed to be a level of care other than that is not appropriate for a nursing facility. While the Department is not requesting this many tiers, this model shows how a tiered rate plan can be implemented for alternative care and residential facilities.⁵

The Department believes that the “Extension of the Complementary and Integrated Health Services Waiver” initiative falls under ‘Promising’ based on the H.B 24-1428 definition. This program was first implemented as a pilot program under S.B 19-197, and then extended through S.B 21-038. The program has successfully provided alternative therapies to members with qualifying conditions for several years, and extending the waiver will provide access to care for members. According to a report published by the Department in 2016, multiple sources have found that acupuncture is effective in managing pain and improving bladder dysfunction for people with spinal cord injuries. This report combined several studies based on randomized controlled trials (RCTs) and patient responses. One of the included studies found that acupuncture may help improve chronic urinary retention when used as a complementary therapy. This report also included literature on the efficacy of massage therapy, which found that massage therapy can be effective in reducing pain in members with spinal cord injuries. There was no evidence included on the efficacy of chiropractic services for members with spinal cord injuries, but there is evidence of chiropractic services and acupuncture providing pain relief in treatment of musculoskeletal pain and chronic pain, which members diagnosed with a spinal cord injury or other qualifying condition may experience.⁶

The Department also publishes reports on the efficacy of the CIH waiver program, in compliance with SB 19-197 and SB 21-038. The most recent report, published in June of 2022, found that members found pain reduction to be the greatest benefit of CIH services. The report also found that members utilizing CIH services reported benefits such as fewer spasms, better sensation, more relaxed breathing, and muscle tension relief after seizure events. Members also reported that CIH services helped their mental health, noting moderate to significantly improved anxiety, depression, and/or negative feelings. The combination of mental and physical benefits of these services helped members to sleep better and engage in more meaningful activities. However, utilizing these services did not lead to lower health care utilization overall.⁷

⁵ <https://www.dhcs.ca.gov/services/ltc/Documents/Reimbursement-Rates-2023.pdf>,
<https://www.dhcs.ca.gov/services/ltc/Documents/Application-for-1915c-HCBS-Waiver-CA0431R0400-March2024.pdf>

⁶ <https://hcpf.colorado.gov/sites/hcpf/files/Spinal%20Cord%20Injury%20Best%20Practices%20Report-November%202016.pdf>

⁷ <https://hcpf.colorado.gov/sites/hcpf/files/Complementary%20and%20Integrated%20Health%20Services%20Evaluation-Final%20Report-June%202022.pdf>

The Department believes that the “Supported Employment Pilot” initiative falls under the ‘Proven’ designation based on the H.B 24-1428 definition. There has already been a pilot program to study the impact of the rate restructure on providers across the state, which found that providers increased the efficacy and quality of care when the rates prioritized employment CIE and independence for members. This aligns with the substantial evidence from other states that have implemented similar models.

Nationally, it has been observed that members who have been engaged in an employment support program have helped to reduce Medicaid health costs by \$161 per month.⁸

Referencing a study in Tennessee, the average employment rate among adults participating in the program was at 28.2% in 2019, compared to the national average of 21.1% of working age adults that receive HCBS services. Furthermore, the average hours worked per week for members enrolled was 17.3 hours, which is 23% higher than the nationwide average for working age adults with intellectual and developmental disabilities. This shows the effectiveness of the models is not just securing employment, but also increasing work hours.⁹ In Wisconsin, the number of individuals working in CIE increased by 35% after 25 months, and 71% after six years. This demonstrates the potential for significant growth and progress within Colorado.¹⁰

Similarly, Oregon has seen significant growth in the number of members working 20+ hours per and a considerable number of new members moving into CIE annually.

Furthermore, in the first two years after implementation in Oakland County, Michigan, the number of people with Intellectual and/or Developmental Disabilities (IDD) working in CIE more than tripled. 71% of people served stayed employed beyond one year on the job.¹¹

As part of the Supported Employment Incentive-Based Pilot, data on the fading of job coaching was collected and evaluated. Specific data collected included the hours of job coaching provided in a given month, along with the hours worked in the same month. The level of job coaching was represented by expressing the job coaching hours as a percentage of the overall hours worked by the participant. The level of job coaching at the time of enrollment in the program was then compared to the level provided at six months and then one year. As of the analysis conducted in March of 2024, the level of job coaching provided to pilot participants decreased by 7.5% over one year. This number was then compared to the waiver members not enrolled in the pilot, utilizing data from the Supported Employment Point in Time survey. The Point in Time survey is used by the Department to collect and analyze Job Coaching and Job Development data. Job coaching provided to waiver members not receiving this intervention decreased by 2.5% over one year.¹²

⁸ Momany, Shartz, Nguyen, Carter & Strong, 2012
<https://www.dol.gov/sites/dolgov/files/odep/topics/employmentfirst/iowa-medicaid-buy-in-cost-of-health-care-study-2012.pdf>

⁹ https://www.elevancehealth.com/content/dam/elevance-health/articles/ppi_assets/50/50_report.pdf

¹⁰ https://www.dol.gov/sites/dolgov/files/ODEP/pdf/Value_Based_Payment_Methodologies_FINAL_Lisa_MITIS_05_04_2021_READ_ONLY_COPY.02.pdf?utm_source=odep-homepage&utm_medium=news-and-events-links&utm_campaign=odep-homepage-6-04-2021

¹¹ https://www.dol.gov/sites/dolgov/files/ODEP/pdf/Value_Based_Payment_Methodologies_FINAL_Lisa_MITIS_05_04_2021_READ_ONLY_COPY.02.pdf?utm_source=odep-homepage&utm_medium=news-and-events-links&utm_campaign=odep-homepage-6-04-2021

¹² https://drive.google.com/file/d/1-FxTkI4_PINxBuUHCKgJ_U06PBGr6ROn/view

Based on the data utilized to calculate the projected cost, this model will create savings across the SLS and DD HCBS waivers compared to the current fee-for-service model.

