This document contains a letter, sent by the JBC following their June 19th Meeting, to Executive Director Reggie Bicha at the Department of Human Services regarding Regional Centers & the responses from the Department of Human Services Dated July 6, 2015

UPDATED: Additional responses were added on 8/18/15

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JOINT BUDGET COMMITTEE
200 East 14th Avenue, 3rd Floor
LEGISLATIVE SERVICES BUILDING
Denver, CO 80203
Telephone 303-866-2061
www.tornado.state.co.us/gov_dir/leg_dir/jbc/jbchome.htm

June 26, 2015

Executive Director Reggie Bicha
Department of Human Services
1575 Sherman Street
Denver, Colorado 80203

Dear Director Bicha:

A number of questions and concerns have arisen during hearing of the Regional Center Task Force (RCTF) regarding the Department's staffing policies and operations of the Regional Centers. Questions have been posed related to how these questions fits within the scope of the RCTF. However, the questions raised appear to be of such importance and urgency that the General Assembly might need to address them separately prior to the final report of the RCTF. Please address the questions/items under the headings of Regional Center Staffing and Psychiatric Services in a written response to the Joint Budget Committee by July 2, 2015. Please address the remaining questions/items in a written response to the Joint Budget Committee by August 1, 2015.

Regional Center Staffing

1. Please provide the following information for each Regional Center by licensure type[1]:
    a. The minimum staffing ratios, including the relevant federal regulations related to staffing ratios;
    b. A description of the staffing model used and whether or not the model is evidence based;
    c. The number of clients;
    d. The number of full time, temporary state, temporary non-state, and contract staff; and
    e. The actual staffing ratio by month for the last twelve months.

[1] Licensure type or facility type means how the facility is licensed; either Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or home- and community-based services (HCBS). **Therefore when asked for information "by facility by type" the response should include information specific to: (1) Grand Junction ICF/IID, (2) Grand Junction HCBS, (3) Pueblo HCBS, and (4) Wheat Ridge ICF/IID.**

2. The Committee has heard of a number of situations regarding employees being required to work past their shift. Please provide the staffing schedule for each Regional Center and standard employee work schedules. Please discuss the statutory authority the Department has to require employees to work past their shift and provide the Committee with copies of employee notices that the Department has distributed to employees explaining the shift work requirements.

3. Please provide for each Regional Center, by month for the last twelve months:
   a. The budgeted amount, by fund source, for shift differential
   b. The number of staff anticipated to work shifts eligible for shift differential,
   c. The actual amount paid for shift difference by fund source,
   d. The actual number of staff that worked shifts eligible for shift differential, and
   e. An explanation for any months which actual expenditures or employees exceed the budgeted.

4. Please discuss the Department's practice on requiring employees to be "stuck" after a shift ("stuck" is defined as being required to continue working after a shift has ended without prior notice). Please provide the Committee with the statutory authority citing the Department's ability to require employees to be "stuck" and the associated Department policy or rule.

5. Please provide, for each Regional Center by facility type, the following information related to employees being "stuck" when working at the Regional Centers:
   a. The number of employees each week for the past six months that have been stuck;
   b. The consequences employees have experienced of being "stuck" (including but not limited to the number of instances where employees were unable to pick up children from daycare, and the number of employee's spouses who have suffered employment consequences as a result of their spouse being stuck).
   c. The total number of overtime hours (overtime hours is defined as hours in excess of 40 per week regardless of the shift) worked by employees, by week for the past six months;
   d. The cost of the overtime in item "c."

6. Please provide the following monthly information for the past twelve months for each Regional Center by facility type:
   a. The number of staff receiving pay for working at a Regional Center broken out by full-time staff, temporary (both state and non-state), and contract;
   b. The classification of the staff;
   c. The number of vacancies by classification;
   d. The number of new positions (permanent, temporary, contract, etc.) created, an explanation for the justification of those new positions, the classification of those positions, and the hiring process for those positions.

7. Please discuss, for each Regional Center, how the Department defines "staffing shortage". Does the Department believe there are staffing shortages at the Regional Centers? If so, which Regional Centers have staffing shortages and why.

8. For the past twelve months, by month, how many staff are on leave at each Regional Center, by facility type? Please discuss the type of leave (i.e. vacation, sick, injury, etc). What is

considered normal (and what is this based on) for the number of employees by type of leave? If the figures are not within the normal range, please explain why.

9. Please discuss what screening procedures are used to hire temporary or contract employees at Regional Centers. Please provide by facility type, the number of temporary or contract employees, the classification of those employees, and an explanation why the Regional Centers are using temporary or contract employees.

Regional Center Transitions

10. Please discuss the criteria the Department uses to determine if a client is ready to transition. Please discuss, for each Regional Center by type, the circumstances under which clients have been transitioned, and when and where the clients were transitioned by month for the last twelve months.

11. Please discuss how the Department works with guardians to determine if a client is ready and able to transition. Please discuss how the Department operates if a guardian opposes the transition of a client whom the Department has deemed "ready to transition" out of the Regional Centers. Please provide the following information from the last six months:
    a. How many clients have been deemed "ready to transition"
    b. How many clients in item "a" have not transitioned; and
    c. Why clients in item "b" have not transitioned.

12. Has the Department engaged the Attorney General's office to determine what can legally be done to move people out of Regional Centers without guardian consent? If so, what has the Department learned?

13. Please discuss how the Department modifies or overrides an Imposition of Legal Disability (ILD) that has been put in place by a county court. How many times, and why has the Department modified or overridden an ILD?

14. Has the Department instructed Regional Center staff to submit generic letters to the Court for semi-annual renewals of impositions of legal disability, instead of the individualized letters that have historically been prepared? If so, why and who has instructed the staff to make this change?

15. Please discuss the Transition Readiness Assessment tool. Why was this tool created, what other states use this tool, and what metrics are used to determine the effectiveness of this tool? How do clients and guardians like the tool? How effective is this tool for clients and how does the Department determine this?

16. Please discuss whether the Department believes a pre-transition survey should be done before a client transitions from the Regional Center. Please discuss the feasibility of conducting a pre-transition survey and the time line required to establish this survey.

17. Please discuss the transitions teams including:
    a. the role of the transition team;
    b. How long a transition team works with a client who have been determined ready for transition before a transition, during the transition, and after the transition;
    c. What services are provided to the client as well as the service provider(s) who received the transitioned client;
    d. How the transitions teams function within the structure of the Regional Centers;
    e. Who is on the transition teams; and,
    f. The mechanisms by which they are funded.

18. Please provide the statutory authority for the Department to have transition teams in place. How does the Department evaluate if a transition is not going well. Please discuss the steps a team takes if it is determined that a transition is not going well.

General Regional Center Items

19. Why did the Department move problematic sexual offender clients from Grand Junction to Wheat Ridge? How many problematic sexual offender clients are currently receiving services at Grand Junction? How much notice were clients and guardians given about the move? What if a guardian or client did not want to move?

20. Has the Department considering moving some or all of the clients in Grand Junction who are receiving services through one of the Intermediate Care Facility (ICF) licenses to Wheat Ridge? If so, when and why? If not, why is there a perception this will occur?

21. Please provide a list of all medical staff who have resigned or been terminated over the last twelve months by medical specialty and by facility. Please include a discussion on why these employees left. Please discuss the impact on the clients and their ability to get services. Please discuss the specifics of the Department's plan to replace these medical professionals or to replace their services from other state or community providers. How sustainable is the Department's plan and why?

Psychiatric Services

22. For the past five years, please discuss how psychiatric services are provided at each Regional Center by type. Please include the number of providers, and the number of clients served by each provider, by year.

23. The current contracts for providing resident psychiatric services at Pueblo Regional Center and Wheat Ridge Regional Center terminate on July 1, 2015. Please provide the following information:
    a. The status of hiring a provider of psychiatric services for FY 2015-16;
    b. What, if any, changes in providers will occur in FY 2015-16 from FY 2014-15;
    c. A cost comparison of services provided in FY 2014-15 versus the projected FY 2015-16 costs;
    d. Any explanation for these changes; and
    e. A description of how residents will benefit from the change in services.

24. Who will be providing psychiatric services at each Regional Center (by facility type) on and after July 1, 2015? Please provide the new provider's qualifications in regards to working with people who are dually diagnosed with both mental illness and intellectual and developmental disabilities.

25. What are the licensing requirements for psychiatric services for ICF/IDD beds and HCBS beds? Please provide the federal and state requirements for psychiatric services. Please discuss how psychiatric services fall within the licensing requirements for each facility.

26. Please discuss the availability of psychiatrists in Colorado who can provide these services. Please discuss what providers/organizations are required to provide these services. How many of these providers are willing provide these services? What are the barriers preventing providers from providing these services? Please include a discussion of the requirements placed on Behavioral Health Organizations for finding providers willing to provide these services.

Items Related to the Issues at the Pueblo Regional Center

27. What investigations are currently ongoing related to the issues at Pueblo Regional Center and who is doing the investigations? How many employees have been or are currently placed on administrative leave at the Pueblo Regional Center during the abuse investigations? What is the status of the investigations?

28. What are the known and projected legal costs as a result of the issues at the Pueblo Regional Center? Please include a listing by type (i.e. employee action, civil rights violation, personnel violation, State Attorney General legal services hours, etc.). How will the Department pay for these legal costs? Will these legal costs be rolled into Regional Center expenses and increase the cost the Regional Centers? How many hours to date has the Attorney General's Office provided to the Pueblo Regional Center related to the investigations?

29. What is the State's potential liability related to these issues?

30. Please provide the following financial information, by fund source, related to the Pueblo Regional Center issues:
    a. Salaries for employees placed on administrative leave;
    b. Overtime costs for remaining staff by employee classification;
    c. List of employees "loaned" to the Pueblo Regional Center and the associated personnel costs, e.g. employees loaned from the Colorado Mental Health Center;
    d. Total cost, by fund source, of all temporary employees, including personal services, operating expenses, and training;
    e. Cost to interview all Pueblo Regional Center employees; and,
    f. Other costs that do not fit into one of the above categories.

31. Please provide, by group home, the client to staffing ratios by month for the past twelve months.

32. Please discuss how the Department is ensuring the personal safety of residents, including specific examples, policies, and procedures. How have residents at each Regional Center been affected by the abuse investigations? How have employees at each Regional Center been affected by the abuse investigations? What policies and procedures have been changed, or will change, as a result of the investigations?

33. Please discuss the new procedure that is being implemented at Pueblo Regional Center where staff will be assigned to their "preferred houses" based on seniority. What are the anticipated benefits and associated costs of making this change?

Sincerely,

Senator Kent Lambert
Chair, Joint Budget Committee

cc:
Mr. John Ziegler, Staff Director, Joint Budget Committee
Mr. Henry Sobanet, Director, Office of State Planning and Budgeting
Ms. Nikki Hatch, Deputy Executive Director, Department of Human Services
Ms. Jennifer Corrigan, Legislative Liaison, Department of Human Services
Ms. Sarah Sills, Budget Director, Department of Human Services
Mr. Corey Hassey, Budget Analyst, Department of Human Services

Response to JBC Regional Center Letter and Questions
Sent by Sarah Sills July 6, 2015
Due No Later than July 6, 2015

Please note: Tables are not labeled sequentially. Tables are labeled based on the question number and further identified by the question subpart number as appropriate.

1. **Please provide the following information for each Regional Center by licensure type (1) Licensure type or facility type means how the facility is licensed; either Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or home- and community-based services (HCBS). Therefore when asked for information "by facility by type" the response should include information specific to: (1) Grand Junction ICF/IID, (2) Grand Junction HCBS, (3) Pueblo HCBS, and (4) Wheat Ridge ICF/IID.**

   a. **The minimum staffing ratios, including the relevant federal regulations related to staffing ratios;**

      Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
      Per the Division of Regional Center Operations, Wheat Ridge Regional Center (WRRC) and the Grand Junction Regional Center (GJRC) both have homes licensed as ICF/IID. The Code of Federal Regulations (CFR) in 42 CFR §483.400—through §483.480 govern this type of operation. §483.430 governs staffing and sets minimum staffing ratios. Specifically, 42 CFR 483.430(d) requires the following with respect to staffing:

      (d) Standard: Direct care (residential living unit) staff.
      (1) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.
      (2) Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.
      (3) Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:
      (i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2.
      (ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4.
      (iii) For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4.

(3) When there are no clients present in the living unit, a responsible staff member must be available by telephone.

WRRC and GJRC ICF residents are considered to be "severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior" as outlined in Part (d)(3)(i), above, and therefore, the minimum staffing ratios that apply to these facilities are 1 staff for every 3.2 residents.

Home and Community Based Services for Individuals with Developmental Disabilities (HCBS-DD)

Per the Division for Regional Center Operations, the Pueblo Regional Center (PRC) and GJRC both have homes licensed as HCBS-DD Community Residential Homes by the Colorado Department of Public Health and Environment (DPHE). HCBS-DD licensed facilities are part of Colorado's system of long term care for individuals with intellectual and developmental disabilities and are authorized by the federal Centers for Medicare and Medicaid Services (CMS) through a 1915(c) waiver. In the Long Term Care system in Colorado, the HCBS-DD licensed facilities are considered an alternative service environment to ICF facilities, and are licensed only by the State of Colorado. Code of Colorado Regulations (CCR) do not provide for minimum staffing ratios for the HCBS-DD waiver facilities. Instead, 6 CCR 1011-1, Chapter 8, Section 6, section 6.6 requires that the administrator of a HCBS-DD licensed community residential home to ensure that there is sufficient trained staff on duty to meet the needs of all residents at all times. PRC and GJRC therefore staff each home to meet the resident's needs.

All homes, regardless of licensure type have been staffed to meet both minimum ratios required by federal regulations and resident needs.

b. A description of the staffing model used and whether or not the model is evidence based;

All campuses, regardless of licensure type are staffed to meet resident needs and care plans. To achieve this requires a mix of staff with particular qualifications an credentials. For example, some residents have care plans that require them to have 1:1 staffing 24 hours per day, even while sleeping. Other residents have the need for staff with specialized skills and specialized training, such as staff able to provide services to residents with Gastronomy Tubes (G-Tubes) to provide nutrition directly into the individual's stomach.

For direct care staff, the Regional Centers generally hire individuals into the Client Care Aide (CCA) job classification. Those individuals are then trained and licensed by the Regional Centers. Upon successful completion of the training program, the employee is licensed as a Psychiatric Technician and promoted to a Health Care Technician I classification. Staff in the HCT job classifications are able to pass medications. The homes at the Regional Centers are typically staffed with a mix of

CCAs and HCT Is and IIs. As staff gain experience, they can be promoted through the HCT job classification. Once staff reach the HCT IIIS and IVs level, they typically serve as lead workers and supervisors in the homes and often have supervisory duties over more than one home.

See the tables in response to question 2a for the staff classifications by shift by home for each of the three Regional Centers.

There are no evidence-based models for staffing in an ICF/IID or HCBS-DD waiver homes. The National Center for Biotechnology Information conducted a study of care models in nursing home facilities (facilities licensed similarly to an ICF). The NCBI study stated that, across eight studies researching care models in inpatient settings, "statistically discernible differences were rarely evident, and when they were, there was no clear pattern to guide practice [of staffing nursing facilities]."[1]

c. The number of clients;

The table below, provided by the Division of Regional Center Operations, illustrates the number of clients at each of the Regional Centers by facility type as well as the total clients across the three Centers by facility type.

Table 1c: Number of Residents by Facility Type as of June 30, 2015	
Facility Type	**Residents**
Grand Junction ICF/IID	22
Grand Junction HCBS-DD Waiver	56
Total	***78***
Pueblo HCBS-DD Waiver	60
Wheat Ridge ICF/IID	129
Total	***267***
Waiver	***116***
ICF/IID	***151***

[1] http://www.ncbi.nlm.nih.gov/books/NBK2635/

The following table illustrates the Regional Center residents by month for FY 2014-15.

Table 1c Part 2: Number of Residents by Facility Type by Month - July1, 2014 through June 30, 2015													
Facility Type	**Jun 2014**	**Jul 2014**	**Aug 2014**	**Sep 2014**	**Oct 2014**	**Nov 2014**	**Dec 2014**	**Jan 2015**	**Feb 2015**	**Mar 2015**	**Apr 2015**	**May 2015**	**Jun 2015**
Grand Junction HCBS-DD	55	56	56	56	56	56	57	57	56	56	56	56	56
Grand Junction ICF/IID	29	27	27	26	26	26	23	23	23	23	23	23	22
Total	84	83	83	82	82	82	80	80	79	79	79	79	78
Pueblo HCBS/DD Waiver	65	64	64	64	65	64	65	63	64	61	61	60	58
Wheat Ridge ICF/IID	121	121	123	120	120	122	124	125	125	125	127	126	129
Total	270	268	270	266	267	268	269	268	268	265	267	265	265
WAIVER	120	120	120	120	121	120	122	120	120	117	117	116	114
ICF/IID	150	148	150	146	147	148	147	148	148	148	150	149	151

d. The number of full time, temporary state, temporary non-state, and contract staff; and

The use of contract or temporary non-state staff fills the business needs of the facility for positions in the following circumstances:

1. The recruitment for state employees has proven unsuccessful, and/or the need is immediate and short term;
2. An occasional need that is seasonal, irregular, or fluctuating in nature;
3. An urgent need for immediate action to protect the health, welfare, or safety of people or property;
4. To meet an externally imposed deadline beyond the department's control; or
5. The department lacks the competency in specific areas.

The table below is data pulled by the Division for Regional Center Operations and the Office of Administrative Solutions – Division of Financial Services and Employment Affairs to illustrate the classification of staff as compared to the residents at each Regional Center.

Table 1d: Number of Full Time, Part Time, Temporary State, Temporary (non-state), and Contract Staff by Facility as of April 30, 2015[1]

	Grand Junction ICF/IID & HCBS[2]	Pueblo HCBS	Wheat Ridge ICF/IID
Residents	**78**	**60**	**126**
Staff Classification			
Full time	224	169	329
Part time	27	7	34
Temporary	0	0	1
Contract	4	0	4
Temp (non-state)	0	1	0
Total	**255**	**177**	**368**

Notes:
[1]The data source is from the Human Resources Data Warehouse (HRDW) and Colorado Personnel Payroll System (CPPS)/ for full time and temporary state positions. Information for contract and temporary (non-state) employees was gathered from the Regional Centers.
[2]Data is combined for Grand Junction ICF/IID and HCBS Waiver Services.

e. The actual staffing ratio by month for the last twelve months.

The Regional Centers monitor staffing ratios via the scheduling process on a weekly and daily basis. The scheduling offices at all three campuses use paper forms, spreadsheets and limited databases tools to track and make modifications to daily schedules as things change throughout the week or even the day. The Regional Centers do not have automated systems for obtaining this data, and therefore, each Regional Center must manually review documentation for every shift, every home and every day. The three Regional Centers reported that it took a combined total of 66 staff hours to pull data for May 2015. We are providing the May data at this time. This analysis will be completed and provided to the Committee by August 1, 2015.

Table 1e: Actual Direct Care Staffing Ratio by Regional Center and License for May 2015[1]								
	WRRC ICF/IID		GJRC ICF/IID		PRC HCBS-DD		GJRC HCBS/DD	
Census	126		23		60		56	
Minimum Required Staffing Ratios	1:3.2		1:3.2		No Minimum Ratio Requirement		No Minimum Ratio Requirement	
	# Average Actual Staff	**Staffing Ratio (Staff : Resident)**	**# Average Actual Staff**	**Staffing Ratio (Staff : Resident**	**# Average Actual Staff**	**Staffing Ratio (Staff : Resident**	**# Average Actual Staff**	**Staffing Ratio (Staff : Resident**
Shift I	62	1:2	14.2	1:1.6	24.5	1:2.4	21.8	1:2.6
Shift II	62	1:2	15.6	1:1.5	20.8	1:2.5	22.5	1:2.5
Shift III	37	1:3.4	11.3	1:2	15.5	1:3.9	18.5	1:3.0
Overall	**161**	**1:2.3**	**41.2**	**1:1.7**	**63.8**	**1:2.8**	**62.6**	**1:2.7**

Source: Division of Regional Center Operations Shift records.
[1]Please note: the numbers above include direct care allocated to staffing the homes only and does not include additional staff at day program, nursing, or therapies, and activities staff who provide additional staff-to-resident coverage and care.

In all cases, the Regional Centers exceeded federally required minimum staffing levels for an ICF/IID. In some cases, and on some shifts, the Regional Centers are staffed at more than two times the federally required minimum stated staffing ratio requirements.

2. The Committee has heard of a number of situations regarding employees being required to work past their shift. Please provide the staffing schedule for each Regional Center and standard employee work schedules. Please discuss the statutory authority the Department has to require employees to work past their shift and provide the Committee with copies of employee notices that the Department has distributed to employees explaining the shift work requirements.

a. Please provide the staffing schedule for each Regional Center and

Regional Center Staffing Schedules

Staffing schedules at the regional centers are unique to each home and each shift and can be complex. For example, individuals sometimes have specialized needs such as 1:1 staffing 24 hours per day, even while sleeping, or staff certified in the use of gastronomy tubes. In some cases, these needs are ongoing and in other cases these needs are temporary. The following tables show, by Regional Center and license the planned staffing schedules for each home.

Grand Junction Regional Center HCBS-DD Planned Staffing Schedule by Shift					
	Census (As of May 31, 2015)	**Planned Staffing By Shift**			
Location		**Shift I**	**Shift II**	**Shift III**	**Total**
29 1/4	8	3 (1) HCT IV (2) HCT I	3 (1) HCT III (2) HCT I	2 (2) HCT I	**8** **(1) HCT IV** **(1) HCT III** **(6) HCT I**
30 Rd	6	2 (1) HCT IV (1) HCT I	2 (1) HCT III (1) HCT I	2 (2) HCT I	**6** **(1) HCT IV** **(1) HCT III** **(4) HCT I**
B Rd	6	3 (1) HCT IV (2) HCT I	3 (1) HCT III (2) HCT I	2 (2) HCT I	**8** **(1) HCT IV** **(1) HCT III** **(6) HCT I**
Cedar	6	3 (1) HCT IV (2) HCT I	3 (1) HCT III (2) HCT I	2 (2) HCT I	**8** **(1) HCT IV** **(1) HCT III** **(2) HCT I**
Desert Ct	6	3 (.8) HCT IV (2.2) HCT I	3 (.2) HCT IV (1) HCT III (1.8) HCT I	2 (2) HCT I	**8** **(1) HCT IV** **(1) HCT III** **(6) HCT I**
Eastbrook	6	2 (1) HCT IV (1) HCT I	2 (1) HCT III (1) HCT I	2 (2) HCT I	**6** **(1) HCT IV** **(1) HCT III** **(4) HCT I**
Elm	5	3 (1) HCT IV (2) HCT I	3 (1) HCT III (2) HCT I	2 (2) HCT I	**8** **(1) HCT IV** **(1) HCT III** **(6) HCT I**
F1/4	7	3 (1) HCT IV (2) HCT I	3 (1) HCT III (2) HCT I	2 (2) HCT I	**8** **(1) HCT IV** **(1) HCT III** **(6) HCT I**
Florida	6	3 (1) HCT III (2) HCT I	3 (1) HCT III (2) HCT I	2 (2) HCT I	**8** **(2) HCT III** **(6) HCT I**
Total	**56**	**25**	**25**	**18**	**68**

Grand Junction Regional Center ICF/IID Planned Staffing Schedule by Shift					
	Census (As of May 31, 2015)	**Planned Staffing By Shift**			
Location		**Shift I**	**Shift II**	**Shift III**	**Total**
Aspen	2	3	3	1	**7**
		(1) HCT IV (2) HCT I	(3) HCT I	(1) HCT I	**(1) HCT IV (6) HCT I**
Fir[2]	1	2	2	2	**6**
		(2) HCT I	(2) HCT I	(2) HCT I	**(6) HCT I**
Meyer North	6	3	3	2	**8**
		(1) HCT IV (2) HCT I	(1) HCT III (2) HCT I	(2) HCT I	**(1) HCT IV (1) HCT III (6) HCT I**
Meyer South	6	3	3	2	**8**
		(1) HCT IV (2) HCT I	(1) HCT III (2) HCT I	(2) HCT I	**(1) HCT IV (1) HCT III (6) HCT I**
Spruce	5	2	2	1	**5**
		(2) HCT I	(1) HCT III (1) HCT I	(1) HCT I	**(1) HCT III (4) HCT I**
Zuni	3	2	3	2	**7**
		(1) HCT IV (1) HCT I	(1) HCT III (2) HCT I	(2) HCT I	**(1) HCT IV (1) HCT III (5) HCT I**
Total	**23**	**15**	**16**	**10**	**41**

[2] This home was utilized for emergency stabilization for one resident for four days during May 2015.

