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Colorado Department of Human Services
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Joint Budget Committee Hearing:

Executive Director's Office

Services for People with Disabilities

Colorado Department of Human Services
December 23, 2013

Mission, Vision and Values

Colorado Department of Human Services
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Mission

The people of Colorado are safe, healthy and are prepared to achieve their greatest aspirations.

Vision

Collaborating with our partners, our mission is to design and deliver high quality human services and health care that improve the safety, independence, and well-being of the people of Colorado.

Values

The Colorado Department of Human Services will:

- Make decisions with and act in the best interests of the people we serve because Colorado's success depends on their well-being.
- Share information, seek input, and explain our actions because we value accountability and transparency.
- Manage our resources efficiently because we value responsible stewardship.
- Promote a positive work environment, and support and develop employees, because their performance is essential to Colorado's success.
- Meaningfully engage our partners and the people we serve because we must work together to achieve the best outcomes.
- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.

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Reggie Bicha
Executive Director

- Deputy Executive Director of Enterprise Partnerships
  - Communications Director
  - Executive & Legislative Liaison
  - Boards & Commissions
  - County Services
  - Client Services/ Controlled Correspondence
- Deputy Executive Director of Operations
- Office of Performance & Strategic Outcomes
  - Administrative Review
  - Audits
  - Food Stamp Quality Assurance
  - Performance Management
  - Budget & Policy
- Office of Long Term Care
  - Deputy Director
  - Adult Protection Services
  - Veterans Nursing Homes
  - Regional Centers
  - Disability Determination Services
  - Developmental Disabilities
  - Vocational Rehab. Services
- Office of Children, Youth & Families
  - Deputy Director
  - Child Welfare
  - Youth Corrections
- Office of Economic Security
  - Deputy Director
  - Colorado Works
  - Child Support Services
  - Food & Energy Assistance
  - Refugee Services
- Office of Administrative Solutions
  - Employment Affairs
  - Financial Services
  - Facilities Management
  - Business Technology
- Office of Early Childhood
  - Early Care & Learning
  - Community & Family Support
- Office of Behavioral Health
  - Deputy Director Operations
  - Deputy Director Clinical Services
    - Colorado Mental Health Institute at Pueblo
    - Colorado Mental Health Institute at Fort Logan
  - Deputy Director Community Programs

2014-15 Strategic Initiatives

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- To improve kindergarten readiness through quality early care and learning options for all Coloradans
- **To expand community living options for all people with developmental disabilities**
- To achieve economic security for more Coloradoans through employment
- To ensure child safety through improved prevention, access, and permanency
- To achieve a statewide crisis response system and expand community supports in mental health and substance abuse
- **To prepare Colorado to meet the needs of more seniors who choose to live and thrive in their homes and communities**

FY 2014-15 Budget Requests

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Executive Director's Office

- Talent Development and Training
- DHS Long Bill Reorganization

Long Term Care

- Regional Center Capital Outlay
- State Veterans Nursing Homes Resident Security & Support (Capital Request)

Counties and Partners

- 1.5% Community Provider Rate Increase

Executive Director's Office

Office of Long Term Care

Vocational Rehabilitation

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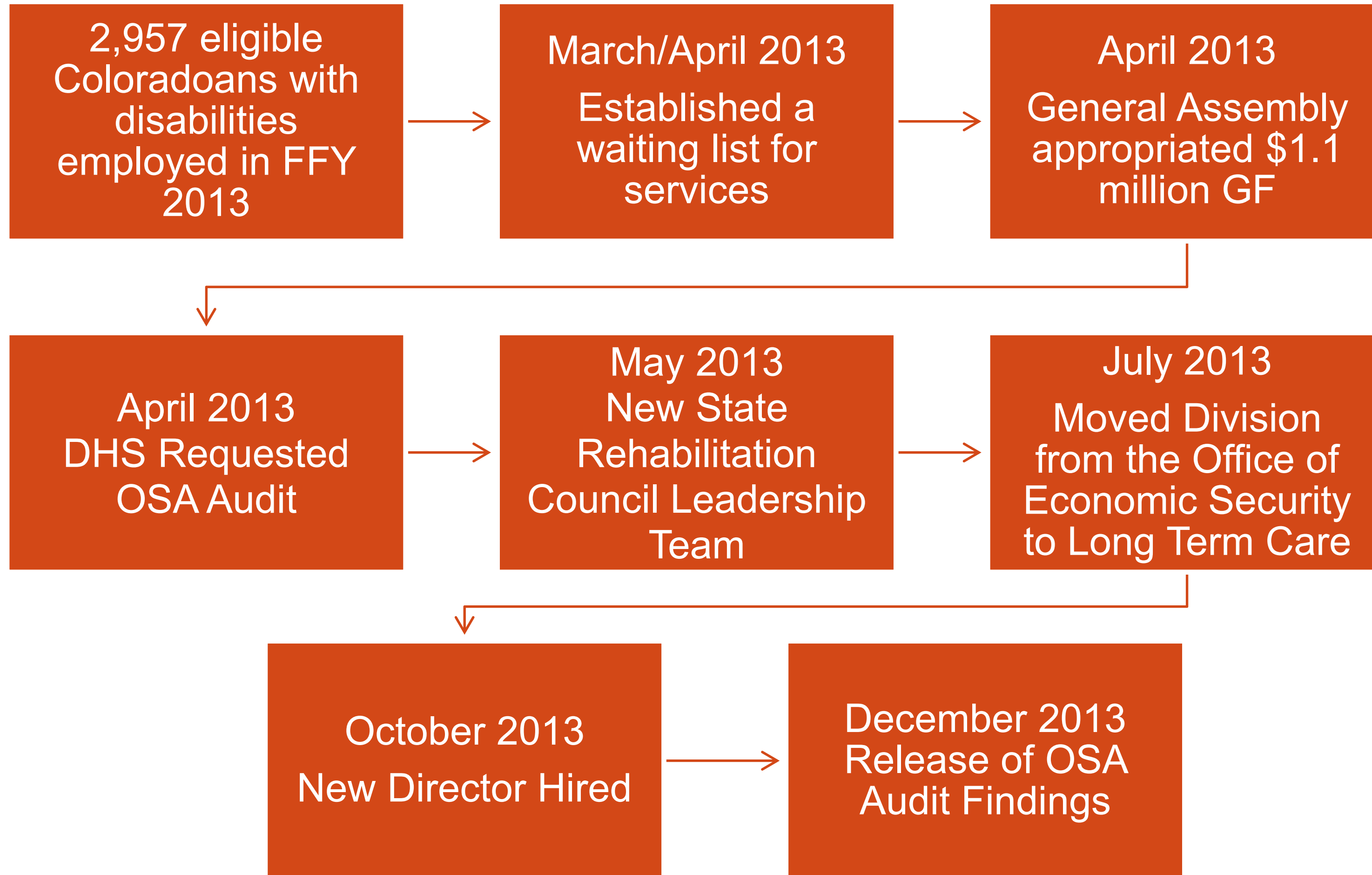

Audit Findings

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- 20 audit findings released December 10
- Themes:
  - Oversight
  - System of controls
  - Culture of accountability
- DHS agreed with all findings
- Full implementation of all findings by December 2014

CDHS Actions

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- Relocated the program to the Office of Long Term Care
- Hired a new Division Director
- Reviewed and corrected 6,000 cases as of December 2013, representing 50% of cases
  - Review additional 6,000 cases by July 30, 2014
- Developing new policies and procedures
- Created three new C-Stat measures

Regional Centers - Bobby King

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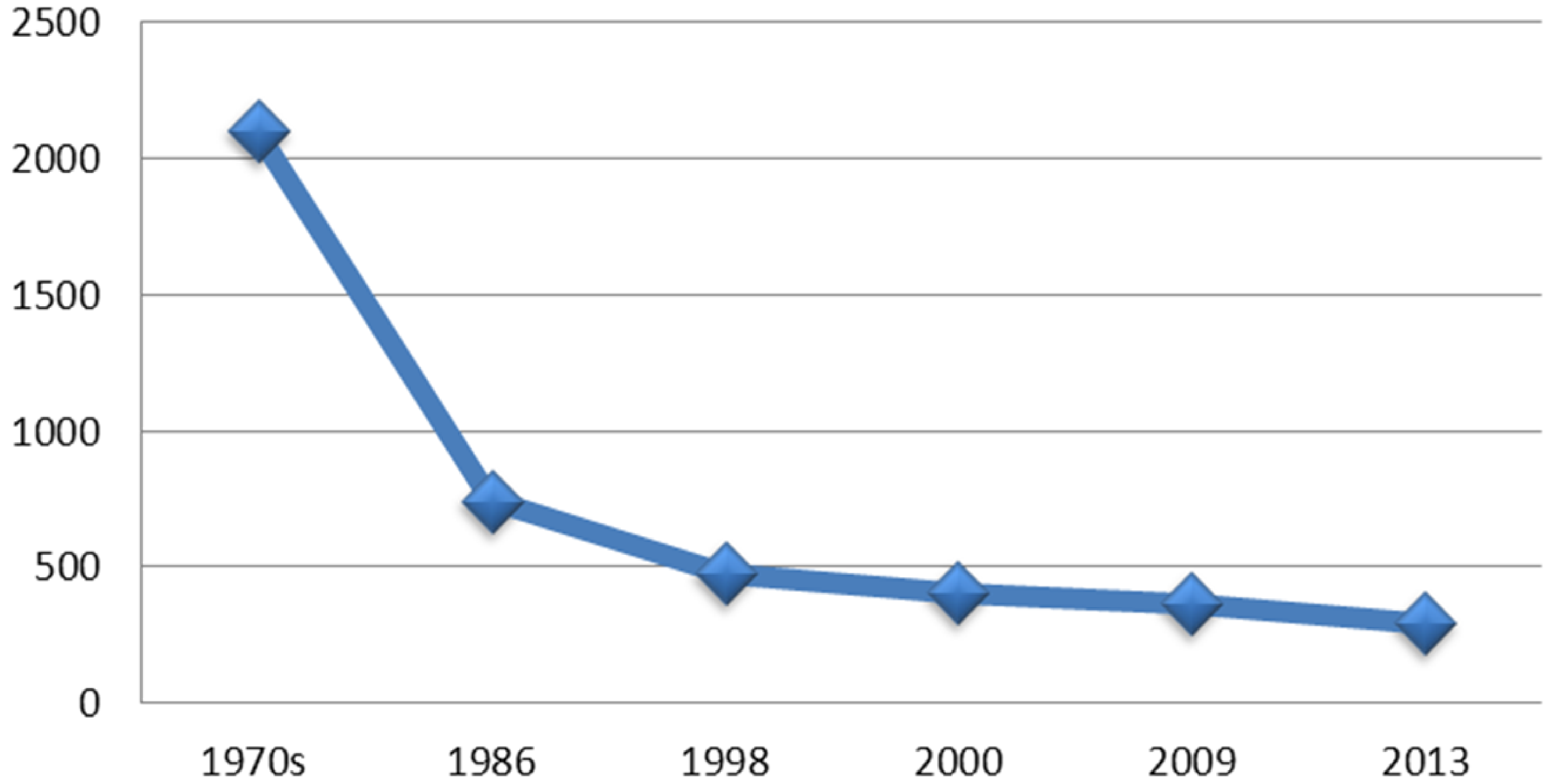
" I think he's doing great, just wonderful. He really enjoys it there. He is a people person and he likes the people there."

Bobby's mom, Ruth Weichselbaumer

- 53 years old; 47 of those spent at the Wheat Ridge Regional Center
- Lives at Imagine!
- Bobby enjoys outings with caregivers – wants to go tobogganing
- Got to grow a beard


Historical Population
of the Regional Centers
2500
2000
1500
1000
500
0
1970s
1986
1998
2000
2009
2013

C-STAT ACHIEVING RESULTS FOR COLORADO

Regional Center Transitions

All Models as of 12/23/13

169 Individuals Ready for Transition into the Community from the RCs

80 Individuals Have Successfully Transitioned to a Private Provider

89 Individuals Remain in the RCs

- **65 Individuals** – Barrier of Guardian Refusal
- **1 Individuals** – Referral Packets Sent
- **4 Individuals** – Awaiting Provider Interest
- **6 Individuals** – Provider Available
- **6 Individuals** – Facilitated by CO Choice Transitions program
- **7 Individuals** – On Hold For External Reasons

Reference Data

Office of Long Term Care

Regional Centers

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Internal Working Document

Regional Center Audit

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- 11 audit findings released December 9, 2013
- Themes:
  - Common rate methodologies between DHS and HCPF
  - Improve transition readiness assessments, process and performance monitoring related to transitioning of clients to the community
- DHS and HCPF agreed with all findings
- Full implementation of all findings by July 2014

Regional Center Capital Outlay

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- 40 group homes
- Homes built between 1980-1982
- Since 1998 $1.7 million on 33 homes
  - Average of $2,832 per house per year
  - Improvements included: flooring, countertops, cabinets and roof replacements
- Comprehensive evaluation of the homes and needed repairs

Transition of Youth From Child Welfare to the IDD System

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	Child Welfare System	Developmental Disability System
Provision of services intended to:	• Strengthen the ability of a family to protect and care for their own children, • minimize harm to children and youth, and • ensure timely permanency	• Ensure inclusion in the community, • be self directed, • establish and maintain relationships, • develop and exercise competencies and talents, and • experience personal security and self-respect

Strategies

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- Increased funding for the Children’s Extensive Support Waiver
- Monitoring individual cases via C-Stat
- Changing policies/practices to refer youth in the child welfare system to the developmental disability system
- TRAILS enhancements
- Strategizing role/responsibilities related to CHRP between HCPF and DHS
- Aligning foster home and host home regulations

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FACT SHEET

FY 2014-15 Budget Request:
Executive Director's Office and Office of Long Term Care

Below are components of the Department of Human Services FY 2014-15 budget request related to the Executive Director's Office and the Office of Long Term Care

Talent Development and Training
Request: $357,501 total funds/General Fund

- The Employment Affairs Division performs all activities related to the Department's employees, including but not limited to recruitment, orientation, benefits administration, evaluations, performance and personnel records management.
- The Division currently has 3.0 FTE devoted to training the Department's 5,200 employees.
- Three areas of employee training are in need of improvement, including traditional employee training and supervisor/management training.
- Funding will be used in provide Department of Personnel and Administration approved training for the Department.