Evidence Summary

Program Objective	To implement a CHRP group respite rate, expand HBU eligibility criteria, implement an ACF tiered rate, extend the CIH waiver, and implement a restructured Job Coaching and Job Development reimbursement model that incentivizes Employment First outcomes.
Outputs being measured	Decrease in expenditure of members switching from CHRP individual respite to CHRP group respite, decrease in expenditure for members transferring into HBUs, decrease in expenditure for members transferring into ACFs, continued number of members utilizing the CIH waiver, decrease in expenditure for members utilizing Job Coaching and Job Development while increasing Employment First outcomes.
Outcomes being measured	Improve access to respite care for CHRP members, decrease length of stay and improve quality of care for members transferring to HBUs, decrease in length of stay and improve quality of care for members transferring into an ACF, improve access to care for CIH waiver members, improve quality of care by reimbursing for Employment First outcomes that will increase members hourly wage, working hours and an increase in longevity of employment for members.
Evidence Designation with Brief Justification	<p>“Implementing CHRP Group Respite Rate”, Evidence-Informed This initiative is considered evidence informed due to the data analysis and comparison to a similar service offered on a different waiver.</p> <p>“Expanding Hospital Backup Unit Eligibility”, Evidence-Informed This initiative is considered Evidence-Informed due to the data analysis.</p> <p>“Implementing ACF Rate Tier”, Evidence-Informed This initiative is considered Evidence-Informed due to the data analysis.</p> <p>“Extending CIH Waiver”, Proven This initiative is considered proven because this waiver has been in use for the past three years and has provided necessary care to members with qualifying conditions.</p> <p>“Supported Employment Pilot”, Promising This initiative is considered Promising due to the data analysis, as well as the implementation of a successful pilot program, and comparison to programs implemented by other states.</p>

Promoting Equitable Outcomes

If this request is approved, the initiatives implemented will have a positive equity impact and will present equitable outcomes by addressing disparities based on socioeconomic status, ability, and other factors.

Individuals with intellectual and/or developmental disabilities often have higher acuity needs and have different care needs than the general population. By adding another respite care option to the CHRP waiver, extending the CIH waiver, adding a rate tier to Alternative Care Facilities, and restructuring Job Coaching and Job Development to promote best practice, the

Department can directly improve quality and access to care for members with intellectual and/or developmental disabilities.

Individuals with disorders of consciousness, specific neurologic conditions and bariatric needs have higher acuity needs as well, and often end up in hospital settings, which can be a barrier to accessing care due to the high cost and length of stay. Altering the HBU eligibility criteria will allow members to receive care in a different setting will lower the cost and length of stay, which will improve the quality and access to care for this population.

Assumptions and Calculations

Children's Habilitation Residential Program Group Respite

The Department estimates that implementing a group respite rate will have minimal savings in FY 2025-26 and onward. The Department estimated savings using the expected number of members switching from individual respite to group respite, the units per utilizer, and the potential group respite rate. The group respite rate uses the same methodology at the **Children's** Extensive Services group respite rate, meaning the daily maximum for group respite cannot exceed the daily maximum for individual respite. Members are able to mix individual and overnight respite units, however they are not able to bill above the respite cost limit, which is set at \$23,000.

This waiver has similar criteria for member eligibility and the Group Respite benefit is widely used. The Department is not expecting the same high utilization for CHRP, as a very small portion of the population have been identified as utilizing Individual Respite Services from the same location.

The Department estimates that 5% of all CHRP waiver members will transfer from individual respite to group respite. The Department calculated units per member based on the current average number of units used by each member for the CES Group Respite service. This data is collected on a yearly basis, and the total expected units per utilizer is held constant each year. Due to the low utilization of Respite services on this waiver, the Department estimates that adding another respite billing code to the CHRP waiver will provide minimal savings, as group respite will have the same daily maximum units as individual respite, and a slightly lower rate.

In order to implement this rate, the Department will add a new billing code. The Department expects to begin billing for this code on July 1, 2025. The Department assumes that this will require minimal system modifications to allow providers to bill for the new code.

Due to HIPPA regulations, the Department is unable to include the number of expected utilizers for this rate change. The Department has included the calculations for the change in the rate and total savings from implementing this policy.

Hospital Backup Unit Eligibility Expansion

The Department estimated the impact of expanding the HBU criteria by estimating the number of members likely to transfer from a hospital setting into an HBU settings, the reduction in the number of average hospital days, and the capacity of HBU units throughout the state. The Department estimated the costs to review Prior Authorization Requests and determine eligibility based on their level of care and health care needs.

Currently, members with the listed conditions are spending an average of 182 days in the hospital. Implementing the eligibility expansion will allow members with qualifying conditions to be identified and transitioned into an HBU. Once a member is identified, they will spend a maximum of 60 days transitioning into an HBU. This means that members will spend approximately 122 fewer days in a hospital setting and will instead spend the 122 days in an HBU. The 60 days to transition will be billed at the hospital per diem rate. The Department is expecting a 60-day transfer timeline based on the existing HBU caseload, and the needs of the members transferring. Individuals eligible to transition have acute needs, so hospitals and nursing facilities will take a cautious approach to ensure the health of the member and success in transfer of care.

This request seeks to expand HBU eligibility to include members with disorders of consciousness, certain neurologic conditions, and bariatric needs. The Department has identified 143 members who have one of the above conditions, have been receiving care in a hospital setting, and have a length of stay over 100 days. The length of stay is determined based on Medicare covering 100 days of care in skilled nursing facility. Members who have a length of stay over 100 days are expected to utilize this service because they will not be eligible for Medicare coverage. Not all members may be approved to transfer into an HBU. Members at this level of care are required to have a Prior Authorization Request (PAR), which would be evaluated and renewed three times per year. In order to complete these evaluations, the Department requests \$234,154 in UR/UM cost per year. This total is based on each approved member requiring three evaluations per year, with the members who are denied receiving one evaluation per year. The Department is expecting approximately 80 members to be denied per year, as there is expected to be a high number of applicants. Including the PAR denials, the Department is anticipating 143 eligible members per year.

The final consideration is the capacity in HBUs to accept members. The Department requires higher safety standards for HBU facilities, so it is not possible to quickly enroll new providers. During the first year, the Department expects that members will only be able to transition into existing facilities. In FY 2025-26, there is capacity for 10% of the identified members. While there are more beds available, it is expected that 10% of eligible members will be able to transition. It is expected that with the successful implementation of the expanded eligibility criteria, more beds will become available and 20% of all eligible members will be able to transition into HBUs. The Department is not expecting further capacity, as the procedures for a skilled nursing facility to become an HBU are not easily accessible.

Alternative Care Facilities Tiered Rate

The Department calculated the net impact of the tiered rate by comparing the per diem Skilled Nursing Facility (SNF) rate and the proposed per diem ACF tiered rate. The Department is estimating that members will spend 8 less days in SNFs, based on the Average Length of Stay for SNFs in 2023. Approximately 150 members currently receiving care in SNFs are eligible to transfer to ACFs with the new rate tier. This is based on the total number of members **categorized as “Secured”** in a rate analysis completed for the Department. Members in the **“Secured” tier require a higher rate and smaller staff to member ratio, which is why not all 315** members identified would be eligible to transfer. Not all members in this tier have the same needs as the members expected to transfer into ACFs, which is another reason why not all Secured members are eligible to transfer. ACFs across the state have capacity to absorb the newly eligible members. This tier will have different rates for inside and outside Denver County, which is the same as the current single ACF rate. The Department assumes that 14.5%

of members will transfer to ACF's inside Denver County, and 84.5% of members will transfer to ACFs outside Denver County, based on the rate analysis cited above. There is also the possibility of members transferring out of hospital care and into ACFs. The Department is not able to estimate the combination of members transferring out of hospital care and out of SNF care due to the lower rate determined by the ARPA report recommendation. Thus, members currently receiving care in the hospital setting have not been included in the final savings calculation.

