

## E. Final Project Budget

Note: All transition counts and budgeted costs are by Calendar Year. While there are no additional transitions beyond 2011, the MFP demonstration will continue through 2012. CMS guidance to date is to include all expenses attributed to 2012 in the 2011 demonstration budget.

### 1. Projected Estimated Expenditures

**Table 24. Total Enrollees by Target Group by Year**

| Number of People Transitioned by Target Population by Calendar Year |         |                     |     |     |     |      |              |       |
|---|---------|---------------------|-----|-----|-----|------|--------------|-------|
|   | Elderly | Physical Disability |     | MI  | MR  |      | Chronic Care | Total |
|   |         | PCA                 | ABI |     | Ind | Comp |              |       |
| <b>2008</b>   | 9       | 5                   | 1   | 5   | 1   | 1    | 2            | 24    |
| <b>2009</b>   | 77      | 41                  | 10  | 41  | 10  | 10   | 14           | 203   |
| <b>2010</b>   | 78      | 41                  | 10  | 41  | 10  | 10   | 14           | 204   |
| <b>2011</b>   | 103     | 54                  | 13  | 54  | 13  | 13   | 19           | 269   |
| <b>Total</b>  | 267     | 141                 | 34  | 141 | 34  | 34   | 49           | 700   |
| <b>Percentage</b>   | 38%     | 20%                 | 5%  | 20% | 5%  | 5%   | 7%           | 100%  |

**Table 25. Service Expenditures by Year (see Appendix C)**

**Table 26. Administrative Budget**

| MFP General Administrative Budget  |         |         |         |         |           |
|--|---------|---------|---------|---------|-----------|
| Years ending December 31, 2007 through 2012  |         |         |         |         |           |
|  | 2007    | 2008    | 2009    | 2010    | 2011 &    |
| <b>Personnel</b>   | 67,814  | 191,090 | 338,616 | 361,646 | 385,171   |
| <b>Benefits</b>  | 40,128  | 112,972 | 200,190 | 213,805 | 227,713   |
| <b>Contractual Costs (fiscal intermediary)</b>                                     | -       | 4,444   | 80,241  | 129,252 | 229,918   |
| <b>Indirect Charges</b>  | 19,416  | 101,833 | 156,000 | 156,000 | 156,000   |
| <b>Travel</b>  | -       | 10,000  | 20,000  | 20,000  | 20,000    |
| <b>Supplies</b>  | -       | 1,250   | 2,500   | 2,500   | 2,500     |
| <b>Equipment</b>   | 3,000   | 15,000  | -       |         |           |
| <b>Other (Training, language line, translation, mail, print materials, forums,</b> | -       | 44,000  | 80,500  | 73,000  | 73,000    |
| <b>Total</b>   | 130,358 | 480,590 | 878,048 | 956,202 | 1,094,302 |

Note: Currently these costs reflect a significant amount of fiscal intermediary cost. However, the specific negotiated amount will change based on an influx of members. Presentation levels are assumed at 100% participation but actual experience could change these results.

**Table 27. MFP Evaluation Budget by Calendar Year**

|                              | CY 2008                    |                             | CY 2009          | CY 2010          | CY2011           |
|------------------------------|----------------------------|-----------------------------|------------------|------------------|------------------|
|                              | Pre-<br>implementat<br>ion | May 1<br>implementati<br>on |                  |                  |                  |
| <b>Personnel</b>             | <b>\$18,390</b>            | <b>\$34,101</b>             | <b>\$55,510</b>  | <b>\$57,175</b>  | <b>\$111,866</b> |
| <b>Benefits</b>              | <b>\$5,884</b>             | <b>\$13,037</b>             | <b>\$21,092</b>  | <b>\$22,297</b>  | <b>\$44,746</b>  |
| <b>Contractual<br/>Costs</b> |                            | <b>\$15,000</b>             | <b>\$5,000</b>   | <b>\$5,000</b>   | <b>\$5,000</b>   |
| <b>Indirect<br/>Charges</b>  | <b>\$2,221</b>             | <b>\$2,967</b>              | <b>\$8,257</b>   | <b>\$8,257</b>   | <b>\$19,583</b>  |
| <b>Travel</b>                | <b>\$300</b>               | <b>\$500</b>                | <b>\$8,000</b>   | <b>\$6,000</b>   | <b>\$8,000</b>   |
| <b>Supplies</b>              | <b>\$100</b>               | <b>\$1,500</b>              | <b>\$1,516</b>   | <b>\$646</b>     | <b>\$2,180</b>   |
| <b>Equipment</b>             |                            | <b>\$6,000</b>              |                  |                  | <b>\$8,000</b>   |
| <b>Other</b>                 |                            |                             | <b>\$625</b>     | <b>\$625</b>     | <b>\$625</b>     |
| <b>Total</b>                 | <b>\$26,895</b>            | <b>\$73,105</b>             | <b>\$100,000</b> | <b>\$100,000</b> | <b>\$200,000</b> |