1.5% Community Provider Rate Increase
$10,678,640 total funds including $7,372,908 General Fund

- Numerous departments in the State of Colorado contract with community providers to provide services to eligible clients.
- The following programs typically receive community provider rate adjustments: County Administration, Child Welfare, Child Care, Mental Health Community Programs, Vocational Rehabilitation, Child Welfare Ombudsman, and Youth Corrections community programs.

Regional Center Capital Outlay
$420,000 total funds including $210,000 Medicaid General Fund

- The Department operates home and community services waiver group homes at its three Regional Centers.
- The proposed funds would address flooring and cabinet replacement at 12 of these homes to address hazardous conditions for residents and staff to ensure the homes provide "...a home-like environment that is clean, sanitary and free of hazards to health and safety" as defined by the Department of Public Health and the Environment standards.

DHS Long Bill Reorganization
$0 total funds

- Request is to realign the Long Bill structure in the FY 2014-15 Long Bill and beyond to more accurately reflect the structure and operations of the agency and increase transparency.
- Beyond the Executive Director's Office, the Department is organized in to six management units: Office of Long Term Care: Office of Children, Youth & Families; Office of Economic Security; Office of Behavioral Health; Office of Early Childhood; and Office of Administrative Solutions.

December 23, 2013

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DEPARTMENT OF HUMAN SERVICES
FY 2014-15 JOINT BUDGET COMMITTEE HEARING AGENDA
Monday, December 23, 2013
1:30 pm – 5:00 pm

The first section of this hearing agenda pertain to questions related to the November 13, 2013 Department of Human Services briefing. The second section of this agenda pertains to questions related to the Department of Health Care Policy and Financing November 13, 2013 briefing.

Section 1 – Department of Human Services

1:30-1:40 DEPARTMENT REORGANIZATION

1. Please explain why the Department wants to reorganize the Long Bill.

The Department's request proposes to re-align the Long Bill in FY 2014-15 to reflect the organizational structure and operations of the agency in order to maximize resources and ensure accountability and transparency. In addition to the Executive Director's Office, the Department currently has six offices in order to provide effective, efficient and elegant human services and healthcare. The intent of the office structure is to facilitate a cross system approach to health and human services in the State of Colorado.

The disconnect between the Department's organizational and operational structure and the current Long Bill is problematic in terms of managing resources, decision making, responsible stewardship, information sharing, achieving best outcomes and engaging our partners and the people we serve.

The Executive Director's Office is responsible for the activities of the Department, which are directed by state law to manage, administer, oversee, and deliver human services in Colorado. The Executive Director's Office includes staff and operating resources for the Executive Director, Enterprise Partnerships, and the Office of Performance and Strategic Outcomes, as well as all the Department wide centralized and common policy appropriations. The six health and human services offices include the following:

- **Office of Administrative Solutions (OAS) provides services that include financial management, facilities management, employment affairs and business technology.**
- **Office of Behavioral Health (OBH) oversees the public behavioral health system in the State.**
- **Office of Children, Youth and Families (OCYF) delivers quality services that improve the safety, permanency and well-being of children, youth, and families.**
- **Office of Early Childhood (OEC) provides programs and services that support high quality environments for all children birth through eight years of age.**
- **Office of Economic Security (OES) provides employment, income, nutritional, and support services to people in need.**

- **Office of Long Term Care (OLTC) provides oversight of programs for older adults, at-risk adults, veterans and persons with a disability.**

The Department of Human Services section of the Long Bill (Part VII) is currently split into eleven Long Bill groups. The proposed re-alignment would structure the Long Bill as follows:

Office	FY 2013-14 Long Bill (SB 13-230)
Executive Director's Office	**(1) Executive Director's Office (A) General Administration**
	(1)(B) Special Purpose*
Office of Administrative Solutions	**(2) Office of Information Technology Services**
	(3) Office of Operations
Office of Behavioral Health	**(8) Behavioral Health Services****
Office of Children, Youth and Families	**(5) Division of Child Welfare**
	(11) Division of Youth Corrections
Office of Early Childhood	**(6) Division of Child Care**
Office of Economic Security	**(4) County Administration**
	(7)Office of Self Sufficiency (A) Administration
	(7)(B) Colorado Works***
	(7)(C) Special Purpose Welfare Programs
	(7)(D) Child Support Enforcement
	(10)(A) Administration (portion)
	(10)(B) Old Age Pension
	(10)(C) Other Grant Programs
Office of Long Term Care	**(7)(E) Disability Determination Services**
	(9) Services for People with Disabilities****
	(10)(A) Administration (portion)
	(10)(D) Community Services for the Elderly
	(10)(E) Adult Protective Services

***Human Resources component of the Employment and Regulatory Affairs line item would move to the Office of Administrative Solutions and the remaining appropriation would move to the Executive Director's Office. The Health Insurance Portability and Accountability Act of 1996-Security Remediation line item also would move to the Office of Administrative Solutions.**
**** The School-based Mental Health Services line item moved to the Office of Early Childhood pursuant to HB 13-1117 and a portion would move back to the Office of Behavioral Health Services.**
***** Domestic Abuse Program would move to the Division of Child Welfare.**
******Early Intervention Services moved to the Office of Early Childhood pursuant to HB 13-1117.**

2. Please explain the reasoning behind the combination of the Division of Child Welfare and the Division of Youth Corrections.

The Office of Children, Youth and Families (OCYF) includes the Division of Child Welfare, the Division of Youth Corrections and Domestic Violence Programs. The Office

is responsible for policy development, service provision, and coordination of efforts to improve the safety and well-being of Colorado's youth and their families. Services provided in partnerships with local communities and their providers ensure that children and families have safe, healthy and stable environments as well as the well-being and safety of the community.

The Department is requesting that the Division of Child Welfare and Division of Youth Corrections be moved under one larger Long Bill group - Office of Children Youth and Families – for multiple reasons. Over the last five years, approximately 65% of youth in the Division of Youth Corrections have had interactions with the child welfare system. Second, for programs within the Office there is an overlap of providers and the types of services provided in the community for the children and families served. Third, it aligns with the Department's organizational structure.

1:40-1:45 HOMELAKE DOMICILIARY AND STATE VETERANS NURSING HOMES

3. Please discuss the status of the improvements/expansion of the Homelake Veterans Cemetery.

   On July 1, 2013, the Department initiated the design of a phased expansion of the Homelake Military Veterans Cemetery located on the campus of the Colorado State Veterans Center in Homelake, Colorado. The Department has completed the Master Plan for the two-phase expansion as well as the construction documents for the initial phase. The Phase One construction, which will be complete prior to June 30, 2014, includes development of approximately .25 acres to the northeast of the existing cemetery, comprising approximately 25 additional casket gravesites and 48 ash interments. Phase Two will develop the remaining 1.5 acre parcel to the north of the existing site and add approximately 392 casket gravesites and 154 ash interments. The total for both phases is anticipated to be 619 additional gravesites. Phase Two will also include new roads, utilities, site lighting, parking and walkways in addition to the new burial areas and be completed by the end of FY 2015-16.

   See Attachment A – Colorado State Veterans Center at Homelake – Cemetery Expansion Master Plan.

1:45-2:15 DIVISION OF VOCATION REHABILITATION PROGRAMS

4. What is the relationship between the Business Enterprise Program for People Who Are Blind Program and the School for the Deaf and Blind?

   There is no formal relationship between the Business Enterprise Program for People Who Are Blind and the School for the Deaf and Blind. The Colorado School for the Deaf and Blind (CSDB) is a state-funded school within the Colorado Department of

Education. The school was established to provide comprehensive educational services for children, birth to age 21, who are blind/low vision and/or deaf/hard of hearing.

While the CSDB offers training and exploration of a variety of careers based on the student's aptitude and interests, the Business Enterprise Program (BEP) is focused on the management of food service operations. The Business Enterprise Program is managed by the Department of Human Services (DHS) and supported by the Business Enterprise Cash Fund and Federal Funds. The BEP places qualified legally blind business persons to manage food service operations in federal and state government buildings and facilities, and in some privately owned facilities. Under the federal Randolph Sheppard Act and Colorado state law, priority is given to blind individuals to operate and manage food and vending services in federal and state government buildings.

5. Please discuss the procurement issues of the Older Blind Grants Program.

   The Older Blind Grants line item is primarily federally funded and includes a 10% cash funds match provided by grant recipients through documented in-kind donations and services. The program is run on a three year cycle with a new Request for Proposal (RFP) issued for each cycle. In 2013, the grant cycle was shifted from a state fiscal year to a federal fiscal year to better align with federal reporting requirements. This shift in fiscal year allowed the Department to include greater accountability (programmatic and financial) for grant recipients in the RFP process. The Department identified the need for greater financial and programmatic accountability through federal and state site reviews of previous awardees and recommendations.

   The FFY 2014 RFP was posted on the State BID system as an open procurement so that anyone who was interested could submit a proposal. Eleven organizations submitted proposals that were scored by a team knowledgeable about the issues of people living with visual impairments and blindness. The Department worked with multiple internal staff to schedule meetings to review and score submitted proposals. Community stakeholders, the chairperson of the National Federation of the Blind and the Program Coordinator for Wyoming's Older Blind program were part of the review process. This extended the RFP review process due to scheduling conflicts. Finally, due to an appeal by one of the entities submitting a proposal, the eight award letters were issued and purchase orders were in place by November 15, 2013 as opposed to October 1, 2013.

6. Please explain how the additional funding appropriated in FY 2013-14 for the Independent Living Centers was allocated, and how the Department is managing those funds.

   The following table shows the breakdown of appropriated and allocated funding from the Independent Living Centers and State Independent Living Council line item through December 9, 2013.

FY 2013-14 Appropriation and Allocation

Row	Appropriation and Allocations	Total Funds	General Fund	Cash Funds*	Federal Funds
a	FY 2013-14 Base Appropriation	$1,783,431	$1,457,604	$29,621	$296,206
b	FY 2013-14 additional funding	$549,684	$549,684	$0	$0
c	Additional Available Federal Funds**	$296,186	$0	$0	$296,186
d	Total FY 2013-14 Spending Authority (a+b+c)	$2,629,301	$2,007,288	$29,621	$592,392
e	Total Allocated Amount as of 12/9/13	$2,005,771	$1,856,741	$0	$149,030
f	Available Funding (d-e less $29,621 Cash Funds)	$593,909	$150,547	$0	$443,362

*Cash funds are from Local Recipients of Independent Living Grants and are not included in the allocation to Independent Living Centers.

**Federal Grants are awarded annually with a two year time frame to spend the award.

The Department contracts with independent living centers statewide to provide independent living services to individuals with significant disabilities. The total allocated amount (Row e) includes $1,856,741 General Fund allocated equally among nine state-certified Centers for Independent Living through the State contracting process. The remaining amount includes Program Coordinator (0.5 state FTE) salary and costs, Statewide Independent Living Center (SILC) Coordinator costs, and federal funding allocated to the Centers for Independent Living. The SILC Coordinator is a contracted position that implements program policies, coordinates communications, monitors budgets and facilitates the achievement of annual goals for the SILC Program. Billings are received monthly.