Complementary and Integrated Health Services Waiver Extension

The Department estimated expenditures to continue the CIH waiver based on the costs being annualized out of the current budget. The Department is requesting slightly less funding than is being annualized out of the budget as the requested funding does not include the evaluation contractor expenditure.

Supported Employment Pilot

The Department estimates expenditure for FY 2025-26 for system changes to be able to implement the rate restructure and milestone payments. In order to implement this program, changes need to be made to interChange and Care and Case Management to configure billing codes and criteria for the new job coaching periods, and the tracking of milestone payments. These system changes will also improve the Department's ability to track members' employment data and identify incorrect billing practice sooner. These changes are estimated to take one year, with a final implementation date of July 1, 2026. The systems expenditure is eligible for an enhanced 90% match based on CMS guidance on development-based system projects.

During the first year of implementation, members will not transfer into the new rate system until their individual PAR is renewed. The Department estimates that the first year will have 50% program participation as members will be transitioning on a rolling basis based on their PAR renewal date. Thus, the Department expects that there will be a total savings in the first year of the program, FY 2026-27. This combines the expenditure from the current Job Coaching and Job Development program with the savings estimated from the new Job Coaching and Job Development rates.

The Job Coaching Restructure will be fully implemented on July 1, 2027. This combines the savings from Job Coaching, Job Development, and the expenditure from milestone payments.

The rate restructure is centered around supporting members with being successful in CIE and promoting their independence. This works by supporting members through three job coaching periods, which ensure the members learn the skills to be successful in their jobs while advancing the member's independence. There are different rates for each support level and Job Coaching period. The Department has identified which Job Coaching period a member will belong to based on the current length of their time on the job. These designations are reliant on the Support Level of each member, which indicates the rate they are eligible for. The rates are calculated based on the support level and length of employment. The rates are estimated using the current job coaching rate as the baseline. Members will move through the rates as they are employed for longer periods of time. For periods 1 and 2, the provider will be reimbursed based on the number of hours the member works. For Support Levels with insufficient data, the Department has used the number of hours worked from the Support Level directly above the level missing data. Once members reach 19+ months, the rate will switch to a per-member per-month flat rate. For Periods 1 and 2, total savings is calculated using the

number of members, average hours worked, and the estimated rate. For Period 3, total savings is calculated using the number of members, the estimated rate, and multiplied by twelve to show a monthly payment. This methodology is also used to calculate the full-year impact for FY 2027-28 when all members have fully transferred to the program.

The Department is assuming a different rate for inside and outside of Denver County, based on the current percentage population utilization for Job Coaching. Approximately 16% of members will utilize Job Coaching in Denver County, and 84% of members will utilize job coaching outside of Denver County.

Initial Job Development savings is calculated using the number of members and the new flat rate. Each Support Level within the service has a total number of billed hours, which is not used to determine the cost of the service. The new rates will increase with each Support Level. Job Development Update is calculated using the same methodology. However, due to the low proposed number of members utilizing the service, the Department is not including the number of members in the calculation in compliance with HIPPA regulations.

The milestone payments are used to incentivize providers to support members through the Job Coaching Periods. The Department is anticipating a half-year impact on the milestone payments in FY 2026-27, and the full year impact is expected in FY 2027-28. There are four payments providers can become eligible for which a provider will be able to claim during the member's annual service planning period or during a member's six-month service and support check-in.

Providers are eligible once per member per year for the 10% Increase in Hours Worked once per member per year. The Department assumes that 15% of all Job Coaching members will become eligible for this milestone payment. The cost per member is estimated based on similar Division of Vocational Rehabilitation (DVR) Milestone Payments. A provider will become eligible for the second milestone payment when a member's wage is 25% higher than the prevailing local minimum wage, which a provider would only be able to claim once per member, per employment position. Because this payment is tied to minimum wage and can only be claimed by the provider one time per member, per job, the Department is not expecting this milestone to grow beyond 15%. When a member has reached the milestone, the provider will submit the information to the case manager. The case manager will then be responsible for authorizing the milestone on the members' PAR, and the provider can submit for payment.

The additional two milestone payments focus on member independence. Providers would only be eligible for these milestone payments once per member, per job. There may be instances where a member gets a new job and will work through the Job Coaching process again, at which point the provider would become eligible for the final two milestone payments. The first milestone will be available when a member reaches the Maintenance job coaching level. The member must be successful in maintaining their employment, including their wage and hours, for a period of time determined by the Department through a stakeholder engagement process. The Department assumes that 30% of all Job Coaching members will reach this milestone based on the number of members expected to move into the Maintenance period from a Point in Time Survey collected by the Department in 2022. Providers may become eligible for the milestone payment in FY 2026-27 and onward. The second milestone payment is when a member is fully independent on the job and no longer needs Job Coaching support. This would be evaluated and approved through the Members Identified Team (MIT), which is comprised of providers, case managers, family members, and friends the member identifies to support them with making informed decisions around the supports and services they need. **If in the future the member's** employment situation changes, like a promotion, job coaching could be authorized at the

Maintenance level to address that specific need, but the provider would not be eligible for the milestone payment again. To be eligible for this milestone, a provider would need to fully fade out job coaching, and the member is fully independent on the job. The provider will need to provide documentation of this to the HCBS Case Manager, stating that the member is independent and can then authorize the milestone payment through the HCBS waiver PAR. The Department estimates that approximately 5% of the members will reach this milestone because it is the most difficult milestone to achieve, and the Department assumes that a small portion of the population will be able to fade out job coaching completely. Providers will be eligible to receive this payment once per member, per job, as the member will no longer be authorized to receive Job Coaching on their PAR.