Pueblo Regional Center HCBS-DD Planned Staffing Schedule by Shift					
	Census (As of May 31, 2015)	**Planned Staffing By Shift**			
Location		**Shift I**	**Shift II**	**Shift III**	**Total**
Bayfield	5	2	2	1	**5**
		1 HCT I 1 CCA	1HCT I 1CCA	1 HCT I	**3 HCT I** **2 CCA**
895 Bellflower	5	2	2	1	**5**
		1 HCT I 1 CCA	1 HCT I 1 CCA	1 HCT I	**3 HCT I** **2 CCA**
887 Bellflower	6	3	3	1	**7**
		2 HCT I 1 CCA	2 HCT I 1 CCA	1 HCT I	**5 HCT I** **2 CCA**
Clarion	5	3	3	2	**8**
		2 HCT I 1 CCA	2 HCT I 1 CCA	1 HCT I 1 CCA	**5 HCT I** **3 CCA**
Galatea	6	2	2	1	**5**
		1 HCT I 1 CCA	1 HCT I 1 CCA	1 HCT I	**3 HCT I** **2 CCA**
Hahn's Peak	6	3	3	2	**8**
		2 HCT I 1 CCA	2 HCT I 1 CCA	1 HCT I 1 CCA	**5 HCT I** **3 CCA**
268 Harmony	6	2	2	2	**6**
		1 HCT I 1 CCA	1 HCT I 1 CCA	1 HCT I 1 CCA	**3 HCT I** **3 CCA**
272 Harmony	6	2	2	2	**6**
		1 HCT I 1 CCA	1 HCT I 1 CCA	1 HCT I 1 CCA	**3 HCT I** **3 CCA**
Latimer	7	3	3	2	**8**
		2 HCT I 1 CCA	2 HCT I 1 CCA	1 HCT I 1 CCA	**5 HCT I** **3 CCA**
Maher	8	2	2	1	**5**
		1 HCT I 1 CCA	1 HCT I 1 CCA	1 HCT I	**3 HCT I** **2 CCA**
Total	**60**	**24**	**24**	**15**	**63**

What Ridge Regional Center ICF/IID Planned Staffing Schedule by Shift					
	Census (As of May 31, 2015)	**Planned Staffing By Shift**			
Location		**Shift I**	**Shift II**	**Shift III**	**Total**
105th	8	4	4	2	**10**
		(1) HCT I (3) CCA	(1) HCT I (3) CCA	(2) CCA	**(2) HCT I (8) CCA**
49th	8	4	4	2	**10**
		(1) HCT I (3) CCA	(1) HCT I (3) CCA	(2) CCA	**(2) HCT I (8) CCA**
53rd	8	3	3	2	**8**
		(1) HCT I (2) CCA	(1) HCT I (2) CCA	(2) CCA	**(2) HCT I (6) CCA**
59th	7	4	4	2	**10**
		(1) HCT I (3) CCA	(1) HCT I (3) CCA	(2) CCA	**(2) HCT I (8) CCA**
67th	8	5	5	3	**13**
		(1) HCT I (4) CCA	(1) HCT I (4) CCA	(1) HCT I (2) CCA	**(3) HCT I (10) CCA**
68th	8	3	3	2	**8**
		(1) HCT I (2) CCA	(1) HCT I (2) CCA	(1) HCT I (1) CCA	**(3) HCT I (5) CCA**
Depew	7	3	3	2	**8**
		(1) HCT I (2) CCA	(1) HCT I (2) CCA	(2) CCA	**(2) HCT I (6) CCA**
Iris	8	3	3	2	**8**
		(1) HCT I (2) CCA	(1) HCT I (2) CCA	(1) HCT I (1) CCA	**(3) HCT I (5) CCA**
Lamar	7	4	4	3	**11**
		(1) HCT I (3) CCA	(1) HCT I (3) CCA	(3) CCA	**(2) HCT I (9) CCA**
Nelson	8	3	3	2	**8**
		(1) HCT I (2) CCA	(1) HCT I (2) CCA	(1) HCT I (1) CCA	**(3) HCT I (5) CCA**
Perry	8	5	5	3	**13**
		(1) HCT I (4) CCA	(1) HCT I (4) CCA	(3) CCA	**(2) HCT I (11) CCA**
Secrest	6	4	4	3	**11**
		(1) HCT I (3) CCA	(1) HCT I (3) CCA	(1) HCT I (2) CCA	**(3) HCT I (8) CCA**

Zenon	8	3 (1) HCT I (2) CCA	3 (1) HCT I (2) CCA	2 (1) HCT I (1) CCA	**8** **(3) HCT I** **(5) CCA**
Kipling Village	27	14 (3) HCT I (11) CCA	14 (3) HCT I (11) CCA	7 (1) HCT I (6) CCA	**35** **(7) HCT I** **(28) CCA**
Total	**126**	**62**	**62**	**37**	**161**

As discussed in the response to Question 1, 42 CFR 483.430(d) (2) require that ICF /IID homes must maintain a staff to resident ratio of 1:3.2 over a 24 hour period and therefore Wheat Ridge staffing exceeds this requirement which is an overall ratio of 1:2.3. The federal citation is below with emphasis added.

> ***(d) Standard: Direct care (residential living unit) staff.***
> (1) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.
> *(2) Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.*
> (3) Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:
> *(i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2.*

b. Standard employee work schedules

All regional centers have standard work schedules of 8 hours a day for 5 consecutive days. The consecutive days rotate to accommodate business need. Below is an illustration of what that might look like using 4 employees all on first shift.

Table 2b: Grand Junction Standard Regional Center Employee Work Schedules

GJRC	Employee 1	Employee 2	Employee 3	Employee 4
Monday	7:00 – 3:00	off	7:00 – 3:00	7:00 – 3:00
Tuesday	7:00 – 3:00	off	7:00 – 3:00	7:00 – 3:00
Wednesday	7:00 – 3:00	7:00 – 3:00	off	7:00 – 3:00
Thursday	7:00 – 3:00	7:00 – 3:00	off	7:00 – 3:00
Friday	7:00 – 3:00	7:00 – 3:00	7:00 – 3:00	off
Saturday	off	7:00 – 3:00	7:00 – 3:00	off
Sunday	off	7:00 – 3:00	7:00 – 3:00	7:00 – 3:00

Table 2b: Pueblo Standard Regional Center Employee Work Schedules				
PRC	Employee 1	Employee 2	Employee 3	Employee 4
Monday	7:00 – 3:00	off	7:00 – 3:00	7:00 – 3:00
Tuesday	7:00 – 3:00	off	7:00 – 3:00	7:00 – 3:00
Wednesday	7:00 – 3:00	7:00 – 3:00	off	7:00 – 3:00
Thursday	7:00 – 3:00	7:00 – 3:00	off	7:00 – 3:00
Friday	7:00 – 3:00	7:00 – 3:00	7:00 – 3:00	off
Saturday	off	7:00 – 3:00	7:00 – 3:00	off
Sunday	off	7:00 – 3:00	7:00 – 3:00	7:00 – 3:00

Table 2b: Wheat Ridge Standard Regional Center Employee Work Schedules				
WRRC	Employee 1	Employee 2	Employee 3	Employee 4
Monday	7:00 – 3:00	off	7:00 – 3:00	7:00 – 3:00
Tuesday	7:00 – 3:00	off	7:00 – 3:00	7:00 – 3:00
Wednesday	7:00 – 3:00	7:00 – 3:00	off	7:00 – 3:00
Thursday	7:00 – 3:00	7:00 – 3:00	off	7:00 – 3:00
Friday	7:00 – 3:00	7:00 – 3:00	7:00 – 3:00	off
Saturday	off	7:00 – 3:00	7:00 – 3:00	off
Sunday	off	7:00 – 3:00	7:00 – 3:00	7:00 – 3:00

c. Please discuss the statutory authority the Department has to require employees to work past their shift and provide the Committee with copies of employee notices that the Department has distributed to employees explaining the shift work requirements.

Statutory Authority to Require Work Beyond a Shift
There is no statutory language authority that directly addresses this topic, but there is a Nursing Board policy regarding patient abandonment. This policy is discussed below.

- The Nurse Practice Act Section 20 Enforcement, Nursing Board Policy Number 20-01 states "The State Board of Nursing has found it appropriate to establish a policy defining patient abandonment for all licensees under its jurisdiction. Thus, the following policy relates to relationships established between a nurse and a patient, a nurse aide and a patient, and a psychiatric technician and a patient. The Board declares that for patient abandonment to occur, the licensee must:
    - First, accept the patient assignment. This establishes the relationship with the patient.
    - Second, sever the relationship without giving reasonable notice to the appropriate person (such as the supervisor or patient), so that arrangements can be made for continuation of nursing care by others.
- A relationship is established between a licensee and a patient when responsibility for nursing care of the patient is accepted by the licensee. Refusal to accept an assignment or a relationship may not be considered patient abandonment. Failure

to notify the employing agency that the nurse will not appear to work an assigned shift or and refusal to work additional hours or shifts would also not be considered patient abandonment unless a licensee engaged in home health care has previously accepted the assignment. Once the licensee has accepted responsibility for nursing care of a patient, severing of the relationship without proper notice may lead to disciplinary action."

Staff applying for direct care positions at WRRC are notified of the shift work requirement in the online application (supplemental questions 3 and 6), through interview questions, during New Employee Orientation (Wheat Ridge Overtime Compensation Procedure, point 11, as well as the Willingness and Ability Questionnaire, questions 1, 3 and 4) and via their position description (section VI. Conditions of Employment). (See Attachment A and B)

Staff applying for direct care positions at PRC is notified of the shift work requirements through interview questions, and via their position description (Section VI. Conditions of Employment). (See Attachment C)

Staff applying for direct care positions at GRJC is asked verbally during the interview process if they are willing to work any shift, in any area of the agency to which assigned.

The Division of Regional Center Operations is working with Human Resources to immediately to ensure consistent practice across all three Regional Centers.

Statutory Authority for Unscheduled Shifts
There is no statutory authority that directly addresses this topic, but there is law that indirectly acknowledges the authority of the employer to require employees to work beyond their shifts, including overtime. These laws are discussed below.

- The Fair Labor Standards Act (FLSA) acknowledges the employer's authority to require employees to work more than 40 hours in a week, and requires the employer to ensure that non-exempt (i.e., overtime-eligible) employees are paid for the additional time that they work.
- Colorado Revised Statute section 24-50-104.5(1) acknowledges that essential employees such as those at the Regional Center are expected to work more than a 40-hour workweek. It provides, "Holidays and periods of authorized paid leave falling within a regularly scheduled work week shall be counted as work time in determining overtime for employees performing essential law enforcement, highway maintenance, and other support services directly necessary for the health, safety, and welfare of patients, residents, and inmates of state institutions or state facilities." § 24-50-104.5(1), C.R.S. The law provides an additional benefit of overtime compensation beyond that required by the FLSA for these essential employees.
- State Personnel Director's Administrative Procedure 1-9 provides that appointing authorities have the power to determine work hours of employees. The Director's

Procedures also acknowledge that employees – both exempt and non-exempt -- may be required to work more than 40 hours per week. See Director's Procedures 3-26, 3-27, 3-30, 3-35, 3-36, 3-44 three of which are discussed below.

- State Personnel Director's Administrative Procedure 3-26 provides that all full-time employees work a minimum of 40 hours during a standard workweek (168 consecutive hours in seven consecutive days). Appointing authorities may adopt different work periods for law enforcement and health care employees as permitted by federal law.
- State Personnel Director's Administrative Procedure 3-35 expressly acknowledges the authority of an agency to require an employee to work after the shift has ended: "If operational needs require an employee to regularly report to work early or leave late, that time is counted as work hours for weekly overtime purposes."
- State Personnel Director's Administrative Procedure 3-44 also acknowledges this authority: "[Call Back premium pay] applies when an eligible employee is required to report to work before the start or after the end of a scheduled shift. *If there is no release from work between the call back hours and the regular shift, it is considered a continuation of the shift and call back does not apply*." (Emphasis added).
- Department Policy No. VI-2.9, Hours Worked and Overtime Compensation states, "Appointing authorities or their designees shall set employees' work schedules. When necessary, the Department may schedule employees to work beyond the established work schedule to meet department needs."

Employee Notices
Copies of employee notices that the Department and Division of Regional Center Operations have provided to employees explaining the shift work requirements can be found in Attachment A-D.

Additionally, there are limits in place that vary by Regional Center to ensure staff do not work excessive amounts of double shifts. For example, at Grand Junction Regional Center, an individual can work no more than 3 double shifts a week.

3. Please provide for each Regional Center, by month for the last twelve months:

Shift Differential is how the Department compensates employees for work performed outside of normal work schedules (i.e. second and third shift workers whose scheduled work hours fall outside of regular Monday through Friday, 8:00 am to 5:00 pm work schedule). Essentially, shift differential payments provide higher wages for evening, night, and weekend shifts including holidays. Staff who are not "exempt" and who perform direct care are typically eligible for shift differential. All of the Health Care Technician and Client Care Aid series as well as Nursing staff are eligible.

a. **The budgeted amount, by fund source, for shift differential;**
The table below, provided by the Division of Budget and Policy illustrates the amount budgeted for shift differential for FY 2014-15 for the each Regional Center by facility type. The budget for the prior five fiscal years is also provided for reference. All funds are reappropratied Medicaid cash fund from the Department of Health Care Policy and Financing (HCPF).

Table 3a: Budgeted Shift Differential from FY 2009-10 Through FY 2014-15						
Facility Type	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**FY 2014-15**
Grand Junction ICF/IID&HCBS[1]	$458,437	$309,018	$414,096	$526,122	$575,358	$644,489
Pueblo HCBS	$170,173	$224,178	$189,806	$248,721	$297,166	$332,871
Wheat Ridge ICF/IID	$555,910	$630,463	$446,720	$574,076	$659,048	$738,234
Total	$1,184,520	$1,163,659	$1,050,622	$1,348,919	$1,531,572	$1,715,594

[1] ICF/IID and HCBS Waiver Services for Grand Junction do not have identified shift differential budgets so their annual budget is combined.
Data Source: Long Bill distributions from the Division of Budget and Policy.
Note: Shift Differential budgets are distributed in total to each 24/7 facility once per year. There is currently no breakdown between ICF/IID and HCBS Waiver Services for Grand Junction. Beginning with FY 2015-16, that will change.

b. **The number of staff anticipated to work shifts eligible for shift differential;**

Table 3b: Anticipated Number of Staff Working Shifts Eligible for Shift Differential	
Regional Center	
Grand Junction ICF/IID[1]	202
Pueblo HCBS	134
Wheat Ridge ICF/IID	287

[1] Since staff commonly works both ICF/IID and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.
Data Source: Average number of staff that worked shifts eligible for Shift Differential May 2014 through May 2015.

c. The actual amount paid for shift differential by fund source;

Table 3c, Part 1 provides the actual amount of shift differential paid in each of the last twelve months by Regional Center. The second table, Table 3c Part 2, illustrates the actual shift differential paid for FY 2009-10 through FY 2014-15 for reference. All funds are reappropriatied Medicaid cash fund from the Department of Health Care Policy and Financing (HCPF).

Table 3c Part 1: Actual Payments for Shift Differential from May 2014 Through April 2015 (12 Months)[1]

Facility Type	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015
Grand Junction ICF/IID	$23,746	$24,628	$20,147	$18,084	$18,340	$18,186	$18,372	$18,657	$16,847	$18,503	$16,919	$17,887
Grand Junction HCBS	$22,992	$21,693	$16,926	$28,295	$27,743	$26,662	$28,494	$28,572	$27,789	$28,010	$24,868	$25,934
Grand Junction Sub Total	*$46,738*	*$46,321*	*$37,073*	*$46,379*	*$46,084*	*$44,848*	*$46,866*	*$47,228*	*$44,636*	*$46,514*	*$41,788*	*$43,821*
Pueblo HCBS	$25,436	$26,487	$24,667	$27,738	$27,221	$26,754	$27,925	$28,633	$27,508	$29,556	$25,287	$26,709
Wheat Ridge ICF/IID	$55,663	$57,510	$47,884	$56,731	$55,761	$56,108	$58,474	$58,937	$58,777	$59,656	$55,229	$57,393
Total	*$127,837*	*$130,317*	*$109,623*	*$130,848*	*$129,065*	*$127,710*	*$133,265*	*$134,799*	*$130,921*	*$135,725*	*$122,304*	*$127,922*

[1] The source of data is CORE and COFRS. All shift differential and overtime is budgeted as Medicaid (reappropriated) funds for the Regional Centers.

Table 3c Part 2: Actual Payments for Shift Differential from FY 2009-10 through April 2015						
Facility Type	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014-April 2015**
Grand Junction ICF/IDD	$377,238	$318,219	$326,242	$292,797	$293,135	$230,315
Grand Junction HCBS	$241,185	$271,076	$289,309	$281,315	$259,950	$307,979
Grand Junction Sub Total	*$618,423*	*$589,295*	*$615,551*	*$574,112*	*$553,084*	*$538,295*
Pueblo HCBS	$283,461	$278,586	$287,705	$296,523	$314,024	$323,919
Wheat Ridge ICF/IDD	$667,145	$643,006	$652,744	$657,621	$674,703	$678,122
Total	*$1,569,029*	*$1,510,887*	*$1,556,000*	*$1,528,257*	*$1,541,812*	*$1,540,336*

Note:
[1] Data Source: COFRS for FY 2009-10 through FY 2013-14. CORE for FY 2014-15 from Office of Administrative Solutions, Division of Financial Services.

d. The actual number of staff that worked shifts eligible for shift differential; and
The table below, provided by the Office of Administrative Solutions, illustrates the number of staff that worked shifts eligible for shift differential from May 2014 through April 2015. This information should be reviewed in the context of the total number of staff at each Regional center provides in the response to Question 1d as well as with an understanding of who is eligible for shift differential. Individuals are eligible for shift differential if they work outside of normal work schedules resulting in higher wages for evenings, nights and weekend shifts.

Table 3d: The Number of Staff that Worked Shifts Eligible for Shift Differential from May 2014 through April 2015[1]												
Facility Type	**May 2014**	**Jun. 2014**	**Jul. 2014**	**Aug. 2014**	**Sept. 2014**	**Oct. 2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
Grand Junction ICF/IID&HCBS[2]	218	201	198	197	208	218	216	194	199	196	186	187
Pueblo HCBS	137	130	137	129	130	133	145	135	136	134	133	127
Wheat Ridge ICF/IID	293	281	280	264	279	291	323	272	292	295	296	280
Total	*648*	*612*	*615*	*590*	*617*	*642*	*684*	*601*	*627*	*625*	*615*	*594*

[1] The source of data is Kronos. All shift differential and overtime is budgeted as Medicaid (reappropriated) funds for the Regional Centers. A staff member may work more than one shift eligible for shift differential. For purposes of this report, that staff member counts as one regardless of the number of shifts worked.
[2] Since staff commonly work both ICF/IID and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.

e. An explanation for any months which actual expenditures or employees exceed the budgeted.

The Department is appropriated shift differential funds in its Executive Directors Office section of the Long Bill which is then allocated to the Department's 24/7 operations, including the Regional Centers. The Regional Centers have over spent their allocation at the three campuses in FY 2009-10 through FY 2013-14 with one exception. The exception is the Grand Junction Regional Center which underspent in FY 2013-14. In FY 2013-14, Grand Junction underspent its shift differential allocation by $22,274 (or 3.9%). According to the GJRC Administrator, this was largely attributed to vacancies, FMLA, IOJ and unscheduled leave (Sick).

Table 3e: Comparison of Budgeted Versus Actual Shift Differential Costs from FY 2009-10 Through FY 2013-14[1]

Facility Type	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Budgeted Grand Junction ICF/IDD & HCBS Shift Differential	$458,437	$309,018	$414,096	$526,122	$575,358
Actual Grand Junction ICF/IDD & HCBS Shift Differential[2]	$618,423	$589,295	$615,551	$574,112	$553,084
Under (Over) Expenditure	**($159,986)**	**($280,277)**	**($201,455)**	**($47,990)**	**$22,274**
Budgeted Pueblo HCBS Shift Differential	$170,173	$224,178	$189,806	$248,721	$297,166
Actual Pueblo HCBS Shift Differential[2]	$283,461	$278,586	$287,705	$296,523	$314,024
Under (Over) Expenditure	**($113,288)**	**($54,408)**	**($97,899)**	**($47,802)**	**($16,858)**
Budgeted Wheat Ridge ICF/IDD Shift Differential	$555,910	$630,463	$446,720	$574,076	$659,048
Actual Wheat Ridge ICF/IDD Shift Differential[2]	$667,145	$643,006	$652,744	$657,621	$674,703
Under (Over) Expenditure	**($111,235)**	**($12,543)**	**($206,024)**	**($83,545)**	**($15,655)**

Note:
[1] The data for budgeted shift differential costs is from Response 3a and the data for actual shift differential costs is from Response 3c Part 2.
[2] Data for ICF/IDD and HCBS Waiver Services for Grand Junction has been combined for comparison purposes.

4. **Please discuss the Department's practice on requiring employees to be "stuck" after a shift ("stuck" is defined as being required to continue working after a shift has ended without prior notice). Please provide the Committee with the statutory authority citing the Department's ability to require employees to be "stuck" and the associated Department policy or rule.**

   Each Regional Center makes reasonable efforts to consider the circumstances of an employee's personal schedule and obligations when it becomes necessary to request an employee work after their scheduled shift. This consideration is balanced by the needs to the vulnerable residents cared for at the Regional Centers and is an issue that is common in 24/7 direct care facilities.

   In practice the Regional Centers request volunteers to work additional shifts beyond their scheduled shifts. Based on anecdotal feedback from the three Regional Center directors, the Centers are largely able to cover shifts with volunteers. At the Pueblo Regional Center, the scheduling team will also cover shifts as needed due to staff call offs. Wheat Ridge Regional Center reports that the scheduling staff tries to schedule extra shifts in advance when possible.

   Department Practice on Working an Unscheduled Shift
   Department wide Policy No. VI-2.9, Hours Worked and Overtime Compensation states, "Appointing authorities or their designees shall set employees' work schedules. When necessary, the Department may schedule employees to work beyond the established work schedule to meet department needs."

   Statutory Authority for Unscheduled Shifts
   There is no statute that directly addresses this topic, but there is law that indirectly acknowledges the authority of the employer to require employees to work beyond their shifts, including overtime. These laws are discussed below:

   - The Fair Labor Standards Act (FLSA) acknowledges the employer's authority to require employees to work more than 40 hours in a week, and requires the employer to ensure that non-exempt (i.e., overtime-eligible) employees are paid for the additional time that they work.

   - Colorado Revised Statute section 24-50-104.5(1) acknowledges that essential employees such as those at the Regional Center are expected to work more than a 40-hour workweek. It provides, "Holidays and periods of authorized paid leave falling within a regularly scheduled work week shall be counted as work time in determining overtime for employees performing essential law enforcement, highway maintenance, and other support services directly necessary for the health, safety, and welfare of

patients, residents, and inmates of state institutions or state facilities." § 24-50-104.5(1), C.R.S. The law provides an additional benefit of overtime compensation beyond that required by the FLSA for these essential employees.

- State Personnel Director's Administrative Procedure 1-9 provides that appointing authorities have the power to determine work hours of employees. The Director's Procedures also acknowledge that employees – both exempt and non-exempt -- may be required to work more than 40 hours per week. See Director's Procedures 3-26, 3-27, 3-30, 3-35, 3-36, 3-44. Three of these are discussed in further detail below.

    - State Personnel Director's Administrative Procedure 3-26 provides that all full-time employees work a minimum of 40 hours during a standard workweek (168 consecutive hours in seven consecutive days). Appointing authorities may adopt different work periods for law enforcement and health care employees as permitted by federal law.
    - State Personnel Director's Administrative Procedure 3-35 expressly acknowledges the authority of an agency to require an employee to work after the shift has ended: "If operational needs require an employee to regularly report to work early or leave late, that time is counted as work hours for weekly overtime purposes."
    - State Personnel Director's Administrative Procedure 3-44 also acknowledges this authority: "[Call Back premium pay] applies when an eligible employee is required to report to work before the start or after the end of a scheduled shift. *If there is no release from work between the call back hours and the regular shift, it is considered a continuation of the shift and call back does not apply*." (Emphasis added).

5. **Please provide, for each Regional Center by facility type, the following information related to employees being "stuck" when working at the Regional Centers:**

    a. **The number of employees each week for the past six months that have been stuck;**
    Please refer to Attachment D, which illustrates the number of employees who worked multiple shifts defined as an employee's regular eight hour shift followed by an unscheduled additional eight hour shift. The table also illustrates the total number of hours worked in excess of a regular eight hour shift for each week ending May 2, 2014 through April 30, 2015.

    b. **The consequences employees have experienced of being "stuck" (including but not limited to the number of instances where employees were unable to pick up**

children from daycare, and the number of employee's spouses who have suffered employment consequences as a result of their spouse being stuck).