The $593,909 in estimated available funds (Row f) is anticipated to be spent in FY 2013-14 as follows:

- **Additional federal funding will be distributed to Independent Living Centers once the Federal Fiscal Year (FFY) 2014 award amount is confirmed. As of December 9, 2013, the Department has not received the Federal award letter for FFY 2014. The award is anticipated to be received by the end of March 2014. Current allocations and spending authority use estimates that are based on past awards.**
- **Certification of a tenth Independent Living Center is pending. If certified, this would result in a contract with that Center.**
- **0.5 FTE costs, including travel, for the Program Coordinator (state FTE).**

- **Approximately one quarter of the Federal Funds awarded for FFY 2014 will be distributed in the first quarter of SFY 2014-15 to plan for the differences in the SFY and FFY cycles (SFY begins July 1 and the FFY begins October 1).**

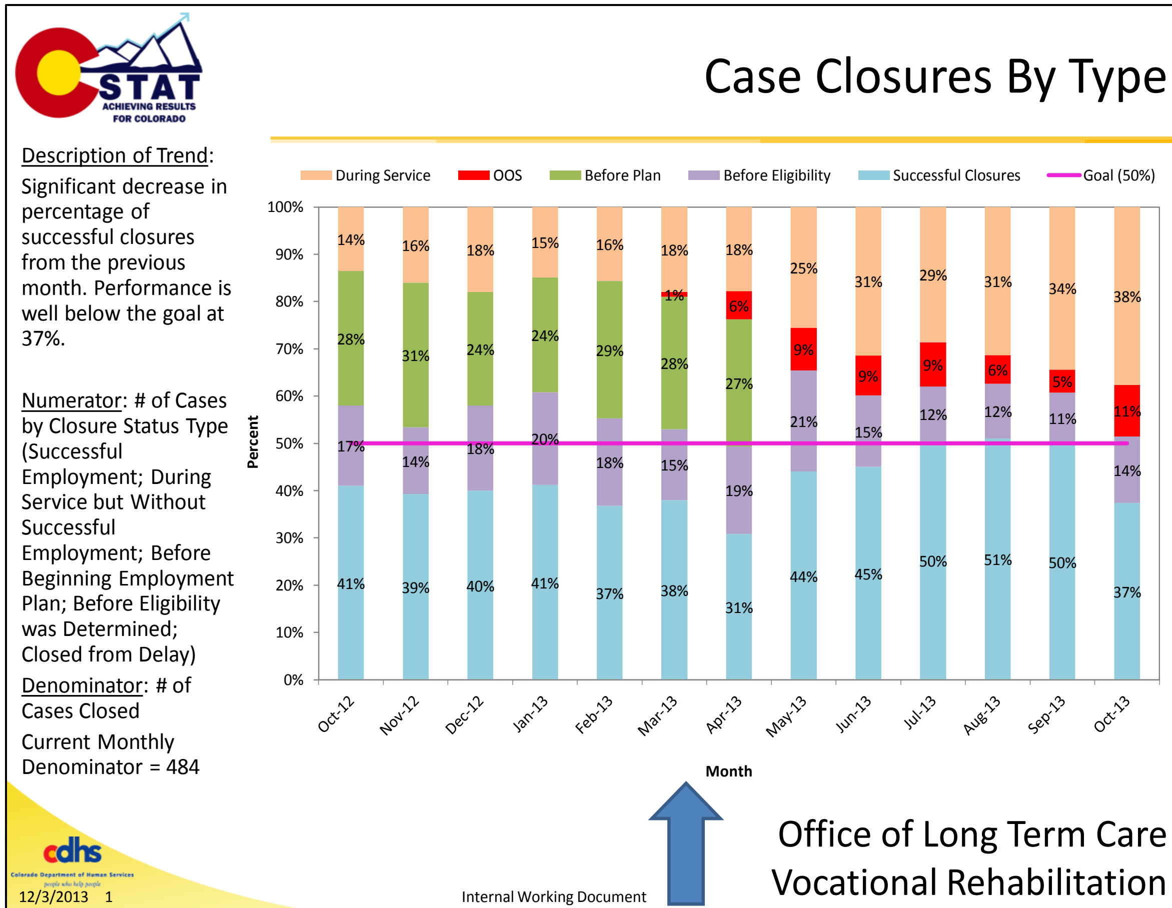
The Department has ensured that the State Plan for Independent Living includes outcome-based measures and an increased emphasis on providing outreach and services to underserved or unserved Coloradans with disabilities. In accordance with the federal Rehabilitation Act of 1973 as amended, Title VII, Section 704, State Plans for Independent Living (l) defines underserved and unserved populations as including minority groups and urban and rural populations.

7. Please discuss the CSTAT and performance measures of the Division of Vocational Rehabilitation.

   The Department utilizes the C-Stat process to thoroughly examine factors contributing to its performance regarding making timely eligibility decisions, increasing the number of Coloradans with disabilities who secure employment, and increasing customer wages at time of case closure.

Case Closures by Type

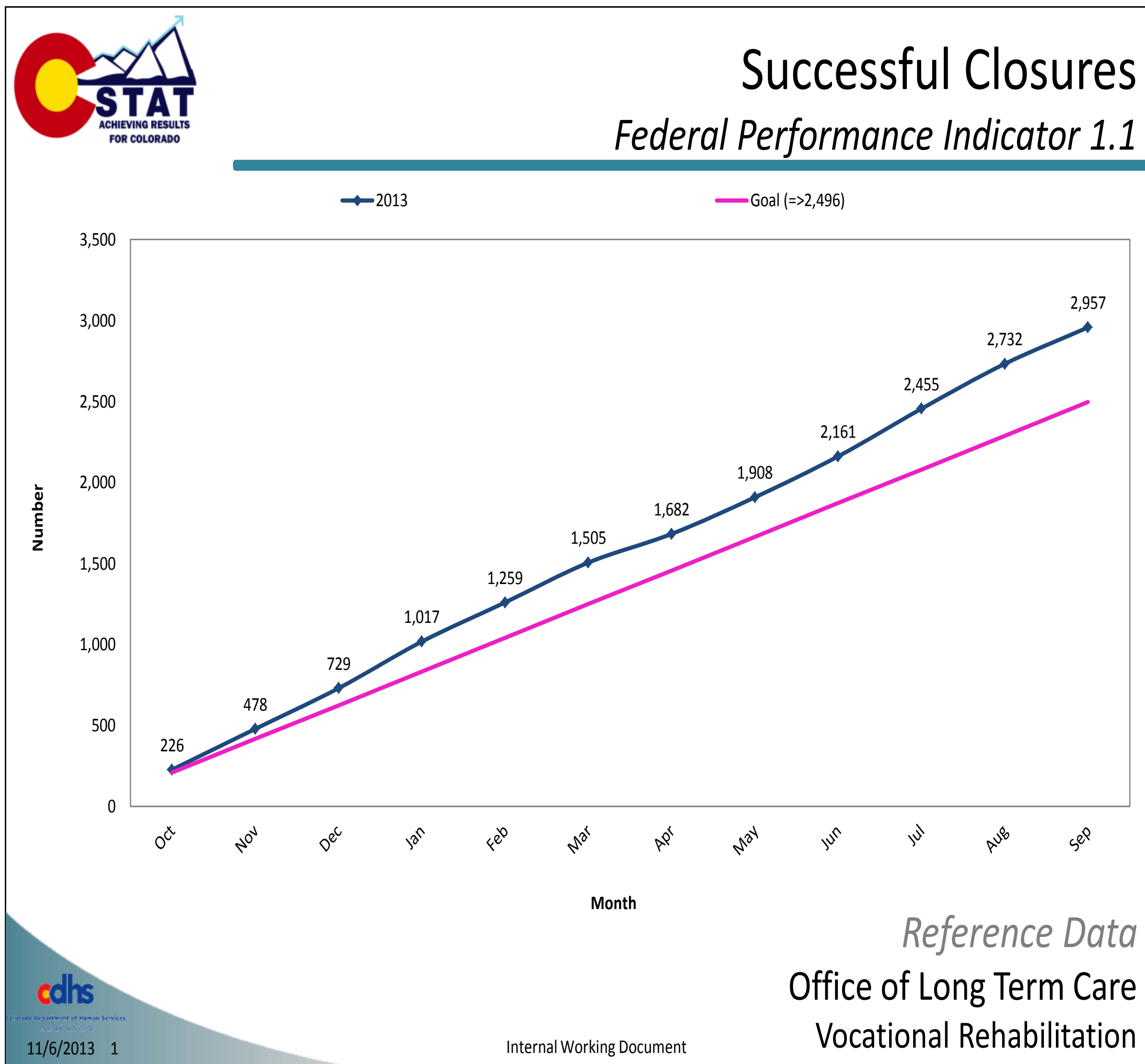
This measure looks at monthly cases that are closed and summarizes closure categories. The most desirable category is "Successful Closures" which generally means that the customer has retained employment for 90 days. This measure is utilized because the Department has chosen to focus on and increase Successful Closures.



OOS is the Order of Selection, or waiting list.

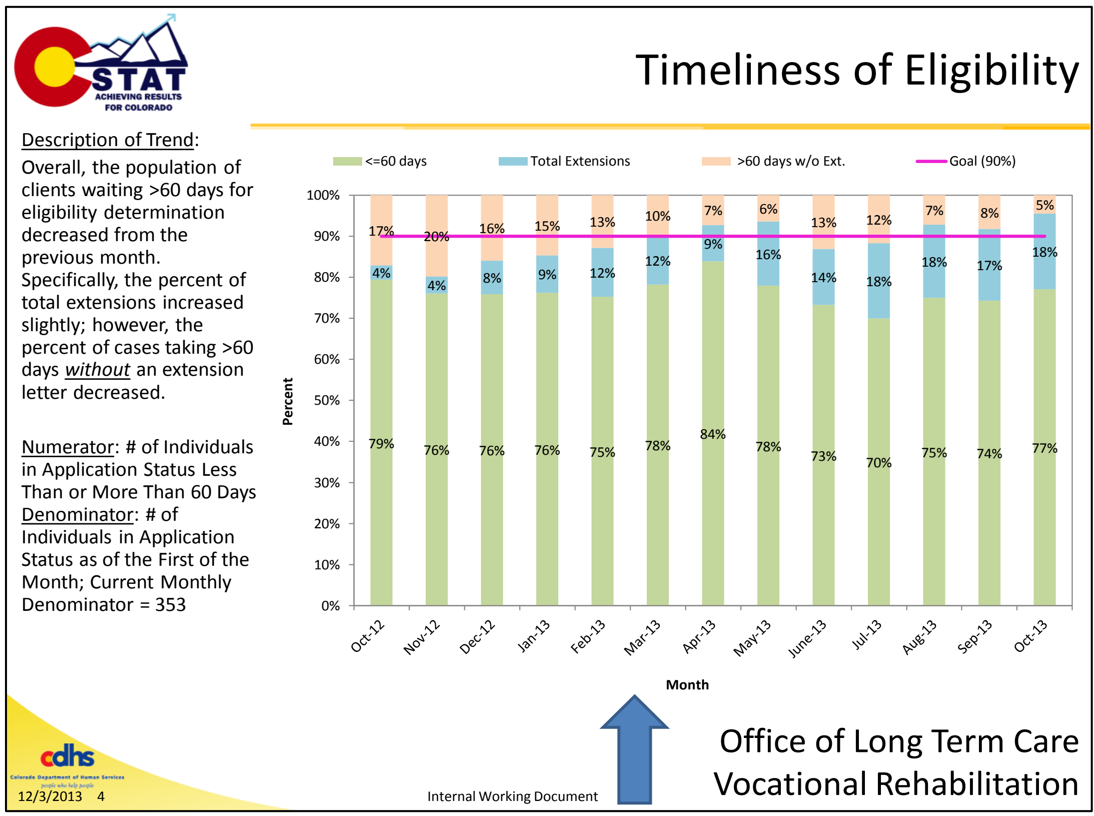
Successful Closures

This current measure tracks the number of successful employment outcomes achieved each month. The goal line is set to the number of successful employment outcomes achieved the previous year. In FFY 2013, 2,957 client cases were closed as rehabilitated. This is an 18.47% increase compared to FFY 2012 in which 2,496 clients achieved successful employment.



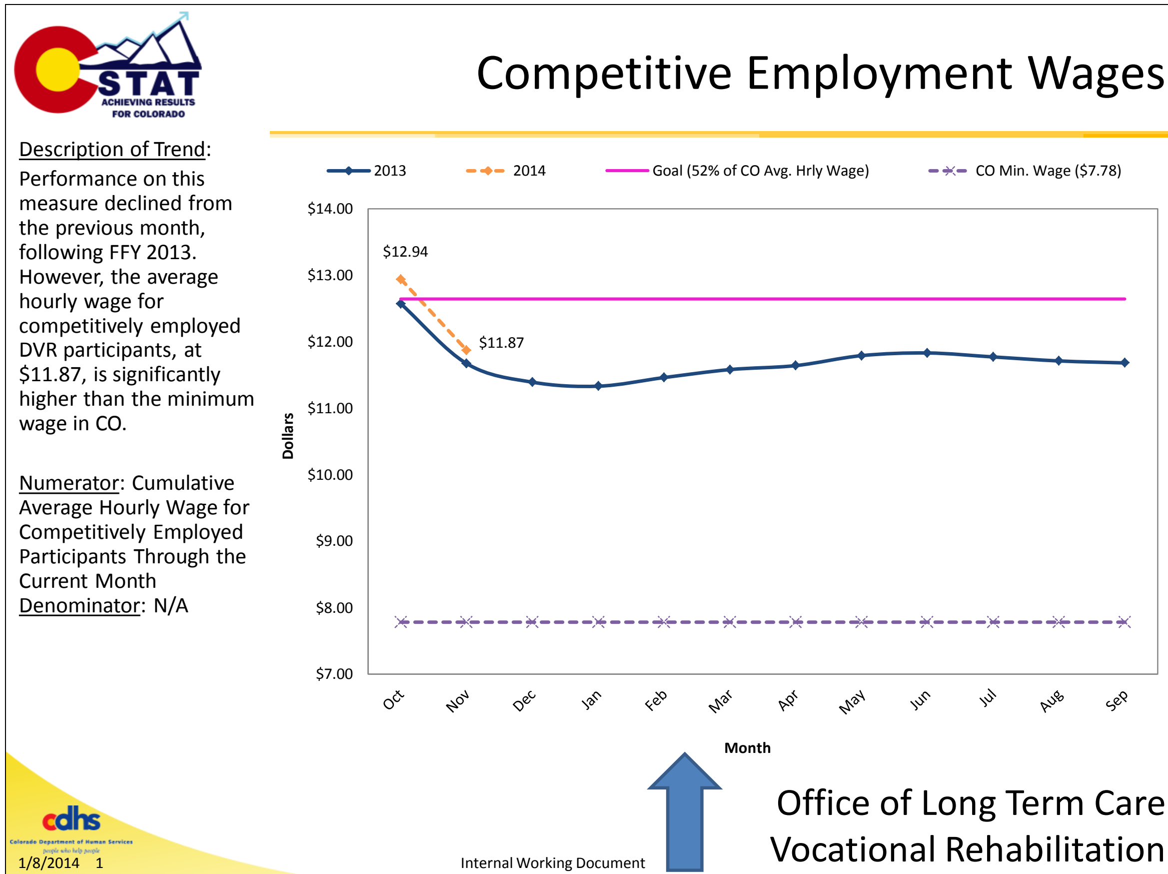
Timeliness of Eligibility

This measure looks at all of the eligibility decisions made within a given month and represents the percentage made within the federally required 60 day timeframe. The federal regulations allow for the 60 days to be extended when exceptional and unforeseen circumstances occur that preclude an eligibility decision; this is shown by the blue percentage of "Total Extensions".