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Appendix A: Assumptions and Calculations

Table 1.0 Summary by Line Item FY 2024-25									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Directors Office, (A) General Administration, Personal Services	\$71,784	1.0	\$35,892	\$0	\$0	\$35,892		Table 6.1 Row E
B	(1) Executive Directors Office, (A) General Administration, Operating Expenses	\$1,350	0.0	\$675	\$0	\$0	\$675		Table 6.1 Row F
C	(1) Executive Directors Office, (A) General Administration, General Professional Services and Special Projects	\$0	0.0	\$0	\$0	\$0	\$0		
D	(1) Executive Directors Office, (C) Information Technology Contracts and Projects, MMIS Maintenance and Project	\$0	0.0	\$0	\$0	\$0	\$0		
E	(2) Medical Services Premium, Medical and Long Term Care Services for Medicaid Eligible Individuals	\$0	0.0	\$0	\$0	\$0	\$0		
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD Adult Comprehensive Services	\$0	0.0	\$0	\$0	\$0	\$0		
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	\$0	0.0	\$0	\$0	\$0	\$0		
H	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD State Supported Living Services	\$0	0.0	\$0	\$0	\$0	\$0		
I	Total Request	\$73,134	1.0	\$36,567	\$0	\$0	\$36,567		Sum of Rows A through I

Table 1.1 Summary by Line Item FY 2025-26									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Directors Office, (A) General Administration, Personal Services	\$130,974	2.0	\$65,487	\$0	\$0	\$65,487		Table 6.1 Row A + Row E
B	(1) Executive Directors Office, (A) General Administration, Operating Expenses	\$2,300	0.0	\$1,150	\$0	\$0	\$1,150		Table 6.1 Row B + Row F
C	(1) Executive Directors Office, (A) General Administration, General Professional Services and Special Projects	\$350,000	0.0	\$35,000	\$0	\$0	\$315,000		Table 2.1 Row L
D	(1) Executive Directors Office, (C) Information Technology Contracts and Projects, MMIS Maintenance and Project	\$234,155	0.0	\$58,539	\$0	\$0	\$175,616		Table 2.1 Row C
E	(2) Medical Services Premium, Medical and Long Term Care Services for Medicaid Eligible Individuals	\$636,970	0.0	\$318,485	\$0	\$0	\$318,485		Table 2.1 Row B + Table 2.1 Row E + Table 2.1 Row F
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD Adult Comprehensive Services	\$0	0.0	\$0	\$0	\$0	\$0		Table 2.1 Row I Through Row K
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	\$0	0.0	\$0	\$0	\$0	\$0		Table 2.1 Row A
H	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD State Supported Living Services	\$0	0.0	\$0	\$0	\$0	\$0		Table 2.1 Row I Through Row K
I	Total Request	\$1,354,399	2.0	\$478,661	\$0	\$0	\$875,738		Sum of Rows A through I

Table 1.2 Summary by Line Item FY 2026-27									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Directors Office, (A) General Administration, Personal Services	\$130,974	2.0	\$65,487	\$0	\$0	\$65,487		Table 6.1 Row A + Row E
B	(1) Executive Directors Office, (A) General Administration, Operating Expenses	\$2,300	0.0	\$1,150	\$0	\$0	\$1,150		Table 6.1 Row B + Row F
C	(1) Executive Directors Office, (A) General Administration, General Professional Services and Special Projects	\$0	0.0	\$0	\$0	\$0	\$0		Table 2.2 Row L
D	(1) Executive Directors Office, (C) Information Technology Contracts and Projects, MMIS Maintenance and Project	\$234,155	0.0	\$58,539	\$0	\$0	\$175,616		Table 2.2 Row C
E	(2) Medical Services Premium, Medical and Long Term Care Services for Medicaid Eligible Individuals	(\$436,472)	0.0	(\$218,236)	\$0	\$0	(\$218,236)		Table 2.2 Row B + Table 2.2 Row E + Table 2.2 Row F
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD Adult Comprehensive Services	(\$898,598)	0.0	(\$449,299)	\$0	\$0	(\$449,299)		Table 2.2 Row I Through Row K
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	(\$176)	0.0	(\$88)	\$0	\$0	(\$88)		Table 2.2 Row A
H	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD State Supported Living Services	(\$120,568)	0.0	(\$60,284)	\$0	\$0	(\$60,284)		Table 2.2 Row I Through Row K
I	Total Request	(\$1,088,385)	2.0	(\$602,731)	\$0	\$0	(\$485,654)		Sum of Rows A through I

Table 1.3 Summary by Line Item FY 2027-28 and Ongoing									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Directors Office, (A) General Administration, Personal Services	\$130,974	2.0	\$65,487	\$0	\$0	\$65,487		Table 6.1 Row A + Row E
B	(1) Executive Directors Office, (A) General Administration, Operating Expenses	\$2,300	0.0	\$1,150	\$0	\$0	\$1,150		Table 6.1 Row B + Row F
C	(1) Executive Directors Office, (A) General Administration, General Professional Services and Special Projects	\$0	0.0	\$0	\$0	\$0	\$0		Table 2.3 Row L
D	(1) Executive Directors Office, (C) Information Technology Contracts and Projects, MMIS Maintenance and Project	\$234,155	0.0	\$58,539	\$0	\$0	\$175,616		Table 2.3 Row C
E	(2) Medical Services Premium, Medical and Long Term Care Services for Medicaid Eligible Individuals	(\$436,472)	0.0	(\$218,236)	\$0	\$0	(\$218,236)		Table 2.3 Row B + Table 2.2 Row E + Table 2.2 Row F
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD Adult Comprehensive Services	(\$1,796,976)	0.0	(\$898,488)	\$0	\$0	(\$898,488)		Table 2.3 Row I Through Row K
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	(\$176)	0.0	(\$88)	\$0	\$0	(\$88)		Table 2.3 Row A
H	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - IDD State Supported Living Services	(\$241,106)	0.0	(\$120,553)	\$0	\$0	(\$120,553)		Table 2.3 Row I Through Row K
I	Total Request	(\$2,107,301)	2.0	(\$1,112,189)	\$0	\$0	(\$995,112)		Sum of Rows A through I

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Appendix A: Assumptions and Calculations

Table 2.0 Summary by Initiative FY 2024-25									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
CHRP Group Respite Rate									
A	Implementing Group Respite Rate	\$0	0.0	\$0	\$0	\$0	\$0		
Hospital Backup Unit Eligibility Expansion									
B	Eligibility Expansion	\$0	0.0	\$0	\$0	\$0	\$0		
C	HBU UR/UM Cost	\$0	0.0	\$0	\$0	\$0	\$0		
D	Subtotal	\$0	0.0	\$0	\$0	\$0	\$0		
Alternative Care Facility Tiered Rate									
E	Implementing ACF Tiered Rate	\$0	0.0	\$0	\$0	\$0	\$0		
Complementary and Integrated Health Services Waiver Extension									
F	CIH Service Expenditure	\$0	0.0	\$0	\$0	\$0	\$0		
G	CIH FTE	\$73,133	0.0	\$36,567	\$0	\$0	\$36,567		Table 6.1 Row E + Table 6.1 Row F
H	Subtotal	\$73,133	1.0	\$36,566.50	\$0.00	\$0.00	\$36,566.50		Row G
Supported Employment Pilot Program									
I	Job Coaching Rate Restructure	\$0	0.0	\$0	\$0	\$0	\$0		
J	Job Development Rate Restructure	\$0	0.0	\$0	\$0	\$0	\$0		
K	Supported Employment Milestone Payments	\$0	0.0	\$0	\$0	\$0	\$0		
L	Supported Employment System Changes	\$0	0.0	\$0	\$0	\$0	\$0		
M	Subtotal	\$0	0.0	\$0	\$0	\$0	\$0		
N	Total Request	\$73,133	1.0	\$36,567		\$0	\$36,567		Row A + Row D + Row E + Row H + Row M