In order to determine the effects of overtime on staff, the Division of Regional Center Operations developed a survey, Attachment E, which was distributed on June 30, 2015, to all direct care workers in a 24 hour shift both electronically and hard copy. *The data is all staff self-reported and has not been verified against Kronos*.

The following bullets provide the number of surveys distributed and the number returned.

- Grand Junction – 134 surveys distributed, 109 surveys returned.
- Pueblo – 65 surveys distributed, 54 surveys returned.
- Wheat Ridge – 159 surveys distributed, 101 surveys returned.

The complete survey compilation is attached, however highlights include:

- 86% of Grand Junction staff, 21% of WRRC staff and 20% of PRC worked most of their overtime shifts voluntarily.
- 59% of GJ staff, 22% of WRRC staff, and 27% of PRC staff would strongly or somewhat be opposed to eliminating double shifts.
- Comments ranged from, 'I prefer to work doubles' to 'Single mother, makes it extremely hard to run a household doing this much overtime.'

The self-reported data regarding staff working 12 or more overtime shifts will be reviewed against actual overtime reports to determine its validity. However overtime is a big concern. The Department acknowledges the stress that can come from overtime from staff who are not choosing to work extra shifts. This is being addressed at PRC with a staffing balancing exercise whereby the Director is working with staff members to better align a permanent schedule based upon resident acuity. The same exercise will happen in the coming month at WRRC and Grand Junction.

Each Regional Center makes reasonable efforts to consider the circumstances of an employee's personal schedule and obligations when it becomes necessary to request an employee work after their scheduled shift. This consideration is balanced by the needs to the vulnerable residents cared for at the Regional Centers and is an issue that is common in 24/7 direct care facilities.

In practice the Regional Centers request volunteers to work additional shifts beyond their scheduled shifts. Based on anecdotal feedback from the three Regional Center directors, the Centers are largely able to cover shifts with volunteers. At the Pueblo Regional Center, the scheduling team will also cover shifts as needed due to staff call offs. Wheat Ridge Regional Center reports that the scheduling staff tries to schedule extra shifts in advance when possible.

All Regional Centers have been and will continue to post open positions for all staff vacancies needed to balance the needs of the vulnerable residents and staff schedules. The data below, pulled from the Human Resources system, illustrate the number of new hires at each Regional Center from April 30 to June 30, 2015.

Grand Junction Regional Center

- Health Care Technician I – 3 hired

Pueblo Regional Center

- Client Care Aide I – 6 hired
- Nurse II – 2 hired

Wheat Ridge Regional Center

- Client Care Aide I – 10 hired
- Client Care Aide II – 14 hired
- Health Care Technician I – 4 hired
- Health Professional II – 1 hired
- Mid-level Provider – 1 hired
- Pharmacy – 1 hired

c. The total number of overtime hours (overtime hours is defined as hours in excess of 40 per week regardless of the shift) worked by employees, by week for the past six months;

Please refer to Attachment F, which illustrates the total overtime hours by week from the week ending May 2, 2014 through April 30, 2015. The data was compiled by the Department's Office of Administrative Solutions including the Division of Financial Services and Employment Affairs.

d. The cost of the overtime in item "c".

The following table provides the cost of the overtime from Question 5c by each Regional Center and facility type for May 2014 through April 2015.

Table 5d Part 1: Overtime Costs from May 2014 Through April 2015 (12 Months)[1]

Facility Type	May 2014	Jun. 2014	Jul. 2014	Aug. 2014	Sept. 2014	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	Mar. 2015	Apr. 2015
Grand Junction ICF/IID	$21,655	$25,171	$29,254	$18,860	$24,098	$16,516	$21,678	$14,068	$18,715	$27,080	$20,212	$22,442
Grand Junction HCBS	$25,970	$27,781	$26,801	$34,174	$37,560	$32,328	$33,882	$15,183	$23,015	$32,416	$29,428	$29,969
Grand Junction Sub Total	*$47,624*	*$52,952*	*$56,055*	*$53,034*	*$61,658*	*$48,844*	*$55,560*	*$29,251*	*$41,729*	*$59,496*	*$49,640*	*$52,411*
Pueblo HCBS	$782	$264	$82	$1,117	$1,396	$1,504	$1,632	$2,603	$3,854	$2,152	$778	$1,442
Wheat Ridge ICF/IID	$59,763	$66,635	$35,411	$57,957	$76,246	$86,660	$99,493	$78,115	$88,935	$156,212	$124,383	$112,677
Total	*$108,169*	*$119,851*	*$91,549*	*$112,107*	*$139,300*	*$137,008*	*$156,685*	*$109,969*	*$134,518*	*$217,860*	*$174,801*	*$166,529*

[1] The fund source for overtime is Medicaid (reappropriated) funds for the Regional Centers.
Source of Data: COFRS for May and June 2014, CORE data is provided for July 2015 through April 2015.

The following table provides historical expenditures for overtime costs actually paid for FY 2009-10 through FY 2014-15 for historical comparison.

Table 5d Part 2: Overtime Costs from FY 2009-10 through April 2015[1]						
Facility Type	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014-April 2015**
Grand Junction ICF/IDD	$311,562	$288,140	$235,790	$262,467	$285,412	$259,748
Grand Junction HCBS	$276,291	$338,251	$300,097	$295,974	$309,197	$348,506
Grand Junction Sub Total	*$587,853*	*$626,391*	*$535,887*	*$558,441*	*$594,609*	*$608,254*
Pueblo HCBS	$75,814	$71,442	$138,197	$32,501	$40,460	$17,606
Wheat Ridge ICF/IDD	$465,886	$540,781	$787,544	$1,127,939	$750,339	$1,042,488
Total	*$1,129,553*	*$1,238,614*	*$1,461,628*	*$1,718,881*	*$1,385,408*	*$1,668,349*

[1] The source of data is CORE and COFRS. The fund source for overtime is Medicaid (reappropriated) funds for the Regional Centers.

6. **Please provide the following monthly information for the past twelve months for each Regional Center by facility type:**

   a. **The number of staff receiving pay for working at a Regional Center broken out by full-time staff, temporary (both state and non-state), and contract;**
   Please refer to Attachments G, H and I in this document.

   b. **The classification of the staff;**
   Please refer to Attachments G, H and I in this document.

c. **The number of vacancies by classification;**

The table below illustrates data from the Human Resources Information System for vacant positions from May 2014 through April 2015. The data shows that a number of these positions are not currently being recruited as of June 30, 2015. The Department periodically updates these lists to reflect positions no longer needed, to correct position numbers, etc. This list will be updated this summer, but still reflects older information. Additionally some of these positions, like the Pueblo Regional Center director have been hired since April 2015. The Office of Administrative Solutions and Division of Regional Center Operations are working to reconcile this list to align the vacant positions with the needs of the Regional Centers and their residents.

It should also be noted, that the active recruitment is as of July 6, 2015, a point in time as compared to the balance of the table.

The regional centers typically hire direct care staff into the Client Case Aide (CCA) or HCS Trainee job classifications. The CCAs then go through a training and licensure program to be licensed as a Psychiatric Technician which falls under the Health Care Technicians (HCT) job classification. Upon successful completion of the HCT training program, the employee is promoted to an HCT I. Staff in the HCT classifications are able to pass medications. The homes at the Regional Centers are typically staffed with a mix of CCAs and HHCT Is and IIs. HCT IIIS and IVs serve as lead workers and supervisors in the homes and often have supervisory duties over more than one home.

Therapy Assistants are typically staff that work in day program. The Physician classification is typically for the Medical Director position or a Psychiatrist position. These positions are often difficult to recruit and after a failed recruitment must be filled by contract physicians and psychiatrists. Finally, the Health Professional job classification series is typically for management level positions such as the Health Professional VII position that is listed as vacant in Pueblo, which represents the Director position vacated April 1, 2015. This position has been filled and the new candidate starts July 6, 2015.

Table 6c: Regional Center Vacancies by Classification and Regional Center

Regional Center	Class Code	Class Title	Positions Available in the Human Resources Information System	Positions Actively Recruiting	Comments
Grand Junction	C1J2XX	Physician II	2	.8	Attempted to recruit.2 Physician and .6 Psychiatrist . Both recruitments failed and contracts with existing physician and psychiatrist will be continued.
	C4J2XX	CLIN BEHAV SPEC II	1	1	
	C4M2XX	PSYCHOLOGIST I	1	1	
	C5L2XX	THERAPY ASSISTANT I	2	2	
	C5L3XX	THERAPY ASSISTANT II	1	0	Position not needed
	C5L3XX	THERAPY ASSISTANT III	2	1	One position not needed

Table 6c: Regional Center Vacancies by Classification and Regional Center					
Regional Center	Class Code	Class Title	Positions Available in the Human Resources Information System	Positions Actively Recruiting	Comments
	C6P2XX	CLIENT CARE AIDE II	5	5	
	C6R1TX	HEALTH CARE TECH I	1	1	
	C6R3XX	HEALTH CARE TECH III	3	3	
	C6R4XX	HEALTH CARE TECH IV	1	1	
	C6S2XX	NURSE II	2	0	Position not needed
	C6S3XX	NURSE III	1	1	
	C7C5XX	HEALTH PROFESSIONAL V	1	0	Position not needed
	C7D1IX	HCS TRAINEE I	9	5	
	C7D2IX	HCS TRAINEE II	2	0	Position not needed.
	D6D2XX	STRUCTURAL TRADES II	1	1	
	D8C1TX	DINING SERVICES I	1	1	
	C1H1XX	DENTIST	1	0	
Total			**37~~32~~**	**23.8**	
Pueblo	C5L1TX	THERAPY ASSISTANT I	1	0	Not needed
	C6P1TX	CLIENT CARE AIDE I	4	4	Positions filled and going through orientation beginning 7/6/2015 or 7/18/2105
	C6R1TX	HEALTH CARE TECH I	1	1	Position filled Starts July 18, 2015
	C6R2XX	HEALTH CARE TECH II	1	1	Position posted
	C6R3XX	HEALTH CARE TECH III	1	1	Position posted
	C6S1XX	NURSE I	5	5	Position posted, interviewing 3 this week
	C7C7XX	HEALTH PROFESSIONAL VII	1	1	Position filled, started work 7/6/2015
Total			**14**	**13**	
Wheat Ridge	C5L2XX	THERAPY ASSISTANT II	1	0	Position not needed.
	C6P2XX	CLIENT CARE AIDE II	18	9	Posted, multiple qualified candidates, interviewing
	C6R1TX	HEALTH CARE TECH I	20	5	Internal promotional opportunity, licensure training scheduled to start in August,
	C6R2XX	HEALTH CARE TECH II	8	8	Internal promotional opportunity.
	C6R4XX	HEALTH CARE TECH IV	2	2	Internal promotional opportunity
	C6S2XX	NURSE II	1	1	Filled, and individual finished orientation the last week of June.
	C7C2TX	HEALTH PROFESSIONAL II	1	0	Position not needed
	C7C3XX	HEALTH PROFESSIONAL III	1	0	Position not needed
	C7C5XX	HEALTH PROFESSIONAL V	1	1	Not yet posted, drafting position description.
	C7C7XX	HEALTH PROFESSIONAL VII	1	0	Position not needed
	C7D1IX	HCS TRAINEE I	9	0	Position not needed
	D6D3XX	STRUCTURAL TRADES III	1	0	Position not needed
	H4R1XX	PROGRAM ASSISTANT I	1	1	Not yet posted, position description being reviewed
	H6G4XX	GENERAL PROFESSIONAL IV	1	1	PD being revised and will post soon
	H8E3XX	BUDGET & POLICY ANLST III	1	0	Position not needed
Wheat Ridge			**67**	**28**	
Grand Total			**118**	**64.8**	

The Human Resources Information System is not routinely trued up between actual positions needed and positions listed in the system. As a result, there are positions listed in the "Positions Available" column in the table above that are out of date and no longer needed. For example, WRRC does not need the Structural Trades III or the Budget and Policy Analyst III positions, as those have become centralized functions. Additionally, the system is a point-in-time system that only shows the current status of the position as vacant or filled. To determine how long a position has been vacant requires a manual review process. The Regional Centers have been working on reconciling this information through a manual review of each position. This is a time intensive exercise and will require multiple hours to complete. We will be able to provide better data in response to this question by or before August 1, 2015.

d. The number of new positions (permanent, temporary, contract, etc.) created, an explanation for the justification of those new positions, the classification of those positions, and the hiring process for those positions.

Table 6d: Number of New Positions Created by Regional Center from May 2014 through April 2015[1]

Facility Type	May 2014	Jun. 2014	Jul. 2014	Aug. 2014	Sept. 2014	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	Mar. 2015	Apr. 2015
Grand Junction ICF/IID	0	0	0	0	0	0	0	0	0	0	0	0
Grand Junction HCBS	0	0	0	0	0	0	0	0	0	0	0	0
Grand Junction Sub Total	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Pueblo HCBS	0	0	0	0	0	0	0	0	0	0	0	0
Wheat Ridge ICF/IID	0	0	0	0	0	0	0	0	0	0	1 [2]	1 [3]
Total	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*

Note:
[1]The data source is from information obtained directly from Regional Centers.
[2]A Temporary Aide (at a Health Professional VI classification) was hired as a project manager to establish and implement new systems.
[3]A Health Professional VI was hired as an Assistant Director of Operations (Reallocation from a General Professional V – Director of Safety, Security & Staffing).

The table does not include Office wide positions. For example, the Eden position serves both Division of Regional Center Operations and Colorado Veterans Community Living Centers to support person centered care therefore it is not shown in the table above.

7. **Please discuss, for each Regional Center, how the Department defines "staffing shortage". Does the Department believe there are staffing shortages at the Regional Centers? If so, which Regional Centers have staffing shortages and why.**

Staffing Shortages
Regional Centers consider there to be a staffing shortage when there is a vacancy for regularly scheduled shifts in a home and not enough pool staff to cover the vacancy. When positions need to be filled, we do our best to hire and fill those positions. The Regional Centers are also working to balance the staffing schedules, meaning that some of the homes have too few staff assigned and some have more than needed. This should lead to overall consistent and appropriate home staffing and improved resident to staff relationships. Additionally, it is important to look at each home's staffing ratios as new residents enter, as resident's needs change due to health, behavioral, or other needs, and as residents transition.

Staffing shortages can also be caused by sudden changes in FMLA and IOJ. Both situations are unscheduled and protected and may allow employees several weeks of absence and position protection.

Again, the Department acknowledges the stress that can come from overtime from staff who are not choosing to work extra shifts. This is being addressed at PRC with a staffing balancing exercise whereby the Director is working with staff members to better align a permanent schedule based upon resident acuity. The same exercise will happen in the coming month at WRRC and Grand Junction, if applicable. Additionally, all regional centers have been and will continue to post open positions for all staff vacancies needed to balance resident ratios.

Staffing Shortages at the Regional Centers
At the Grand Junction Regional Center, staff shortages exist which are more pronounced on shift 2. Shift 3 is staffed more generously to take into account call offs as it is a difficult shift to fill. Consolidation of services has helped some to prevent more serious coverage situations.

In Pueblo, the staffing became "short" more acutely recently when staff were placed on administrative leave due to the need for resident abuse investigations. Fourteen staff were put on paid administrative leave as a result of the Pueblo Regional Center investigations. Since then, one has retired, four have returned to work, eight remain on paid administrative leave, and one who was initially on paid administrative leave is now on family medical leave (FML).

How the Staffing Shortages are Being Addressed
Active recruitment started immediately at the Pueblo Regional Center in April for all direct care positions that were vacant. The vacancy list was evaluated to prioritize which vacancies to fill first. The health care technician vacancies are difficult to fill because there are no schools that have a developmental disability HCT program except Pueblo Community College, and they provide the teaching program in cooperation with PRC. PRC hires client

care aides into vacancies if there are not enough HCTs available. PRC actually provides RN trainers for the HCT training program and sponsors the clinical practicum classes at the PRC campus. PRC has hired one HCT who was previously trained and licensed and had left to continue school, but applied to return. Six CCAs have been hired into the other vacancies, and a new HCT class starts in late July. CCAs are not as difficult to hire. The posting was open continuous, and we had 30 applicants to choose from for the positions we hired in the previous 2 months.

RNs are difficult to recruit at all of the southern Colorado health care facilities as they are in shortage everywhere. That posting is open continuous. We have hired 2 RNs thus far, and are interviewing 2 more this week. We will continue to keep that posting active and interview until those positions are filled.

GJRC's schedules will go through the same balancing exercise as PRC. Additionally, there is need to review the Pool Staff scheduled.

Previous study into having technical schools carry the burden of the LPT program, resulted in nothing that could be developed for the Western Slope/Grand Junction area.

WRRC is currently in a staffing shortage, especially on the 3rd shift. Staffing schedules have become unbalanced over time in an effort to accommodate staff preferences. Some examples would be staffing ratios were reduced on weekends at the cost of resident outings, the pool staff was increased on weekends "because that is when most of the call offs happen" instead of addressing an individual employees poor attendance. Additionally, the approval of extended periods of unpaid leave for many employees as well as lack of accountability for unpaid leave used without approval. The use of extended periods of Annual leave, Compensatory time and Holiday leave is currently being addressed.

WRRC will also go through the staff rebalancing model, in addition to the Director working with the DHS Medical Director to determine evidence based best practices for resident placement. Currently, the management team is working to address the appropriate staffing needed in a safe and strategic method.

The Division of Regional Center Operations will be implementing a consistent New Employee Orientation at each Regional Center that will focus on mentoring new staff. Additionally enhanced training for high behavior houses will be implemented to ensure new staff are comfortable in their working environment. This will allow a baseline for all employees in order to set up quarterly checks with new staff to assist them in their success.

8. For the past twelve months, by month, how many staff are on leave at each Regional Center, by facility type? Please discuss the type of leave (i.e. vacation, sick, injury, etc.). What is considered normal (and what is this based on) for the number of employees by type of leave? If the figures are not within the normal range, please explain why.

The source for this data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shift of leave within a month, the Department has

provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.

Family Medical Leave hours are captured in the Sick, Annual, and Unpaid Leave categories in the following tables.

Table 8 Part 1a: Grand Junction Regional Center Leave Hours from May 2014 through April 2015[1]												
Grand Junction ICF/IID & HCBS[2]	**May 2014**	**Jun. 2014**	**Jul. 2014**	**Aug. 2014**	**Sept. 2014**	**Oct. 2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
Total Hours Worked[3]	**34,210**	**33,098**	**37,270**	**36,489**	**35,685**	**36,085**	**33,640**	**34,388**	**33,798**	**30,810**	**34,087**	**32,911**
Sick Leave	1,317	1,491	1,651	1,688	1,562	1,748	1,550	1,690	2,024	1,670	1,461	1,405
Annual Leave	4,242	4,582	3,118	2,722	3,453	2,789	2,178	2,548	1,770	1,839	2,355	2,551
Holiday Leave	1,363	757	2,633	1,251	1,909	1,575	2,180	2,336	2,371	1,586	1,246	966
Comp Taken	22	69	56	45	8	12	9	22	11	16	1	11
Admin Leave	586	295	227	222	189	333	210	352	293	175	184	205
Jury Leave	-	12	3	7	3	16	-	2	-	-	3	-
Funeral Leave	108	261	124	69	207	48	201	131	148	155	72	88
Military Leave	-	-	-	-	-	-	-	-	-	-	-	-
IOJ Work Comp	571	981	1,364	1,489	897	446	319	416	372	423	847	1,086
Unpaid Leave	530	683	996	860	795	961	1,156	1,436	1,356	1,331	1,281	1,209
Total Hours of Leave	**8,739**	**9,131**	**10,171**	**8,353**	**9,024**	**7,928**	**7,803**	**8,932**	**8,345**	**7,195**	**7,449**	**7,520**

% Hours of Leave vs. Worked	*26%*	*28%*	*27%*	*23%*	*25%*	*22%*	*23%*	*26%*	*25%*	*23%*	*22%*	*23%*

Notes:
[1]The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shift of leave within a month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Since staff commonly work both ICF/IID and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.
[3]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Table 8 Part 1b: Pueblo Regional Center
Leave Hours from May 2014 through April 2015[1]

Pueblo HCBS	**May 2014**	**Jun. 2014**	**Jul. 2014**	**Aug. 2014**	**Sept. 2014**	**Oct. 2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
Total Hours Worked[2]	**23,140**	**21,715**	**23,552**	**22,810**	**22,575**	**23,349**	**21,681**	**23,102**	**23,473**	**20,990**	**22,689**	**22,101**
Sick Leave	1,091	1,254	1,284	1,402	1,244	1,536	1,270	1,276	1,098	1,338	1,532	1,007
Annual Leave	2,156	2,530	2,554	3,174	1,901	1,584	1,238	1,670	645	1,000	1,719	1,604
Holiday Leave	1,095	937	1,014	284	1,046	1,087	1,703	1,450	1,919	1,602	1,110	650
Comp Taken	773	475	468	323	294	610	593	415	370	292	492	474
Admin Leave	16	152	32	28	216	20	312	448	82	56	306	1,508
Jury Leave	8	-	-	16	8	-	-	4	-	16	8	5
Funeral Leave	52	171	142	104	176	150	90	150	465	105	314	195
Military Leave	-	-	-	-	-	-	-	-	-	-	-	-
IOJ Work Comp	745	649	598	549	514	477	178	226	243	228	398	279
Unpaid Leave	1,085	919	464	742	679	502	229	303	197	196	409	627
Total Hours of Leave	**7,022**	**7,087**	**6,556**	**6,620**	**6,079**	**5,965**	**5,614**	**5,940**	**5,018**	**4,834**	**6,288**	**6,349**

% Hours of Leave vs. Worked	*30%*	*33%*	*28%*	*29%*	*27%*	*26%*	*26%*	*26%*	*21%*	*23%*	*28%*	*29%*

Note:
[1]The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shift of leave within a month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Table 8 Part 1c: Wheat Ridge Regional Center
Leave Hours from May 2014 through April 2015[1]

Wheat Ridge ICF/IID	May 2014	Jun. 2014	Jul. 2014	Aug. 2014	Sept. 2014	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	Mar. 2015	Apr. 2015
Total Hours Worked [2]	**51,687**	**48,935**	**51,241**	**49,158**	**49,184**	**51,073**	**47,725**	**49,696**	**48,165**	**46,520**	**51,102**	**48,706**
Sick Leave	1,884	2,079	1,770	1,822	1,544	1,283	1,356	1,886	1,425	1,311	1,538	1,568
Annual Leave	3,310	4,713	4,190	4,614	3,182	3,640	3,479	3,648	2,509	2,093	3,045	3,081
Holiday Leave	3,118	1,826	2,480	1,781	2,777	2,879	3,886	3,145	4,141	3,047	2,155	387
Comp Taken	500	432	341	391	527	482	485	754	425	460	708	896
Admin Leave	184	52	257	246	130	273	269	650	608	80	486	120
Jury Leave	8	8	-	8	8	16	-	10	8	16	16	24
Funeral Leave	144	56	211	102	32	194	96	82	79	120	163	132
Military Leave	47	109	32	24	-	88	24	26	15	23	31	22
IOJ Work Comp	411	478	574	450	329	355	251	126	133	24	24	131
Unpaid Leave	1,088	1,280	1,496	1,432	1,631	1,565	1,510	1,782	1,585	1,706	1,419	1,143
Total Hours of Leave	**10,693**	**11,033**	**11,351**	**10,870**	**10,160**	**10,776**	**11,355**	**12,108**	**10,927**	**8,879**	**9,585**	**7,504**
% Hours of Leave vs. Worked	*21%*	*23%*	*22%*	*22%*	*21%*	*21%*	*24%*	*24%*	*23%*	*19%*	*19%*	*15%*

Note:
[1]The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shift of leave within a month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Table 8 Part 2a: Grand Junction Regional Center Leave Hours from FY 2009-10 through April 2015[1]						
Grand Junction ICF/IID&HCBS[2]	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014- April 2015**
Total Hours Worked[3]	**358,096**	**374,698**	**402,629**	**416,109**	**426,088**	**412,470**
Sick Leave	16,312	17,038	18,842	16,687	18,489	19,258
Annual Leave	27,675	28,751	30,731	28,705	31,720	34,146
Holiday Leave	17,441	18,491	20,202	20,439	21,555	20,171
Comp Taken	422	198	372	314	457	282
Admin Leave	894	723	2,352	1,594	5,094	3,270
Jury Leave	120	114	66	44	136	46
Funeral Leave	1,198	1,179	1,486	1,326	1,620	1,610
Military Leave	-	-	-	-	-	-
IOJ Work Comp	2,344	4,117	5,961	6,625	9,455	9,210
Unpaid Leave	10,647	3,811	6,732	8,880	12,838	12,596
Total Hours of Leave	**77,052**	**74,422**	**86,743**	**84,615**	**101,365**	**100,589**
% Hours of Leave vs. Worked	*22%*	*20%*	*22%*	*20%*	*24%*	*24%*

Note:
[1]The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shift of leave within a month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Since staff commonly work both ICF/IID and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.
[3]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Table 8 Part 2b: Pueblo Regional Center Leave Hours from FY 2009-10 through April 2015[1]						
Pueblo HCBS	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014- April 2015**
Total Hours Worked[2]	**353,036**	**213,885**	**240,603**	**276,840**	**284,697**	**271,177**
Sick Leave	15,590	10,254	10,743	12,874	13,867	15,333
Annual Leave	26,202	15,778	14,580	17,652	21,236	21,775
Holiday Leave	18,758	10,466	11,736	13,794	14,541	13,898
Comp Taken	2,466	4,409	5,745	6,400	7,036	5,580
Admin Leave	719	1,169	1,204	2,244	1,896	3,174
Jury Leave	90	57	108	66	29	65
Funeral Leave	932	1,198	1,243	1,655	1,743	2,113
Military Leave	252	-	-	-	-	-
IOJ Work Comp	2,107	2,699	2,810	8,084	10,054	5,082
Unpaid Leave	5,013	1,359	6,492	3,934	11,614	6,353
Total Hours of Leave	**72,130**	**47,388**	**54,660**	**66,701**	**82,017**	**73,373**
% Hours of Leave vs. Worked	*20%*	*22%*	*23%*	*24%*	*29%*	*27%*

Note:
[1]The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shift of leave within a month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Question 8 Part 2c Leave Hours at Wheat Ridge Regional Center from FY 2009-10 through April 2015[1]						
Wheat Ridge ICF/IID	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014- April 2015**
Total Hours Worked[2]	**366,791**	**385,957**	**420,285**	**508,181**	**593,775**	**593,190**
Sick Leave	16,240	17,967	18,478	20,375	24,311	19,466
Annual Leave	28,248	30,239	31,897	34,938	38,356	41,504
Holiday Leave	18,868	19,639	21,774	25,565	30,036	31,620
Comp Taken	2,054	1,327	2,768	4,750	4,080	6,401
Admin Leave	852	1,245	1,416	1,471	2,364	3,355
Jury Leave	98	144	152	201	138	122
Funeral Leave	852	1,069	1,641	1,118	1,641	1,411
Military Leave	372	398	245	412	515	438
IOJ Work Comp	1,904	1,659	4,298	1,758	2,909	3,287
Unpaid Leave	5,495	6,601	8,104	10,801	16,110	17,638
Total Hours of Leave	**74,982**	**80,288**	**90,772**	**101,387**	**120,458**	**125,239**
% Hours of Leave vs. Worked	*20%*	*21%*	*22%*	*20%*	*20%*	*21%*

Note:
[1]The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shift of leave within a month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

The state system provides 2 weeks of paid vacation per year minimum, 2 weeks of paid holiday time per year, and gives employees 79.92 hours of sick leave accrual per year. Senior employees work up to more than 4 weeks of paid vacation per year. The paid time off the employee accrues is what would be expected for them to schedule in leave time. This can be up to 8 weeks annually of pre-approved leave and some sick time as needed.
Regarding use of sick time and injury leave: Employees in health care jobs often use more than this amount due to:

- Working with residents in close contact and with body fluids results in a higher risk of communicable disease
- Working in a stressful environment performing very physical tasks like lifting and total physical care may cause back strains, etc.