Competitive Employment Wages

This current measure shows the average hourly wage for all Department customers closed as successfully employed in a given month and compares that to the average state wage for the general population as well as relative to the minimum wage. The goal is set at the federally required 52% of a state's average hourly wage.



In addition to the C-Stat measures above, fiscal accuracy and customer engagement are two new measures under development. The new C-Stat measures will help the Department ensure the Division is on track with implementing and correcting findings from the 2013 Office of the State Auditor's report discussed below.

<u>Fiscal Accuracy</u>: The Department will use existing quality assurance case review data to cumulatively track progress on responses to three fiscal accuracy questions to be included in each case reviewed throughout the year:

1) **"The individual has financially contributed towards the cost of goods and services per the Financial Need Analysis and Individualized Plan for Employment",**
2) **"The Vocational Rehabilitation Counselor searched for comparable services and benefits, when necessary, and incorporated them into the Individualized Plan for Employment when they were available", and**

3) **"Available comparable benefits were applied correctly to defray all or part of the cost of vocational rehabilitation services."**

<u>Quality of Engagement:</u> The Department will use existing quality assurance case review data to cumulatively track progress on responses to the following question to be included in each case reviewed throughout the year: "Vocational Rehabilitation Counselor made appropriate efforts to engage the client in an active and meaningful partnership throughout the vocational rehabilitation process."

In addition, the Department will be adding a measure that focuses on the frequency of contact between Division of Vocational Rehabilitation (DVR) counselors and individuals receiving services. This will also ensure the Department that counselors and participants are actively engaged in their plan to help alleviate findings by the Office of the State Auditor.

8. Please discuss how and why vocational rehabilitation cases are closed. How do the methods used to close cases ensure that individuals are receiving the services they need?

The Department's service model is built to meet the individual needs of participants. Services include one-on-one guidance and counseling, individual assessment, and the development of individualized plans for employment. A case is closed as a successful rehabilitation when a customer secures and retains employment for ninety days.

There are various reasons why cases are closed unsuccessfully if the above benchmark is not met. Some examples include instances when a customer:

- **Relocates outside the State;**
- **Decides that he/she does not want to pursue employment;**
- **Undergoes assessments and evaluations but will not select a job objective;**
- **Experiences a barrier to employment that cannot be addressed;**
- **Faces declining health that requires extended recovery before employment can be a priority; or**
- **Neglects to provide current contact information for an extended period.**

Effective December 2013, the Department implemented new requirements for contacting all customers at least once every 30 days to ensure the customer's need it met, especially prior to case closure. During the next seven months, DVR will be working with staff to emphasize the delivery of more timely guidance with enhanced training and focus on satisfactory case progress. If a customer has needs that fall outside of the scope of service provided by DVR, the counselor works to identify resources available through other entities and makes referrals appropriately. These activities, along with increased supervisory review and oversight, are anticipated to result in more active cases and more appropriate case closures.

9. The following questions relate to the December 2013 audit of the Vocational Rehabilitation Programs:

   a. Does the Department still have an internal audit function for the Vocational Rehabilitation Programs? If so, did the Department audit themselves? If not, why not?

      Yes, the Department still has an Audit Division. On March 1, 2013, Executive Director Bicha requested that the Office of the State Auditor conduct an independent audit to add transparency and accountability to the program in order to ensure the request for supplemental funding was accompanied by an assessment of the Division's quality assurance efforts, fiscal controls, and the program's ability to meet client needs. Additionally, the action was taken because the Department anticipated that the size and scope of the audit was on a scale that could not be accomplished by the Department's Audit Division.

   b. Please discuss the results and findings of the December 2013 audit.

      The Office of the State Auditor report detailing the results and findings of the audit of the Division of Vocational Rehabilitation was made public on December 10. The report identified a total of 20 findings pertaining to pervasive problems that raise questions about oversight, system of internal controls and the culture of accountability in the program. The Department agreed with all recommendations and has begun implementation on a plan of correction.

Audit Recommendation Number	Vocational Rehabilitation 2013 Office of the State Auditor Audit Findings	Projected Date of Complete Implementatio
1	Improve oversight and monitoring of program performance, clarify roles and responsibilities, and determine necessary data system improvements	November 2014
2	Improve controls to ensure participants reach their employment goals within reasonable time periods, control program costs, assess appropriateness for on-going services for participants	July 2014
3	Improve controls over service authorizations and payments	July 2014
4	Strengthen controls over Program eligibility determinations and documentation	July 2014
5	Improve processes for determining participant employment goals and completing the participant Individualized Plan for Employment	July 2014
6	Improve Program controls and processes for using comparable services and benefits to cover, in whole or part, the costs of Program services	July 2014
7	Improve the process for determining participants' severity of disability	July 2014
8	Ensure compliance with federal and state case management requirements, including minimum contact requirements, and ensure timely case closure when closure criteria is met	October 2014
9	Implement a policy and strategy for managing the wait list	February 2014
10	Improve the overall fiscal management of the program by implementing budget processes and improving accounting and fiscal oversight	April 2014
11	Improve controls over corporate purchasing accounts	January 2014
12	Improve controls to prevent misuse of funds or property and appropriately follow-up on suspected fraudulent use of funds or property	December 2014
13	Improve processes for assessing participants' contributions in the cost of vocational rehabilitation services	July 2014
14	Improve methods for compensating Program vendors; particularly around fees for job placement services	July 2014
15	Strengthen controls over Division administrative costs	April 2014
16	Ensure contract management processes and contracts comply with State Fiscal Rules, State Procurement Rules, and the State Controller's waivers	July 2014
17	Ensure purchases made with State procurement cards comply with fiscal rules	July 2014
18	Improve the Program's annual quality assurance (QA) review process	October 2014
19	Strengthen management of the participant complaint process	October 2014
20	Improve backup and recovery processes for the AWARE (data) system	October 2014

In addition to the Audit Findings/Recommendations, the Department has gone above the 85 case review completed by the Office of State Auditor and comprehensively reviewed 6,000 open cases including any case open longer than 8 years. The Department will complete the remaining 6,000 case reviews prior to July 30, 2014. The Department has relocated the Division into the Office of Long Term Care and hired a new Division Director. Work has begun on implementing audit recommendations with all recommendations to be completed within the next calendar year.

2:15-3:00 REGIONAL CENTERS

10. The following questions pertain to the Department's request for $420,000 Medicaid reappropriated funds for capital improvements to twelve state-operated group homes:

    a. Please explain why the request for $420,000 Medicaid reappropriated funds was not submitted as a capital construction request, and whether or not this request falls within the controlled maintenance category.

    The FY 2014-15 OSPB Capital Budget Instructions state that capital outlay may be funded from a Department's operating budget. Capital outlay includes operating expenses such as:

    > **Alterations and replacements, meaning major and extensive repair, *remodeling {emphasis added},* or alteration of buildings, the replacement thereof, or the replacement and renewal of the plumbing, wiring, heating, and air conditioning system therein, *costing less than $50,000* {*emphasis added*} (Page 4 and 5 of the Executive Branch Capital Construction Submission Instructions).**

    The Department's November 1 request identified 12 group homes in need of remodeling or repair updates to replace flooring and cabinets. The cost for these upgrades was estimated at $35,000 for each group home which was under the $50,000 limit in the capital instructions. Rather than submit 12 different requests, the Department submitted one request for $420,000.

    The Department's November 1 request was for $420,000 in *additional* reappropriated funds spending authority as outlined in the funding request. However, the Department is preparing a budget action to be submitted January 2nd that would request additional transfer authority between the Regional Centers. Prior to FY 2013-14, the Regional Centers were bottom line funded, allowing for transfer authority between the Regional Centers to cover repair needs and cost variances. Beginning in FY 2013-14, each Regional Center has separate line item appropriations in the Long Bill, with footnote 33 allowing for a 5% transfer of the total appropriation between the Regional Centers. The Department has now determined that if the transfer authority between facilities was increased, the Department would be able to use excess Medicaid revenues anticipated to be earned at the Pueblo Regional Center's *without* the need for additional funding.

b. What upgrades have been done to the homes since they were built? If so, what was the cost and when were the upgrades done? If no upgrades were done, why not?

The forty Regional Center homes were built between 1980 and 1982. From 1998 to date the following improvements have been performed at the homes. The years that no improvements occurred are a direct result of the Colorado economic down turns. The later years were the results of roof replacements and resolution of regulatory violations.

Year	# of Homes	Kitchens	Bedrooms	Landscape /Fencing/ Other	Estimated Cost
1998	5	FL,CB, CT	FL		$120,400
1999	6	FL,CB, CT	FL	L&F	$361,096
2000	5	FL,CB, CT	FL	L&F	$239,487
2001	3			Funds Reverted	$177,730
2002					No Improvements
2003					No Improvements
2004					No Improvements
2005					No Improvements
2006	3			Garage Conversion	$448,205
2007					No Improvements
2008	5	FL, CB, CT	FL		$400,340
2009	1			RF	$16,942
2010	1			RF	$16,942
2011	2	FL			$43,582
2012	2	FL			$52,777

FL – Flooring, CT – Counter Tops, CB – Cabinetry, L&F – Landscape and Fencing

Total $1,699,771
Average per year $113,318
Average per house per year $2,832

c. Are all state-operated group home properties included in the state inventory used by the State Architect to determine capital priorities?

Yes, all 40 group homes are included in the inventory used by the State Architect and are included in the determination of capital priorities.

d. Please discuss the criteria that will be used to determine which homes are most in need.

The Department will ensure the homes most in need that have continued programming functions will be identified for rehabilitation. Criteria may include survey results from the Department of Public Health and Environment, number of work orders for specific systems, and maintenance staff input as part of the repairs and inspections.

e. Please discuss what reassurances will be given to the General Assembly that, if approved, $420,000 Medicaid reappropriated funds is sufficient funding for these capital improvements.

The Department will assess needed replacements/repairs as well as bids for the flooring and cabinet replacements.

f. Should the General Assembly anticipate a request for FY 2015-16 for improvements to the remaining nine homes? If so, why was the FY 2014-15 request not for all homes? If not, why not?

The Department is currently assessing long term needs at the regional center campuses and will be conducting a review of all homes. The study will identify the condition and viability of all buildings. This study, along with the continued Olmsted implementation will allow the Department to plan for future fiscal year needs at all campuses.

g. Please discuss past requests, from any department, for capital improvements through operating lines similar to this request. Please include the following information for each request:

Attachment B shows the requests over the last five years, from FY 2008-09 to FY 2012-13, from the Department of Human Services and the responses to i through vii below.

The Office of State Planning and Budgeting is coordinating and will submit a response from all departments.

i. What year the request was for, and was it approved by the General Assembly;

ii. The department the request came from, and what buildings were improved;

iii. How much the request was for;

iv. What factors drove the request;

v. What improvements were done;

vi. How much the improvements actually cost and what funding source paid for the improvements; and

vii. The time required to complete the improvements.

h. Please discuss any liabilities that currently exist within these group homes. What criteria are used to determine the size of the liabilities that exist if the improvements are not completed.

Many facilities have not received upgrades since they were built in the 1980s. These residences experience a great amount of wear.

Liabilities include worn flooring results in tripping and falling concerns for both residents and staff. Wheelchairs, shower trolleys, lifts and other heavy equipment used in resident care create the need for flooring replacement due to rugged, more strenuous wear and tear. Cabinets in the kitchens are secured to store resident medication and valuables. Most cabinets are original and the locking mechanisms no longer work properly. If needed repairs are not made the Department risks licensure violations through the Colorado Department of Public Health and Environment either through resident safety or privacy tags. These conditions fall under the CFR Tag W406 (Condition of Participation: Physical Environment).

i. Has the General Assembly ever appropriated funding to Community Center Boards or other providers for capital improvements similar to the improvements being requested?

The Department does not believe the General Assembly has appropriated funding for the Community Centered Boards specifically for capital improvements.

11. Please discuss the results and findings of the December 2013 audit of the Regional Centers.

The Office of the State Auditor report detailing the results and findings of the audit of the Regional Centers was made public on December 9, 2013. The Audit listed 11

recommendations, four of which included the Department of Health Care Policy and Financing (HCPF). The Department and HCPF agree with all findings.