Table 2.1 Summary by Initiative FY 2025-26									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
CHRP Group Respite Rate									
A	Implementing Group Respite Rate	(\$176)	0.0	(\$88)	\$0	\$0	(\$88)		Table 3.1 Row C
Hospital Backup Unit Eligibility Expansion									
B	Eligibility Expansion	(\$1,073,442)	0.0	(\$536,721)	\$0	\$0	(\$536,721)		Table 4.1 Row K - Table 4.1 Row J
C	HBU UR/UM Cost	\$234,155	0.0	\$58,539	\$0	\$0	\$175,616		Table 4.1 Row J
D	Subtotal	(\$839,287)		(\$478,182)			(\$361,105)		Row B + Row C
Alternative Care Facility Tiered Rate									
E	Implementing ACF Tiered Rate	(\$717,626)	0.0	(\$358,813)	\$0	\$0	(\$358,813)		Table 5.1 Row O
Complementary and Integrated Health Services Waiver Extension									
F	CIH Service Expenditure	\$2,428,038	0.0	\$1,214,019	\$0	\$0	\$1,214,019		Table 6.1 Row C + Table 6.1 Row G
G	CIH FTE	\$133,274	2.0	\$66,637	\$0	\$0	\$66,637		Table 6.1 Row A + Table 6.1 Row B + Table 6.1 Row E + Table 6.1 Row F
H	Subtotal	\$2,561,312	2.0	\$1,280,656	\$0	\$0	\$1,280,656		Row F + Row G
Supported Employment Pilot Program									
I	Job Coaching Rate Restructure	\$0	0.0		\$0	\$0	\$0		Table 7.1 Row A
J	Job Development Rate Restructure	\$0	0.0	\$0	\$0	\$0	\$0		Table 7.1 Row B
K	Supported Employment Milestone Payments	\$0	0.0	\$0	\$0	\$0	\$0		Table 7.1 Row C
L	Supported Employment System Changes	\$350,000		\$35,000	\$0	\$0	\$315,000		Table 7.1 Row D
M	Subtotal	\$350,000	0.0	\$35,000	\$0	\$0	\$315,000		Row I + Row J + Row K + Row L
N	Total Request	\$1,354,223	2.0	\$478,573	\$0	\$0	\$875,650		Row A + Row E + Row F + Row J + Row O

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Table 2.2 Summary by Initiative FY 2026-27									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
CHRP Group Respite Rate									
A	Implementing Group Respite Rate	(\$176)	0.0	(\$88)	\$0	\$0	(\$88)		Table 3.1 Row C
Hospital Backup Unit Eligibility Expansion									
B	Eligibility Expansion	(\$2,146,884)	0.0	(\$1,073,442)	\$0	\$0	(\$1,073,442)		Table 4.1 Row K - Table 4.1 Row J
C	HBU UR/UM Cost	\$234,155	0.0	\$58,539	\$0	\$0	\$175,616		Table 4.1 Row J
D	Subtotal	(\$1,912,729)	0.0	(\$1,014,903)	\$0	\$0	(\$897,826)		Row B + Row C
Alternative Care Facility Tiered Rate									
E	Implementing ACF Tiered Rate	(\$717,626)	0.0	(\$358,813)	\$0	\$0	(\$358,813)		Table 5.1 Row O
Complementary and Integrated Health Services Waiver Extension									
F	CIH Service Expenditure	\$2,428,038	0.0	\$1,214,019	\$0	\$0	\$1,214,019		Table 6.1 Row C + Table 6.1 Row G
G	CIH FTE	\$133,274	2.0	\$66,637	\$0	\$0	\$66,637		Table 6.1 Row A + Table 6.1 Row B + Table 6.1 Row E + Table 6.1 Row F
H	Subtotal	\$2,561,312	2.0	\$1,280,656	\$0	\$0	\$1,280,656		Row F + Row G
Supported Employment Pilot Program									
I	Job Coaching Rate Restructure	(\$1,072,672)	0.0	(\$536,336)	\$0	\$0	(\$536,336)		Table 7.1 Row A
J	Job Development Rate Restructure	(\$309,344)	0.0	(\$154,672)	\$0	\$0	(\$154,672)		Table 7.1 Row B
K	Supported Employment Milestone Payments	\$362,850	0.0	\$181,425	\$0	\$0	\$181,425		Table 7.1 Row C
L	Supported Employment System Changes	\$0		\$0	\$0	\$0	\$0		Table 7.1 Row D
M	Subtotal	(\$1,019,166)	0.0	(\$509,583)	\$0	\$0	(\$509,583)		Row I + Row J + Row K + Row L
N	Total Request	(\$1,088,385)	2.0	(\$602,731)	\$0	\$0	(\$485,654)		Row A + Row E + Row F + Row J + Row O

Table 2.3 Summary by Initiative FY 2027-28 and Ongoing									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
CHRP Group Respite Rate									
A	Implementing Group Respite Rate	(\$176)	0.0	(\$88)	\$0	\$0	(\$88)		Table 3.1 Row C
Hospital Backup Unit Eligibility Expansion									
B	Eligibility Expansion	(\$2,146,884)	0.0	(\$1,073,442)	\$0	\$0	(\$1,073,442)		Table 4.1 Row K - Table 4.1 Row J
C	HBU UR/UM Cost	\$234,155	0.0	\$58,539	\$0	\$0	\$175,616		Table 4.1 Row J
D	Subtotal	(\$1,912,729)	0.0	(\$1,014,903)	\$0	\$0	(\$897,826)		Row B + Row C
Alternative Care Facility Tiered Rate									
E	Implementing ACF Tiered Rate	(\$717,626)	0.0	(\$358,813)	\$0	\$0	(\$358,813)		Table 5.1 Row O
Complementary and Integrated Health Services Waiver Extension									
F	CIH Service Expenditure	\$2,428,038	0.0	\$1,214,019	\$0	\$0	\$1,214,019		Table 6.1 Row C + Table 6.1 Row G
G	CIH FTE	\$133,274	\$2	\$66,637	\$0	\$0	\$66,637		Table 6.1 Row A + Table 6.1 Row B + Table 6.1 Row E + Table 6.1 Row F
H	Subtotal	\$2,561,312	2.0	\$1,280,656	\$0	\$0	\$1,280,656		Row F + Row G
Supported Employment Pilot Program									
I	Job Coaching Rate Restructure	(\$2,145,344)	\$0	(\$1,072,672)	\$0	\$0	(\$1,072,672)		Table 7.1 Row A
J	Job Development Rate Restructure	(\$618,688)	\$0	(\$309,344)	\$0	\$0	(\$309,344)		Table 7.1 Row B
K	Supported Employment Milestone Payments	\$725,950	\$0	\$362,975	\$0	\$0	\$362,975		Table 7.1 Row C
L	Supported Employment System Changes	\$0		\$0	\$0	\$0	\$0		Table 7.1 Row D
M	Subtotal	(\$2,038,082)	0.0	(\$1,019,041)	\$0	\$0	(\$1,019,041)		Row I + Row J + Row K + Row L
N	Total Request	(\$2,107,301)	2.0	(\$1,112,189)	\$0	\$0	(\$995,112)		Row A + Row E + Row F + Row J + Row O