- High turn-over in the lower pay classifications, especially CCAs, (they make barely above minimum wage with a difficult job with responsibility for others' well-being) creates a constant re-training environment and longer term staff burn out
- High risk for assault to employees from this population

The FMLA law allows employees to be off with an approved medical condition, even if unpaid leave. This has impacted schedules significantly.

9. Please discuss what screening procedures are used to hire temporary or contract employees at Regional Centers.

The Regional Centers will provide data regarding the number of temporary non-state and the number of contract employees they currently have. HR has provided information related to why these employees are used and the procedure of selecting such staff.

The use of contract or temporary non-state staff is to fill the business needs of the facility for positions in the following circumstances:
1. The recruitment for state employees has proven unsuccessful, and/or the need is immediate and short term;
2. An occasional need that is seasonal, irregular, or fluctuating in nature;
3. An urgent need for immediate action to protect the health, welfare, or safety of people or property;
4. To meet an externally imposed deadline beyond the department's control; or
5. The department lacks the competency in specific areas.

Whether contract or temporary employee, all candidates must meet the minimum qualifications and if applicable, the special qualifications of the position.

State approved vendors are utilized to identify and provide requested temporary employees. The vendor conducts interviews, background checks, etc.

Contractors are approved through the personal services contract process and must have required documentation to support the contractor.

Justification and guidance is found in CRS 24-50-501 through 514 and State Personnel Board Rule 10.

Please provide by facility type, the number of temporary or contract employees, the classification of those employees, and an explanation why the Regional Centers are using temporary or contract employees.

Response 9 Number and Classification of Temporary and Contract Employees as of April 30, 2015[1]						
	Grand Junction ICF/IID & HCBS[2]		Pueblo HCBS[3]		Wheat Ridge ICF/IID[4]	
Employee Type	**Count**	**Classification**	**Count**	**Classification**	**Count**	**Classification**
Contract	4	(1) Medical Director (2) Physicians (1)Psychiatrist	1	(1) Psychiatrist	4	(1) Psychiatrist (1) Pharmacist I (1) Psychologist I (1) Neurologist
Temp (non-state)	0	-	0	-	0	-
Temp Aide	0	-	0	-	1	-

Note:
[1]Data was gathered directly from the Regional Centers and verification of Personal Service Contracts submitted for approval to Human Resources.
[2]GJRC uses contract staff to meet the medical needs of the facility as a result of unsuccessful recruitments for these specific positions. The RC must have attempted to fill the position through good faith efforts before requesting to fill it with a contract employee. The contractor must meet the minimum qualifications of the job and have the required skills.
[3]No direct care contract or temporary staff utilized as of April 30, 2015.
[4]WRRC uses contract staff to fill the needs of the facility for positions they have been unsuccessful to recruit full time, state employees. The RC must have attempted to fill the position through good faith efforts before request to fill it with a contract employee. The contractor must meet the minimum qualifications of the job and have the required skills.

In some instances, such as the Medical Director and Psychiatrist positions at Grand Junction and the Psychiatrist position at Wheat Ridge, it is necessary to hire a contractor if the position has been posted and no qualified applicants were identified. The Department is committed to providing necessary services, and at times professionals are more willing to take a contract than a state position. The only temporary aide staff at the Regional Centers is for a position at the Wheat Ridge Regional Center (WRRC). WRRC has been focusing on revitalizing resident activities and improving community relationships. This has not been posted as a full time permanent position as the position's business need is being evaluated.

22) For the past five years, please discuss how psychiatric services are provided at each Regional Center by type. Please include the number of providers, and the number of clients served by each provider, by year.

Historically, the Regional Centers have provided mental health services to both the Intermediate Care Facility (ICF) residents and Home and Community Based Services for Individuals with Developmental Disabilities (HCBS-DD) waiver-funded residents through Regional Center FTE who are licensed psychiatrists or through contracts with licensed psychiatrists.

Psychiatric services for the ICF/IID residents are funded through the Regional Center's cost-based daily reimbursement rate. Psychiatric services provided to residents in HCBS-DD waiver homes have historically been paid for by the Regional Centers out of their total reimbursements for services covered by the waiver program. This is no longer feasible due to the HCBS waiver renewal, whereby CMS requires the Regional Center HCBS-DD rates to be retrospectively reconciled to facility-specific actual costs for allowable HCBS-DD services as defined in the State's 1915(c) Medicaid Waiver, effective July 1, 2014.

The 1915(c) HCBS-DD Medicaid waiver covers the following services, up to the limits on services prior-authorized by the Department of Health Care Policy and Financing (See Attachment J for a full copy of the 1915(c) Waiver and Attachment K, Page 43 for a description of each type of HCBS-DD Waiver service):

- Residential Habilitation
- Supported Employment
- Prevocational Services
- Day Habilitation
- Transportation services to and from day program
- Specialized medical equipment and supplies
- Behavioral Services
- Dental Services
- Vision Services

It is important to note that behavioral services are not psychiatric services. Behavioral services are therapies intended to address behaviors associated with the individual's developmental disability and comprise an individual's behavioral plan. Mental health or psychiatric services are not covered benefits of the HCBS-DD waiver program. The 1915(c) waiver specifically requires that for individuals with a mental health and developmental disability, treatment needed for each diagnosis must be met by the corresponding treatment system. Behavioral services for symptoms related to the individual's developmental disability are covered by the HCBS-DD Behavioral Services, while Mental Health Services are covered by the Medicaid State Plan for the Regional Center HCBS-DD waiver program and by the community mental health system for non-regional center HCBS-DD waiver program participants.

At the request of the Joint Budget Committee, the Office of the State Auditor conducted a Performance Audit of the Regional Centers that was released in November 2013. The audit

found that CDHS was not in compliance with the requirements of Colorado's 1915(c) waiver at the Grand Junction and Pueblo Regional Center HCBS-DD Waiver Programs. Specifically, the Office of the State Auditor recommended that the reimbursement methodology for the HCBS-DD Waiver Programs at both GJRC and PRC be changed to a cost-basis, rather than paid as a total rate (as was the historic practice). In implementing these recommendations, CDHS reviewed the costs of services across all of the Regional Centers. CDHS found that psychiatric services provided to individuals in the HCBS-DD waiver beds were not currently covered services of the HCBS-DD waiver, and are more appropriately paid for through the Medicaid State Plan.

Typically, Medicaid eligible individuals enrolled in the HCBS-DD (or other waiver programs) who are in need of psychiatric care are covered by the Colorado Medicaid Community Mental Health Services Program capitated managed care system. The Regional Centers are carved out from the capitated Colorado Medicaid Community Mental Health Services Program through regulation (10 CCR 2505-10, section 8.212.1.A(8)) as agreed upon at the time by the Department and the Department of Health Care Policy and Financing. This regulation excludes Regional Center residents residing in the Regional Centers for more than 90 days from services through the Medicaid capitated mental health system. As a result, under current regulation, any resident of an HCBS-DD home at a Regional Center should be receiving mental health treatment services through a Medicaid community mental health services provider on a fee-for-service basis, covered through the Medicaid State Plan.

To meet the specific reimbursement requirements under the 1915(c) Waiver Program, all residents of the Grand Junction Regional Center HCBS-DD waiver homes have been transitioned to mental health coverage on a fee-for-service basis in the community. Residents at Pueblo Regional Center are in the process of being transitioned to community mental health providers as well.

(See Attachment L for a copy of the Office of the State Auditor's November 2013 Performance Audit of the Regional Centers)

Additionally, any resident is able to receive treatment from the provider of his/her choice for psychiatric services not administered by the Regional Centers or the State Medicaid system. Such services are not monitored or tracked by the Regional Center, as they are outside the Regional Center's scope of administrative oversight.

Table 22: Provider by Regional Center from FY 2009-10 through FY 2014-15						
Facility Type	**Provider in FY 2009-10**	**Provider in FY 2010-11**	**Provider in FY 2011-12**	**Provider in FY 2012-13**	**Provider in FY 2013-14**	**Provider in FY 2014-15**
Grand Junction ICF/IID	Dr. Dyrud	Dr. Dyrud	Dr. Dyrud	Dr. Dyrud	Dr. Dyrud[1] Dr. Ramsey	Dr. Ramsey[2]
Grand Junction HCBS	Dr. Dyrud	Dr. Dyrud	Dr. Dyrud	Dr. Dyrud	Dr. Dyrud Dr. Ramsey	Dr. Ramsey
Pueblo HCBS	Dr. Buzan Dr. Zilber	Dr. Buzan Dr. Zilber	Dr. Buzan Dr. Zilber	Dr. Buzan Dr. Zilber	Dr. Buzan Dr. Zilber	Dr. Buzan[3] Dr. Zilber
Wheat Ridge ICF/IID	Dr. Buzan	Dr. Buzan	Dr. Buzan	Dr. Buzan	Dr. Buzan	Dr. Buzan

[1]Dr. Dyrud was paid as a State employee.
[2]Dr. Ramsey is paid through CW Regional Mental Health, Inc. (dba Mind Springs).
[3]Dr. Buzan and Dr. Zilber are paid through various separate contracts.

The Regional Centers provide psychiatric services to all residents who require such services. All Regional Center residents are assessed for the need for psychiatric services and the vast majority of residents receive psychiatric services.

23) The current contracts for providing resident psychiatric services at Pueblo Regional Center and Wheat Ridge Regional Center terminate on July 1, 2015. Please provide the following information:

a. The status of hiring a provider of psychiatric services for FY 2015-16;

In compliance with recommendations of the Office of the State Auditor, psychiatric services at PRC will no longer be provided by contract or by an in-house provider. The Centers for Medicare and Medicaid Services requires that CDHS comply with the requirements of the 1915(c) waiver. To comply with this, CDHS is transitioning all PRC residents to psychiatric services provided by Spanish Peaks Mental Health Center through the Behavioral Health Organization. Spanish Peaks will bill Medicaid directly for these services and will be paid through the Medicaid State Plan. Therefore, PRC will not have a service contract and will not pay for these services out of its HCBS-DD waiver reimbursements. Spanish Peaks will have a provider on-site at PRC two days per month (this is the same schedule as the prior psychiatric services contractor provided at PRC). Spanish Peaks has made several visits to PRC to ensure that services can begin 8/1/2015. PRC ensured that prior to the current contract ending, all resident medication prescriptions were up to date, and that processes were in place to ensure coverage and that appropriate psychiatric care is available between 7/1/2015 and 8/1/2015.

WRRC, as an ICF, provides psychiatric services as part of its daily Medicaid rate. Historically, these services have been provided through a personal services contract. Each

year, per 24-50-504 (2)(c) C.R.S. (2014)[3] WRRC posts a job announcement to determine whether anyone would be interested in applying to fill the psychiatrist position as a State employee at WRRC. If no one applies, then, WRRC is allowed to solicit a contractor to provide the services.

In recent years, WRRC has had no applicants to fill the position, has posted the RFP/DQ and has received no response. At that point, WRRC was able to continue its contract with Dr. Buzan who has provided these services for many years. WRRC posted the position announcement in June and did not receive any applicants, has posted the RFP, and has asked Dr. Buzan to continue his services. Because Dr. Buzan has stated he is not interested in becoming a Medicaid provider or providing these services at WRRC, CDHS is in negotiations with other providers to ensure coverage. Dr. Buzan's coverage at WRRC will end on 8/1/2015.

b. What, if any, changes in providers will occur in FY 2015-16 from FY 2014-15;
As discussed, PRC is moving all residents to psychiatric services provided by Spanish Peaks.

WRRC is in the process of identifying a provider. Dr. Buzan will provide services at WRRC through the end of July, and has been asked to continue his services, but thus far has indicated he is not interested. Because Dr. Buzan has stated he is not interested in becoming a Medicaid provider or providing these services at WRRC, CDHS is in negotiations with other providers to ensure coverage. The Department will update the JBC on 8/1/2015 or if a provider has been identified anytime sooner.

c. A cost comparison of services provided in FY 2014-15 versus the projected FY 2015-16 costs;
PRC paid $52,800 for psychiatric services in FY 2014-15 and will have $0 in psychiatric costs for FY 2015-16, as these services will be paid for through the Medicaid State Plan as fee-for-service.

WRRC paid $72,000 for a psychiatrist to provide services one day per week in FY 2014-15 through the ICF/IID daily rate and anticipates it will have approximately the same costs for FY 2015-16, but because the procurement process is not yet complete, CDHS cannot provide definitive costs at this time. The Department will update the JBC on 8/1/2015 or if a provider has been identified anytime sooner.

d. Any explanation for these changes; and
Please see response to Question 22.

e. A description of how residents will benefit from the change in services.
Residents will continue to benefit from psychiatric coverage through the systems and services available as required by Colorado's 1915(c) waiver, ICF reimbursement process,

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[3] CRS24-50-504(2)(c) "the contracted services are not available within the state personnel system, or cannot be performed satisfactorily by state employees, or are of a highly specialized or technical nature."

and the Medicaid State Plan. CDHS is complying with audit recommendations to ensure that clients' needs are met.

24) **Who will be providing psychiatric services at each Regional Center (by facility type) on and after July 1, 2015? Please provide the new provider's qualifications in regards to working with people who are dually diagnosed with both mental illness and intellectual and developmental disabilities.**

Pueblo Regional Center HCBS
Spanish Peaks will have a provider on-site (Dr. Jackie Henschke) at PRC two days per month (this is the same schedule as the prior psychiatric services contractor had provided at PRC) beginning 8/1/2015. Spanish Peaks has made several visits to PRC to ensure that services can begin 8/1/2015. A Meet and Greet event has been scheduled for 8/4/2015 so that family members of residents have the opportunity to meet with Dr. Henschke. PRC ensured that prior to the current provider contract ending, all resident medications prescriptions were up to date, and that processes are in place to ensure coverage and that appropriate psychiatric care is available between 7/1/2015 and 8/1/2015.

Wheat Ridge Regional Center ICF/IID
WRRC provides psychiatric services as part of its daily Medicaid rate. Historically, these services have been provided through a personal services contract. Each year, per state statute 24-50-504 (2)(c) C.R.S. (2014)[4], WRRC posts a job announcement to determine whether anyone would be interested in applying to fill the psychiatrist position at WRRC. If no one applies, then, WRRC is allowed to solicit a contractor to provide the services. In recent years, WRRC has had no applicants to fill the position, has posted the RFP/DQ and received no response. At that point, WRRC was able to continue its contract with Dr. Buzan who has provided these services for many years. WRRC posted the position announcement in June, with no applicants, has posted the RFP, and has asked Dr. Buzan to continue his services. Dr. Buzan has stated he is not interested in continuing to provide servicesDr. Buzan's coverage at WRRC will end on 8/1/2015. The Department is continuing its work and is currently in negotiations with providers to identify a provider for psychiatric services at WRRC beginning 8/1/2015, and will notify the JBC once a provider has been identified.

Grand Junction Regional Center ICF
GJRC ICF/IID residents are served by Mind Springs Community Mental Health Center on a contract basis with GJRC (paid for by GJRC's rate). Dr. Ramsey and Dana Johnson, MSN provide services for both ICF and HCBS-DD waiver clients.

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[4] CRS24-50-504(2)(c) "the contracted services are not available within the state personnel system, or cannot be performed satisfactorily by state employees, or are of a highly specialized or technical nature."

Grand Junction Regional Center HCBS

All residents of the Grand Junction Regional Center HCBS-DD waiver homes have been transitioned to mental health coverage on a fee-for-service basis in the community. Residents are now served through Mind Springs Community Mental Health Center (as required by funding reimbursement changes), and are billed directly by Mind Springs to the Medicaid State Plan.

Table 24: List of Psychiatric Services Providers by Regional Center as of July 1, 2015

Regional Center	Name	Employer	Credentials
Grand Junction	Mark Ramsey, MD	Mind Springs	-Medical degree from the Medical School at University of Texas. -Board certified in Adult Psychiatry. -Specializes in: -Family Psychotherapy; -Group Psychotherapy; -Psychotherapy and Psychophysiological Therapy (including Biofeedback).
Grand Junction	Dana Johnson, MSN	Mind Springs	-ADN – Colorado Mesa University. -BS – Colorado Christian College. -MSN (emphasis in Administration & Education) University of Phoenix. - Post MSN, Nurse Practitioner in Psychiatric Mental Health. -Specializes in: -Psychiatric Nursing (Nurse Practitioner); -Nursing (Nurse Practitioner); -Nursing (Registered Nurse).
Pueblo	Jackie Henschke, MD	Spanish Peaks	-Board certified in Adult and Child and Adolescent Psychiatry. -Assistant Professor at Tulane University (New Orleans, LA). -Medical degree from Tulane University. -Internship in pediatrics at Miami Children's Hospital. -Adult Psychiatry residency at George Washington University. -Child and Adolescent Psychiatry Fellowship at Stanford University. Worked extensively with individuals with intellectual and developmental disabilities. -Since 2005, she has experience with clients who have a dual diagnosis of mental illness and developmental and intellectual disabilities.
Wheat Ridge	Randall Buzan, MD[1]	Independent Contractor	-University of Michigan Medical School. -Psychiatry Residency at the University of Colorado. -Fellowship in psychopharmacology at the University of Colorado. -Mini-fellowship in electroconvulsive therapy at Duke. -9 year faculty member at the University of Michigan Medical School. Research in psychopharmacology and neuropsychiatry. -Psychiatric Consultant 13 years- at Learning Services. 18 years- at Wheat Ridge Regional Center. 11 years- at Pueblo Regional Center. -Distinguished Fellow of the American Psychiatric Association. -Private practice in Denver.

[1]Dr. Buzan is currently providing psychiatric services at Wheat Ridge Regional Center through 8/1/2015.

What are the licensing requirements for psychiatric services for ICF/IID beds and HCBS beds? Please provide the federal and state requirements for psychiatric services. Please discuss how psychiatric services fall within the licensing requirements for each facility.

Federal Requirements:
42 CFR 483.400 et seq. governs the conditions of participation for intermediate care facilities (ICFs). There are no Federal requirements governing licensing requirements for psychiatric services for HCBS beds. Under 42 CFR 483.400 et seq. there are not specific requirements for the provision of psychiatric services. Rather, there is a requirement that each client's active treatment program must be integrated, coordinated and monitored by a qualified health professional. The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan, including availability of appropriate behavioral health services, when applicable. Assessment shall include the client's specific developmental and behavioral management needs. If a service is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care.

State Requirements:
Colorado Revised Statutes and the Code of Colorado Regulations governs the provision of psychiatric services to clients at HCBS-DD facilities pursuant to 25.5-10-214 C.R.S., which requires that CDPHE and the HCPF shall implement a system of joint licensure, standards and certification of community residential homes. The standards shall ensure the effective delivery of services and supports. The issuance, suspension, revocation, modification or renewal of a license or certification shall be governed by the provisions of section 24-4-104 C.R.S.

For ICF/IID clients, psychiatric services are provided in-house and are included in the State's daily Medicaid rate.

The HCBS 1915(c) waiver does not include psychiatric services, therefore psychiatric services for HCBS-DD clients are provided under the Medicaid State Plan.

25) **Please discuss the availability of psychiatrists in Colorado who can provide these services. Please discuss what providers/organizations are required to provide these services. How many of these providers are willing provide these services? What are the barriers preventing providers from providing these services? Please include a discussion of the requirements placed on Behavioral Health Organizations for finding providers willing to provide these services.**

In 2014, JFK Partners completed a report entitled, *Analysis of Access to Mental Health Services for Individuals who have Dual Diagnoses of Intellectual and/or Developmental Disabilities (I/DD) and Mental and/or Behavioral Health Disorders* that examined current gaps in the delivery of mental health care and services to persons with a developmental disability. Per the report, *"*A major barrier to effective and coordinated treatment is the

capacity of the workforce to address the needs of this population. The workforce involves many professionals and direct care providers (including families) who serve people with dual diagnoses. The professionals include psychiatrists, psychologists, psychiatric nurses, school nurses, social workers, licensed professional counselors, physical, occupational therapists and speech/language pathologists, among others. These professionals express a need for receiving specialized training in serving individuals with I/DD."

Any licensed psychiatrist can apply and become eligible to deliver psychiatric services to persons with a developmental disability under the Medicaid State Plan. JFK Partners' report identified current disincentives for providers to provide mental health services to individuals with a developmental disability. As stated in the JFK Partners report, "Disincentives include rates that are less in the fee-for-service structure than in the managed care system, service hour limitations that do not reflect the time involved in treating persons with dual diagnoses, and diagnostic criteria that do not adequately capture the needs of a person."

Please note the following response was provided by the Department of Health Care Policy and Financing.

> The Behavioral Health Organizations (BHOs) are contractually required to render services for all populations identified in the BHO contracts. The dually diagnosed and Individuals with Developmental Disabilities (DIDD) are specifically covered under the BHO contract. Section 2.5.9. (Provider Network) of the BHO contract requires the BHO to "establish and maintain a comprehensive Provider Network capable of serving the mental health and substance use disorder needs of all Members in the Program." Further, Section 2.5.9.2.3. specifically requires the BHO to address "[t]he number of network providers that specialize in co-occurring diagnoses and treatment including those providers that are able to serve Members with a behavioral health diagnosis that may have an additional co-occurring non-covered diagnosis, e.g. development disabilities. Moreover, under Section 2.5.9.6. BHOs are required to "coordinate care with a network of specialty providers," which includes DD providers.
>
> Each of the BHOs have providers that specialize in working with the I/DD population and there is frequent interaction between the behavioral health providers (contracted by the BHOs) and the Community Centered Boards to facilitate the appropriate clinical interventions. The Department of Health Care Policy and Financing's (HCPF) program staff regularly communicates with the BHOs to collaboratively problem solve any complaints or concerns. Additionally, HCPF conducts monthly meetings with the BHOs to discuss contract compliance, network adequacy and any provider issues.