**Rebalancing Fund**

To calculate the rebalancing fund, the State first calculated the costs under MFP and the federal share of the MFP. See Tables 28 and 29. The State then calculated the rebalancing fund. See Table 30.

$$\text{Rebalancing Fund} = (1 - \text{Enhanced FMAP}) \times (\text{Qualified HCBS Expenditures} + \text{Demo Services Expenditures})$$

**Table 28: Qualifying Gross Medicaid Expenditures (same as Table 2: Benchmark 2)**

| <b>Qualifying Gross Medicaid Expenditures to Rebalance<br/>Connecticut's Long Term Care</b> |                           |                               |   |                    |                     |                |
|---|---------------------------|-------------------------------|---|--------------------|---------------------|----------------|
|   | Qualified MFP<br>Expenses | Demonstration MFP<br>Expenses | Supplemental<br>Demonstration MFP<br>Expenses | Total MFP Expenses | Other HCBS Expenses | Total Expenses |
| <b>2008</b>   | 274,139                   | 39,400                        | 598,000                                       | 911,539            | 675,346,098         | 676,257,637    |
| <b>2009</b>   | 5,255,742                 | 242,552                       | 1,513,525                                     | 7,011,818          | 714,008,730         | 721,020,548    |
| <b>2010</b>   | 8,982,740                 | 243,152                       | 1,581,701                                     | 10,807,593         | 749,183,749         | 759,991,342    |
| <b>2011 &amp; 2012</b>  | 17,114,309                | 402,903                       | 1,653,286                                     | 19,170,499         | 1,603,918,528       | 1,623,089,027  |
| <b>Total</b>  | 31,626,930                | 928,007                       | 5,346,513                                     | 37,901,449         | 3,742,457,105       | 3,780,358,554  |

**Table 29: Federal Share to be Counted against MFP Grant**

| <b>Federal Share - Qualifying Gross Medicaid Expenditures to Rebalance<br/>Connecticut's Long Term Care</b> |                           |                               |   |                    |                     |                |
|---|---------------------------|-------------------------------|---|--------------------|---------------------|----------------|
|   | Qualified MFP<br>Expenses | Demonstration MFP<br>Expenses | Supplemental<br>Demonstration MFP<br>Expenses | Total MFP Expenses | Other HCBS Expenses | Total Expenses |
| <b>2008</b>   | 205,604                   | 29550                         | 299000  | 534,154            | 337,673,049         | 534,154        |
| <b>2009</b>   | 3,941,806                 | 181,914                       | 756,763                                       | 4,880,483          | 357,004,365         | 361,884,848    |
| <b>2010</b>   | 6,737,055                 | 182,364                       | 790,851                                       | 7,710,270          | 374,591,875         | 382,302,144    |
| <b>2011 &amp; 2012</b>  | 12,835,732                | 302,178                       | 826,643                                       | 13,964,552         | 801,959,264         | 815,923,816    |
| <b>Total</b>  | 23,720,197                | 696,005                       | 2,673,256                                     | 27,089,459         | 1,871,228,553       | 1,898,318,011  |

**Table 30: Rebalancing Fund Total**

| <b>Rebalancing Fund</b> |                           |                               |           |
|-------------------------|---------------------------|-------------------------------|-----------|
|                         | Qualified MFP<br>Expenses | Demonstration MFP<br>Expenses | Sub total |
| <b>2008</b>             | 68,535                    | 9,850                         | 0         |
| <b>2009</b>             | 1,313,935                 | 60,638                        | 1,374,573 |
| <b>2010</b>             | 2,245,685                 | 60,788                        | 2,306,473 |
| <b>2011 &amp; 2012</b>  | 4,278,577                 | 100,726                       | 4,379,303 |
| <b>Total</b>            | 7,906,732                 | 232,002                       | 8,060,349 |

This is not the same formula used for the Rebalancing Funding in Appendix C. The Appendix C formula subtracts supplemental costs and evaluation costs from the total.