Audit Recommendation Number	Regional Centers 2013 Office of the State Auditor Audit Findings	Department Affected	Projected Date of Complete Implementation
1	Track individualized costs at each Regional Center	DHS	April 2014
2	Ensure each ICF/IID is fully reimbursed by HCPF for costs	DHS	July 2014
3	Ensure cost reports have accurate resident days	DHS	July 2014
4	Implement a review and approval process for the Medicaid reimbursement rates submitted by the Department to HCPF	HCPF	December 2013
5	Ensure the reimbursements received under the HCBS–DD waiver program more closely align with costs	DHS and HCPF	June 2014
6	Develop controls to ensure Medicaid does not pay waiver claims for residents in the ICF/IID	DHS and HCPF	March 2014
7 & 8	Reimburse HCPF for the billed provider fee amount; implement procedures to assure correct amount is billed and paid	DHS and HCPF	July 2014
9	Improve the process for ensuring the Regional Centers conduct consistent assessments of client's readiness to transition	DHS	January 2014
10	Improve processes for transitioning clients identified as 'ready to transition'	DHS	January 2014
11	Expand and improve data tracking for the transitions of clients into the community	DHS	March 2014

3:00-3:05 BREAK

Section 2 – Department of Health Care Policy and Financing

3:05-3:15 FAMILY SUPPORT SERVICES PROGRAM

12. Please discuss the rules and accountability guidelines that exist on the Family Support Services Program. If limited, or no rules and accountability guidelines exist, please discuss why not and what plans the Department has to develop rules and guidelines.

Regulation set forth at 2 CCR 503-1 16.720 requires that each Community Centered Board (CCB) establish a Family Support Council (FSC) for their designated services area. The FSC develops a family support plan for that area, monitors the implementation of the plan and reports on their involvement in this process to the Department of Human Services annually. Family Support Services Program (FSSP) rules for accountability include the following:

Section 16.720

E. Billing and Payment Procedures

1. **Families shall provide either receipts or a signed statement to the Community Centered Board documenting how funds provided to the family through the Family Support Services Program were expended.**
2. **The Community Centered Board shall submit to the Department, on a form and frequency prescribed by the Department, information which outlines individual family use of the Family Support Services program.**

F. Program Evaluation

1. **The Community Centered Board, in cooperation with the local Family Support Council, shall be responsible for evaluating the effectiveness of Family Support Services program within its designated service area on an annual basis.**
2. **The Community Centered Board, and participating families as requested, shall cooperate with the Department regarding statewide evaluation and quality assurance activities.**

During FY 2010-11, the Department of Human Services developed draft audit criteria to conduct a full scale analysis of the FSSP to establish a foundation for the development of quality assurance oversight criteria. Discussion of an audit was initiated with CCBs, advocates and other stakeholders. The assignment was re-prioritized subsequent to budget requests to eliminate the program in FY 2011-12 to address budget shortfalls resulting from the downturn in the economy. The Department of Health Care Policy and Financing plans to reexamine this audit criteria and will begin formal monitoring and oversight of the expenditure of FSSP funds by July 2014.

13. Please discuss how the funding provided through the Family Support Services Program is prioritized.

Footnote 89 of the FY 2003-04 Long Bill directed the Department of Human Services to "insure that resources provided for services to children with developmental disabilities are targeted toward families that are most in need" which included the Family Support Services Program (FSSP). In preparation for the response to Footnote 89, a survey tool was disseminated to families, advocates and professionals to gather input about what factors to assess families "most in need", as well as the possible impacts on families if those factors were implemented. The information collected was shared with a task force who developed advisory recommendations for the Department of Human Services to consider. Based on the input received, the Department of Human Services established five domains for assessing families for prioritization of FSSP funding as follows:

- **Child's Disability/Overall Care Needs of the Child**
- **Child's Behavior**
- **Family's Composition and Stability**
- **Family's Access to Support Networks, and**

- **Family's Access to Resources**

Community Centered Boards (CCBs) and Family Support Councils (FSC) have written procedures at the local level to assure families most in need are prioritized for FSSP funding based on the five domains listed above.

14. Please discuss how stakeholders are involved in the distribution of funds through the Family Support Services Program, and how this involvement has changed over the past five years. How is client satisfaction measured, and what is the current level of client satisfaction with the Family Support Services Program?

Each Community Centered Board is required, pursuant to Section 27-10.5-405 C.R.S. (2013) and 2 CCR 503-1 Section 16.720, to have a Family Support Council (FSC) comprised of at least five individuals with the majority being family members of an individual with an intellectual or developmental disability, or individuals with an intellectual or developmental disability. The FSC is to provide guidance and assistance to CCBs regarding implementation of the Family Support Services Program at the local level.

There has been no change to stakeholder involvement in the distribution of funds for FSSP in the past five years.

Functions of the Family Support Councils are to:

- **Provide direction and assistance to the community-centered board in the development of a family support plan for the designated service area;**
- **Make recommendations regarding other family supports or services not specified in statute;**
- **Monitor the implementation of the supports or services provided pursuant to the plan; and**
- **Provide a written report to the Department of Human Services of its involvement in the duties specified above.**

Client satisfaction is measured at the local level. Each CCB, with guidance and assistance from the local Family Support Council, develops an evaluation method to gather sufficient information from families and service providers. The evaluation should address satisfaction and program responsiveness, including:

- **Ease of access to the program**
- **Timeliness of services**
- **Effectiveness of services**
- **Availability of services**
- **Family satisfaction with services**
- **Responsiveness to family concerns and recommendations**

3:15-3:25 PRIOR YEAR FUNDING FOR ADDITIONAL FULL PROGRAM EQUIVALENTS

15. Please discuss what issues exist with community capacity in distributing the full program equivalents added for FY 2013-14, and what is being done to remedy those issues.

    The Developmental Disabilities waivers include the Home and Community Based Services waiver for Individuals with Developmental Disabilities (HCBS-DD), the Home and Community Based Services Supported Living Services (HCBS-SLS) waiver and the Home and Community Based Services Children's Extensive Supports (HCBS-CES) waiver. The Division for Developmental Disabilities (DDD) is responsible for managing enrollments for the HCBS-DD and HCBS-CES waivers. The DDD also manages new appropriated enrollments for the HCBS-SLS waiver. Community Centered Boards (CCBs) manage all other enrollments for the HCBS-SLS waiver.

    Enrollments occur throughout the fiscal year. An enrollment occurs when a person is added as a participant in a waiver and is receiving services. When the Department of Human Services authorizes enrollments for HCBS-DD, HCBS-CES and HCBS-SLS waivers, the CCB contacts the individual and begins the enrollment process which includes confirmation of eligibility status. The Department of Human Services anticipates full distribution of enrollments in this fiscal year.

    Ideally, the distribution of enrollment should translate directly into timely paid claims for services and supports. However, there are two key issues that can affect full utilization of distributed enrollments. These issues include the process of enrollment as well as provider capacity to provide services that meet an individual's specific needs once enrolled. Please see the response to Question 16 for more information regarding these issues and their potential impact to enrollments in FY 2014-15.

16. What issues discussed in question 15 will limit the impact the ability of community providers to serve all the individuals that would be served if the full programs equivalents requested for FY 2014-15 is funded?

    As described in question 15 above, the issue of the enrollment process and community capacity may impact the ability of community providers to serve all the individuals who would be served if the full program equivalents requested for FY 2014-15 is funded.

    Process of Enrollment: There is a time lag between the date of authorization for enrollment of a person in a waiver to the date of active enrollment in services. It can take several months for a CCB to confirm Medicaid eligibility, the family to choose a provider, and the CCB to arrange for services. Capacity of County Departments of Human Services to complete Medicaid eligibility determinations will need to be developed as well. Effective July 1, 2013, the Department of Human Services began

tracking the time between the date of authorization and the date of active enrollment to monitor trends. The Department of Human Services distributed funding from the Eligibility Determination and Waiting List Management line item to provide support to the CCBs in order to build the necessary capacity to facilitate the timely processing of enrollments.

Provider Capacity: Provider agencies choose which services to provide, which communities in which they operate, and which populations to serve. Not all approved provider agencies choose to provide services to all populations or in all areas of the state. Due to these factors, individuals authorized for enrollment, particularly outside of the Denver-Metro area, may experience difficulty in identifying and selecting a provider that is able to meet the individual's specific needs.

The Department of Human Services solicited feedback from CCBs and providers regarding capacity to serve individuals in FY 2014-15. The Department received 33 responses from 12 CCBs and 21 providers. Most who provided feedback reported they were in full support of eliminating the Home and Community Based Services Supported Living Services (HCBS-SLS) waiver waiting list and indicate there will be sufficient capacity available to serve these individuals. None of the responses indicated opposition to funding to remove a large number of individuals off the waiting lists, but most emphasized the need for additional financial support to successfully fill all enrollments in FY 2014-15.

Administrative infrastructure costs were identified as a possible constraint for fully serving all individuals. There will be up-front administrative costs associated with the enrollment of these individuals and the Division will provide funding to help defray these costs. In addition, the Division will need to develop capacity and provide resources to conduct the initial Supports Intensity Scale assessments for these additional individuals. Providers and CCBs also raised the issue of reimbursement rates being insufficient to cover the costs of delivering services, which could impact the availability of certain services.

Plans to add Consumer Directed Attendant Support Services (CDASS) to the HCBS-SLS waiver are under consideration. Although an implementation timeframe has not yet been confirmed, the addition of the CDASS service delivery model would help to further increase provider capacity to serve additional individuals. This model would dramatically improve the choice available to individuals living in rural parts of Colorado, where service delivery options are not as diverse as they are in more urban areas of the state.

17. Please discuss why the September 30, 2013 waiting list numbers as reported to JBC staff reflects 417 children waiting for children's extensive support services.

The Division is ahead of schedule for the distribution of these enrollments and all children will be enrolled by March 2014. The FY 2013-14 Long Bill authorized 266 new full program equivalents (FPE) for the HCBS-CES waiver. These new FPE were calculated assuming each individual client would be enrolled for 6 months of the fiscal year, which translates to enrollments for 532 new individuals (532 enrollments divided by 12 months, multiplied by 6 months = 266 FPE).

The Division has authorized and distributed the 532 enrollments approved by the legislature for the HCBS-CES waiver for FY 2013-14. In order to manage to the appropriation and to allow for a manageable workload for the Community Centered Boards (CCBs), the Division used a phase-in enrollment schedule. Because CCBs do not remove a child's name from the waiting list until that child is actively enrolled in the HCBS-CES waiver, waiting list data reflected 417 children on the waiting list as of September 30, 2013. Of these 417 children, the Division has authorized 407 to enroll during this fiscal year and CCBs are processing these enrollments according to the phase-in schedule. After the Division authorized the 532 enrollments, 10 children newly requesting enrollment in the HCBS-CES waiver were added to the waiting list for which the Division has not yet authorized enrollment. The Department of Health Care Policy and Financing is evaluating the need for a supplemental request in order to serve these individuals added to the waiting list in FY 2013-14.

3:25-4:05 DIVISION FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES BUDGET

18. Please discuss the process to take back full program equivalents, when the Division started this process, and if the Division plans to continue this process and why.

To address the distribution of enrollments in an equitable manner across the state, the Department of Human Services assumed management of vacated enrollments in the HCBS-DD waiver beginning in FY 2009-10. The Department of Human Services made adjustments to the initial management process to ensure stabilization across Community Centered Board designated service areas. The Division for Developmental Disabilities will continue to manage vacancies in the HCBS-DD waiver to ensure utilization within the appropriation and equitable distribution of vacated enrollments based on waiting list order of selection dates. The Department of Human Services has always managed enrollments for the HCBS Children's Extensive Support waiver and CCBs manage the enrollments for the HCBS Supported Living Services waiver. The Division is currently engaged with a stakeholder task group to develop policy recommendations for state oversight of enrollment into the HCBS-SLS waiver.

19. Please discuss the ongoing plan to manage the Division, and improvements and/or changes the Division anticipates making. What work is being done with Community Center Boards and individuals being served to make these improvements/changes?

Based on the discussion at the briefing, the Department of Health Care Policy and Financing is providing its plan to manage enrollments, rather than a plan for general management of the Division. The following are operational changes made or under development to improve management of enrollments.

1. **Accountability Measures: The Division for Developmental Disabilities (the Division) implemented accountability measures beginning in June 2013 such as monthly data integrity audits, authorized allocation and enrollment comparisons, and data matches between enrolled individuals and paid claims. The Division has used the results of data integrity audits to direct those CCBs needing to update waiting list information, and will continue to use results from these audits to identify and direct additional data correction activities. The Division is using comparisons of enrollment authorizations, active enrollments and paid claims to ensure data accuracy among several key databases. Potentially problematic practices and trends in waiver enrollment have been identified through these comparisons, such as actively enrolled clients with no paid claims within 120 days (the timely claims requirement).**
2. **Improved Enrollment Tracking System: The Division made improvements to the tracking system used to determine the number of people actually enrolled in services by standardizing tracking across the waivers and using automated systems to obtain information. Improvements in enrollment tracking from authorization to paid claims allow the Division to more quickly identify process improvement opportunities.**
3. **Enrollment Trending Projections: The Division has implemented an enrollment trending strategy. The Division projects a percentage of people authorized to enroll compared to clients with paid claims for services, thus trending approximately how many authorizations can be made to utilize funding of FPE more effectively. The Division established an aggressive authorization schedule for newly appropriated HCBS-CES enrollments because of the anticipated time between authorization and actual enrollment into services. The Division monitors this process monthly.**
4. **Monitoring of HCBS-SLS Enrollments: While the CCBs manage enrollments for the HCBS-SLS waiver, the Division is able to compare the number of enrollments authorized in the CCB contracts compared to the number of individuals actually enrolled and those with paid claims. The Division has been working with CCBs where there are unexplained variances in these numbers to identify issues and strategies to address the variance.**
5. **Improving Maintenance of the Waiting Lists: The CCBs are responsible for maintaining accurate information in the Colorado Contract Management System for individuals on the waiting lists awaiting waiver enrollment. The Division uses data from CCMS to identify people who no longer need services but whose names**

have not been removed from the waiting list and is working with CCBs to update the data in the automated system. CCBs work with individuals and/or their guardians before an enrollment is authorized to prepare for acceptance of an enrollment, and to update the waiting list if they are not currently in need of waiver services. This allows for enrollment of individuals who are currently in need of services and would accept them as soon as available. As of September 30, 2013 there were 1,082 people on the waiting list who indicated they needed enrollment as soon as possible for both the HCBS-DD and HCBS-SLS waiver program. The Division is pursuing ways to determine which waiver program would most effectively meet the needs of people in this group.