Attachment D Response 5a Number of Employees that Worked Multiple Shifts by Week from May 2, 2014 through April 30, 2015[1]						
	Grand Junction ICF/IID & HCBS[2]		Pueblo HCBS		Wheat Ridge ICF/IID	
Week Ending	Employee Count[3]	Total Hours	Employee Count[3]	Total Hours	Employee Count[3]	Total Hours
5/2/2014[4]	8	128	5	82	15	244
5/9/2014	19	305	8	129	70	1131
5/16/2014	15	240	5	80	61	986
5/23/2014	25	401	4	65	68	1105
5/30/2014	20	322	12	193	24	387
6/6/2014	19	305	3	48	35	572
6/13/2014	24	384	7	113	25	404
6/20/2014	30	481	6	97	35	567
6/27/2014	22	353	11	178	53	858
7/4/2014	19	306	4	65	44	708
7/11/2014	16	260	8	129	51	824
7/18/2014	22	352	7	112	61	985
7/25/2014	23	369	1	16	68	1103
8/1/2014	21	336	7	114	57	923
8/8/2014	19	305	26	418	59	951
8/15/2014	19	308	7	112	62	1002
8/22/2014	24	389	6	96	64	1039
8/29/2014	26	426	7	112	60	976
9/5/2014	24	385	17	279	66	1065
9/12/2014	29	465	6	96	79	1281
9/19/2014	9	144	9	145	81	1309
9/26/2014	14	224	8	129	74	1197
10/3/2014	13	208	13	208	51	826
10/10/2014	18	289	3	48	60	972
10/17/2014	22	352	6	97	81	1315

Attachment D Response 5a Number of Employees that Worked Multiple Shifts by Week from May 2, 2014 through April 30, 2015[1]						
	Grand Junction ICF/IID & HCBS[2]		Pueblo HCBS		Wheat Ridge ICF/IID	
Week Ending	Employee Count[3]	Total Hours	Employee Count[3]	Total Hours	Employee Count[3]	Total Hours
10/24/2014	25	402	4	64	72	1169
10/31/2014	28	450	7	113	65	1053
11/7/2014	19	305	5	82	55	897
11/14/2014	20	320	2	32	65	1053
11/21/2014	10	161	8	128	56	905
11/28/2014	12	193	12	192	65	1053
12/5/2014	17	275	15	242	69	1118
12/12/2014	19	306	13	210	54	875
12/19/2014	14	225	15	251	53	858
12/26/2014	19	305	13	210	61	990
1/2/2015	20	323	10	161	82	1332
1/9/2015	20	322	12	193	101	1639
1/16/2015	17	273	7	113	92	1491
1/23/2015	18	289	7	112	84	1361
1/30/2015	20	321	7	113	84	1369
2/6/2015	22	355	11	176	78	1268
2/13/2015	19	307	9	145	87	1409
2/20/2015	19	308	15	240	89	1445
2/27/2015	18	290	16	257	86	1397
3/6/2015	20	324	11	177	66	1068
3/13/2015	24	384	8	128	74	1199
3/20/2015	12	194	15	245	82	1329
3/27/2015	22	353	16	257	80	1293
4/3/2015	18	289	8	129	96	1555
4/10/2015	21	339	9	149	85	1376

Attachment D Response 5a Number of Employees that Worked Multiple Shifts by Week from May 2, 2014 through April 30, 2015[1]						
	Grand Junction ICF/IID & HCBS[2]		Pueblo HCBS		Wheat Ridge ICF/IID	
Week Ending	Employee Count[3]	Total Hours	Employee Count[3]	Total Hours	Employee Count[3]	Total Hours
4/17/2015	31	500	12	192	73	1183
4/24/2015	25	404	16	257	75	1217
4/30/2015[4]	14	227	12	192	67	1082
Totals	**1,043**	**16,774**	**491**	**7,917**	**3,500**	**56,707**

Note:
[1]The source of data is Kronos. Data is from May 1, 2014 through April 30, 2015.
[2]Since staff commonly work both ICF/IID and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.
[3]For purposes of determining if an employee worked an extra shift, the Department utilized any time worked 16 hours or greater. An employee who worked multiple double shifts in a week counts once for each occurrence.
[4] Due to the date ranges of the data pulled, the week of 5/2/2014 has only 2 days worth of data and the week of 4/30/2015 has 6 days of data.

Source of Data: Kronos

Note: Data is from May 1, 2014 - April 30, 2015 - thus the first and last weeks have only 2 and 6 days of data respectively

Note: An employee who worked multiple double shifts in a week counts once for each occurrence

Note: For purposes of determining if a staff member worked an extra shift we utilized any time worked 16 hours or greater

Attachment E: Employee Survey

Wheat Ridge Regional Center
Willingness and Ability Questionnaire

Please read and answer each question very carefully:

CIRCLE YOUR ANSWER:

1. Are you willing and able to work weekends, holidays, nights, evenings, days and/or back-to-back shifts? YES NO
2. Are you willing and able to get to work on time and to transport to another work area, if needed? YES NO
3. Are you willing and able to stay for your entire shift and beyond, if necessary? YES NO
4. Are you willing and able to report for work during inclement weather? YES NO
5. Are you willing and able to follow prescribed procedures even if they conflict with your personal preference? YES NO
6. Are you willing and able to work with other employees and persons-served of all social, economic, ethnic and religious backgrounds? YES NO
7. Are you willing and able to assist individuals with their hygiene and domestic skills when necessary (this could include: bathing, changing diapers, eating, shaving, laundry, etc)? YES NO
8. Are you willing and able to work in a locked facility? YES NO
9. Are you willing and able to work with individuals who display confrontational, manipulative, violent, sexual and/or physically aggressive behavior? YES NO
10. Are you willing and able to physically restrain individuals when necessary? YES NO
11. Are you willing and able to lift 50 lbs and reposition / pivot individuals when necessary? YES NO
12. Are you willing and able to stand on your feet most of the work day? YES NO
13. Are you willing and able to work your entire shift without the need to smoke, as ours is a non-smoking facility? YES NO
14. Are you willing and able to drive individuals to and from their appointments, court, day program, community activities, etc? YES NO

I certify that all of the above statements are true, complete and correct. I understand that omissions, misleading, false or untrue information or any attempt to fraud or deceive in any manner connected to this questionnaire may constitute grounds for disqualification before hire and/or termination after hire and may constitute grounds for further action pursuant to law.

Print Name ____________ Signature ____________ Date ____________

Attachment F: Response 5c Total Overtime Hours by Facility by Week from May 2, 2014 through April 30, 2015[1]			
	Grand Junction ICF/IID & HCBS[2]	Pueblo HCBS	Wheat Ridge ICF/IID
Week Ending	Total Overtime Hours	Total Overtime Hours	Total Overtime Hours

Attachment F: Response 5c Total Overtime Hours by Facility by Week from May 2, 2014 through April 30, 2015[1]			
	Grand Junction ICF/IID & HCBS[2]	Pueblo HCBS	Wheat Ridge ICF/IID
Week Ending	Total Overtime Hours	Total Overtime Hours	Total Overtime Hours
5/2/2014[3]	306	74	639
5/9/2014	416	37	939
5/16/2014	325	61	754
5/23/2014	532	58	690
5/30/2014	398	62	279
6/6/2014	500	92	374
6/13/2014	524	52	314
6/20/2014	520	35	356
6/27/2014	524	70	584
7/4/2014	445	84	547
7/11/2014	418	76	543
7/18/2014	440	60	700
7/25/2014	526	49	1,035
8/1/2014	484	115	673
8/8/2014	442	123	783
8/15/2014	437	65	744
8/22/2014	483	85	847
8/29/2014	553	123	871
9/5/2014	533	142	1,040
9/12/2014	499	90	1,202
9/19/2014	364	119	1,046
9/26/2014	288	90	975
10/3/2014	361	145	613
10/10/2014	423	56	842
10/17/2014	381	44	1,135
10/24/2014	439	48	1,136
10/31/2014	428	80	1,009
11/7/2014	323	53	881
11/14/2014	298	50	920
11/21/2014	238	107	1,024
11/28/2014	228	135	1,039
12/5/2014	383	151	1,055
12/12/2014	397	86	1,107
12/19/2014	379	186	972
12/26/2014	359	146	772
1/2/2015	364	146	1,276

Attachment F: Response 5c Total Overtime Hours by Facility by Week from May 2, 2014 through April 30, 2015[1]			
	Grand Junction ICF/IID & HCBS[2]	Pueblo HCBS	Wheat Ridge ICF/IID
Week Ending	**Total Overtime Hours**	**Total Overtime Hours**	**Total Overtime Hours**
1/9/2015	393	90	1,558
1/16/2015	469	88	1,610
1/23/2015	442	96	1,564
1/30/2015	578	39	1,302
2/6/2015	431	76	1,375
2/13/2015	407	96	1,441
2/20/2015	543	50	1,445
2/27/2015	438	103	1,390
3/6/2015	430	74	1,149
3/13/2015	475	46	1,273
3/20/2015	422	90	1,315
3/27/2015	555	101	1,558
4/3/2015	497	77	1,676
4/10/2015	565	74	1,330
4/17/2015	613	102	1,224
4/24/2015	605	203	1,280
4/30/2015[3]	197	81	662
Totals	**23,013**	**4,675**	**52,864**

Note:
[1]The source of data is Kronos. Data is from May 1, 2014 through April 30, 2015.
[2]Since staff commonly work both ICF/IID and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.
[3]Due to the date ranges of the data pulled, the week of 5/2/2014 has only 2 days worth of data and the week of 4/30/2015 has 6 days of data.

Source of Data: Kronos
Note: Data is from May 1, 2014 - April 30, 2015 - thus the first and last weeks have only 2 and 6 days of data respectively
Note: We are unable to accurately split ICF/IID vs HCBS at Grand Junction for purposes of this report since a staff member could work both within one shift and thus it is not assigned ICF/IID or HCBS in Kronos.

Table G: Response to 6a and 6b Grand Junction Regional Center Staff Classification and Type from May 2014 through April 2015															
CLA SS	**CLASS TITLE**	**Perma nent or Tempo rary**	**Full Time or Part Time**	**M ay 20 14**	**Ju ne 20 14**	**Jul y 20 14**	**Au g. 20 14**	**Se pt. 20 14**	**Oct.2 014**	**No v. 20 14**	**De c. 20 14**	**Jan . 20 15**	**Fe b. 20 15**	**M ar. 20 15**	**Ap r. 20 15**
G3A3 XX	Admin Assistant II	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
G3A4 XX	Admin Assistant III	Perma nent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
C4J2 XX	Clin Behav Spec II	Perma nent	Full Time	2	2	2	2	2	2	2	2	1	1	1	1
H6J3 XX	Comp Insurance Spec II	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C6Q4 XX	Dental Care IV	Perma nent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
C1H1 XX	Dentist I	Perma nent	Part Time	2	2	2	2	2	2	2	2	2	2	2	2
C8B3 XX	Dietitian III	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
D8C3 XX	Dining Services III	Perma nent	Full Time	3	3	3	3	3	3	3	3	3	3	3	3
D8C3 XX	Dining Services III	Perma nent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
D8C4 XX	Dining Services IV	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
H6G3 XX	General Professional III	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C7D1 IX	HCS Trainee I	Perma nent	Full Time	1	23	20	2	16	7	1	1	1	1	0	0
C7D2 IX	HCS Trainee II	Perma nent	Full Time	13	11	11	7	9	10	16	17	16	15	16	17
C6R1 TX	Health Care Tech I	Perma nent	Full Time	136	133	132	152	125	128	126	123	123	121	118	117
C6R1 TX	Health Care Tech I	Perma nent	Part Time	8	8	8	8	8	8	8	8	8	8	8	8
C6R3 XX	Health Care Tech III	Perma nent	Full Time	12	12	11	13	13	13	15	15	13	13	12	13
C6R4 XX	Health Care Tech IV	Perma nent	Full Time	17	17	17	20	16	16	14	12	13	16	16	16
C7C2 TX	Health Professional III	Perma nent	Full Time	5	5	4	4	4	4	4	4	4	4	4	4
C7C3 XX	Health Professional III	Perma nent	Full Time	3	3	3	3	3	3	3	3	3	3	3	3
C7C5 XX	Health Professional V	Perma nent	Full Time	6	6	6	6	6	6	6	6	6	6	6	6
C7C7 XX	Health Professional VII	Perma nent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
G3D1 TX	Medical Records Tech I	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
G3D2 XX	Medical Records Tech II	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C6S4 XX	Mid-Level Provider	Perma nent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C6S2	Nurse II	Perma	Full	4	4	4	4	4	4	4	4	4	4	4	4

Table G: Response to 6a and 6b Grand Junction Regional Center Staff Classification and Type from May 2014 through April 2015															
CLASS	**CLASS TITLE**	**Permanent or Temporary**	**Full Time or Part Time**	**May 2014**	**June 2014**	**July 2014**	**Aug. 2014**	**Sept. 2014**	**Oct.2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
XX		nent	Time												
C6S2 XX	Nurse II	Permanent	Part Time	12	12	12	12	12	11	10	10	10	10	10	10
C6S3 XX	Nurse III	Permanent	Full Time	1	1	1		1	1	1	0	0	0	0	0
C6S5 XX	Nurse V	Permanent	Full Time	1	1	1	2	1	0	0	1	1	1	1	1
C8E2 XX	Pharmacy II	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C8E2 XX	Pharmacy II	Permanent	Part Time	0	0	0	0	0	0	0	0	1	1	1	1
C8F2 XX	Pharmacy Technician II	Permanent	Full Time	0	0	0	1	0	0	0	0	1	1	1	1
C8F2 XX	Pharmacy Technician II	Permanent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
C1J2 XX	Physician II	Permanent	Part Time	3	3	3	2	1	1	0	0	0	0	0	0
H4R1 XX	Program Assistant I	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
C4M2 XX	Psychologist I	Permanent	Full Time	1	1	0	0	0	0	0	0	0	0	0	0
C4L1 TX	Social Work/Counselor I	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
D6D2 XX	Structural Trades II	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
P1A1 XX	Temporary Aide	Temporary	Full Time	1	1	1	0	1	1	1		0	0	0	0
P1A1 XX	Temporary Aide	Temporary	Part Time	1	1	1	0	1	1	1	1	0	0	0	0
C5K2 TX	Therapist II	Permanent	Part Time	2	2	2	2	1	0	0	0	0	1	1	1
C5K4 XX	Therapist IV	Permanent	Full Time	1	1	1	1	0	0	0	0	0	1	1	1
C5K4 XX	Therapist IV	Permanent	Part Time	2	2	2	2	1	1	1	1	1	2	2	2
C5L1 TX	Therapy Assistant I	Permanent	Full Time	2	2	2	0	2	2	2	2	2	2	1	1
C5L2 XX	Therapy Assistant II	Permanent	Full Time	16	16	16	17	12	12	12	12	14	16	17	17
C5L3 XX	Therapy Assistant III	Permanent	Full Time	3	3	3	3	3	2	2	2	2	2	2	2
Total				**278**	**295**	**288**	**289**	**267**	**258**	**254**	**249**	**249**	**254**	**250**	**251**

Table H: Response to 6a and 6b Wheat Ridge Regional Center Staff Classification and Type from May 2014 through April 2015															
CLASS	CLASS TITLE	Permanent or Temporary	Full Time or Part Time	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015
G3A4XX	Admin Assistant III	Permanent	Full Time	6	6	6	5	6	6	6	6	6	6	6	5
H8E4XX	Budget & Policy Anlst IV	Permanent	Full Time	1	1	0	0	0	0	0	0	0	0	0	0
C6P1TX	Client Care Aide I	Permanent	Full Time	11	11	12	5	6	6	6	6	5	5	3	3
C6P1TX	Client Care Aide I	Permanent	Part Time	0	0	0	1	0	0	0	0	0	1	1	1
C6P2XX	Client Care Aide II	Permanent	Full Time	112	111	113	126	111	111	110	107	99	102	96	90
C6P2XX	Client Care Aide II	Permanent	Part Time	16	16	16	15	15	15	15	14	14	14	14	14
A1D2TX	Corr/Yth/Clin Sec Off I	Permanent	Full Time	4	4	3	4	4	4	4	3	3	3	3	4
C6Q4XX	Dental Care IV	Permanent	Full Time	1	1	1	1		1	1	1	1	1	1	1
C1H1XX	Dentist I	Permanent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
C8B2TX	Dietitian II	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C8B3XX	Dietitian III	Permanent	Full Time	0	0	0	1	1	1	1	1	1	1	1	1
H6M1XX	Food Serv Mgr I	Permanent	Full Time	0	0	1	0	0	0	0	0	0	0	0	0
H6G3XX	General Professional III	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
H6G4XX	General Professional IV	Permanent	Full Time	1	1	1	2	1	1	1	1	1	1	1	0
H6	General	Perm	Full	1	1	1	0	1	1	1	1	1	1	1	1

G5XX	Professional V	anent	Time												
H6G6XX	General Professional VI	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C7D1IX	Hcs Trainee I	Permanent	Full Time	17	17	15	38	19	23	21	21	20	41	38	34
C6R1TX	Health Care Tech I	Permanent	Full Time	69	69	58	58	56	51	51	49	48	47	43	41
C6R1TX	Health Care Tech I	Permanent	Part Time	14	14	13	16	14	14	15	15	15	15	14	14
C6R2XX	Health Care Tech II	Permanent	Full Time	35	34	43	55	49	51	52	51	50	49	48	48
C6R2XX	Health Care Tech II	Permanent	Part Time	2	2	2	1	2	2	1	1	1	1	1	1
C6R3XX	Health Care Tech III	Permanent	Full Time	3	3	3	4	4	3	3	3	3	3	3	3
C6R4XX	Health Care Tech IV	Permanent	Full Time	21	21	22	21	20	19	20	19	19	18	18	19
C7C1IX	Health Professional I	Permanent	Full Time	1	1	1	2	3	3	3	2	2	2	2	2
C7C2TX	Health Professional II	Permanent	Full Time	10	10	9	10	9	9	9	10	10	10	10	9
C7C3XX	Health Professional III	Permanent	Full Time	8	8	8	7	8	8	8	8	8	8	8	7
C7C5XX	Health Professional V	Permanent	Full Time	15	15	14	13	14	14	14	14	14	14	14	14
C7C6XX	Health Professional VI	Permanent	Full Time	2	2	2	3	2	2	2	2	2	2	2	2
C7C7XX	Health Professional VII	Permanent	Full Time	3	3	3	4	4	4	4	4	4	4	4	4
C7C7XX	Health Professional VII	Permanent	Part Time	0	0	0	0	0	0	0	0	0	0	0	0
H6G8XX	Management	Permanent	Full Time	0	0	1	1	1	1	1	1	1	1	1	1
G3D1TX	Medical Records Tech I	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
G3D2	Medical Records	Permanen	Full Tim	1	1	1	1	1	1	1	1	1	1	1	1

XX	Tech II	t	e												
C6S4XX	Mid-Level Provider	Permanent	Full Time	3	3	3	4	3	3	3	3	3	3	3	2
C6S1XX	Nurse I	Permanent	Full Time	0	0	0	2	0	0	0	0	1	1	1	1
C6S2XX	Nurse II	Permanent	Full Time	11	11	11	13	11	11	11	11	10	11	11	10
C6S2XX	Nurse II	Permanent	Part Time	3	3	3	4	3	3	3	3	3	3	3	3
C6S3XX	Nurse III	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
C6S6XX	Nurse VI	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C1J2XX	Physician II	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
H4R1XX	Program Assistant I	Permanent	Full Time	6	6	6	6	6	5	5	5	5	5	5	5
H4R2XX	Program Assistant II	Permanent	Full Time	0	0	0	2	0	0	0	1	1	1	1	2
C4M1XX	Psychologist Candidate	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
C4M2XX	Psychologist I	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
D6D2XX	Structural Trades II	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
D6D3XX	Structural Trades III	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	0	0
P1A1XX	Temporary Aide	Temporary	Full Time	0	0	0	1	0	0	0	0	0	0	1	1
C5K3XX	Therapist III	Permanent	Full Time	3	3	3	3	3	3	3	3	3	3	3	3
C5K3XX	Therapist III	Permanent	Part Time	2	2	2	2	2	2	2	2	2	2	2	2
C5K4XX	Therapist IV	Permanent	Full Time	0	0	0	1	0	0	0	0	0	0	0	0
C5L1TX	Therapy Assistant I	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1

C5L2XX	Therapy Assistant II	Permanent	Full Time	9	9	9	9	9	7	8	8	8	7	7	7
C5L3XX	Therapy Assistant III	Permanent	Full Time	3	3	3	3	2	3	3	3	3	3	3	3
C5L4XX	Therapy Assistant IV	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
Total				**411**	**409**	**407**	**462**	**407**	**405**	**405**	**397**	**385**	**407**	**390**	**375**

Table I: Response to 6a and 6b Pueblo Regional Center Staff Classification and Type from May 2014 through April 2015															
CLASS	**CLASS TITLE**	**Permanent or Temporary**	**Full Time or Part Time**	**May 2014**	**June 2014**	**July 2014**	**August 2014**	**September 2014**	**October 2014**	**November 2014**	**December 2014**	**January 2015**	**February 2015**	**March 2015**	**April 2015**
G3A4XX	Admin Assistant III	Permanent	Full Time	4	4	4	4	4	4	4	4	4	4	4	4
C6P1TX	Client Care Aide I	Permanent	Full Time	27	25	26	35	21	21	21	24	23	29	27	20
C8B2TX	Dietitian II	Permanent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
H6G3XX	General Professional III	Permanent	Full Time	3	3	3	3	3	3	3	3	3	3	3	3
C6R1TX	Health Care Tech I	Permanent	Full Time	97	96	95	103	97	97	96	95	93	92	92	96
C6R1TX	Health Care Tech I	Permanent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
C6R2XX	Health Care Tech II	Permanent	Full Time	3	3	3	3	3	3	3	3	3	3	3	3
C6R3XX	Health Care Tech III	Permanent	Full Time	4	4	2	4	4	4	4	4	4	4	4	4
C6R4XX	Health Care Tech IV	Permanent	Full Time	5	6	10	10	9	9	9	9	9	9	9	9
C7C2TX	Health Professional II	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
C7C2TX	Health Professional II	Permanent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
C7C3XX	Health Professional III	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
C7C3XX	Health Professional III	Permanent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
C7C4XX	Health Professional IV	Permanent	Full Time	5	5	5	5	5	5	5	5	5	5	5	5
C7	Health	Perm	Full	1	1	1	1	1	1	1	1	1	1	1	1

C5 XX	Professional V	anent	Time												
C7 C7 XX	Health Professional VII	Permanent	Full Time	2	2	2	3	2	2	2	2	2	2	2	2
C6 S1 XX	Nurse I	Permanent	Full Time	4	4	4	7	4	4	4	4	4	4	4	4
C6 S1 XX	Nurse I	Permanent	Part Time	2	2	2	2	2	2	2	2	2	2	2	2
C6 S2 XX	Nurse II	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	2
C6 S2 XX	Nurse II	Permanent	Part Time	1	1	1	1	1	1	1	1	1	1	1	1
C6 S5 XX	Nurse V	Permanent	Full Time	1	1	1	1	1	1	1	1	1	1	1	1
H4 R2 XX	Program Assistant II	Permanent	Full Time	2	2	2	3	2	2	2	2	2	2	2	2
C5L 1TX	Therapy Assistant I	Permanent	Full Time	2	2	2	2	2	2	2	2	2	2	2	1
C5L 2XX	Therapy Assistant II	Permanent	Full Time	10	10	10	10	10	10	10	10	10	10	10	10
Total				**183**	**181**	**183**	**207**	**181**	**181**	**180**	**182**	**179**	**184**	**182**	**178**

This document contains a letter, sent by the JBC following their June 19th Meeting, to Executive Director Reggie Bicha at the Department of Human Services regarding Regional Centers & the responses from the Department of Human Services Dated August 1, 2015 and updated information to the responses submitted July 6, 2015.

STATE OF COLORADO

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200 East 14th Avenue, 3rd Floor
LEGISLATIVE SERVICES BUILDING
Denver, CO 80203
Telephone 303-866-2061
www.tornado.state.co.us/gov_dir/leg_dir/jbc/jbchome.htm

June 26, 2015

Executive Director Reggie Bicha
Department of Human Services
1575 Sherman Street
Denver, Colorado 80203

Dear Director Bicha:

A number of questions and concerns have arisen during hearing of the Regional Center Task Force (RCTF) regarding the Department's staffing policies and operations of the Regional Centers. Questions have been posed related to how these questions fits within the scope of the RCTF. However, the questions raised appear to be of such importance and urgency that the General Assembly might need to address them separately prior to the final report of the RCTF. Please address the questions/items under the headings of Regional Center Staffing and Psychiatric Services in a written response to the Joint Budget Committee by July 2, 2015. Please address the remaining questions/items in a written response to the Joint Budget Committee by August 1, 2015.