**Crosswalk**

**CROSSWALK BETWEEN STATE SERVICE CODES AND TYPE OF MFP SERVICES FOR MFP FINANCIAL REPORTING FORMS A AND B**

Connecticut

Instructions:

1. Include codes for all services approved in your MFP Operational Protocol
2. Use a single line for each service code
3. Add lines to each type of service if necessary
4. Update and submit this crosswalk with each MFP Services File your state submits

| Type of Service by Category | State Service Code | Label for State Service Code   | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|--|--|
| State Plan Services         |                    |  |  |
| Clinic Services             |                    |  |  |
|                             | H2000              | Comprehensive multidisciplinary evaluation   |  |
|                             | Q0086              | Physical therapy eval/treatment, per visit   |  |
|                             | S5105              | Day care services, center-based; services not included in program fee, per diem  |  |
|                             | S9446              | Patient education, not otherwise classified, non-physician provider, group, per session  |  |
|                             | T1024              | Eval and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter               |  |
|                             | T1025              | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairment, per diem |  |
|                             | V5010              | Assessment for hearing aid   |  |
|                             | 90801              | Psychiatric diagnostic interview examination   |  |
|                             | 90804              | Individual Psychotherapy- Office or other Outpatient (20-30 min)   |  |
|                             | 90805              | Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services  |  |

| Type of Service by Category | State Service Code | Label for State Service Code  | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|---|--|
|                             | 90806              | Individual Psychotherapy-Office or other Outpatient (45-50 min)   |  |
|                             |                    | Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services       |  |
|                             | 90807              |   |  |
|                             | 90808              | Individual Psychotherapy-Office or other Outpatient (75-80 min)   |  |
|                             |                    | Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services       |  |
|                             | 90809              |   |  |
|                             | 90846              | Family Psychotherapy (without the patient present)  |  |
|                             | 90847              | Family Psychotherapy (conjoint psychotherapy) with patient present  |  |
|                             | 90853              | Group psychotherapy (other than of a multiple-family group)   |  |
|                             | 90857              | Interactive group psychotherapy   |  |
|                             | 92506              | Eval of speech, language, voice, communication, auditory processing and/or aural rehab. status                        |  |
|                             | 92507              | Eval.of speech, language, voice, communication, auditory processing disorder (includes aural rehab); individual       |  |
|                             | 92541              | Spontaneous nystagmus test, including gaze and fixation nystagmus with recording                                      |  |
|                             | 92553              | Pure tone audiometry (threshold); air and bone  |  |
|                             | 92555              | Speech audiometry threshold   |  |
|                             | 92556              | Speech audiometry threshold; with speech recognition  |  |
|                             | 92557              | Comprehensive audiometry threshold eval and speech recognition  |  |
|                             |                    | 92553 and 92556 combined  |  |
|                             | 92565              | Stenger test, pure tone   |  |
|                             | 92567              | Tympanometry (Impedance testing)  |  |
|                             | 92568              | Acoustic reflex testing   |  |
|                             | 92569              | Acoustic reflex decay test  |  |
|                             | 92577              | Stenger test, speech  |  |
|                             | 92582              | Conditioning play audiometry  |  |
|                             | 92583              | Select picture and audiometry   |  |
|                             | 92585              | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, comprehensive |  |

| Type of Service by Category | State Service Code | Label for State Service Code  | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|---|--|
|                             | 92586              | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, limited   |  |
|                             | 92587              | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)  |  |
|                             | 92588              | Evoked otoacoustic emissions; comprehensive or diagnostic eval (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)   |  |
|                             | 94664              | Demonstration and/or eval of patient utilization of an aerosol generator nebulizer, metered dose inhaler or IPPB device   |  |
|                             | 96117              | Neuropsychological testing battery (EG, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour  |  |
|                             | 97139              | Unlisted therapeutic procedure (Specify)  |  |
|                             | 99205              | Office or other outpatient visit, 60 minutes, new patient   |  |
|                             | 99213              | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face) |  |
|                             | 99214              | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)                             |  |
|                             | 99215              | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)                       |  |
|                             | H0015              | Intensive Outpatient-Substance Dependence*  |  |
|                             | H2013              | Psychiatric health facility service, per diem   |  |
|                             | M0064              | Brief office visit for sole purpose of monitoring or changing drug prescriptions used in treatment of mental psychoneurotic and personality disorders   |  |
|                             | S9480              | Intensive outpatient psychiatric services, per diem   |  |
|                             | T1015              | Clinic visit/encounter, All-Inclusive   |  |
|                             | 90801              | Psychiatric diagnostic interview examination  |  |
|                             | 90802              | Interactive Psychiatric Diagnostic Interview  |  |
|                             | 90804              | Individual Psychotherapy- Office or other Outpatient (20-30 min)  |  |
|                             | 90805              | Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services   |  |