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Table 3.1 CHRP Group Respite Rate Savings Estimate					
Row	Item	FY 2025-26	FY 2026-27	FY 2027-28	Notes
A	Estimated Individual Respite Expenditure	\$2,921	\$2,921	\$2,921	
B	Estimated Group Respite Expenditure	\$2,746	\$2,746	\$2,746	
C	<i>Difference</i>	<i>(\$176)</i>	<i>(\$176)</i>	<i>(\$176)</i>	<i>Row B - Row A</i>

Table 3.2 CHRP Group Respite Rate Difference					
Row	Item	FY 2025-26	FY 2026-27	FY 2027-28	Notes
Denver County					
A	Current Individual Respite Rate	\$7.59	\$7.59	\$7.59	FY 2024-25 Fee Schedule
B	Proposed Group Respite Rate	\$7.20	\$7.20	\$7.20	
C	<i>Difference</i>	<i>(\$0.39)</i>	<i>(\$0.39)</i>	<i>(\$0.39)</i>	<i>Row B - Row A</i>
Outside Denver County					
D	Current Individual Respite Rate	\$7.27	\$7.27	\$7.27	FY 2024-25 Fee Schedule
E	Proposed Group Respite Rate	\$6.82	\$6.82	\$6.82	
F	<i>Difference</i>	<i>(\$0.45)</i>	<i>(\$0.45)</i>	<i>(\$0.45)</i>	<i>Row E - Row D</i>

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Table 4.1 Hospital Backup Unit Eligibility Expansion Savings Breakout					
Row	Item	FY 2025-26	FY 2026-27	FY 2027-28	Notes
A	Per Diem Cost in Hospital Setting	\$1,265.58	\$1,265.58	\$1,265.58	Average Per Diem Cost from Current Eligible Members
B	Per Diem Cost in Hospital Backup Units (HBU)	\$679.00	\$679.00	\$679.00	HBU Per Diem Rate - Fee Schedule
C	<i>Savings from Moving from Hospital to HBU</i>	<i>(\$586.58)</i>	<i>(\$586.58)</i>	<i>(\$586.58)</i>	<i>Row B - Row A</i>
D	Average Number of Days in Hospital Setting (Extended Stays)	182	182	182	Average Number of Days in Hospital for Members with 100+ Day LOS
E	Average Number of Days Reduced in Hospital Setting	122	122	122	Row E - 60 Days to Transition into HBU
F	Average Savings Per Person	<i>(\$71,562.76)</i>	<i>(\$71,562.76)</i>	<i>(\$71,562.76)</i>	<i>Row C * Row E</i>
G	Number of People in Hospital Setting that Fit New Criteria	143	143	143	Total Eligible Members with 100+ Day LOS
H	Percentage of People Expected to Move to HBU	10.49%	20.98%	20.98%	Department estimates that there is currently capacity to serve 30 members.
I	Number of People Expected to Move to HBU	15	30	30	Row G * Row H
J	<i>UR/UM Contract Cost</i>	<i>\$234,154</i>	<i>\$234,154</i>	<i>\$234,154</i>	<i>Row G * 3 Reviews Per Year * \$546 Per Review - 80 Potential Denials</i>
K	Total Savings Expected from Policy	<i>(\$839,287)</i>	<i>(\$1,912,729)</i>	<i>(\$1,912,729)</i>	<i>Row F * Row I - Row J</i>

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Table 5.1 ACF Tiered Rate Savings Breakout					
Row	Item	FY 2025-26	FY 2026-27	FY 2027-28	Notes
Denver County					
A	Per Diem Nursing Facility (NF) Rate	\$274.88	\$274.88	\$274.88	Average NF Per Diem Rate (FY 23-24 Fee Schedule)
B	Proposed Per Diem Alternative Care Facility (ACF) Rate	\$156.01	\$156.01	\$156.01	Proposed ACF Denver County Rate
C	Savings from Moving from NF to ACF	(\$118.87)	(\$118.87)	(\$118.87)	Row B - Row A
D	Average Number of Days Decreased in NF	8	8	8	Average NF LOS
E	Average Savings Per Person	(\$951)	(\$951)	(\$951)	Row C * Row D
F	Number of Members in NF that fit Tier Criteria	22	22	22	Meyers and Stauffer Report Urban/Rural Split * Total Expected Population
G	<i>Subtotal</i>	<i>(\$20,922)</i>	<i>(\$20,922)</i>	<i>(\$20,922)</i>	<i>Row F * Row G</i>
Outside Denver County					
H	Per Diem Nursing Facility (NF) Rate	\$274.88	\$274.88	\$274.88	Average NF Per Diem Rate (FY 23-24 Fee Schedule)
I	Proposed Per Diem Alternative Care Facility (ACF) Rate	\$145.28	\$145.28	\$145.28	Proposed ACF Outside Denver County Rate
J	Savings from Moving from NF to ACF	(\$129.60)	(\$129.60)	(\$129.60)	Row I - Row H
K	Average Number of Days Decreased in NF	42	42	42	Average LOS - Adult Hospital Discharge Cases
L	Average Savings Per Person	(\$5,443)	(\$5,443)	(\$5,443)	Row J * Row K
M	Number of Members in NF that fit Tier Criteria	128	128	128	Meyers and Stauffer Report Urban/Rural Split * Total Expected Population
N	<i>Subtotal</i>	<i>(\$696,704)</i>	<i>(\$696,704)</i>	<i>(\$696,704)</i>	<i>Row L * Row M</i>
O	Total Expected Savings from Policy	(\$717,626)	(\$717,626)	(\$717,626)	Row G + Row N