Regional Center Staffing

1. Please provide the following information for each Regional Center by licensure type[1]:
   a. The minimum staffing ratios, including the relevant federal regulations related to staffing ratios;
   b. A description of the staffing model used and whether or not the model is evidence based;
   c. The number of clients;
   d. The number of full time, temporary state, temporary non-state, and contract staff; and
   e. The actual staffing ratio by month for the last twelve months.

[1] Licensure type or facility type means how the facility is licensed; either Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or home- and community-based services (HCBS). **Therefore when asked for information "by facility by type" the response should include information specific to: (1) Grand Junction ICF/IID, (2) Grand Junction HCBS, (3) Pueblo HCBS, and (4) Wheat Ridge ICF/IID.**

2. The Committee has heard of a number of situations regarding employees being required to work past their shift. Please provide the staffing schedule for each Regional Center and standard employee work schedules. Please discuss the statutory authority the Department has to require employees to work past their shift and provide the Committee with copies of employee notices that the Department has distributed to employees explaining the shift work requirements.

3. Please provide for each Regional Center, by month for the last twelve months:
   a. The budgeted amount, by fund source, for shift differential
   b. The number of staff anticipated to work shifts eligible for shift differential,
   c. The actual amount paid for shift difference by fund source,
   d. The actual number of staff that worked shifts eligible for shift differential, and
   e. An explanation for any months which actual expenditures or employees exceed the budgeted.

4. Please discuss the Department's practice on requiring employees to be "stuck" after a shift ("stuck" is defined as being required to continue working after a shift has ended without prior notice). Please provide the Committee with the statutory authority citing the Department's ability to require employees to be "stuck" and the associated Department policy or rule.

5. Please provide, for each Regional Center by facility type, the following information related to employees being "stuck" when working at the Regional Centers:
   a. The number of employees each week for the past six months that have been stuck;
   b. The consequences employees have experienced of being "stuck" (including but not limited to the number of instances where employees were unable to pick up children from daycare, and the number of employee's spouses who have suffered employment consequences as a result of their spouse being stuck).
   c. The total number of overtime hours (overtime hours is defined as hours in excess of 40 per week regardless of the shift) worked by employees, by week for the past six months;
   d. The cost of the overtime in item "c."

6. Please provide the following monthly information for the past twelve months for each Regional Center by facility type:
   a. The number of staff receiving pay for working at a Regional Center broken out by full-time staff, temporary (both state and non-state), and contract;
   b. The classification of the staff;
   c. The number of vacancies by classification;
   d. The number of new positions (permanent, temporary, contract, etc.) created, an explanation for the justification of those new positions, the classification of those positions, and the hiring process for those positions.

7. Please discuss, for each Regional Center, how the Department defines "staffing shortage". Does the Department believe there are staffing shortages at the Regional Centers? If so, which Regional Centers have staffing shortages and why.

8. For the past twelve months, by month, how many staff are on leave at each Regional Center, by facility type? Please discuss the type of leave (i.e. vacation, sick, injury, etc). What is

considered normal (and what is this based on) for the number of employees by type of leave? If the figures are not within the normal range, please explain why.

9. Please discuss what screening procedures are used to hire temporary or contract employees at Regional Centers. Please provide by facility type, the number of temporary or contract employees, the classification of those employees, and an explanation why the Regional Centers are using temporary or contract employees.

Regional Center Transitions

10. Please discuss the criteria the Department uses to determine if a client is ready to transition. Please discuss, for each Regional Center by type, the circumstances under which clients have been transitioned, and when and where the clients were transitioned by month for the last twelve months.

11. Please discuss how the Department works with guardians to determine if a client is ready and able to transition. Please discuss how the Department operates if a guardian opposes the transition of a client whom the Department has deemed "ready to transition" out of the Regional Centers. Please provide the following information from the last six months:
    a. How many clients have been deemed "ready to transition"
    b. How many clients in item "a" have not transitioned; and
    c. Why clients in item "b" have not transitioned.

12. Has the Department engaged the Attorney General's office to determine what can legally be done to move people out of Regional Centers without guardian consent? If so, what has the Department learned?

13. Please discuss how the Department modifies or overrides an Imposition of Legal Disability (ILD) that has been put in place by a county court. How many times, and why has the Department modified or overridden an ILD?

14. Has the Department instructed Regional Center staff to submit generic letters to the Court for semi-annual renewals of impositions of legal disability, instead of the individualized letters that have historically been prepared? If so, why and who has instructed the staff to make this change?

15. Please discuss the Transition Readiness Assessment tool. Why was this tool created, what other states use this tool, and what metrics are used to determine the effectiveness of this tool? How do clients and guardians like the tool? How effective is this tool for clients and how does the Department determine this?

16. Please discuss whether the Department believes a pre-transition survey should be done before a client transitions from the Regional Center. Please discuss the feasibility of conducting a pre-transition survey and the time line required to establish this survey.

17. Please discuss the transitions teams including:
    a. the role of the transition team;
    b. How long a transition team works with a client who have been determined ready for transition before a transition, during the transition, and after the transition;
    c. What services are provided to the client as well as the service provider(s) who received the transitioned client;
    d. How the transitions teams function within the structure of the Regional Centers;
    e. Who is on the transition teams; and,
    f. The mechanisms by which they are funded.

18. Please provide the statutory authority for the Department to have transition teams in place. How does the Department evaluate if a transition is not going well. Please discuss the steps a team takes if it is determined that a transition is not going well.

General Regional Center Items

19. Why did the Department move problematic sexual offender clients from Grand Junction to Wheat Ridge? How many problematic sexual offender clients are currently receiving services at Grand Junction? How much notice were clients and guardians given about the move? What if a guardian or client did not want to move?

20. Has the Department considering moving some or all of the clients in Grand Junction who are receiving services through one of the Intermediate Care Facility (ICF) licenses to Wheat Ridge? If so, when and why? If not, why is there a perception this will occur?

21. Please provide a list of all medical staff who have resigned or been terminated over the last twelve months by medical specialty and by facility. Please include a discussion on why these employees left. Please discuss the impact on the clients and their ability to get services. Please discuss the specifics of the Department's plan to replace these medical professionals or to replace their services from other state or community providers. How sustainable is the Department's plan and why?

Psychiatric Services

22. For the past five years, please discuss how psychiatric services are provided at each Regional Center by type. Please include the number of providers, and the number of clients served by each provider, by year.

23. The current contracts for providing resident psychiatric services at Pueblo Regional Center and Wheat Ridge Regional Center terminate on July 1, 2015. Please provide the following information:
    a. The status of hiring a provider of psychiatric services for FY 2015-16;
    b. What, if any, changes in providers will occur in FY 2015-16 from FY 2014-15;
    c. A cost comparison of services provided in FY 2014-15 versus the projected FY 2015-16 costs;
    d. Any explanation for these changes; and
    e. A description of how residents will benefit from the change in services.

24. Who will be providing psychiatric services at each Regional Center (by facility type) on and after July 1, 2015? Please provide the new provider's qualifications in regards to working with people who are dually diagnosed with both mental illness and intellectual and developmental disabilities.

25. What are the licensing requirements for psychiatric services for ICF/IDD beds and HCBS beds? Please provide the federal and state requirements for psychiatric services. Please discuss how psychiatric services fall within the licensing requirements for each facility.

26. Please discuss the availability of psychiatrists in Colorado who can provide these services. Please discuss what providers/organizations are required to provide these services. How many of these providers are willing provide these services? What are the barriers preventing providers from providing these services? Please include a discussion of the requirements placed on Behavioral Health Organizations for finding providers willing to provide these services.

Items Related to the Issues at the Pueblo Regional Center

27. What investigations are currently ongoing related to the issues at Pueblo Regional Center and who is doing the investigations? How many employees have been or are currently placed on administrative leave at the Pueblo Regional Center during the abuse investigations? What is the status of the investigations?

28. What are the known and projected legal costs as a result of the issues at the Pueblo Regional Center? Please include a listing by type (i.e. employee action, civil rights violation, personnel violation, State Attorney General legal services hours, etc.). How will the Department pay for these legal costs? Will these legal costs be rolled into Regional Center expenses and increase the cost the Regional Centers? How many hours to date has the Attorney General's Office provided to the Pueblo Regional Center related to the investigations?

29. What is the State's potential liability related to these issues?

30. Please provide the following financial information, by fund source, related to the Pueblo Regional Center issues:
    a. Salaries for employees placed on administrative leave;
    b. Overtime costs for remaining staff by employee classification;
    c. List of employees "loaned" to the Pueblo Regional Center and the associated personnel costs, e.g. employees loaned from the Colorado Mental Health Center;
    d. Total cost, by fund source, of all temporary employees, including personal services, operating expenses, and training;
    e. Cost to interview all Pueblo Regional Center employees; and,
    f. Other costs that do not fit into one of the above categories.

31. Please provide, by group home, the client to staffing ratios by month for the past twelve months.

32. Please discuss how the Department is ensuring the personal safety of residents, including specific examples, policies, and procedures. How have residents at each Regional Center been affected by the abuse investigations? How have employees at each Regional Center been affected by the abuse investigations? What policies and procedures have been changed, or will change, as a result of the investigations?

33. Please discuss the new procedure that is being implemented at Pueblo Regional Center where staff will be assigned to their "preferred houses" based on seniority. What are the anticipated benefits and associated costs of making this change?

Sincerely,

Kent D. Lambert

Senator Kent Lambert
Chair, Joint Budget Committee

cc:
Mr. John Ziegler, Staff Director, Joint Budget Committee
Mr. Henry Sobanet, Director, Office of State Planning and Budgeting
Ms. Nikki Hatch, Deputy Executive Director, Department of Human Services
Ms. Jennifer Corrigan, Legislative Liaison, Department of Human Services
Ms. Sarah Sills, Budget Director, Department of Human Services
Mr. Corey Hassey, Budget Analyst, Department of Human Services

Response to JBC Regional Center Letter and Questions- Part 2
Sent by Sarah Sills July 31, 2015
Due No Later than August 1, 2015

1. **Please provide the following information for each Regional Center by licensure type (1) Licensure type or facility type means how the facility is licensed; either Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or home- and community-based services (HCBS). Therefore when asked for information "by facility by type" the response should include information specific to: (1) Grand Junction ICF/IID, (2) Grand Junction HCBS, (3) Pueblo HCBS, and (4) Wheat Ridge ICF/IID.**

   Subparts a. through d. submitted July 6, 2015

   e. **The actual staffing ratio by month for the last twelve months.**

   The Regional Centers monitor staffing ratios via the scheduling process on a weekly and daily basis. The scheduling offices at all three campuses use paper forms, spreadsheets and limited databases tools to track and make modifications to daily schedules as things change throughout the week or even the day. The Regional Centers do not have automated systems for obtaining this data, and therefore, each Regional Center manually reviewed documentation for every shift at every home for every day. Actual staffing ratios, by month, for the last twelve months for each Regional Center and licensure type are shown in Table 1e.

   In all cases, the Regional Centers exceeded federally required minimum staffing levels for an ICF/IID. In some cases, and on some shifts, the Regional Centers are staffed at more than two times the federally required minimum stated staffing ratio requirements. Resident acuity needs, behavioral issues, etc. leads to staffing above the Federal minimum requirements. All campuses, regardless of licensure type, are staffed to meet resident needs and care plans. For example, some residents have care plans that require them to have 1:1 staffing 24 hours per day, even while sleeping. Other residents have the need for staff with specialized skills and specialized training, such as staff able to provide services to residents with Gastronomy Tubes (G-Tubes) to provide nutrition directly into the resident's stomach.

Table 1e: Wheat Ridge Regional Center ICF/IID Actual Direct Care Staffing Ratio Fiscal Year 2014-15, By Month									
		Shift I		Shift II		Shift III		Overall	
	Census	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)
July 2014	121	60	1:2.0	60	1:2.0	37	1:2.3	157	1:2.3
August 2014	123	58	1:2.1	60	1:2.1	36	1:3.4	154	1:2.4
September 2014	120	60	1:2.0	60	1:2.0	37	1:3.2	157	1:2.3
October 2014	120	59	1:2.0	60	1:2.0	36	1:3.3	155	1:2.3
November 2014	122	59	1:2.1	60	1:2.0	36	1:3.4	155	1:2.4
December 2014	124	61	1:2.0	61	1:2.0	36	1:3.4	158	1:2.4
January 2015	125	61	1:2.0	61	1:2.0	36	1:3.5	158	1:2.4
February 2015	125	62	1:2.0	62	1:2.0	37	1:3.4	161	1:2.3
March 2015	125	64	1:2.0	64	1:2.0	38	1:3.3	166	1:2.3
April 2015	127	63	1:2.0	62	1:2.0	37	1:3.4	163	1:2.3
May 2015	126	62	1:2.0	62	1:2.0	37	1:3.4	161	1:2.3
June 2015	129	63	1:2.0	62	1:2.0	37	1:3.5	162	1:2.3
Overall Average For FY 2014-15	123.9	61	1:2.0	61.2	1:2.0	36.7	1:3.4	158.9	1:2.3

Source: Division of Regional Center Operations shift records.

Notes:

[1] Numbers above include direct care staff allocated to the homes and does not include additional staff at day program, nursing, or therapies, and activities that provide additional staff-to-resident coverage and care.

[2] The minimum required staffing ratio [42 CFR 483.430(d)] for an ICF/IID is 1:3.2 . This is calculated based on the average number of staff available to serve the residents over a 24 hour period. This allows for increased staffing when residents are more active and decreased staffing while residents are sleeping. Life safety code regulations also require that staffing overnight be sufficient to ensure that adequate staff are available to help residents who need assistance to evacuate in the case of an emergency.

Table 1e: Grand Junction Regional Center ICF/IID Actual Direct Care Staffing Ratio Fiscal Year 2014-15, By Month									
		Shift I		Shift II		Shift III		Overall	
	Census	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)
July 2014	27	15.6	1:1.7	15.3	1:1.8	11.3	1:2.4	42.2	1:1.9
August 2014	27	16.1	1:1.7	15.4	1:1.8	11.6	1:2.3	43.1	1:1.9
September 2014	26	14.6	1:1.8	14.7	1:1.8	12.4	1:2.1	41.7	1:1.9
October 2014	26	14.2	1:1.9	14.1	1:1.9	10.5	1:2.6	38.8	1:2.1
November 2014	26	15.0	1:1.7	15.2	1:1.7	11.7	1:2.2	41.9	1:1.9
December 2014	23	13.9	1:1.7	14.1	1:1.6	10.5	1:2.2	38.5	1:1.8
January 2015	23	14.5	1:1.6	14.7	1:1.6	11.1	1:2.1	40.3	1:1.7
February 2015	23	13.7	1:1.7	13.9	1:1.7	10.6	1:2.2	38.2	1:1.8
March 2015	23	14.8	1:1.6	14.7	1:1.6	10.5	1:2.2	40.0	1:1.7
April 2015	23	14.9	1:1.5	14.8	1:1.6	10.4	1:2.2	40.0	1:1.7
May 2015	23	14.2	1:1.6	15.6	1:1.5	11.3	1:1.2	41.2	1:1.7
June 2015	22	12.6	1:1.5	13.6	1:1.6	9.5	1:2.2	36	1:1.8
Overall Average For FY 2014-15	24.3	14.5	1:1.7	14.7	1:1.7	11.0	1:2.2	40.2	1:1.8

Source: Division of Regional Center Operations shift records.

Notes:

[1] Numbers above include direct care staff allocated to the homes and does not include additional staff at day program, nursing, or therapies, and activities that provide additional staff-to-resident coverage and care.

[2] The minimum required staffing ratio [42 CFR 483.430(d)] for an ICF/IID is 1:3.2 . This is calculated based on the average number of staff available to serve the residents over a 24 hour period. This allows for increased staffing when residents are more active and decreased staffing while residents are sleeping. In addition to the minimum staffing ratios identified by federal regulation, life safety code regulations also require that staffing overnight be sufficient to ensure that adequate staff are available to help residents who need assistance to evacuate in the case of an emergency.

Table 1e: Grand Junction Regional Center HCBS-DD Actual Direct Care Staffing Ratio Fiscal Year 2014-15, By Month									
		Shift I		Shift II		Shift III		Overall	
	Census	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)
July 2014	56	22.7	1:2.5	22.7	1:2.5	18.5	1:3.0	63.9	1:2.6
August 2014	56	22.9	1:2.4	22.9	1:2.4	19.0	1:2.9	64.8	1:2.6
September 2014	56	24.4	1:2.3	24.5	1:2.3	18.6	1:3.0	67.5	1:2.5
October 2014	56	25.6	1:2.2	24.5	1:2.3	19.5	1:2.9	69.6	1:2.4
November 2014	56	24.3	1:2.3	24.0	1:2.3	18.6	1:3.0	66.9	1:2.5
December 2014	57	24.0	1:2.4	23.7	1:2.4	18.6	1:3.1	66.3	1:2.6
January 2015	57	24.2	1:2.4	23.6	1:2.4	18.8	1:3.0	66.6	1:2.6
February 2015	56	23.4	1:2.4	22.9	1:2.4	18.4	1:3.0	64.7	1:2.6
March 2015	56	23.7	1:2.4	22.8	1:2.5	18.6	1:3.0	65.1	1:2.6
April 2015	56	23.5	1:2.4	21.9	1:2.6	18.4	1:3.0	63.8	1:2.6
May 2015	56	21.8	1:2.6	22.5	1:2.5	18.5	1:3.0	62.6	1:2.7
June 2015	56	23.1	1:2.4	23.2	1:2.6	18.9	1:3.0	65.2	1:2.6
Overall Average For FY 2014-15	56.1	23.6	1:2.4	23.3	1:2.4	18.7	1:3.0	65.6	1:2.6

Source: Division of Regional Center Operations shift records.

Notes:

[1] Numbers above include direct care staff allocated to the homes and does not include additional staff at day program, nursing, or therapies, and activities that provide additional staff-to-resident coverage and care.

[2] There is no federally required minimum staffing ratio for a facility licensed as an HCBS-DD community residential home. Staffing is required to be sufficient to meet the needs of the resident. Life safety code regulations also require that staffing overnight be sufficient to ensure that adequate staff are available to help residents who need assistance to evacuate in the case of an emergency.

Table 1e: Pueblo Regional Center HCBS-DD Actual Direct Care Staffing Ratio August 2014[1] through June 2015, By Month										
		Shift I		Shift II		Shift III		Overall		
	Census	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)	# Average Actual Staff	Staffing Ratio (Staff: Resident)
August 2014	64	27.9	1:2.3	26.4	1:2.4	16.9	1:3.8	71.2	1:2.7
September 2014	64	28.8	1:2.2	26.6	1:2.4	16.0	1:4.0	71.4	1:2.7
October 2014	64	28.6	1:2.2	29.9	1:2.1	18.8	1:3.4	77.3	1:2.5
November 2014	65	46.5	1:1.4	26.4	1:2.4	16.9	1:3.8	89.7	1:2.1
December 2014	64	24.1	1:2.7	25.4	1:2.5	17.5	1:3.7	67.0	1:2.9
January 2015	65	27.6	1:2.4	27.1	1:2.4	17.5	1:3.7	72.2	1:2.7
February 2015	63	27.2	1:2.4	25.7	1:2.5	17.2	1:3.7	70.1	1:2.7
March 2015	61	27.1	1:2.3	25.7	1:2.4	17.4	1:3.5	70.1	1:2.6
April 2015	61	26.0	1:2.5	24.9	1:2.6	17.8	1:3.6	68.7	1:2.8
May 2015	60	24.7	1:2.4	23.5	1:2.5	16.6	1:3.6	64.8	1:2.8
June 2015	58	26.5	1:2.4	25.1	1:2.6	17.3	1:3.7	68.9	1:2.8
Overall Average For August 2014 through June 2015	62.8	28.6	1:2.2	26.1	1:2.4	17.3	1:3.6	71.9	1:2.6

Source: Division of Regional Center Operations shift records.

Notes:

[1] Data for July 2014 was not available for Pueblo Regional Center.

[2] Numbers above include direct care staff allocated to the homes and does not include additional staff at day program, nursing, or therapies, and activities that provide additional staff-to-resident coverage and care.

[3] There is no federally required minimum staffing ratio for a facility licensed as an HCBS-DD community residential home. Staffing is required to be sufficient to meet the needs of the resident. Life safety code regulations also require that staffing overnight be sufficient to ensure that adequate staff are available to help residents who need assistance to evacuate in the case of an emergency.

2. **The Committee has heard of a number of situations regarding employees being required to work past their shift. Please provide the staffing schedule for each Regional Center and standard employee work schedules. Please discuss the statutory authority the Department has to require employees to work past their shift and provide the Committee with copies of employee notices that the Department has distributed to employees explaining the shift work requirements.**

   Submitted July 6, 2015

3. **Please provide for each Regional Center, by month for the last twelve months:**

   Submitted July 6, 2015

4. **Please discuss the Department's practice on requiring employees to be "stuck" after a shift ("stuck" is defined as being required to continue working after a shift has ended without prior notice). Please provide the Committee with the statutory authority citing the Department's ability to require employees to be "stuck" and the associated Department policy or rule.**

   Submitted July 6, 2015

5. **Please provide, for each Regional Center by facility type, the following information related to employees being "stuck" when working at the Regional Centers:**

   Submitted July 6, 2015

6. **Please provide the following monthly information for the past twelve months for each Regional Center by facility type:**

   Submitted July 6, 2015.

7. **Please discuss, for each Regional Center, how the Department defines "staffing shortage". Does the Department believe there are staffing shortages at the Regional Centers? If so, which Regional Centers have staffing shortages and why.**

   Submitted July 6, 2015.

8. **For the past twelve months, by month, how many staff are on leave at each Regional Center, by facility type? Please discuss the type of leave (i.e. vacation, sick, injury, etc.). What is considered normal (and what is this based on) for the number of employees by type of leave? If the figures are not within the normal range, please explain why.**

   Submitted July 6, 2015.

9. **Please discuss what screening procedures are used to hire temporary or contract employees at Regional Centers.**

   Submitted July 6, 2015.

10. Please discuss the criteria the Department uses to determine if a client is ready to transition. Please discuss, for each Regional Center by type, the circumstances under which clients have been transitioned, and when and where the clients were transitioned by month for the last twelve months.

The Department operates under three principles for transition. In order to transition to the community a resident (1) must be clinically ready, (2) the resident and guardian must agree to transition to the community, and (3) have an appropriate community provider available. When these three variables have been met, the Department in partnership with the Community Centered Boards has been highly successful in transitioning residents to the community.

The process to determine if a resident is ready to transition is the same across all three State Regional Centers. Transitions are individualized and based on an Individualized Plan (IP). Federal Regulations in 42 CFR 483.440 require that upon admission to an ICF and throughout a resident's stay at a Regional Center, every resident has an Individualized Plan. 10 CCR 2505-10, Section 8.500.6 is the State requirement that each resident in a HCBS-DD waiver home has an IP. State regulation 10 CCR 2505-10, Section 8.401.216 also requires that a resident's plan include a treatment program that is to help the resident acquire behaviors necessary to function with as much self-determination and independence as possible.

The resident's Interdisciplinary Team (IDT) prepares the IP and each plan identifies the resident's active treatment goals and objectives. The IDT is made up of a group of people including the resident, the parents or guardian and authorized representative, as appropriate, the person who coordinates the provisions of services and supports, and others as determined by the resident's needs and preferences. The IDT includes the CCBs for residents who are classified as short term residents or waiver bed residents. The goals in the IDT are intended to maximize the resident's independence. The treatment needs and goals include goals that would need to be achieved in order to transition to the community, which are included in each resident's Individualized Plan. Goals are individualized for each resident's specific strengths, weaknesses and active treatment needs.

Progress towards goals are assessed monthly for short term residents and quarterly for long-term and intensive program residents (residents with problem sexual behaviors served at WRRC) by the IDT using the Regional Center Transition Readiness Assessment Tool (TRAT). See Question 15 for a discussion of the TRAT. Prior to a resident transitioning into the community, a request for the dismissal or modification of the ILD is made to the court.

Table 10a shows transitions from each Regional Center for the past 12 months and the type of setting to which a resident transitioned. In all cases, the residents had been assessed by their IDT as having met identified treatment goals prior to transition. Additionally, all transitions have happened with guardian or parent approval and were to a community placement. Table 10a includes placement by type, including Personal Care Alternative (PCA), Host Home, Group Home, or Family Caregiver.