| Type of Service by Category                           | State Service Code | Label for State Service Code  | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|---|--------------------|---|--|
|   | 90806              | Individual Psychotherapy-Office or other Outpatient (45-50 min)   |  |
|   | 90807              | Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services   |  |
|   | 90808              | Individual Psychotherapy-Office or other Outpatient (75-80 min)   |  |
|   | 90809              | Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services   |  |
|   | 90810              | Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)   |  |
|   | 90811              | Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services   |  |
|   | 90812              | Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)   |  |
|   | 90813              | Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services   |  |
|   | 90814              | Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)   |  |
|   | 90815              | Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services   |  |
|   | 90846              | Family Psychotherapy (without the patient present)  |  |
|   | 90847              | Family Psychotherapy (conjoint psychotherapy) with patient present  |  |
|   | 90853              | Group psychotherapy (other than of a multiple-family group)   |  |
|   | 90862              | Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.  |  |
|   | 96100              | Psychological testing (includes psycho diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, EG, WAIS-R, Rorschach,MMPI) with interpretation and report, per hour. |  |
|   | 96110              | Developmental testing, limited (EG, developmental screening test II, early language milestone screen) with interpretation and report.   |  |
|   | 96117              | Neuropsychological testing battery (EG, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.   |  |
|   | H0014              | Alcohol and/or drug services; ambulatory detoxification   |  |
| Targeted Case Management for Long Term Care           |                    |   |  |
| DMR   | 9780Z              | DMR State Case Management   |  |
| DMHAS   | T2023              | DMH/TCM Performing Provider, State or Private Agency  |  |
| PACE (Program for All Inclusive Care for the Elderly) |                    |   |  |

| Type of Service by Category | State Service Code | Label for State Service Code   | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|--|--|
| Rehabilitation Services     |                    |  |  |
| Home Health Services        |                    |  |  |
|                             | 580/S9123          | Nursing care, in the home by an RN, per hour   |  |
|                             | 580/T1002          | RN Services, up to 15 minutes  |  |
|                             | 580/S9123 TT       | Nursing care in Home, by RN, individual service provided to more than one patient in same setting                            |  |
|                             | 580/T1002 TT       | RN Services, individual service provided to more than one patient in same setting (must bill with S9123, TT)                 |  |
|                             | 580/S9124          | Nursing Care, in the home by an LPN, per hour  |  |
|                             | 580 T1003          | LPN/LVN services, up to 15 min. (must bill with S9124)   |  |
|                             | 580/S9124 TT       | Nursing care in Home, by LPN, individual service provided to more than one patient in same setting                           |  |
|                             | 580 T1003 TT       | LPN/LVN services, up to 15 minutes, individual service provided to more than one patient in same setting                     |  |
|                             | 580 S9123 TG       | Nursing Care in Home by RN, Complex/high tech level of care  |  |
|                             | 580 S9123 TG TT    | Nursing Care in Home by RN, Complex/high tech level of care  |  |
|                             |                    | Individ. Service provided to more than one patient in same setting   |  |
|                             | 580 S9124 TG TE    | Nursing Care in Home by RN, Complex/high tech level of care  |  |
|                             | 580 S9124 TG TE TT | Nursing care in Home, by RN,complex/high level of care, individual service provided to more than one patient in same setting |  |
|                             | 580 S9123 TH       | Nursing Care in Home by RN, OB/prenatal or postpartum  |  |
|                             | 580 T1002 TH       | RN services, up to 15 min., OB/prenatal or postpartum (must bill with S9123, TH)   |  |
|                             | 580 S9123 TH TT    | Nursing care in Home, by RN,OB/prenatal or postpartum, individual service provided to more than one patient in same setting  |  |
|                             | 580 S9124 TH       | Nursing Care in Home by LPN, OB/prenatal or postpartum   |  |
|                             | 580 T1003 TH       | LPN/LVN services, up to 15 min. OB/prenatal or postpartum (must bill with S9124, TH)   |  |
|                             | 580 S9124 TH TT    | Nursing care in Home, by LPN,OB/prenatal or postpartum, individual service provided to more than one patient in same setting |  |
|                             | 580 T1003 TH TT    | LPN/LVN services, more than one patient. OB/prenatal or postpartum (must bill with S9124, TH)                                |  |
|                             | 580 T1001 TD       | Nursing Assessment/Evaluation, RN  |  |
|                             | 580 T1002          | RN services, up to 15 minutes (must be billed with T1001, TD)  |  |
|                             | 570 T1004          | Services of a qualified nursing aide, up to 15 minutes   |  |
|                             | 424                | Physical Therapy Evaluation  |  |