In addition to the above efforts, the Division has convened two task groups to obtain stakeholder feedback and provide policy recommendations regarding waiting list management and distribution of enrollments. These tasks groups began in November 2013 and will meet two more times this calendar year before providing draft policy recommendations to the Division. The Division will share the draft policy recommendations with the larger stakeholder audience for a 30 day public comment period before reconvening the task groups to review and respond to feedback. The final outcome of these groups is to provide policy recommendations to the Department of Health Care Policy and Financing in the third quarter of FY 2013-14 for consideration and potential implementation in FY 2014-15.

20. Please discuss how the Division ensures that the right services are being provided to the right person, at the right time, and in the right place.

Individuals seeking services must be determined to have an intellectual or developmental disability and meet the Level of Care functional eligibility criteria in order to be eligible for Home and Community Based Services (HCBS) waiver programs. Through this eligibility process, conducted by the Community Centered Boards (CCBs), the Division ensures the right people are identified for services. During the intake process and at least annually, CCB case managers meet with the participant and family members or guardians to explain available waiver and other services and assist them in choosing the services that best meet their needs and preferences. The participants, or their guardians, are assisted by case managers in choosing from among the qualified providers who are willing to deliver those services. Services and providers are identified through the comprehensive, person-centered Service Planning process. In addition, the Division works with the Department of Health Care Policy and Financing to conduct federally required Quality Assurance processes to audit the Service Plans for adherence to the CMS required waiver assurances for freedom of choice regarding the provider of services.

Please discuss what work remains to be done to ensure the right services are being provided to the right person, at the right time in the right place.

Ensuring the right services are being provided at the right time and place involves a self-determined, person centered process. Work is underway to transition the current system to a more fully integrated self-determination model. As recommended by the Community Living Advisory Group (CLAG), the Division has convened a stakeholder group to make recommendations for the re-design of the adult waivers serving people with developmental disabilities. The work group is charged with recommending design changes that incorporate these principles:

- **Freedom of choice**
- **Individual authority over supports and services**
- **Support for individuals to organize resources**
- **Health and safety assurances**
- **Opportunities for community contributions**
- **Responsible use of public dollars**

Additionally, the work group is charged with making recommendations that include flexible service definitions and easy access that would enable participants to access services when and where needed based on individual needs and preferences. This will ensure the right services are being provided to the right person at the right time in the right place.

The Department of Human Services and the Department of Health Care Policy and Financing began a Person Centered Culture Initiative this fiscal year. The Division, working with Community Centered Boards, is supporting staff in both Departments to receive training in Person Centered practices and is now implementing these practices in daily work operations. Additionally, the Division is helping to support Leadership Teams in local communities to work with leaders in case management and service provision for a statewide culture change. Concurrently, the Department of Health Care Policy and Financing hosted a meeting for community stakeholders on December 2, 2013 and a meeting for all state staff involved in long term services and supports on December 3, 2013 to analyze current practices and further develop options for Person Centered practices.

The Department of Human Services continues to work to address potential conflicts of interest arising from the CCBs determining eligibility, creating the service plan and delivering services. The Department of Human Services has safeguards in place to help mitigate conflict of interest issues. To that end, the Division is convening stakeholder work groups to address the issues of conflict free case management and eligibility determination activities.

21. Please discuss the operational status of the Office of Community Living.

    The Office of Community Living was established in an Executive Order by Governor Hickenlooper and codified in legislation in HB 13-1314. The Executive Order created the Community Living Advisory Group to help meet the growing need for long-term services and supports by people with disabilities and aging adults. Impacted clients, families, caregivers, advocates, providers, communities, legislators and agencies have been working to come up with recommendations related to the charge and vision of the Office. Once received in September of 2014, the Department will use the recommendations and vision to identify a Director of the Office of Community Living to lead the effort of implementation. Intellectual and Developmental Disabilities will be the first division in this office in March of 2014 and Barbara Ramsey will be the Division Director and will report directly to the Executive Director and work collaboratively with the Health Programs Office and the Division of Long Term Services and Supports.

22. Please discuss the basis for how the budget for the Division is managed including:
    a. What accounting mechanisms/systems are used (i.e. an accrual system, a cash accounting system, etc.);

    b. What impact, if applicable, moving to a cash accounting system would have; and

    c. What would the impact be on the budget if the Division had roll forward spending authority for a percent of the budget

    Since the passage of HB 13-1314, Division for Developmental Disabilities staff have been working closely with the Budget Division at the Department of Health Care Policy and Financing to appropriately estimate the costs of utilization and caseload. The Department intends to submit a supplemental request on January 2, 2014 with revised estimates for cost per client and caseload. On an ongoing basis, the Department intends to submit change requests to account for changes in utilization and caseload using the standard November and January deadlines.

    Because the Department will be submitting frequent budget actions to provide estimates of cost and caseload, the Department believes that permanent roll forward authority is unnecessary. Rather, the process of submitting budget actions will allow the General Assembly to set appropriations consistent with the most current data on the program. When this happens, any under- or over-expenditure is expected to be relatively small. It is worth noting that this is the same process that currently happens for the Department's line items for Medical Services Premiums, Behavioral Health Community Programs, Children's Basic Health Plan, and Medicare Modernization Act line items. For example, in Medical Services Premiums – a line item that houses most Medicaid programs and had spending authority of $3.95 billion total funds in FY 2012-13 – the Department's projected total expenditure was within 0.22% of the actual final expenditure.

The cash system of accounting is the standard method of accounting for Medicaid programs; the Department of Human Services uses the cash accounting system for all program related costs, and this will continue when the programs are transferred to HCPF. Administrative line items, including Community and Contract Management System and Support Level Administration, use an accrual system. This methodology is consistent with requirements in the Colorado Medicaid Assistance Act at section 25.5-4-201 C.R.S. that require that the Department utilize the cash system of accounting for non-administrative expenditure.

4:05-4:30 COMMUNITY LIVING ADVISORY GROUP UPDATE

23. Please provide an update of the Community Living Advisory Group including:

a. What recommendations the Group has made;

The Community Living Advisory Group is in the process of making recommendations to be submitted to the General Assembly and Governor's office September 2014.

b. What issues the Group is still discussing;

See the attached document (Attachment C). This draft document captures current discussions and topics the Community Living Advisory Group plans to tackle in their recommendations.

c. When and how the Group will make final recommendations; and

There will be a final report of recommendations from the Community Living Advisory Group to be submitted to the General Assembly and Governor's office September 2014.

d. What issues the Group will not address.

The Community Living Advisory Group are still in the process of making recommendations and identifying issues that will be addressed in those recommendations, but it is unlikely any issues outside the draft document (Attachment C) will be addressed for the final recommendations in September of 2014.

4:30-5:00 TRANSITION OF YOUTH AGES 18 TO 20 FROM CHILD WELFARE SYSTEM TO THE IDD SYSTEM

24. Please provide the following information:

a. How many youth with intellectual and developmental disabilities (IDD) ages 18 to 20 years old would be impacted by the transition to the IDD waiver system;

The Division for Developmental Disabilities and the Division of Child Welfare closely collaborate to identify how to best meet the needs of youth in both the Child Welfare and the intellectual and developmental disabilities (I/DD) systems. These systems hold shared responsibility and accountability to ensure each youth's unique needs are met and that there is continuity and stability in the youths' lives through the provision of the most appropriate services and supports.

As of October 31, 2013, there were 110 youth in foster care that will be between 18 and 21 years of age by June 30, 2014 and that may potentially be affected by a transition to the IDD system. In order to determine the elements of successfully transitioning a youth from the Child Welfare system to the IDD system, the Department of Human Services has evaluated 18 legally free youth (termination of parental rights or relinquishment of parental rights has occurred) for transition. The Department of Human Services C-Stat process tracks legally free youth with intellectual and developmental disabilities age 16 and over, including these 18 youth. Those youth will be served in the IDD system in the current fiscal year if it is determined to be in the best interest of the youth. Of these 18 youth, two have enrolled in the Home and Community Based Services – Comprehensive waiver (HCBS-DD) during the first five months of the fiscal year.

The Department of Health Care Policy and Financing, through FY 2014-15 change request R-8 *Developmental Disabilities New Full Program Equivalents*, is requesting enrollments for 55 youth with intellectual/developmental disabilities that are anticipated to be ready to enroll in the HCBS-DD waiver in FY 2014-15. Since the change request was finalized, the Department of Human Services has identified an additional 18 youth, bringing the total to 73 youth being evaluated for enrollment into the HCBS-DD waiver. The Division will manage existing enrollments to support these transitions as the need arises. Should the Division require additional funding in order to support the transition of individual youths, the Department of Health Care Policy and Financing will request funding through the budget process.

b. Where they are currently placed including both geographical location and residential type;

The following tables show the geographic location and residential type of the placement of youth in foster care between the ages of 18 and 20 with intellectual/developmental disabilities.

Table 1. Geographic Location of Youth in Foster Care as of October 31, 2013 (for HIPAA compliance, detailed information for large counties is provided, small and medium sized counties are grouped).

COUNTY	NUMBER OF YOUTH IN COUNTY
Adams	16
Arapahoe	15
Boulder	1
Denver	20
Douglas	4
El Paso	13
Jefferson	11
Larimer	5
Mesa	2
Pueblo	2
Weld	5
Remaining Counties	14
Out of State	2
Grand Total	**110**

Table 2. Type of Residential Facility as of October 31, 2013

RESIDENTIAL TYPE	CLIENT COUNT
Detention	1
Division of Youth Corrections Facility	4
Family Foster Home Care	48
Group Care Center	14
Group Home Care	10
Hospitalization	1
Independent Living	1
Kinship Foster Care	3
Residential Child Care Facility	28
Grand Total	**110**

c. The ability of the community system to serve these youth if they are transitioned;

The current community system can serve many of the youth who will transition. However, youth with more complex needs may require services and supports not readily available in the IDD system. For youth with intact parental rights, county child welfare staff are responsible for notifying the local Community Centered Board of identified youth with an intellectual and developmental disability when the youth turns 14, pursuant to the Home and Community Based waiver agreement. County staff routinely include CCB staff and family in meetings to prepare for the youth's transition to the adult system. For youth with parental rights terminated, both Division of Child Welfare and Division for Developmental Disabilities staff collaborate to analyze and carefully plan to ensure that adequate resources and qualified providers are available for protective oversight and supervision for these youth at the time of transition.

There is a gap analysis currently underway to identify youth with dual diagnoses of intellectual/developmental disabilities and mental health conditions. This analysis will include a fiscal and policy analysis to identify existing gaps in service to improve overall outcomes for individuals. The recommendations from this gap analysis will assist the Division of Child Welfare and the Division for Developmental Disabilities in planning to collaboratively meet the complex needs of these youth.

d. How quickly could the transition occur;

The complexity of each youth's individual circumstances, needs and preferences will dictate the timeline necessary for an individual transition. However, there are some systemic changes necessary to facilitate seamless collaboration between Child Welfare and the IDD systems to fully support individuals served by these systems. The Department of Human Services will work to transition individuals as they are determined to be ready, while continuing to work to address systemic issues that may delay the transition for some individuals.

e. How long would transitions take to complete through the court system;

Assuming there is an available enrollment for the adult waiver, transitions can take anywhere from one month to six months. Court review of the youth's placement already occurs every six months that youth is in out of home care. The transition plan could be presented during one of the routine court reviews, and the court could act on the transition at that time. If it is necessary to present the transition more quickly, the county department or guardian ad litem may request an earlier review by the court and provide information demonstrating the transition is in the best interest of the youth. All parties (county representatives, parents, caregivers and guardian ad litem) must be in agreement that transition is in the best interest of the youth, otherwise the court may delay the transition.

f. What, if any, statutory change is required (please include specific statutory cites);

There are no statutory changes required to transition youth between 18 and 21 years of age from the foster care system to the adult system. Current statute allows a youth over the age of 18 to be treated as an adult, when they are no longer under the jurisdiction of the court.

g. An outline of the specific steps and the associated time required to complete each step need to complete the transition; and

Transitioning a youth from the Child Welfare System to the Developmental Disabilities System requires collaboration between multiples systems. A number of systemic steps must occur between the Division for Developmental Disabilities, Child Welfare Services and Behavioral Health, along with the Department of Health Care Policy and Financing, the Department of Education, State Judicial Branch, and the Social Security Administration. Steps include analyzing the interrelated statutory and federal funding requirements, policies and coordination at the local level with County Departments of Human Services, Community Centered Boards, school districts, judicial officers and attorneys.