Table 10a: Transitions by Regional Center and License Type Fiscal Year 2014-15, By Month													
	July 2014	**August 2014**	**September 2014**	**October 2014**	**Novembe r 2014**	**December 2014**	**January 2015**	**February 2015**	**March 2015**	**April 2015**	**May 2015**	**June 2015**	**Total**
WRRC ICF/IID	1 – Group Home (Waller) 1 – Host Home (Wilson)	1 – Family Caregiver	1 – Host Home (Adair) 2 – Group Homes (Dalby, Slattery)			1 – Host Home (Goldtrap)	1 – Host Home (Livingston) 1 – PCA (Williams)	3- host home (Cordova, Toay, Beaugh) 1 – PCA (Elder)		1 – PCA (Reid)	2 – PCA (Konrade -Helms, Dreher)	1 – Host Home (Burke) 1 – Group Home (Melillo)	**18**
GJRC ICF/IID						2 – Group Home (Miller, Reyes) 1 - Host Home (Owen)						1 – Host Home (Velazco)	**4**
PRC HCBS-DD	1 – Group Home (Thompson)								2 – Host Home (Johnson, Laster) 1 – PCA (Cooper)			2 – Host Home (Winter, Hill) 1 – Brown (Family Caregiver	**7**
GJRC HCBS-DD								1 – Host Home (Pack)					**1**
Total	**3**	**1**	**3**	**0**	**0**	**4**	**2**	**5**	**3**	**1**	**2**	**6**	**30**
Source: Division for Regional Center Operations database that tracks Change of Status forms for Regional Center Residents.													

11. **Please discuss how the Department works with guardians to determine if a client is ready and able to transition. Please discuss how the Department operates if a guardian opposes the transition of a client whom the Department has deemed "ready to transition" out of the Regional Centers. Please provide the following information from the last six months:**
    a. **How many clients have been deemed "ready to transition"**
    b. **How many clients in item "a" have not transitioned; and**
    c. **Why clients in item "b" have not transitioned.**

Residents and guardians are part of the Interdisciplinary Team process. The IDT meets monthly for short term residents and quarterly for long-term and intensive program residents (individuals with problem sexual behaviors served at WRRC). Transition readiness is determined and discussed at regular IDT meetings. Residents participate and guardians are invited to each of these meetings where data is reviewed and criteria discussed. If the resident or guardian has opposed transition, transition has not been pursued. When it has occurred, transition has been planned and completed with guardian consent. Residents who have not transitioned continue with their normal plan of care at the Regional Center.

a. **How many clients have been deemed "ready to transition"**
53 residents achieved recommended progress (readiness) from January 1, 2015 through June 30, 2015.

b. **How many clients in item "A" have not transitioned?**
45 residents who have been deemed "ready to transition" had not transitioned by June 30, 2015.

c. **Why clients in item "b" have not transitioned?**

- 1 – Incarcerated.
- 18 – Awaiting parent or guardian and resident engagement.
- 26 – are in the transition process:
    - 6 – A Provider has been chosen. Transition scheduled for July 2015.
    - 5 – Providers are available, resident visits have been scheduled or are taking place.
    - 9 – Awaiting provider response to Request for Proposal (RFP).
    - 6 – Request for Proposal being developed by CCB.

12. **Has the Department engaged the Attorney General's office to determine what can legally be done to move people out of Regional Centers without guardian consent? If so, what has the Department learned?**

The Department sought guidance from the Attorney General's Office related to situations where a resident has met their individual treatment goals for transition to the community but whose guardian(s) is not supportive of the transition.

The Department has engaged the Attorney General's Office on issues related to the ILD process including gaining a better understanding of guardian's rights and responsibilities as well as the Department's rights and responsibilities as the resident's care provider. The court system in Colorado has the legal authority to impose, modify or revoke an ILD. ILDs typically restrict a resident's rights,

including his or her right to choose where they live. An ILD has to be reviewed every six months by the courts, during which all interested parties provide information to the court related to the resident's current care needs and treatment goals. The Regional Centers submit documents to the court which includes a clinical determination of whether or not a resident has met their individual treatment goals. The guardian also provides input related to the assessment of the resident's needs. Ultimately the court decides whether to retain, modify or revoke the ILD.

13. **Please discuss how the Department modifies or overrides an Imposition of Legal Disability (ILD) that has been put in place by a county court. How many times, and why has the Department modified or overridden an ILD?**

The Department has not, nor does it have legal authority, to modify or override an ILD. Modification of an ILD is a legal process set forth in statute. Historically, as part of the six month review process, the Regional Centers have provided information to the courts during the review process to let the Court know of each resident's current treatment needs and progress towards treatment goals.

14. **Has the Department instructed Regional Center staff to submit generic letters to the Court for semi-annual renewals of impositions of legal disability, instead of the individualized letters that have historically been prepared? If so, why and who has instructed the staff to make this change?**

No, the Department has not instructed Regional Center staff to submit generic letters to the court. The individualized letters that have historically been prepared continue to be submitted for each resident. The Department has been working to standardize the categories of information included in the letters to ensure that all updated and pertinent resident information is included.

15. **Please discuss the Transition Readiness Assessment tool. Why was this tool created, what other states use this tool, and what metrics are used to determine the effectiveness of this tool? How do clients and guardians like the tool? How effective is this tool for clients and how does the Department determine this?**

The Transition Readiness Assessment Tool (TRAT) is a form that was developed by the Division of Regional Center Operations in conjunction with the Regional Center staff in response to the November 2013 Office of the State Auditor Performance Audit of the Regional Centers. Specifically, the audit found that the Regional Centers do not have consistent processes for assessing residents' readiness to transition to less-restrictive or community settings. (Recommendation No. 9). The TRAT was developed as a means to ensure that all Regional Centers are assessing readiness in a consistent manner.

All staff were trained on the use of the tool, review of the tool has been conducted by the Division for Regional Center Operations, and additional training has been provided to refine the process. Through these reviews, staff have learned more about appropriate transition criteria, and ongoing reviews will continue to look at the tool and make improvements as needed.

Generally speaking, residents and guardians do not have direct interaction with this tool, so the Department does not have a means to measure whether they "like" the tool or not. However, the TRAT is an effective tracking mechanism for staff to use to track progress toward Individualized Plan goals. All residents of the Regional Centers have transition criteria included in their Individualized Plan (IP) (e.g., goals that would need to be achieved in order to be considered "ready" to move to a less-

restrictive or community setting). These criteria are established at the time of admission for all residents admitted since implementation of the TRAT and are directly related to the behaviors or activities of daily living that contributed to the resident's Regional Center admission. For Long Term residents already residing in the facility at the time the TRAT was implemented, transition criteria were developed by the resident's treatment team at the time that the resident's IP was renewed. Each resident's treatment team uses the TRAT to evaluate the resident's progress towards meeting transition criteria. This is performed on a quarterly basis for residents classified as "Long Term" and monthly for residents classified as "Short Term". Anecdotally, some parents and guardians of Long Term residents, especially those who do not support the resident transitioning out of a Regional Center have expressed concerns with the TRAT process. However, generally speaking, guardians of Short Term residents have not expressed concerns with the process.

16. Please discuss whether the Department believes a pre-transition survey should be done before a client transitions from the Regional Center. Please discuss the feasibility of conducting a pre-transition survey and the time line required to establish this survey.

The Department will consult with HCPF to develop a process for conducting and tracking pre-transition surveys for residents in the Regional Centers. The Department anticipates that a plan for this process could be developed within 90 days. This survey could be useful for pre and post transitions.

17. Please discuss the transitions teams including:

a. The role of the transition team;

The Transition Support Team (TST) was developed and implemented by the Department to provide support to residents who are currently living in a Regional Center (both ICF/IID and HCBS-DD), but who are clinically able to move to a provider in the community. The goal is to have members of the TST transfer knowledge to the community provider about how to best serve the resident, provide assistance to the resident and their guardian during the transition, etc. The TSTs interaction and level of support is customized to the needs of the resident and the new provider agency.

b. How long a transition team works with a client who have been determined ready for transition before a transition, during the transition, and after the transition;

The TSTs are integral in assisting in the development of an appropriate transition plan and for providing support during and after the transition. The goal is for the TST to be needed for less than 90 days following the resident's transition to the community, however, the TST is provided for as long as provision of support is needed or desired by the community provider. For the 30 transitions from Table 10a, the length of involvement by a TST ranged from just under 2 months to nearly 6 months. For the resident whose TST contact lasted for almost 6 months, TST involvement occurred as needed via telephone assistance provided by one of the TST members to the community service provider.

c. What services are provided to the client as well as the service provider(s) who received the transitioned client;

The TST supports are customized for each resident and could include members of the resident's care team from the Regional Center working with the new provider to discuss care plans and methods of working with the resident. The TST also visits the new provider location to make sure the resident's new setting has been set up appropriately and to help ensure that all needed services and service providers have been identified in the community and appointments scheduled with new providers. The TST is in at least weekly contact with the resident and the provider during the first month and more if necessary. If problems arise, the TST will serve as a consultant to the new provider and make recommendations, provide onsite consults and additional training, as needed. If a transition is not going well, the TST will meet with the provider and CCB case manager to make recommendations for a new plan. If a move to a different placement occurs, the TST remains with the resident. TST provides supports for as long as necessary.

d. How the transitions teams function within the structure of the Regional Centers;

The TST teams are formed, as needed, and customized to the needs of each resident. Members of the resident's direct care team, social workers, nursing/medical, and psychology all contribute to the TST in accordance with a plan developed jointly between the Regional Center and the new service provider. Because there is not a large volume of transitions, managing the TST workload within existing resources has worked for each of the Regional Centers. Across all three campuses, there have been 19 transitions out of the Regional Centers from January 2015 through June 2015, and no more than 6 transitions have occurred at one center in one month.

e. Who is on the transition teams; and,

See response to subpart d above.

f. The mechanisms by which they are funded.

TSTs are funded through the ICF or HCBS-DD rates of the facility that the resident is leaving to go to a community placement. Federal regulations [42 CFR 483.118] provide this authorization to assist the resident in making a smooth transition from the facility to a community placement.

18. Please provide the statutory authority for the Department to have transition teams in place. How does the Department evaluate if a transition is not going well. Please discuss the steps a team takes if it is determined that a transition is not going well.

Please see response to Question 17, subparts c and f.

19. Why did the Department move problematic sexual offender clients from Grand Junction to Wheat Ridge? How many problematic sexual offender clients are currently receiving services at Grand Junction? How much notice were clients and guardians given about the move? What if a guardian or client did not want move?

The sexual offender program is a specialized program that requires highly specialized providers. The Kipling Village facility was underutilized and, therefore, consolidating this specialized service into one location made operational sense. The Grand Junction Regional Center had 10 beds allocated to the

sexual offender population with 8 residents. Wheat Ridge has 30 beds allocated to the population. One of the 8 Grand Junction residents requested to be moved to Wheat Ridge prior to the consolidation so they are not included in the numbers that follow.

The transition took a total of 9 months, with staff working with the guardian(s), when applicable. Of the 7 residents affected in the consolidation, 4 residents moved to the Wheat Ridge campus and 3 residents completed their programming at the GJRC and moved to the community of their choice. One move took 7 months as the resident wanted to stay in Mesa County, so the transition did not happen until an appropriate provider was found to meet the resident's needs in Mesa County.

At a minimum all residents were given 15-days' notice, as mandated per: ***6 CCR 1011-1 Chap 08, Section 9 B – The right to resident notice at least 15 days prior to the effective date when there is a decision to terminate services or transfer the resident.*** The first transfer to WRRC took place on October 31, 2013. One resident who did not want to move to WRRC petitioned the court to stay in Grand Junction and the judge denied his request. The resident has been served by WRRC since July 23, 2014 and is doing well.

There are no current residents at Grand Junction who meet the definition of problematic sexual offender clients.

20. Has the Department considered moving some or all of the clients in Grand Junction who are receiving services through one of the Intermediate Care Facility (ICF) licenses to Wheat Ridge? If so when and why? If not, why is there a perception this will occur?

Over the years, and through multiple administrations, the declining census, age and size of the facility, and cost of operations at the Regional Centers has resulted in consideration of various options for restructuring services, particularly in Grand Junction. Given the substantial costs of maintaining the Grand Junction Regional Center campus, the Department is evaluating ways of delivering these ICF services more efficiently.

Specific facts contributing to considering changes at the Grand Junction Regional Center include:

- The decrease in resident census. Table 20 illustrates the change in resident census at the GJRC ICF/IID since FY 2006-07.

Table 20: GJRC Average Daily Resident Census from FY 2006-07 Through FY 2014-15									
Regional Center	**FY 2006-07**	**FY 2007-08**	**FY 2008-09**	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**FY 2014-15**
Grand Junction ICF Census[1]	45	45	42	39	39	40	40	29	22
[1]Resident Census from FY 2006-07 through FY 2009-10 do not include the Skilled Nursing Facility beds.									

- The age and size of the GJRC campus, specifically:
    - The GJRC campus was built to house 900 residents with developmental disabilities and currently has 22 residents.
    - There are 28 buildings on the 45 acre campus, with an average age of 62 years, and 14 are of which are out of compliance with current building safety codes and 5 are in need of demolition. It would cost around $36.7 million to bring all buildings up to health and safety coded standards.

- Operational costs to staff, maintain, and provide utilities for the campus were around $1.7 million in FY 2013-14, and expected to remain the same in FY 2014-15.
- In the past 10 years, the Department has spent around $260,800 per year on controlled maintenance projects on the campus and has also spent $222,500 in emergency repairs since FY 2011-12.

Community Centered Boards have questioned the need to maintain both State operated waiver homes and privately operated waiver homes, especially regarding the reimbursement disparity. The average annual cost per resident for a Grand Junction HCBS-DD waiver bed in FY 2013-14 was $193,481 compared to $94,800 for a HCBS-DD waiver bed in the community *(Source: Page 55 Health Management Associates Regional Center Task Force Utilization Study, December 1, 2014).* The current Medicaid reimbursement rate for the Grand Junction ICF is $949.47 per resident per day or $346,557 per year compared to $644.51 per resident per day or $235,246 per year at WRRC. One reason for the increased cost at Grand Junction is the expense to maintain the vast campus which now serves only 22 residents.

At one point, the Department developed a plan to transition ICF residents from the GJRC campus to WRRC and to community placements as a means for addressing these concerns. This was met with concern from stakeholders and others alike, and the plan was discontinued. The Regional Center Task Force was created by HB 14-1338 as a response to these concerns and to provide a more global view of the Long Term Care system.

The Regional Center Task Force is statutorily responsible for making recommendations for the location, capacity, and type of services provided by the Regional Centers. The Task Force is expected to release its recommendations by December 2015, at which point the Department will take action to work with other State agencies involved with the licensure, financing, and operations of the Regional Centers to implement the Task Force recommendations. With SB 15-243 signed into law, the Department is statutorily prohibited from selling any Regional Center beds until May 16, 2016.

The Department does not know why perceptions continue in regard to moving ICF residents from GJRC to WRRC.

21. Please provide a list of all medical staff who have resigned or been terminated over the last twelve months by medical specialty and by facility. Please include a discussion on why these employees left. Please discuss the impact on the clients and their ability to get services. Please discuss the specifics of the Department's plan to replace these medical professionals or to replace their services from other state or community providers. How sustainable is the Department's plan and why?

No medical staff at any of the three Regional Centers have been terminated in the last 12 months. The following changes in medical staff have occurred since June 30, 2014:

GJRC:

- Dr. Dyrud, Psychiatrist at GJRC resigned his position at GJRC in July, 2014.
  - Waiver home residents have been transitioned to mental health coverage on a fee-for-service basis in the community and are now served through Mind Spring Community

Mental Health Center (as required by funding reimbursement changes); billed directly by Mind Spring to Medicaid State Plan.
    - ICF residents are also served by Mind Spring Community Mental Health Center, on a contract basis with GJRC (paid for by GJRC's rate) correct
- Dr. Doug Shenk, Medical Director/Physician at GJRC resigned his position to take another medical director position at the Rifle State Veterans Community Living Center (also a State owned 24/7 facility) in September 2014. GJRC replaced the Medical Director in February, 2015 on a contract basis.
- Dana Johnson, Director of Nursing at GJRC resigned her position in September 2014 and took a position at another Medicaid provider agency (Mind Spring Community Mental Health Center) on the Western Slope. GJRC hired a new Director of Nursing in December, 2014.
- Dr. Bronwen Magraw (part time) Physician at GJRC retired in September, 2014.

WRRC:

- Dr. Buzan, contract Psychiatrist at WRRC notified WRRC that he would provide psychiatric services at WRRC through 8/1/2015 and was not interested in renewing his contract. Dr. Michael Randolph will be providing services beginning 8/3/15. Dr. Randolph has been providing services to residents with dual diagnosis for 20 years and for the past 9 years has served as the team psychiatrist at the Developmental Disability Resource Center working with adolescents and adults with mild to profound developmental disabilities.

PRC:

- No medical providers at PRC have been terminated. Psychiatric services at PRC were discontinued in order to comply with recommendations included in the November, 2013 Office of the State Auditor Performance Audit. (See additional response to Question #22). Specifically, psychiatry services at PRC are no longer able to be covered in the cost-reimbursement methodology for PRC and psychiatry services are not covered services under the waiver.

  In discussing these changes with Dr. Buzan, PRC requested that Dr. Buzan become a Medicaid provider so that he could continue providing services at PRC and bill Medicaid directly in order to comply with the new funding mechanisms required by the audit. Dr. Buzan declined to become a Medicaid provider and was not interested in continuing in that capacity.

  Psychiatric services at PRC will be provided through Spanish Peaks Healthcare Systems, and billed directly to the Medicaid State Plan as required by the new funding methodology for Regional Centers licensed as HCBS-DD waiver homes.

Past practice allowed filling these positions with a mixture of State employees and contract providers. Current practice is consistent with this historic practice. We do not anticipate any sustainability issues in the future.

22. **For the past five years, please discuss how psychiatric services are provided at each Regional Center by type. Please include the number of providers, and the number of clients served by each provider, by year.**

    Submitted July 6, 2015.

23. **The current contracts for providing resident psychiatric services at Pueblo Regional Center and Wheat Ridge Regional Center terminate on July 1, 2015. Please provide the following information:**

    The Department would like to provide an update regarding the status of hiring a provider of psychiatric services for FY 2015-16 at WRRC:

    Similar to Dr. Buzan's arrangement, Dr. Michael Randolph will provide services beginning 8/3/15. Dr. Randolph has been providing services to residents with dual diagnosis for 20 years and for the past 9 years has served as the team psychiatrist at the Developmental Disability Resource Center working with adolescents and adults with mild to profound developmental disabilities.

    a. **The status of hiring a provider of psychiatric services for FY 2015-16;**

    Submitted July 6, 2015

    b. **What, if any, changes in providers will occur in FY 2015-16 from FY 2014-15;**

    Submitted July 6, 2015

    c. **A cost comparison of services provided in FY 2014-15 versus the projected FY 2015-16 costs;**

    Submitted July 6, 2015

    d. **Any explanation for these changes; and**

    Submitted July 6, 2015

    e. **A description of how residents will benefit from the change in services.**

    Submitted July 6, 2015

24. **Who will be providing psychiatric services at each Regional Center (by facility type) on and after July 1, 2015? Please provide the new provider's qualifications in regards to working with people who are dually diagnosed with both mental illness and intellectual and developmental disabilities.**

    Submitted July 6, 2015

    The Department would like to provide an update regarding the status of hiring a provider of psychiatric services for FY 2015-16 at WRRC:

Similar to Dr. Buzan's arrangement, Dr. Michael Randolph will provide services beginning 8/3/15. Dr. Randolph has been providing services to residents with dual diagnosis for 20 years and for the past 9 years has served as the team psychiatrist at the Developmental Disability Resource Center working with adolescents and adults with mild to profound developmental disabilities.

25. **What are the licensing requirements for psychiatric services for ICF/IID beds and HCBS beds? Please provide the federal and state requirements for psychiatric services. Please discuss how psychiatric services fall within the licensing requirements for each facility.**

    Submitted July 6, 2015

26. **Please discuss the availability of psychiatrists in Colorado who can provide these services. Please discuss what providers/organizations are required to provide these services. How many of these providers are willing provide these services? What are the barriers preventing providers from providing these services? Please include a discussion of the requirements placed on Behavioral Health Organizations for finding providers willing to provide these services.**

    Submitted July 6, 2015

27. **What investigations are currently ongoing related to the issues at Pueblo Regional Center and who is doing the investigations? How many employees have been or are currently placed on administrative leave at the Pueblo Regional Center during the abuse investigations? What is the status of the investigations?**

    The focus of current investigations at Pueblo Regional Center is the allegations concerning staff involvement in cases of alleged mistreatment, abuse, neglect, or exploitation. The investigations are being administered by the CDHS Appointing Authorities in accordance with State Personnel Board Rules. A total of 14 employees were initially placed on leave and an additional 4 employees were placed on leave for incidents occurring after the beginning of the investigation at PRC. A total of 18 employees have been placed on paid administrative leave since March 2015 as part of the investigation and interim management at PRC.

    The status of these 18 employees is included in the table below:

Table 27: Status of Employees Placed on Paid Administrative Leave from March 23, 2015 through July 31, 2015

Status	Number
Retired	1
Resigned	1
Terminated	1
Returned to Work with Disciplinary and/or Corrective Action	6
Returned to Work Cleared of Allegations	1
Moved from Paid Admin Leave to FML	1
Currently on Paid Administrative Leave	7
Total	**18**

In addition, investigations have been conducted by CDPHE, Pueblo County Adult Protective Services, the Pueblo County Sheriff, Disability Law Colorado, Centers for Medicaid and Medicare Services, the Department of Health Care Policy and Financing, and the Department of Personnel and Administration, Division of Risk Management contracted with Hall and Evans.

28. What are the known and projected legal costs as a result of the issues at the Pueblo Regional Center? Please include a listing by type (i.e. employee action, civil rights violation, personnel violation, State Attorney General legal services hours, etc.). How will the Department pay for these legal costs? Will these legal costs be rolled into Regional Center expenses and increase the cost the Regional Centers? How many hours to date has the Attorney General's Office provided to the Pueblo Regional Center related to the investigations?

a. What are the known and projected legal costs as a result of the issues at the Pueblo Regional Center?

To date, the Department has incurred $89,410 in legal costs as a result of the issues at the Pueblo Regional Center. Projected legal costs related to personnel matters resulting from issues at the Pueblo Regional Center are subject to attorney-client privilege and cannot be disclosed. There is no other pending litigation, so no other legal costs can be projected at this time.

b. Please include a listing by type (i.e. employee action, civil rights violation, personnel violation, State Attorney general legal services hours, etc.).

Table 28b below illustrates the break down of Attorney General's Office legal services hours by type. The categories of employee and personnel have been combined.

Table 28b: Legal Hours provided by the Attorney General's Office by Type (March 2015-June 2015)				
Month	General Legal Services	Employee/Personnel	Civil Rights	Total Hours
March 2015	23.3	-	-	23.3
April 2015	59.4	75.1	-	134.5
May2015	65.3	211.2	-	276.5
June 2015	222.1	226.7	-	448.8
Total	**370.1**	**513**	**-**	**883.1**

c. How will the Department pay for these legal costs?

The Department's budget includes a line item titled Legal Services for the purpose of purchasing legal services from the Department of Law. In FY 2014-15 the Department was appropriated $1,825,645 total funds for Legal Services.[1] Per SB 15-234, the FY 2015-16 Long Bill, the

[1] Per enacted version of SB 15-149 DHS FY 2014-15 Supplemental Bill.

Department is appropriated $1,751,889 for Legal Services based on 18,439 hours. At this time, the Department is able to manage within its appropriations for legal services and doesn't anticipate the need for supplemental funds.

Purchased legal services are billed to this line item and are not incurred by programs.

d. Will these legal costs be rolled into Regional Center expenses and increase the costs to the Regional Centers?

No. Per the response to C above, the legal costs are funded via the Legal Services appropriation and are not incurred by the programs. As a result the Regional Center expenses will not show these costs, nor will the costs of the Regional Centers be increased.

e. How many hours to date has the Attorney General's Office provided to the Pueblo Regional Centers related to the investigations?

Table 28e: Hours Provided by the Attorney General's Office at Pueblo Regional Center					
Hours Type	**March 2015**	**April 2015**	**May 2015**	**June 2015**	**Total**
Paralegal Investigative Services ($78.73/hr.)	0	4.1	16.4	36.2	56.7
Attorney Services ($102.79/ hr.)	23.3	130.4	260.1	412.6	826.4
Total	**23.3**	**134.5**	**276.5**	**448.8**	**883.1**

29. What is the State's potential liability related to these issues?

The Department cannot comment on the State's potential liability related to the Pueblo Regional Center investigations. No civil lawsuits have been filed against the Department related to the investigations. There are ongoing personnel actions involving PRC staff, but the Department cannot comment on the potential liability related to these cases due to attorney-client privilege and laws regarding confidentiality of personnel matters.