| Type of Service by Category     | State Service Code | Label for State Service Code  | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|---------------------------------|--------------------|---|--|
|                                 | 421                | Physical Therapy  |  |
|                                 | 434                | Occupational Therapy Evaluation   |  |
|                                 | 431                | Occupational Therapy  |  |
|                                 | 444                | Speech Pathology Evaluation   |  |
|                                 | 441                | Speech Pathology  |  |
|                                 | 97001              | Physical therapy evaluation   |  |
|                                 | 97002              | Physical therapy re-evaluation  |  |
|                                 | 97003              | Occupational therapy evaluation   |  |
|                                 | 97004              | Occupational therapy re-evaluation  |  |
|                                 |                    |   |  |
| Hospice                         |                    |   |  |
|                                 |                    |   |  |
| Personal Care Services          |                    |   |  |
|                                 |                    |   |  |
| Optional Medicaid Plan Services |                    |   |  |
|                                 |                    |   |  |
| Waiver Services                 |                    |   |  |
| Case Management                 |                    |   |  |
| ABI                             | 1530P              | Case-Management   |  |
| CHCP                            | 1286 Z             | Care Management Services - Activities Related to Implementation, Coordination, & Monitoring Plan of Care  |  |
| CHCP                            | 1288 Z             | Initial Assessment - Written Eval. Of Indiv. Medical, Psychological & Economic Status, Degree of Functional Impairment Related to Service Needs |  |
| CHCP                            |                    | Re-Evaluation of Client - Status Review   |  |
| CHCP                            | 1292 Z             | In Hospital Status Review   |  |
| CHCP                            | 1293 Z             | Nursing Home Status Review  |  |
| CHCP                            | 1294 Z             | Financial Review by Access Agency   |  |
| CHCP                            | 1295 Z             | Claims Processing Fee - Self-Directed Care Client   |  |

| Type of Service by Category | State Service Code | Label for State Service Code                                  | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|---|--|
|                             |                    |   |  |
| Homemaker Services          |                    |   |  |
| ABI                         | 1542 P             | Homemaker Services (agency)                                   |  |
| ABI                         | 1542 P             | Homemaker Services (private)                                  |  |
| CHCP                        | 1214 Z             | Homemaker Service - Agency - Per 1/4 Hour                     |  |
|                             |                    |   |  |
| Personal Care               |                    |   |  |
| DMR                         | T 1019             | Personal Care Services  |  |
| ABI                         | 1554 P             | Personal Care Assistant (private only)                        |  |
| PCA                         | 1520P              | Personal Care Assistant (private onlu)                        |  |
|                             |                    |   |  |
| Adult Day Health            |                    |   |  |
| CHCP                        | 1200 Z             | Adult Day Health - Full Day - Non-Medical Model Provider      |  |
| CHCP                        | 1201 Z             | Adult Day Health - Full Day - Approved Medical Model Provider |  |
| CHCP                        | 1202 Z             | Adult Day Health - Half Day - Less Than or Equal to 4 hours   |  |
|                             |                    |   |  |
|                             |                    |   |  |
| Habilitation                |                    |   |  |
| DMR                         | 97535              | Self Care/home Management Training                            |  |
| ABI                         | 1546 P             | Independent Living Skill Development (Indiv.)                 |  |
| ABI                         | 1548 P             | Cognitive/Behavioral Programs                                 |  |
|                             |                    |   |  |
|                             |                    |   |  |
| a. Residential Habilitation |                    |   |  |
| DMR                         | T 2016             | Residential Habilitation (SL)                                 |  |
|                             |                    |   |  |
|                             |                    |   |  |

| Type of Service by Category    | State Service Code               | Label for State Service Code                                | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|--------------------------------|----------------------------------|---|--|
| b. Day Habilitation            |                                  |   |  |
| DMR                            | T 2021                           | Group Day - Day Support Option (DSO)                        |  |
| DMR                            | T 2021                           | Group Day - Shelter Workshop (SHE)                          |  |
| DMR                            | T 2021 B                         | Group Day - SHE w/B   |  |
| DMR                            | 97537                            | Individualized Day  |  |
| DMR                            | Group Day Procedure Code + "Sup" | Intensive Staffing Support (Group Day & Respite Only)       |  |
|                                |                                  |   |  |
|                                |                                  |   |  |
| c. Education                   |                                  |   |  |
|                                |                                  |   |  |
| Expanded Habilitation Services |                                  |   |  |
| a. Prevocational Services      |                                  |   |  |
| ABI                            | 1560 P                           | Pre-Vocational Services                                     |  |
| b. Supported Employment        |                                  |   |  |
| DMR                            | T 2019                           | Supported Employment Individual                             |  |
| DMR                            | T 2019                           | Supported Employment Group                                  |  |
| DMR                            | T 2019 B                         | Supported Employment Group w/B                              |  |
| ABI                            | 1572 P                           | Supported Employment  |  |
|                                |                                  |   |  |
| c. Education                   |                                  |   |  |
|                                |                                  |   |  |
|                                |                                  |   |  |
| Respite Care                   |                                  |   |  |
| ABI                            | 1562 P                           | Respite Care  |  |
| CHCP                           | 1226 Z                           | Respite Care In The Home - Companion - Per 1/4 Hour         |  |
| CHCP                           | 1228 Z                           | Respite Care In The Home - Homemaker - Per 1/4 Hour         |  |
| CHCP                           | 1230 Z                           | Respite Care -Home Health Aide - Per Hour                   |  |
| CHCP                           | 1232 Z                           | Respite Care In The Home - Other - Per Hour                 |  |
| CHCP                           | 1234 Z                           | Respite Care - Rest Home with Nursing Supervision - Per Day |  |