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Table 5.2 ACF Tiered Rate Population Estimates			
Row	Item	Total	Notes
A	Estimated Population	3,022	M&S Analysis Population
B	Total Number Secured Members	315	M&S Analysis Population - Member that meet 'secured' criteria
C	Percentage of Eligible Secured Members	47.62%	Row D / Row B
D	Total Number of Eligible Members	150	Estimated number of Eligible members based on rate and staff ratios
Denver County			
E	Denver County Population Percentage	14.50%	M&S Analysis Urban/Rural Split
F	Number of Members	22	Row D * Row E
Outside Denver County			
G	Outside Denver County Population Percentage	85.50%	M&S Analysis Urban/Rural Split
H	Number of Members	128	Row D * Row G
I	Total Number of Eligible Members	150	Row G + Row H + Row K + Row L

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Table 6.1 Complementary and Integrated Health Services Waiver Legislation Cost Breakdown							
Row	Item	FTE	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	Notes
Continued SB 19-197 Funding							
A	Personal Services	1.0	\$0	\$59,191	\$59,191	\$59,191	This position ends 6/30/2025
B	Operating Expenses		\$0	\$950	\$950	\$950	This position ends 6/30/2025
C	Complementary and Integrated Health Waiver Expenditure		\$0	\$708,714	\$708,714	\$708,714	Expenditure of 3 alternative therapy services
D	<i>Subtotal</i>	1.0	\$0	\$768,855	\$768,855	\$768,855	<i>Sum of Row A through Row D</i>
Continued SB 21-038 Funding							
E	Personal Services	1.0	\$71,783	\$71,783	\$71,783	\$71,783	This position ends 6/30/2024 but is dependent in an annual appropriation from the long bill
F	Operating Expenses		\$1,350	\$1,350	\$1,350	\$1,350	
G	Complementary and Integrated Health Waiver Expenditure		\$0	\$1,719,323	\$1,719,323	\$1,719,323	Expanded Eligibility for CIH Waiver
H	<i>Subtotal</i>	1.0	\$73,133	\$1,792,456	\$1,792,456	\$1,792,456	<i>Sum of Row E through Row H</i>
I	Total Expenditure	2.0	\$73,133	\$2,561,311	\$2,561,311	\$2,561,311	Row D + Row H
Table 6.2 Complementary and Integrated Health Services Waiver Cost Annualization							
Row	Item	FTE	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	Notes
A	Annualized SB 19-197 Funding	(1.0)	\$0	(\$768,855)	(\$768,855)	(\$768,855)	Table 6.1 Row D
B	Contractor Funding	0.0	\$0	(\$55,000)	(\$55,000)	(\$55,000)	
C	Annualized SB 21-038 Funding	(1.0)	(\$73,133)	(\$1,792,456)	(\$1,792,456)	(\$1,792,456)	Table 6.1 Row H
D	Contractor Funding	0.0	0.0	(\$50,000)	(\$50,000)	(\$50,000)	
E	<i>Subtotal</i>	(2.0)	(73,133)	(2,666,311)	(2,666,311)	(2,666,311)	<i>Row A + Row B</i>
F	Continuation of SB 19-197 Funding	1.0	\$0	\$768,855	\$768,855	\$768,855	Table 6.1 Row D
G	Remove Contractor Funding	0.0	\$0	(\$55,000)	(\$55,000)	(\$55,000)	
H	Continuation of SB 21-038 Funding	1.0	\$73,133	\$1,227,688	\$1,227,688	\$1,227,688	Table 6.1 Row H
I	Remove Contractor Funding	0.0	(50,000)	(\$50,000)	(\$50,000)	(\$50,000)	
J	Total Continuation of Funding	2.0	\$23,133	\$1,891,543	\$1,891,543	\$1,891,543	Table 6.1 Row I
K	Total Budget Impact	0.0	(\$50,000)	(\$774,768)	(\$774,768)	(\$774,768)	Row D - Row C

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Table 7.1 Supported Employment Savings Summary					
Row	Item	FY 2025-26	FY 2026-27	FY 2027-28	Notes
A	Job Coaching Savings	\$0	(\$1,072,672)	(\$2,145,344)	Table 8.1 Row E through Row F
B	Job Development Savings	\$0	(\$309,344)	(\$618,688)	Table 9.1
C	Milestone Payment Expenditure	\$0	\$362,850	\$725,950	Table 10.1
D	System Changes Expenditure	\$350,000	\$0	\$0	
E	Total Savings	\$350,000	(\$1,019,166)	(\$2,038,082)	Sum of Row A through Row D

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Table 8.1 Proposed Job Coaching Period Summary						
Row	Item	Period 1	Period 2	Maintenance	Total	Notes
A	Total Number of Members in Job Coaching	109	592	1,371	2,072	Table 8.2 Row G
B	Total FY 2022-23 Current Expenditure for Members	\$255,452	\$4,241,422	\$16,845,992	\$21,342,866	FY 2022-23 Job Coaching Member Data
C	Average Number of Hours Worked	19.50	40.52	44.08		Table 8.4 Weighted Average Hours Worked
D	Average New Rate Paid	\$37.49	\$29.33	\$595.62		Table 8.3 Weighted Average Rate Paid
E	Total Annual Proposed Cost	\$956,204	\$8,442,255	\$9,799,063	\$19,197,522	Row A * Row C * Row D * 12
F	<i>Difference In Cost</i>	<i>\$700,752</i>	<i>\$4,200,833</i>	<i>(\$7,046,929)</i>	<i>(\$2,145,344)</i>	Row E - Row B
G	FY 2026-27 Impact	\$350,376	\$2,100,417	(\$3,523,464)	(\$1,072,672)	Assumed 50% Impact, Reference Narrative
H	FY 2027-28 Impact	\$700,752	\$4,200,833	(\$7,046,929)	(\$2,145,344)	Assumed 100% Impact

Table 8.2 Number of Members in Each Support Level and Job Coaching Tier						
Row	Item	Period 1	Period 2	Maintenance	Total	Notes
A	Support Level 1	24	192	453	669	
B	Support Level 2	38	175	378	591	
C	Support Level 3	18	78	179	275	
D	Support Level 4	9	61	137	207	
E	Support Level 5	14	54	115	183	
F	Support Level 6	6	32	109	147	
G	Total	109	592	1371	2072	

Table 8.3 Proposed Rates Each Support Level and Job Coaching Tier						
Row	Item	Period 1	Period 2	Maintenance	Total	Notes
A	Support Level 1	\$15.66	\$13.31	\$266.12	\$295.09	
B	Support Level 2	\$29.25	\$24.30	\$485.97	\$539.52	
C	Support Level 3	\$41.52	\$35.29	\$705.81	\$782.61	
D	Support Level 4	\$54.45	\$46.29	\$925.65	\$1,026.39	
E	Support Level 5	\$68.06	\$57.88	\$1,157.07	\$1,283.02	
F	Support Level 6	\$68.06	\$57.88	\$1,157.07	\$1,283.02	
G	Total	\$277.00	\$234.95	\$4,697.69	\$5,209.64	