30. Please provide the following financial information, by fund source, related to the Pueblo Regional Center issues:

All funds within the Regional Centers are reappropriated Medicaid funds.

a. Salaries for employees placed on administrative leave;

Table 30a: Pueblo Regional Center Salaries for Employees Placed on Administrative Leave					
	March 2015	**April 2015**	**May 2015**	**June 2015**	**Total**
Administrative Leave Cost	$5,419	$45,978	$80,802	$69,538	$201,737

Source: Data was pulled from Kronos and CPPS.

b. Overtime costs for remaining staff by employee classification;

Table 30b: Pueblo Regional Center Overtime Costs by Employee Classification				
Classification	**April 2015**	**May 2015**	**June 2015**	**Total**
Client Care Aide I	$1,383	$766	$803	$2,952
Health Care Tech I	$0	$5,856	$5,904	$11,760
Health Care Tech II	$50	$0	$0	$50
Health Care Tech III	$0	$370	$154	$524
Health Care Tech IV	$335	$1,394	$1,557	$3,286
Health Professional III	$41	$0	$0	$41
Health Professional VII	$533	$3,662	$5,239	$9,434
Nurse I	$0	$128	$0	$128
Nurse II	$0	$3,560	$2,024	$5,584
Total	**$2,342**	**$15,736**	**$15,681**	**$33,759**

Source: Data was pulled from HRDW and CPPS.

c. List of employees "loaned" to the Pueblo Regional Center and the associated personnel costs, e.g. employees loaned from the Colorado Mental Health Center;

Table 30c: Pueblo Regional Center Total Cost for Loaned Employees from the Colorado Mental Health Institute at Pueblo				
Employee	**April 2015**	**May 2015**	**June 2015**	**Total**
Client Care Aide II	$0	$2,313	$0	$2,313
Police Officer I	$0	$1,620	$0	$1,620
Nurse V	$0	$7,358	$0	$7,358
Police Officer II	$0	$520	$0	$520
Nurse VI	$2,596	$2,387	$0	$4,983
Program Assistant II	$0	$3,332	$713	$4,045
Health Professional VII	$1,775	$5,593	$0	$7,368
Health Professional VII	$2,396	$5,113	$0	$7,509
Mid-level Provider	$0	$1,580	$0	$1,580
Nurse I	$0	$8,882	$7,555	$16,437
Police Officer I	$0	$939	$0	$939
Mid-level Provider	$771	$0	$0	$771
Nurse I	$0	$1,085	$4,852	$5,937
General Professional V	$1,759	$368	$175	$2,302
Nurse III	$1,144	$1,061	$770	$2,975
Police Officer II	$0	$1,078	$0	$1,078
Health Professional VI	$2,018	$3,937	$0	$5,955
Police Officer I	$0	$628	$0	$628
Nurse I	$0	$5,020	$6,607	$11,627
Nurse V	$0	$0	$2,720	$2,720

Table 30c: Pueblo Regional Center Total Cost for Loaned Employees from the Colorado Mental Health Institute at Pueblo				
Employee	**April 2015**	**May 2015**	**June 2015**	**Total**
Nurse V	$3,066	$10,374	$3,714	$17,154
Police Officer I	$0	$143	$0	$143
Police Officer II	$0	$1,831	$0	$1,831
Health Professional III	$2,294	$0	$0	$2,294
Nurse II	$0	$991	$1,193	$2,184
Nurse I	$0	$752	$1,178	$1,930
Mid-level Provider	$0	$1,784	$338	$2,122
Social Work/ Counselor III	$299	$6,062	$3,908	$10,269
Health Professional II	$0	$550	$0	$550
Total	**$18,118**	**$75,301**	**$33,723**	**$127,142**

Source: Data was provided from CMHIP administrative staff and CPPS.

d. Total cost, by fund source, of all temporary employees, including personal services, operating expenses, and training;

Table 30d: Pueblo Regional Center Total Cost for Temporary Employees				
	April 2015	**May 2015**	**June 2015**	**Total**
Total Cost for Temporary Employees	$2,508	$31,350	$57,877	$91,735

Source: Data was gathered through CMHIP staffing office and CORE.

e. Cost to interview all Pueblo Regional Center employees; and,

The cost to interview PRC employees was $31,909, performed by Lynch Services Company.

f. Other costs that do not fit into one of the above categories.

Table 30f: Other Costs at Pueblo Regional Center from March 2015 through June 2015	
Item	**Total Cost**
Legal (Attorney General's Office)	$89,410
Miscellaneous Travel	$7,257
Total	**$96,667**

Source: Data was provided from AG invoices and CORE.

31. Please provide, by group home, the client to staffing ratios by month for the past twelve months.

Please see response to Question 1, Subpart e.

32. How the Department is ensuring the personal safety of residents, including specific examples, policies, and procedures.

The Department takes seriously its legal, ethical and moral obligations to ensure the safety, health, and well-being of the men and women who reside in the three Regional Centers.

On May 28, 2015 and May 29, 2015 Health Care Policy and Financing (HCPF) staff met with staff from Pueblo Regional Center (PRC) and the Community Centered Board (CCB) case management agency for most of the PRC residents - Colorado Bluesky Enterprises (CBE). Each meeting consisted of a review of current processes related to Critical Incident Reporting (CIR), MANE (Mistreatment, Abuse, Neglect and Exploitation) investigations, and Human Rights Committee (HRC).

Based on the HCPF review and visit, new procedures for outside independent review of incidents that occur at PRC were developed. As of July 1, the CCB reviews 100% of PRC incidents and does a separate investigation for all critical incidents. In addition, the PRC Human Rights Committee was incorporated into the Colorado Bluesky HRC starting July 1. An additional meeting was held July 22nd.

Pueblo Regional Center policies were reviewed and updated, and new policies were drafted and approved. All policies became effective by June 26, 2015. The policies included: DRCO Governing Body, Quality Assurance and Performance Improvements (QAPI), Rights of Persons Receiving Services, procedures for Emergency on Call Duty Officer, Human Rights Policy and Human Rights Committee Procedure, Incident Reporting and Mistreatment Abuse Neglect and Exploitation (MANE). The updated policies enhance the oversight of PRC and its group homes. These policy updates improve both internal oversight, through detailed staff workflows for critical and non-critical incidents, and external oversight, through reporting to parents or guardians, law enforcement, and the third-party advisory CCB Quality Assurance and Human Rights Committee. In particular, the HRC reviews and will assist the PRC Director in monitoring resident medical care and health, allegations of abuse and neglect, and civil rights violations.

Colorado Department of Human Services (CDHS) established a Governing Body Policy that defines CDHS, through the Division of Regional Center Operations (DRCO), as the governing body for PRC, describes the body's authority and responsibility for Regional Center operations, and provides for the oversight of the Regional Centers, including authority to perform emergency interventions. This policy applies to all three Regional Centers.

PRC established a new Quality Assurance and Performance Improvement (QAPI) policy to provide clear, consistent, and effective practices through direct and continuous monitoring, analysis of trends, and recommendations for quality improvement. As detailed in the policy, the QAPI committee will meet monthly to review data such as incident reports, medication and nutrition variances, falls, and other concerns in order to identify trends and develop processes and new approaches to fix identified problems. The QAPI committee will document its actions in reports and minutes, and its outcomes will be communicated to the DRCO Director according to the governing body policy. PRC's QAPI Committee shall consist of QA staff, the PRC Director, the Director of Nursing, Infection Control Nurse, the Program Services Director, Direct Care Staff, and a Safety Representative. Other participants may include an Environment/Facilities Representative, the Health Services Director/Medical Director, Occupational Therapist, and other members as deemed appropriate.

Revisions to the incident reporting policy will ensure that critical incidents, including all allegations of mistreatment, abuse, neglect or exploitation (MANE), will be communicated to CDHS executive management immediately and to CDPHE, law enforcement, and Adult Protective Services within 24 hours of receipt of incident summary. In addition, each critical incident will trigger a review by the QAPI committee as well as reporting to the CCB Quality Assurance department and CCB Human Rights Committee, which are external to PRC's administration. These policies require regular meetings between Regional Center administration and the DRCO and require timely reporting to the DRCO regarding any potential threats to resident wellbeing. The Division Director shall rely on at a minimum: the individual Regional Center's adherence to and outcomes of their QAPI Policy; adherence to and outcomes of the Occurrence Reporting Policy; adherence to and outcomes of Incident Reporting Policy; adherence to and outcomes of the MANE Policy; in addition to periodic management team meetings both at the Division and individual Regional Centers.

In addition, the Department will convene a group of stakeholders, including parents, guardians, and residents to advise on refinements to the standardized consent process. The consent workgroup is scheduled to provide recommendations on a revised consent form and policy to the Department by August 1, 2015.

All PRC staff are in the process of being trained on the revised and new policies. The training was completed by 7/24/15. This education will be provided upon hire, annually, and as needed. In addition, DHS provided additional training to PRC staff including Cardiopulmonary Resuscitation (CPR), first aid, staff supervision and progressive discipline, review of nursing procedures, and implementation of new processes to improve the quality of resident care.

These internal and external review mechanisms will promote early detection and elimination of unauthorized deviation from policies, incident workflows, and resident rights standards.

The revised and newly developed policies will be compared to existing policies at WRRC and GJRC, and changes made as needed to ensure consistent practice across all regional centers that ensure the health and safety of all residents. This process will be completed by September 30, 2015 and staff retrained on policy trainings.

33. New procedure for staff re-assignment based on seniority. Anticipated benefits and associated costs?

Double shifts and overtime pay can be exacerbated by the overall staffing schedule becoming "imbalanced." A good schedule has enough staff assigned to each shift with alternating days off to adequately cover the required staffing. Balanced schedules allow for one staff to be off for routine days off, and one staff to be on some type of leave status (sick time, vacation, holiday, injured on duty, etc.), while maintaining the basic safe coverage. Over time, when employees quit, retire, or transfer to another unit, some schedules have too few staff assigned to a particular shift or too many employees with the same days off. This situation creates some days of the week when if even one person on the shift is on leave the shift is short staffed, leading to a need for double shifts. The Regional Centers are in the process of evaluating the schedules at all the facilities and re-balancing where needed.

The Pueblo Regional Center studied the schedules in May, discovered imbalances, and developed a balanced schedule template. The template and the need to re-balance these to reduce mandatory double

shifts was discussed with staff at Staff Meetings and Employee/Colorado WINS meetings. Employees were then sent letters explaining the situation and giving them notice for the planned date of June 26 to re-assign staff to different shifts or days off to balance the master schedule. On June 26 the employees chose the best shift for their needs on an agency seniority basis. The new balanced master schedule went into effect July 11, 2015. (The staff were allowed 2 weeks to plan any changes in personal life needs, e.g., babysitting, etc.).

GJRC and WRRC will also undergo a rebalancing effort.

The associated costs of balancing the schedule:

1. The Department does not anticipate any costs associated with balancing the schedule.

The anticipated benefits of balancing the schedule:

1. Each home now has adequate staff assigned on all 3 shifts by total number and by required licensure to give medications and provide consistent high quality care. When the schedule is balanced, one staff can be off on leave and one staff on regular days off without requiring staff to be called in or pulled between homes.

2. Enough staff assigned to each home, each shift, instead of too many in the float pool, leads to the same staff providing services to the residents on that home. The staff are able to become well versed on the residents' individualized treatment plans and the care improves.

3. The balanced schedule model creates a stable home environment conducive to team building, more loyalty and investment in the home, and better retention of staff.

4. There is the potential for savings since there may be less overtime worked.

CDHS COLORADO Office of Performance & Strategic Outcomes
Division of Budget & Policy

Revised Information to the July 6, 2015 Response to the JBC Regional Center Letter Sent by Sarah Sills Aug. 14, 2015

The Department provided the JBC with data on July 6, 2015 in response to the JBC Regional Center Letter asking several questions regarding the Regional Centers. In the JBC Regional Center Letter, question 8 asked:

> For the past twelve months, by month, how many staff are on leave at each Regional Center, by facility type? Please discuss the type of leave (i.e. vacation, sick, injury, etc.). What is considered normal (and what is this based on) for the number of employees by type of leave? If the figures are not within the normal range, please explain why.

The Department gathered data and provided its response to the JBC on July 6, 2015. After continuous review of its response and with subsequent questions from the JBC, the Department concluded that the data provided for question 8 in its July 6, 2015 responses is incorrect. As a result, the Department wanted to provide the corrected information as quickly as possible.

The original data was compiled utilizing reports from the Department's time keeping software (Kronos). The Kronos reports understated worked hours because the system queries captured primarily non-exempt employees who used a time clock to account for worked hours. Additionally, worked and leave hours were misrepresented in the event an employee's work status changed during the query time frame (e.g. an employee was separated or transferred, so the system dropped that employee from the report and the leave and worked hours were not included). The Department has now modified the time keeping software query tool to capture the appropriate data.

For example, data provided on July 6, 2015 on Table 8 Part 2a shows Administrative Leave hours for GJRC at 894 hours during FY 2009-10. The revised data shows 2,426 Administrative Leave hours, now accounting for employees that were not captured in the initial system query.

Revised Response to Question 8:

> The source for this data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shifts of leave within one month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
>
> Family Medical Leave hours are captured in the Sick, Annual, and Unpaid Leave categories in the following tables.
>
> The State system provides 2 weeks of paid vacation per year minimum, 2 weeks of paid holiday time per year, and gives employees 79.92 hours of sick leave accrual per year. Senior employees earn more than 4 weeks of paid vacation per year. The paid time off the

employee accrues is what would be expected for them to schedule in leave time. This can be up to 8 weeks annually of pre-approved leave and some sick time as needed.

Regarding use of sick time and injury leave: Employees in health care jobs often use more than this amount due to:

- Working with residents in close contact and with body fluids results in a higher risk of communicable disease
- Working in a stressful environment performing very physical tasks like lifting and total physical care may cause back strains, etc.
- High turnover in the lower pay classifications, especially Client Care Aides, (they make barely above minimum wage with a difficult job with responsibility for others' well-being) creates a constant re-training environment and longer term staff burn out
- High risk for assault to employees from this population

Revised Table 8 Part 1a: Grand Junction Regional Center Leave Hours from May 2014 through April 2015[1]												
Grand Junction ICF/IDD & HCBS[2]	**May 2014**	**Jun. 2014**	**Jul. 2014**	**Aug. 2014**	**Sept. 2014**	**Oct. 2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
Total Hours Worked[3]	**38,424**	**36,951**	**39,688**	**38,991**	**37,771**	**38,582**	**35,820**	**36,921**	**36,041**	**33,036**	**36,642**	**35,461**
Sick Leave	1,317	1,487	1,643	1,680	1,562	1,725	1,550	1,691	2,023	1,658	1,469	1,414
Annual Leave	4,242	4,582	3,117	2,725	3,453	2,702	2,178	2,540	1,770	1,839	2,363	2,551
Holiday Leave	1,363	764	2,625	1,283	1,909	1,568	2,180	2,345	2,371	1,608	1,286	970
Comp Taken	22	69	56	45	8	12	9	22	11	16	1	11
Admin Leave	586	295	227	222	189	333	210	352	293	175	184	205
Jury Leave	-	12	3	7	3	16	-	2	-	-	3	-
Funeral Leave	108	261	124	69	207	48	201	131	148	155	72	88
Military Leave	-	-	-	-	-	-	-	-	-	-	-	-
IOJ Work Comp	323	645	1,012	1,121	650	406	248	285	372	399	831	1,086
Unpaid Leave	530	683	996	860	795	925	1,156	1,436	1,356	1,331	1,281	1,209

Total Hours of Leave	8,491	8,798	9,803	8,012	8,777	7,735	7,733	8,802	8,345	7,181	7,489	7,533
% Hours of Leave vs. Worked	*22%*	*24%*	*25%*	*21%*	*23%*	*20%*	*22%*	*24%*	*23%*	*22%*	*20%*	*21%*

Note:
[1]Data has been revised as of August 14, 2015. The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shifts of leave within one month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Since staff commonly work both ICF/IDD and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.
[3]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Revised Table 8 Part 1b: Pueblo Regional Center
Leave Hours from May 2014 through April 2015[1]

Pueblo HCBS	May 2014	Jun. 2014	Jul. 2014	Aug. 2014	Sept. 2014	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	Mar. 2015	Apr. 2015
Total Hours Worked[2]	**25,527**	**23,899**	**25,774**	**25,044**	**24,962**	**25,835**	**23,697**	**25,475**	**25,760**	**23,147**	**24,986**	**24,096**
Sick Leave	1,091	1,262	1,284	1,402	1,254	1,536	1,276	1,279	1,104	1,338	1,518	1,001
Annual Leave	2,156	2,530	2,554	3,174	1,901	1,590	1,240	1,683	649	1,002	1,697	1,589
Holiday Leave	1,095	939	1,014	285	1,046	1,089	1,705	1,445	1,920	1,610	1,115	642
Comp Taken	773	475	468	323	294	610	593	412	370	292	488	473
Admin Leave	16	152	32	28	216	20	312	448	82	168	482	1,684

Revised Table 8 Part 1b: Pueblo Regional Center Leave Hours from May 2014 through April 2015[1]												
Pueblo HCBS	**May 2014**	**Jun. 2014**	**Jul. 2014**	**Aug. 2014**	**Sept. 2014**	**Oct. 2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
Jury Leave	8	-	-	16	8	-	-	4	-	16	8	5
Funeral Leave	52	171	142	104	176	150	90	150	465	105	314	195
Military Leave	-	-	-	-	-	-	-	-	-	-	-	-
IOJ Work Comp	409	361	248	251	257	221	178	226	243	228	398	455
Unpaid Leave	1,085	919	464	742	679	502	229	303	197	76	280	319
Total Hours of Leave	**6,686**	**6,810**	**6,206**	**6,324**	**5,832**	**5,717**	**5,623**	**5,949**	**5,030**	**4,836**	**6,299**	**6,362**
% Hours of Leave vs. Worked	*26%*	*28%*	*24%*	*25%*	*23%*	*22%*	*24%*	*23%*	*20%*	*21%*	*25%*	*26%*

Note:
[1]Data has been revised as of August 14, 2015. The source of data is Kronos. The original request was for staff count. However, since a staff member may have multiple days/shifts of leave within one month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Revised Table 8 Part 1c: Wheat Ridge Regional Center Leave Hours from May 2014 through April 2015[1]												
Wheat Ridge ICF/IID	**May 2014**	**Jun. 2014**	**Jul. 2014**	**Aug. 2014**	**Sept. 2014**	**Oct. 2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
Total Hours Worked[2]	**59,778**	**56,618**	**60,016**	**56,957**	**57,352**	**59,992**	**54,831**	**58,124**	**56,203**	**54,099**	**60,038**	**57,005**
Sick Leave	1,884	2,079	1,770	1,822	1,544	1,283	1,356	1,886	1,425	1,311	1,538	1,566
Annual Leave	3,310	4,713	4,190	4,614	3,182	3,640	3,479	3,648	2,501	2,093	3,045	3,127
Holiday Leave	3,118	1,826	2,480	1,781	2,777	2,879	3,886	3,145	4,141	3,047	2,155	387
Comp Taken	500	432	341	391	527	482	485	754	425	460	708	919
Admin Leave	184	52	257	246	130	273	269	650	608	80	486	120
Jury Leave	8	8	-	8	8	16	-	10	8	16	16	24
Funeral Leave	144	56	211	102	32	194	96	82	79	120	163	132
Military Leave	-	-	32	24	-	64	-	-	-	-	-	22
IOJ Work Comp	243	287	206	177	153	106	13	84	101	5	24	89
Unpaid Leave	1,088	1,280	1,496	1,432	1,631	1,565	1,510	1,782	1,585	1,706	1,419	1,047

Revised Table 8 Part 1c: Wheat Ridge Regional Center Leave Hours from May 2014 through April 2015[1]												
Wheat Ridge ICF/IID	**May 2014**	**Jun. 2014**	**Jul. 2014**	**Aug. 2014**	**Sept. 2014**	**Oct. 2014**	**Nov. 2014**	**Dec. 2014**	**Jan. 2015**	**Feb. 2015**	**Mar. 2015**	**Apr. 2015**
Total Hours of Leave	**10,479**	**10,733**	**10,983**	**10,597**	**9,984**	**10,502**	**11,093**	**12,040**	**10,872**	**8,837**	**9,554**	**7,432**
% Hours of Leave vs. Worked	*18%*	*19%*	*18%*	*19%*	*17%*	*18%*	*20%*	*21%*	*19%*	*16%*	*16%*	*13%*

Note:
[1]Data has been revised as of August 14, 2015. The original request was for staff count. However, since a staff member may have multiple days/shifts of leave within one month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Revised Table 8 Part 2a Leave Hours at Grand Junction Regional Center from FY 2009-10 through April 2015[1]						
Grand Junction ICF/IDD&HCBS[2]	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014-April 2015**
Total Hours Worked[3]	**586,079**	**553,258**	**562,706**	**499,953**	**476,291**	**444,328**
Sick Leave	27,016	23,752	24,579	19,015	18,311	19,218
Annual Leave	43,408	39,519	39,621	32,922	31,580	34,062
Holiday Leave	26,544	24,756	25,596	22,510	21,585	20,272
Comp Taken	422	198	372	314	485	282
Admin Leave	2,426	1,901	4,586	4,186	5,094	3,270
Jury Leave	134	118	66	44	136	46
Funeral Leave	1,936	1,865	1,964	1,642	1,620	1,610
Military Leave	-	-	-	-	-	-
IOJ Work Comp	10,158	6,586	8,416	11,141	8,231	7,378
Unpaid Leave	26,114	14,583	13,198	14,631	12,597	12,560
Total Hours of Leave	**138,157**	**113,278**	**118,398**	**106,406**	**99,639**	**98,698**
% Hours of Leave vs. Worked	*24%*	*20%*	*21%*	*21%*	*21%*	*22%*

Note:
[1]Data has been revised as of August 14, 2015. The original request was for staff count. However, since a staff member may have multiple days/shifts of leave within one month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Since staff commonly work both ICF/IDD and HCBS (many times within the same shift) at Grand Junction, the totals have been combined to avoid double counting data.
[3]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Revised Table 8 Part 2b Leave Hours at Pueblo Regional Center from FY 2009-10 through April 2015[1]						
Pueblo HCBS	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014-April 2015**
Total Hours Worked[2]	**294,098**	**298,770**	**298,963**	**310,830**	**310,177**	**298,199**
Sick Leave	13,519	13,149	13,383	13,692	13,880	15,346
Annual Leave	19,346	20,155	17,563	18,642	21,133	21,764
Holiday Leave	13,519	13,455	13,650	14,362	14,526	13,907
Comp Taken	5,159	5,757	6,627	6,699	7,017	5,572
Admin Leave	1,550	1,444	2,155	2,632	1,896	3,638
Jury Leave	28	89	116	74	29	65
Funeral Leave	1,171	1,480	1,518	1,772	1,719	2,113
Military Leave	-	-	-	-	-	-
IOJ Work Comp	3,787	4,050	4,580	8,614	7,638	3,474
Unpaid Leave	10,698	6,952	13,953	8,984	11,273	5,795
Total Hours of Leave	**68,777**	**66,530**	**73,545**	**75,469**	**79,111**	**71,674**
% Hours of Leave vs. Worked	*23%*	*22%*	*25%*	*24%*	*26%*	*24%*

Note:
[1]Data has been revised as of August 14, 2015. The original request was for staff count. However, since a staff member may have multiple days/shifts of leave within one month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.

Revised Table 8 Part 2c Leave Hours at Wheat Ridge Regional Center from FY 2009-10 through April 2015[1]						
Wheat Ridge ICF/IID	**FY 2009-10**	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**	**May 2014-April 2015**
Total Hours Worked[2]	**690,285**	**666,217**	**655,241**	**660,931**	**694,843**	**691,014**
Sick Leave	28,194	27,152	26,220	23,771	24,372	19,464
Annual Leave	45,309	44,367	42,597	39,335	38,378	41,541
Holiday Leave	31,324	29,623	29,585	28,810	30,115	31,620
Comp Taken	2,990	2,026	3,613	5,401	4,112	6,423
Admin Leave	3,286	3,702	4,099	3,171	2,336	3,355
Jury Leave	237	176	144	217	146	122
Funeral Leave	1,500	1,413	2,275	1,533	1,641	1,411
Military Leave	120	184	232	144	120	141
IOJ Work Comp	4,320	3,311	8,374	2,714	2,349	1,488
Unpaid Leave	22,723	24,417	18,025	17,455	16,069	17,542
Total Hours of Leave	**140,002**	**136,370**	**135,164**	**122,552**	**119,636**	**123,105**
% Hours of Leave vs. Worked	*20%*	*20%*	*21%*	*19%*	*17%*	*18%*

Note:
[1]Data has been revised as of August 14, 2015. The original request was for staff count. However, since a staff member may have multiple days/shifts of leave within one month, the Department has provided hours (i.e. 80 hours of leave would have counted as one versus eighty). This helps provide a relative comparison to hours worked versus hours of leave.
[2]Total hours worked was not requested by the JBC but has been provided in order to put the data for leave hours in context.