| Type of Service by Category | State Service Code | Label for State Service Code                                   | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|--|--|
| CHCP                        | 1236 Z             | Respite Care - Chronic Convalescent Nursing Facility - Per Day |  |
| CHCP                        | 1240 Z             | Respite Care - Licensed Home for the Aged - Per Day            |  |
| CHCP                        | 1244 Z             | Respite Care - Out of the Home - Per Hour - Other              |  |
| DMR                         | S 5151             | Respite Individual (in home) Daily                             |  |
| DMR                         | S 5150             | Respite Individual (in home) Hourly                            |  |
| DMR                         | S 5151             | Respite Individual (out of home) Daily                         |  |
| DMR                         | S 5150             | Respite Individual (out of home) Hourly                        |  |
| DMR                         | S 5151             | Respite Group (in/out of home) Daily                           |  |
| DMR                         | S 5150             | Respite Group (in/out of home) Hourly                          |  |
|                             |                    |  |  |
|                             |                    |  |  |
| Day Treatment               |                    |  |  |
| ABI                         | H 2036             | Substance Abuse Program (daily)                                |  |
| ABI                         | H 2035             | Substance Abuse Program (hourly)                               |  |
|                             |                    |  |  |
|                             |                    |  |  |
| Partial Hospitalization     |                    |  |  |
|                             |                    |  |  |
|                             |                    |  |  |
|                             |                    |  |  |
| Psychosocial Rehabilitation |                    |  |  |
|                             |                    |  |  |
|                             |                    |  |  |
|                             |                    |  |  |
|                             |                    |  |  |

| Type of Service by Category                    | State Service Code | Label for State Service Code   | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|--|--------------------|--|--|
| Clinic Services                                |                    |  |  |
|  |                    |  |  |
|  |                    |  |  |
|  |                    |  |  |
|  |                    |  |  |
| Live-In Caregiver                              |                    |  |  |
|  |                    |  |  |
|  |                    |  |  |
|  |                    |  |  |
|  |                    |  |  |
| Capitated Payments for Long Term Care Services |                    |  |  |
|  |                    |  |  |
| Other  |                    |  |  |
|  |                    |  |  |
| PCA  | 1556P              | Personal Emergency Response System (one time installation)             |  |
| PCA  | 1557P              | Personal Service Emergency Response System (monthly service – one way) |  |
| ABI  | 1532 P             | Chore (Agency)   |  |
| ABI  | 1532 P             | Chore (Private)  |  |
| ABI  | 1534 P             | Community Living Support Services (CLSS)                               |  |
| ABI  | 1536 P             | Companion Services (Agency)  |  |
| ABI  | 1536 P             | Companion Services (Private)   |  |
| ABI  | 1538 P             | Environmental Accessibility Adaptations                                |  |
| ABI  | 1550 P             | Home Delivered Meals (single)  |  |
| ABI  | 1551 P             | Home-Delivered Meals (double meal)                                     |  |
| ABI  | 1556 P             | Personal Emergency Response System (PERS)                              |  |
| ABI  | 1557 P             | Personal Emergency Response System (monthly service)                   |  |
| ABI  | 1564 P             | Specialized Medical Equipment & Supplies                               |  |