¹ Maintenance is paid using a monthly per member per month payment

Table 8.4 Average Hours Worked Per Month by Support Level and Job Coaching Tier						
Row	Item	Period 1	Period 2	Maintenance	Total	Notes
A	Support Level 1	15	42	48	105	
B	Support Level 2	15	40	43	98	
C	Support Level 3	16	39	43	98	
D	Support Level 4	38	45	41	124	
E	Support Level 5	28	35	39	102	
F	Support Level 6	28	38	43	109	
G	Total	140	239	257	636	

¹ Maintenance is paid using a per member per month payment

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Table 8.5 Proposed Rates for Denver County Each Support Level and Job Coaching Tier					
Row	Item	Period 1	Period 2	Maintenance	Notes
A	Support Level 1	\$17.01	\$14.45	\$289.03	
B	Support Level 2	\$31.77	\$26.39	\$527.79	
C	Support Level 3	\$45.09	\$38.32	\$766.55	
D	Support Level 4	\$59.14	\$50.27	\$1,005.31	
E	Support Level 5	\$73.92	\$62.87	\$1,256.64	
F	Support Level 6	\$73.92	\$62.87	\$1,256.64	

Table 8.6 Proposed Rates for Outside of Denver County Each Support Level and Job Coaching Tier					
Row	Item	Period 1	Period 2	Maintenance	Notes
A	Support Level 1	\$15.46	\$13.14	\$262.75	
B	Support Level 2	\$28.88	\$23.99	\$479.81	
C	Support Level 3	\$40.99	\$34.84	\$696.86	
D	Support Level 4	\$53.76	\$45.70	\$913.92	
E	Support Level 5	\$67.20	\$57.15	\$1,142.40	
F	Support Level 6	\$67.20	\$57.15	\$1,142.40	

Table 8.8 Average Reimbursed Rates					
Row	Item	Period 1	Period 2	Maintenance	Notes
A	Support Level 1	\$15.66	\$13.31	\$266.12	
B	Support Level 2	\$29.25	\$24.30	\$485.97	
C	Support Level 3	\$41.52	\$35.29	\$705.81	
D	Support Level 4	\$54.45	\$46.29	\$925.65	
E	Support Level 5	\$68.06	\$57.88	\$1,157.07	
F	Support Level 6	\$68.06	\$57.88	\$1,157.07	

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Table 9.1 FY 2026-27 through FY 2027-28 Job Development Savings						
Row	Item	L1-L2	L3-L4	L5-L6	Total	Notes
Initial Job Development						
A	Proposed Number of Members	182	87	62	331	Per FY 2022-23 Job Development Utilization Data
B	Hours Billed	35	40	45		
C	Current Hourly Rate	\$16.80	\$16.80	\$16.80		FY 2023-24 Fee Schedule
D	Proposed Flat Rate	\$2,000	\$2,300	\$2,600		
E	Current Expenditure	\$428,721	\$398,306	\$500,876	\$1,327,903	Per FY 2022-23 Job Development Utilization Data
F	Proposed Expenditure	\$364,000	\$200,100	\$161,200	\$725,300	Row A * Row D
G	<i>Difference</i>	<i>(\$64,721)</i>	<i>(\$198,206)</i>	<i>(\$339,676)</i>	<i>(\$602,603)</i>	<i>Row F - Row E</i>
Job Development Update						
I	Hours Billed	20	25	30		
J	Current Rate	\$17	\$17	\$17		FY 2023-24 Fee Schedule
K	Proposed Rate	\$700	\$900	\$1,100		
L	Current Expenditure	\$17,681	\$12,935	\$10,688	\$41,304	Per FY 2022-23 Job Development Utilization Data
M	Proposed Expenditure	\$4,200	\$14,400	\$6,600	\$25,200	Proposed # of Members * Row K
N	<i>Difference</i>	<i>(\$13,481)</i>	<i>\$1,465</i>	<i>(\$4,088)</i>	<i>(\$16,104)</i>	<i>Row M - Row L</i>
O	Total Proposed Savings	(\$78,202)	(\$196,741)	(\$343,764)	(\$618,707)	Row G + Row N
P	FY 2026-27 Impact	(\$39,101)	(\$98,371)	(\$171,882)	(\$309,354)	Assumed 50% Impact, Reference Narrative
Q	FY 2027-28 Impact	(\$78,202)	(\$196,741)	(\$343,764)	(\$618,707)	Assumed 100% Impact

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Table 10.1 Supported Employment Milestone Payment Breakout					
Row	Item	FY 2025-26	FY 2026-27	FY 2027-28	Notes
Increase in Hours Worked by 10%					
A	Frequency	0	1	1	1 Payment Per Member Per Year
B	Number of Eligible Members	0	155	311	15% All Job Coaching Members, Half Impact in FY 2026-27
C	Incentive Payment Amount	\$0	\$250	\$250	Based on DVR Milestone Payments
D	<i>Total Expenditure</i>	\$0	\$38,850	\$77,700	<i>Row A * Row B * Row C</i>
Increase in Wage by 25%					
E	Frequency	0	1	1	1 Payment Per Member Per Year
F	Number of Eligible Members	0	155	311	15% All Job Coaching Members, Half Impact in FY 2026-27
G	Incentive Payment Amount	\$0	\$250	\$250	Based on DVR Milestone Payments
H	<i>Total Expenditure</i>	\$0	\$38,750	\$77,750	<i>Row E * Row F * Row G</i>
Member has Reached Job Maintenance (19+ Months)					
I	Frequency	0	1	1	1 Payment Per Member
J	Number of Eligible Members	0	311	622	5% of All Job Coaching Members, Half Impact in FY 2026-27
K	Incentive Payment Amount	\$0	\$750	\$750	Based on DVR Milestone Payments
L	<i>Total Expenditure</i>	\$0	\$233,250	\$466,500	<i>Row I * Row J * Row K</i>
Member has Completely Faded Out Job Training					
M	Frequency	0	1	1	1 Payment Per Member
N	Number of Eligible Members	0	52	104	5% All Job Coaching Members, Half Impact in FY 2026-27
O	Incentive Payment Amount	0	\$1,000	\$1,000	Based on DVR Milestone Payments
P	<i>Total Expenditure</i>	\$0	\$52,000	\$104,000	<i>Row M * Row N * Row O</i>
Q	Combined Expenditure	\$0	\$362,850	\$725,950	<i>Row D + Row H + Row L + Row P</i>