In general, the transition process takes 3 to 12 months. The specific steps and associated time required for each step is presented separately for each system in Table 3 below. Many of the steps can occur concurrently.

Table 3. Transition Steps and Timelines

Steps	Estimated Time Required
Child Welfare System	
1. Multi-System staffing determining if the transition is in the youth's best interest and refer youth to Community Centered Boards as appropriate	**30 days**
Intellectual and Developmental Disability System	
2. Determination of intellectual/developmental disability (I/DD), schedule the assessment for I/DD determination and to receive the results	**30 days**
3. Complete Medicaid eligibility determination for waiver program.	**30 - 60 days**
4. Complete Support Level Determination process, including completion of the Supports Intensity Scale (SIS) assessment tool and evaluation of additional factors to determine the youth's Support Level	**45 - 90 days**
5. Enrollment in Services: Identify youth's preferences and support needs, develop service plan, youth/guardian choose providers, arrange for services with providers, service provision begins.	**Up to 30 days**

h. The pros and cons of phasing in the transition over one, two or three years and the associated fiscal impact of each option.

If provided adequate funding, all youth between 18 and 21 who are ready to transition from the Child Welfare system could potentially be transitioned in one year. However, due to the complexities of these systems, additional time is necessary to address systemic issues to seamlessly serve these youth. The Department of Human Services is working to fully analyze existing barriers and make the necessary systemic changes to be able to address the needs of these individuals. The Department is also working to gather sufficient stakeholder feedback to address issues as they arise during individual transitions.

The Department intends to transition youth as they are ready, to assure the transition occurs in the best interests of the youth. The Division will manage existing enrollments to support these transitions as the need arises. Should the Division require additional funding in order to support the transition of individual youths, the Department of Health Care Policy and Financing will request funding through the budget process.

25. Please discuss what barriers have prevented the Department of Human Service's ability to report information on the number of youth ages 18 to 20 in the child welfare system and their locations.

The Trails system has the ability to collect information about youths with intellectual or developmental disabilities when the determination is made by the CCB. This field is not currently a required field and may not routinely be completed by county staff. The Division is working with the Governor's Office of Information Technology to include a checkbox in the Trails system to more easily capture needed information.

26. Please discuss the following information related to the transition of youth served at out-of-state institutional facilities to the adult comprehensive waiver:

a. The process used to determine if the youth would like to live in the community or a Regional Center;

All youth referred from foster care, regardless of their residential setting in the Child Welfare system, are referred to the Community Centered Boards (CCBs), which are the agencies that determine eligibility for services for individuals with intellectual/developmental disabilities (I/DD). The youth must meet the Regional Center (RC) institutional level of care criteria and high needs criteria in order to be eligible for admission into the RC. The CCB

case manager works with the youth and/or guardian to review both Regional Center and community options and to find a qualified provider willing to provide services. The choice of location for service provision is made by the individual and/or guardian.

b. Whether or not a Supports Intensity Scale assessment is completed and what the results are; and

A Support Level determination, which includes the Supports Intensity Scale (SIS) assessment, is completed with all persons prior to enrollment into the Home and Community Based Services waiver for Persons with Developmental Disabilities (HCBS-DD), as set forth at 2 CCR 503-1 Section 16.651.A. A Support Level determination is not required if the individual or their guardian chooses enrollment in the Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID). Regional Centers have both HCBS-DD and ICF/IID. A Support Level determination is completed for persons transitioning from the Regional Center ICF/IID to services in the community through the HCBS-DD waiver.

In FY 2012-13, 37 youth transitioned from foster care and enrolled in the HCBS-DD waiver through the Community Centered Boards. None of the youth transitioning from foster care in FY 2012-13 transitioned to the Regional Centers for services. Of the 37 youth, two were referred from out-of-state placements and both are currently served in the HCBS-DD waiver.

Support Levels for these youth are as follows:

FY 2012-13 Support Level Determinations for Youth Transitioning for Foster Care	Number Clients
Level 1	6
Level 2	6
Level 3	4
Level 4	7
Level 5	5
Level 6	9
Total	37

Thus far in FY 2013-14, 15 youth have enrolled and 34 youth are in the process of enrolling in the HCBS-DD waiver, two additional youth are currently residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), and two youth declined enrollment. Of these youth, none were referred from out-of-state placements.

The Support Levels for the 15 youth enrolled in HCBS waiver are as follows:

FY 2013-14 Support Level Determinations for Youth Transitioning from Foster Care	Number Clients
Level 1	1
Level 2	5
Level 3	2
Level 4	2
Level 5	2
Level 6	3
Total	15

c. If youth are not being offered community-based services an explanation for why.

Youth are offered community based services. Of the 37 youth transitioned from foster care in FY 2012-13 none are currently served through an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). For the 17 youth transitioned thus far in FY 2013-14 as of November 27, 2013, two are currently residing in an ICF/IID. The two individuals admitted to ICF/IDD went through an individualized assessment process and the guardians chose the ICF/IID as the preferred service delivery option for these individuals.

27. Please discuss the changes that would be required to enable youth with intellectual and developmental disabilities to be served by the Children's Extensive Support Services waiver rather than through the child welfare system.

The Home and Community Based Services-Children's Extensive Support (HCBS-CES) Waiver provides services to children ages birth up to their 18th birthday meeting institutional level of care, who live in the family home, have been determined to have an intellectual or developmental disability and meet the additional targeting criteria of having a behavioral or a medical condition so intense it requires near constant line of sight supervision. Many children with I/DD currently in the Child Welfare system may not meet the required institutional level of care or targeting criteria and would be unable to be served through the HCBS-CES waiver.

The Home and Community Based Services-Children's Habilitation Residential Program (HCBS-CHRP) Waiver serves children and youth with intellectual and developmental disabilities in the custody of Child Welfare.

The primary difference between these two waivers is the target populations for which they were developed. The CHRP waiver provides residential services for any children and youth with intellectual and developmental disabilities (I/DD) in the Child Welfare

system while the HCBS-CES waiver provides support in the family home for children with I/DD who have extraordinary needs. This means that not all children with intellectual and developmental disabilities are eligible for the HCBS-CES waiver. In order to serve all children with intellectual and developmental disabilities in the child welfare system through the HCBS-CES waiver the eligibility criteria would need to be expanded to include all children with intellectual and developmental disabilities.

Unlike the HCBS-CHRP waiver, the HCBS-CES waiver does not have residential habilitation services. The HCBS-CES waiver could be amended to add other services such as residential supports for children meeting the high needs targeting criteria to serve children in the I/DD system who do not need services through Child Welfare due to abuse and neglect. CHRP would continue to be the residential program for youth needing protection due to abuse or neglect of a parent. Changes in statute may be needed to expand services in the waiver.

The additional appropriation providing for the elimination of the HCBS-CES waiting list has helped to reduce the need for Foster Care placement. Because of these enrollments into the HCBS-CES waiver, out of home placement may be diverted and children continue to thrive in their family home with supports designed to enhance their development.

Attachment A

cdhs

MASTER PLAN STUDY

OVERALL MASTER PLAN

The master plan study phase is the detailed development and documentation of the recommended site Master Plan. The plan to the left shows existing and proposed gravesite locations, landscape, roads, parking areas and walkways prescribed in the analysis phase. The recommendations put forth by this plan strive to fulfill the goals and objectives put forward at the beginning of this document. Currently, there are two phases planned for the expansion; this plan shows both phases after completion.

The plan was developed from the beginning to recognize, embrace and respect the integrity of the existing cemetery. The center point of the existing cemetery, which is also the location of the Civil and Spanish-American War Veterans Statue, is aligned deliberately with the new Memorial Plaza to the north. This alignment provides an important visual connection between the old and new. It is also the starting point for the layout of the new cemetery. The northeast corner of the existing cemetery provides an opportunity to add gravesites along the radial layout that matches gravesites on the northwest corner.

To improve vehicular access to the cemetery for burial and interment services and memorial events Patton Drive will become a one-way paved road around and through the cemetery. Parallel parking is provided and can accommodate corteges when necessary. Vehicles may exit the cemetery along the west and south edges of the existing cemetery. The road alignment follows a majority of the existing asphalt road recently installed at the northeast and west edge of the expansion area. Improvements to the existing road are recommended to stabilize the road edge and separate vehicles from pedestrians. To improve accessibility for all visitors, paved sidewalks, walkways and ramps are provided which connect parking areas and the Memorial Plaza to the cemetery grounds.

Attachment A

MASTER PLAN STUDY

PHASE 1 PLAN

A portion of the northeast corner of the existing cemetery illustrated on this page is the location of the Phase 1 expansion. The northern limit of Phase 1 is due to an existing sanitary line easement which was discussed earlier in this document.

The full casket and cremation gravesites are located along the radial layout that matches gravesites on the northwest corner and the cemetery layout in general. Row spacing also matches the existing radial layout. Gravesite sizes are 5' x 10' for casketed remains and 5' x 5' for cremated remains. The dimensions of the individual interment sections allow for changes in the proportion of casket or cremated remains.

PHASE 1 GRAVESITE TOTALS

FULL CASKET GRAVESITES 25

CREMAIN SITES 48

Attachment A

cdhs

MASTER PLAN STUDY

PHASE 2 PLAN

The Phase 2 expansion area illustrated on this page is the eventual completion of the expansion project. Phase 2 will provide additional gravesites extended from Phase 1 to the outer perimeter of the existing cemetery. The limit of the radial gravesite layout will match existing gravesites at the northwest corner of the existing cemetery.

Patton Drive will turn west and become a one way drive that provides improved access to the existing cemetery and expansion site. A portion of this one way drive will re-use existing roadway that runs parallel to the Empire Canal. Parallel visitor parking is provided for both general use and corteges.

PHASE 2 GRAVESITE TOTALS

FULL CASKET GRAVESITES 392

CREMAIN SITES 154

ATTACHMENT B

Department of Human Services Operating Funding Requests for Building Improvements

Request: FY 2008-09 Change Request #6, Regional Center ICF/MR Conversion and Year Two of the Staffing Study

Year of Request	Buildings Improved	Amount of Request	Amount Approved	Driving Factors	Improvements Completed	Cost	Funding Source	Time to complete
FY 2008-09	Group homes operated by the Wheat Ridge Regional Center that required fire suppression modifications to meet fire safety code requirements	$240,000	$240,000	Licensure Requirements	Sprinklers Installed (fire suppression)	$236,128	General Fund	Completed in FY 2009-10

Request: FY 2009-10 DI-5, Direct Care Capital Outlay for Regional Centers, Mental Health Institutes and Facilities Management and Facilities Management Operating Increase

Year of Request	Buildings Improved	Amount of Request	Amount Approved	Driving Factors	Improvements Completed	Cost	Funding Source	Time to complete
FY 2009-10 & FY 2010-11 Mental Health Institutes	Various buildings at Ft. Logan and the Mental Health Institute at Pueblo	FY 2009-10 $77,650 FY 2010-11 $152,250	FY 2009-10 $77,650 FY 2010-11 $152,250	Old and obsolete equipment and flooring that needed to be replaced to maintain patient and staff safety	Replacement of various equipment, patient furniture, bathroom remodel, carpet and flooring refinish	FY 2009-10: $77,650 FY 2010-11: $152,250	General Fund	Completed within each FY
FY 2009-10 & FY 2010-11 Regional Centers	Various group homes at Wheat Ridge, Grand Junction and Pueblo	FY 2009-10 $164,250 FY 2010-11 $164,250	FY 2009-10 $164,250	Critical replacement of equipment and flooring based on citations from the Dept. of Public Health and Environment	Replacement of various equipment, flooring and repairs	Estimated $164,250	Reappropriated Funds (previously earned revenue)	Completed in FY 2009-10
FY 2009-10 & FY 2010-11 Division of Facilities Management	System components replaced on a failure basis, no specified buildings identified	FY 2009-10 $327,459 FY 2010-11 $327,459	FY 2009-10 and FY 2010-11 $164,250 $163,209 ongoing	Failing equipment and lack of controlled maintenance to replace building systems prior to failure	Replacement of failing equipment	DFM regularly spends its appropriated budget	General Fund, Cash Funds, Reappropriated and Federal Funds	Completed as needed

Attachment C

Community Living Advisory Group
October 2013 Draft Retreat Synopsis and Subcommittee Recommendations

1. No Wrong Door Strategy (89% agreement)
   - 1-800 number and website to get better coordination and more consistent information. Primary contact number steers you to the correct resource – creating more of a network of the local supports available.
   - Getting a strong and potentially common technology system that supports the care coordinator in determining the right resources available to each individual within their communities.
   - Robust, ongoing training across systems and agencies to ensure standardization and coordination/collaboration

Entry Point Subcommittee Recommendation:

Entry Point access to the Colorado Benefits Management System (CBMS). All entry point agencies would have access to read-only CBMS. Improve information through PEAK application.

2. Conflict-Free Case Management (96% agreement)
   - Move towards clear role identification and separation of functions - eligibility determination, service planning and case management separate from ongoing service provision and coordination.
   - Create State oversight and monitoring to ensure adherence, transparency, and choice.

Entry Point Subcommittee:

Exploring Methods of Conflict Free Entry Point: the assessment, determination of eligibility, and service level determination is contained outside the case management or service delivery system.