| Type of Service by Category | State Service Code | Label for State Service Code                                      | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|---|--|
| ABI                         | T 1013             | Sign Language or Oral Interpretive Services                       |  |
| ABI                         | 1574 P             | Transportation (Public)   |  |
| ABI                         | 1575 P             | Transportation (Mileage-Private)                                  |  |
| ABI                         | 1578 P             | Vehicle Modification  |  |
| ABI                         | 1580 P             | Transitional Living Services                                      |  |
| CHCP                        | 1206 Z             | Chore Service - Agency - Per 1/4 Hour                             |  |
| CHCP                        | 1208Z              | Chore Service - Highly Skilled - Per Hour                         |  |
| CHCP                        | 1209 Z             | Minor Home Modification   |  |
| CHCP                        | 1210 Z             | Companion Service - Agency - Per 1/4 Hour                         |  |
| CHCP                        | 1218 Z             | Meal Service - Single Hot Meal                                    |  |
| CHCP                        | 1220 Z             | Meal Service - Double (One Hot & One Cold) Per Double Meal        |  |
| CHCP                        | 1221 Z             | Kosher Meals - Double   |  |
| CHCP                        | 1222 Z             | PERS Service Installation   |  |
| CHCP                        | 1223 Z             | Two-Way PERS System On-Going Service                              |  |
| CHCP                        | 1262 Z             | Social Transportation - Taxi - Per Trip                           |  |
| CHCP                        | 1264 Z             | Social Transportation - Livery- Per Trip                          |  |
| CHCP                        | 1266 Z             | Social Transportation - Invalid Coach- Per Trip                   |  |
| CHCP                        | 1247 Z             | Mental Health Counseling - Individual - Provided in Client's Home |  |
| CHCP                        | 1256 Z             | Mental Health Counseling - Individual - 45-50 Min. - Out of Home  |  |
| CHCP                        | 1260 Z             | Elderly Foster Care - Service Does Not Include Room and Board     |  |
| Assisted Living             | 1430 Z             | Occasional Personal Services - Per Day                            |  |
| Assisted Living             | 1431 Z             | Limited Personal Services - Per Day                               |  |
| Assisted Living             | 1432 Z             | Moderate Personal Services - Per Day                              |  |
| Assisted Living             | 1433 Z             | Extensive Personal Services - Per Day                             |  |
| Assisted Living             | 1434 Z             | Core Assisted Living Services - Per Day                           |  |
| DMR                         | S 5135             | Adult Companion   |  |
| DMR                         | 1222 Z             | PERS Service Installation   |  |
| DMR                         | 1223 Z             | PERS System (2 way)   |  |
| DMR                         | S 0215             | Transportation  |  |

| Type of Service by Category | State Service Code | Label for State Service Code                            | Other Data Elements Used to Identify Service (e.g., Provider ID or Place of Service) |
|-----------------------------|--------------------|---|--|
| DMR                         | S 0215             | Transportation - one way trip                           |  |
| DMR                         | T 2029             | Specialized Medical Equipment                           |  |
| DMR                         | H 2019             | Consultative Services - Behavioral                      |  |
| DMR                         | S 9482             | Consultative Services - Counseling                      |  |
| DMR                         | S 9470             | Nutrition   |  |
| DMR                         | T 1013             | Interpreter Services                                    |  |
| DMR                         | T 2040             | Family & Individual Consultation & support (FICS)       |  |
| DMR                         | DSS Codes          | Assisted Living Com Waiver only                         |  |
| DMR                         | 1430 Z             | Level 1   |  |
| DMR                         | 1431 Z             | Level 2   |  |
| DMR                         | 1432 Z             | Level 3   |  |
| DMR                         | 1433 Z             | Level 4   |  |
| DMR                         | 1434 Z             | Core Services   |  |
| DMR                         | T 2025             | Individual Directed Goods & Services - Comp Waiver only |  |

## **2. Budget Narrative**

### **a) MFP General Administrative**

#### a. Personnel.

Personnel costs include salary for a Project Director, Secretary, 2 Health Program Assistants/CCT, a Utilization Review Nurse and a Social Worker. Additional detail for these 6 FTE can be found above in C.2 Staffing plan.

#### b. Fringe benefits.

The Fringe benefit rates for each year are 59.12% and are noted above in Table 26.

#### c. Contractual costs, including consultant contracts.

Contractual Contracts include the Fiscal Intermediary contracts and are noted above in Table 26.

#### d. Indirect Charges, by federal regulation.

Indirect charges have been set at 26,000 per employee for a full year's employment. The costs are prorated for partial year employment and are noted above in Table 26.

#### e. Travel

Travel costs cover travel to local, state, and regional MFP-related meetings, presentations, and data collection for the state evaluation. Travel costs are noted above in Table 26

#### f. Supplies

Costs for supplies built in for each year include paper, printing, telephone, postage and other miscellaneous supplies. See Table 26.

#### g. Equipment

The cost of one new computer per employee is built in the budget for Year 1. See Table 26.

h. Other costs include training, language line, translation, mail, print materials, forums, and Steering Committee support. See Table 26.

### **b) MFP Evaluation**

The evaluation budget covers the following costs for the entire MFP program period, from the pre-implementation period of July 2007 to February 2008, to the end of the project in December 2011. If the program dates change, the budget will shift accordingly.

#### a. Personnel.

Personnel costs include salary for the Principal Investigator, Dr. Julie Robison, for between 20% and 25% FTE; two research assistants, one for between 9% and 35% FTE and the other between 15% and 20% FTE; and a data manager/analyst for between 5% and 10% FTE. FTE percentages vary across the years of the evaluation as the tasks change. Three percent salary increases are built in annually.

#### b. Fringe benefits.

The fringe benefit rates for each year through 2011 of the University of Connecticut's Health Center have been predicted and are as follows: 2008 — .32, 2009 — .38, 2010 — .39, 2011 — .40.

c. Contractual costs, including consultant contracts.

Consultant contracts will be issued each year for web-based data entry design and management.

d. Indirect charges, by federal regulation.

Indirect charges have been set at 9%, which are in line with other existing contracts between the UCHC Center on Aging and the Connecticut DSS.

e. Travel.

Travel costs cover travel to local, state, and regional MFP-related meetings, presentations, and data collection for the State evaluation. They do not include travel costs for conducting the National Evaluator's in-person interviews.

f. Supplies.

Costs for supplies built in for each year include paper, printing, telephone, postage and other miscellaneous supplies.

g. Equipment.

The cost of one new computer is included in the budget for Year 1. The Center on Aging has adequate desktop computer availability, but will need to purchase a laptop computer for offsite MFP data collection.

h. Other costs.

Other costs include incentives to key informants or other data sources that will provide data for the process evaluation.

### **3. Required Budget Request Forms**

The operational protocol should be submitted with a final budget. Below are links to the required forms to include with the protocol:

- <http://www.whitehouse.gov/omb/grants/sf424.pdf> (Application for Federal Assistance SF-424)
- <http://www.whitehouse.gov/omb/grants/sf424a.pdf> (Budget Information Sheets)
- <http://www.whitehouse.gov/omb/grants/sf424b.pdf> (Assurances-Non Construction SF-424B)
- <http://www.cms.hhs.gov/states/letters/certns.pdf> (Additional Assurances)
- <http://www.whitehouse.gov/omb/grants/sflll.pdf> (Disclosures for Lobbying Activities)

Connecticut contacted the CMS Project Officer, Kate King, on April 30, 2008, to discuss submission of the budget documents. A copy of the SF424a is attached and identifies projected MFP Demonstration expenditures throughout the remainder of this grant period. The SF424, Application for Federal Assistance, is on file with CMS and will be updated when requested by Ms. King. The other two documents are also on file with CMS and will be updated or resubmitted at the request of CMS.

MFP DEMONSTRATION GRANT SUPPLEMENTAL BUDGET REQUEST INFORMATION

STATE NAME: Connecticut AWARD NO. (Grant#): 1LICMS300142

| SECTION A - BUDGET SUMMARY                    |   |                             |                            |                            |                    |              |
|---|---|-----------------------------|----------------------------|----------------------------|--------------------|--------------|
| Grant Program:<br>MFP<br>Demonstration<br>(a) | Federal Domestic<br>Assistance<br>Number<br>(b) | Estimated Unobligated Funds |                            | New or Revised Budget      |                    |              |
|   |   | Federal<br>(c)              | State Match<br>(d)         | Federal<br>(e)             | State Match<br>(f) | Total<br>(g) |
| CY 2007 AWARD                                 | 93-779  | \$1,166,240                 | \$1,166,240                |                            |                    | \$2,332,479  |
| CY 2008 REQUEST                               |   |                             |                            | \$916,852                  | \$679,460          | \$1,596,312  |
| Total   |   |                             |                            |                            |                    | \$3,928,792  |
| SECTION B - BUDGET CATEGORIES                 |   |                             |                            |                            |                    |              |
| Object Class Categories                       | (1)   | (2)                         | CY 08 Federal Funds<br>(3) | CY 08 Federal Funds<br>(4) | Total<br>(5)       |              |
| a. Personnel                                  |   |                             | \$95,545                   | \$95,545                   | \$191,090          |              |
| b. Fringe Benefits                            |   |                             | \$56,486                   | \$56,486                   | \$112,972          |              |
| c. Travel                                     |   |                             | \$5,000                    | \$5,000                    | \$10,000           |              |
| d. Equipment                                  |   |                             | \$97,500                   | \$17,500                   | \$115,000          |              |
| e. Supplies                                   |   |                             | \$625                      | \$625                      | \$1,250            |              |
| f. Contractual                                |   |                             | \$52,222                   | \$52,222                   | \$104,444          |              |
| g. Construction                               |   |                             |                            |                            |                    |              |
| h. Service Dollars                            |   |                             | \$534,154                  | \$377,385                  | \$911,539          |              |
| i. Total Direct Charges (sum of a-h)          |   |                             | \$841,532                  | \$604,763                  | \$1,446,295        |              |
| j. Indirect Charges                           |   |                             | \$72,917                   | \$72,917                   | \$145,833          |              |
| k. TOTALS (sum of i and j)                    |   |                             | \$914,448                  | \$677,679                  | \$1,592,128        |              |