3. Continue to reduce the rate of institutionalization of all LTSS populations and develop nursing home diversion strategies (92% and 96% agreement, respectively)
   - Help hospitals and discharge planners to identify and connect to community resources to increase discharges to community placement.
   - Increase efficiency of CCT/MFP as well as make it sustainable and permanent
   - Increase focus on transition supports in waivers
   - Develop sufficient community capacity/resources so that it is as easy to transition to community as an institution
   - Rebalancing of funding, policies, and regulations to ensure community placement is as easy as nursing home placement
   - Provide incentives from point of discharge from hospitals and nursing homes to coordinate care

Entry Point Subcommittee Recommendation:

Expand Presumptive Eligibility of Medicaid to include Long Term Services and Supports. Establish presumptive eligibility for individuals requiring hospice care or individuals with ongoing long-term services and supports being discharged from acute care settings.

draft 12.3.13

4. Self-directed services to all LTSS populations (97% agreement)
   - Expand consumer direction to all Medicaid programs and/ or implement Community First Choice.
     - i. Remove operational and scope of practice barriers to consumer direction
     - ii. Review provisions of AAA's related to Older American Act Funds
   - Expand services to include veteran's needs.
   - Standardize needs-based allocation process in all models.
   - Ensure there are safe guards and appropriate oversight to ensure and demonstrate quality outcomes.
     - i. Look to other states

Consumer Direction Subcommittee Recommendation:

All long-term care services should embrace and implement the concepts of Self-Determination, Person-Centered Planning (PCP), and Consumer Direction. While closely aligned, these three definitions are not equal to one another. The subcommittee definitions were developed from nationally recognized sources and have been modified to better meet the needs of end users in the Guiding Definitions

5. Person-centered planning (PCP) for all (93% agreement)
   - Create eligibility and services around needs
     - i. Establish standards and principles
     - ii. Establish universal training and best practices (i.e. motivational interviewing)
   - Create a performance evaluation system to measure success and optimal levels of health
     - i. Change payment to reward success
   - Leverage all the different funds that support PCP

Consumer Direction Subcommittee Recommendation:

Person-Centered Planning processes should utilize the values of Self-Determination.
"Person-Centered Planning (PCP) is a philosophy, individually-focused approach, and interactive process used to develop individual service plans that are directed by the individual or his/her representative and identifies the individual's preferences, strengths, capacities, needs and desired outcomes or goals" (Cotton & Fox, 2011; O'Brien & O'Brien 2002).

"Person-Centered planning tools facilitate a proactive process to ensure effective coordination of actions, management of supports and evaluation of progress as individuals, families and professionals take risks and create novel support designs" (Flanagan 2012).

6. Strategies to increase housing (96% agreement)
   - Take better advantage of opportunities and resources available like CHFA, Section 8, Housing COOPs, accessibility, housing needs transit lines.
   - Improve and update zoning and building codes to create more community resources.
     - i. Allow 3+ unrelated people to live together
     - ii. Support livable communities
   - Provide funding for more permanent supportive housing.
   - Support tax credits for people and entities to support more units.
     - i. Public-private partnerships

draft 12.3.13

- Expand and improve Home Modification and Home Refab programs to existing homes.
- Provide incentives to developers and housing authorities to increase the percentage of new homes that are affordable and accessible.

7. Strategies to reduce waiting lists (84% agreement)
   - Implement Community First Choice.
   - Provide supports (housekeeping, transportation, meals) to keep in community.
     i. Flexibility in service to fit need
     ii. Strategy to deal with waitlists for non-Medicaid services
   - Move forward with waiver simplification.

Waiver Simplification Subcommittee recommendations:

Eliminate HCBS-PLWA Waiver: Transfer services under HCBS-EBD Waiver.

New HCBS-Adult DD Waiver: currently in a working group at Department of Human Services.

8. Regulations

Regulatory Subcommittee Recommendations:

Eliminating Conflict: in State Dept. rules and regulations, as they relate to CDPHE facility rules and HCPF/CDHS home and community based services rules.

Modernize Regulations: necessary to support self-determination of services.

9. Workforce

Professionalize Workforce:

Pay, student loans, technology/training, standards, and family caregivers.

Look at other states: New York, Alaska

College courses and degrees

10. Care Coordination

Care Coordination Subcommittee recommendations:

Adopt Care Coordination policy framework (within the Charter)

Establish an independent LTSS Consumer Quality Research Council: (CQRC)-which is in the process of submitting a grant to the Colorado Health Foundation

Promotion bi-directional readiness for RCCO-LTSS FBMME care coordination.

11. Other

- Nurse Practice Act
- Employment strategies
- Transportation

draft 12.3.13

Attachment C

Originator of Recommendations for Advisory Group Approval

	Category of Recommendations	Advisory Group	Subcommittees
1	No Wrong Door		
2	Conflict-Free Case Mgmt		
3	Institutional Footprint		
4	Self-Direction		
5	Person-Centered Planning		
6	Housing	Align with Olmstead Housing Coalition recommendations, HUD, Division of Housing (DOLA)	
7	Waiting Lists/Waiver Simplification		
8	Regulatory		
9	Workforce		
10	Care Coordination		
11	Other		

draft 12-13

DEPARTMENT OF HUMAN SERVICES
FY 2014-15 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 23, 2013
1:30 pm – 5:00 pm

The first section of this hearing agenda pertain to questions related to the November 13, 2013 Department of Human Services briefing. The second section of this agenda pertains to questions related to the Department of Health Care Policy and Financing November 13, 2013 briefing.

Section 1 – Department of Human Services

1:30-1:40 DEPARTMENT REORGANIZATION

1. Please explain why the Department wants to reorganize the Long Bill.

2. Please explain the reasoning behind the combination of the Division of Child Welfare and the Division of Youth Corrections.

1:40-1:45 DIVISION OF VOCATION REHABILITATION PROGRAMS

3. Please discuss the status of the improvements/expansion of the Homelake Veterans Cemetery.

1:45-2:15 DIVISION OF VOCATION REHABILITATION PROGRAMS

4. What is the relationship between the Business Enterprise Program for People Who Are Blind Program and the School for the Deaf and Blind?

5. Please discuss the procurement issues of the Older Blind Grants Program.

6. Please explain how the additional funding appropriated in FY 2013-14 for the Independent Living Centers was allocated, and how the Department is managing those funds.

7. Please discuss the CSTAT and performance measures of the Division of Vocational Rehabilitation.

8. Please discuss how and why vocational rehabilitation cases are closed. How do the methods used to close cases ensure that individuals are receiving the services they need?

9. The following questions relate to the December 2013 audit of the Vocational Rehabilitation Programs:

    a. Does the Department still have an internal audit function for the Vocational Rehabilitation Programs? If so, did the Department audit themselves? If not, why not?
    b. Please discuss the results and findings of the December 2013 audit.

2:15-3:00 REGIONAL CENTERS

10. The following questions pertain to the Department's request for $420,000 Medicaid reappropriated funds for capital improvements to twelve state-operated group homes:

    a. Please explain why the request for $420,000 Medicaid reappropriated funds was not submitted as a capital construction request, and whether or not this request falls within the controlled maintenance category.

    b. What upgrades have been done to the homes since they were built? If so, what was the cost and when were the upgrades done? If no upgrades were done, why not?

    c. Are all state-operated group home properties included in the state inventory used by the State Architect to determine capital priorities?

    d. Please discuss the criteria that will be used to determine which homes are most in need.

    e. Please discuss what reassurances will be given to the General Assembly that, if approved, $420,000 Medicaid reappropriated funds is sufficient funding for these capital improvements.

    f. Should the General Assembly anticipate a request for FY 2015-16 for improvements to the remaining nine homes? If so, why was the FY 2014-15 request not for all homes? If not, why not?

    g. Please discuss past requests, from any department, for capital improvements through operating lines similar to this request. Please include the following information for each request:

        i. What year the request was for, and was it approved by the General Assembly;
        ii. The department the request came from, and what buildings were improved;
        iii. How much the request was for;
        iv. What factors drove the request;
        v. What improvements were done;

vi. How much the improvements actually cost and what funding source paid for the improvements; and
vii. The time required to complete the improvements.

h. Please discuss any liabilities that currently exist within these group homes. What criteria are used to determine the size of the liabilities that exist if the improvements are not completed.

i. Has the General Assembly ever appropriated funding to Community Center Boards or other providers for capital improvements similar to the improvements being requested?

11. Please discuss the results and findings of the December 2013 audit of the Regional Centers.

3:00-3:05 BREAK

<u>Section 2 – Department of Health Care Policy and Financing</u>

3:05-3:15 FAMILY SUPPORT SERVICES PROGRAM

12. Please discuss the rules and accountability guidelines that exist on the Family Support Services Program. If limited, or no rules and accountability guidelines exist, please discuss why not and what plans the Department has to develop rules and guidelines.

13. Please discuss how the funding provided through the Family Support Services Program is prioritized.

14. Please discuss how stakeholders are involved in the distribution of funds through the Family Support Services Program, and how this involvement has changed over the past five years. How is client satisfaction measured, and what is the current level of client satisfaction with the Family Support Services Program?

3:15-3:25 PRIOR YEAR FUNDING FOR ADDITIONAL FULL PROGRAM EQUIVALENTS

15. Please discuss what issues exist with community capacity in distributing the full program equivalents added for FY 2013-14, and what is being done to remedy those issues.

16. What issues discussed in question 15 will limit the impact the ability of community providers to serve all the individuals that would be served if the full programs equivalents requested for FY 2014-15 is funded?

17. Please discuss why the September 30, 2013 waiting list numbers as reported to JBC staff reflects 417 children waiting for children's extensive support services.

3:25-4:05 DIVISION FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES BUDGET

18. Please discuss the process to take back full program equivalents, when the Division started this process, and if the Division plans to continue this process and why.

19. Please discuss the ongoing plan to manage the Division, and improvements and/or changes the Division anticipates making. What work is being done with Community Center Boards and individuals being served to make these improvements/changes?

20. Please discuss how the Division ensures that the right services are being provided to the right person, at the right time, and in the right place. Please discuss what work remains to be done to ensure the right services are being provided to the right person, at the right time in the right place.

21. Please discuss the operational status of the Office of Community Living.

22. Please discuss the basis for how the budget for the Division is managed including:
    a. What accounting mechanisms/systems are used (i.e. an accrual system, a cash accounting system, etc.);

    b. What impact, if applicable, moving to a cash accounting system would have; and

    c. What would the impact be on the budget if the Division had roll forward spending authority for a percent of the budget

4:05-4:30 COMMUNITY LIVING ADVISORY GROUP UPDATE

23. Please provide an update of the Community Living Advisory Group including:
    a. What recommendations the Group has made;
    b. What issues the Group is still discussing;
    c. When and how the Group will make final recommendations; and
    d. What issues the Group will not address.

4:30-5:00 TRANSITION OF YOUTH AGES 18 TO 20 FROM CHILD WELFARE SYSTEM TO THE IDD SYSTEM

24. Please provide the following information:

    a. How many youth with intellectual and developmental disabilities (IDD) ages 18 to 20 years old would be impacted by the transition to the IDD waiver system;

    b. Where they are currently placed including both geographical location and residential type;

    c. The ability of the community system to serve these youth if they are transitioned;

    d. How quickly could the transition occur;

    e. How long would transitions take to complete through the court system;

    f. What, if any, statutory change is required (please include specific statutory cites);

    g. An outline of the specific steps and the associated time required to complete each step need to complete the transition; and

    h. The pros and cons of phasing in the transition over one, two or three years and the associated fiscal impact of each option.

25. Please discuss what barriers have prevented the Department of Human Service's ability to report information on the number of youth ages 18 to 20 in the child welfare system and their locations.

26. Please discuss the following information related to the transition of youth served at out-of-state institutional facilities to the adult comprehensive waiver:

    a. The process used to determine if the youth would like to live in the community or a Regional Center;

    b. Whether or not a Supports Intensity Scale assessment is completed and what the results are; and

    c. If youth are not being offered community-based services an explanation for why.

27. Please discuss the changes that would be required to enable youth with intellectual and developmental disabilities to be served by the Children's Extensive Support Services waiver rather than through the child welfare system.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1. Provide a list of any legislation that the Department has: (a) not implemented or (b) partially implemented. Explain why the Department has not implement or has partially implemented the legislation on this list.

2. Does Department have any outstanding high priority recommendations as identified in the "Annual Report of Audit Recommendations Not Fully Implemented" that was published by the State Auditor's Office on June 30, 2013? What is the department doing to resolve the outstanding high priority recommendations?
http://www.leg.state.co.us/OSA/coauditor1.nsf/All/D36AE0269626A00B87257BF30051FF84/$FILE/1337S%20Annual%20Rec%20Database%20as%20of%2006302013.pdf

3. Does the department pay annual licensing fees for its state professional employees? If so, what professional employees does the department have and from what funding source(s) does the department pay the licensing fees? If the department has professions that are required to pay licensing fees and the department does not pay the fees, are the individual professional employees responsible for paying the associated licensing fees?

4. Does the department provide continuing education, or funds for continuing education, for professionals within the department? If so, which professions does the department provide continuing education for and how much does the department spend on that? If the department has professions that require continuing education and the department does not pay for continuing education, does the employee have to pay the associated costs?

5. During the hiring process, how often does the number one choice pick candidate turn down a job offer from the department because the starting salary that is offered is not high enough?

6. What is the turnover rate for staff in the department?