

DEPARTMENT OF LABOR AND EMPLOYMENT
(Transfer of the Division of Vocational Rehabilitation)
And
DEPARTMENTS OF HUMAN SERVICES
(Executive Director's Office and Services for People with Disabilities)
And
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
(Office of Community Living)

FY 2016-17 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 22, 2015
9:00 am – 12:00 pm

9:00-9:20 QUESTIONS FOR THE DEPARTMENT OF LABOR AND EMPLOYMENT AND THE DEPARTMENT OF HUMAN SERVICES RELATED TO THE TRANSFER OF THE DIVISION OF VOCATIONAL REHABILITATION

- 1. Pursuant to Section 8-85-108 (2) (a), C.R.S. the Department of Labor and Employment is required to present quarterly reports to the Joint Budget Committee on the status of the Transition. Please provide a transition status update in accordance with Section 8-85-108 (2) (a), C.R.S.**

Department of Labor and Employment provided the following response:

- The following is a summary of the status of the transition process:
- DVR staff and stakeholder meetings were completed during May through October 2016. Over 100 staff and 200 stakeholders participated.
- Nine merger teams were formed to plan and carry-out the merger.
- Work began on the transition in April 2015 and continues.
- All planned merger milestones are on target to be completed on time.
- Primary risks to the merger timeline are timely integration and transfer of key data in CORE.
- DVR management training regarding CDLE culture, values and performance management began in September and will continue through the merger date.
- Build-out of DVR administrative leased space at CDLE will start post lease signature in December. Targeted move-in is mid-June 2016.

Transition plan is attached.

- 2. Pursuant to Section 8-84-108 (2) (b), C.R.S. the Departments of Human Services and Labor and Employment shall prepare a detailed transition plan and present the plan to the Joint Budget Committee and appropriate Committees of Reference. Please provide a written copy of the plan. Please provide an overview of the plan and include a discussion of the following as it relates to the transition plan:**

a. Any recommendations (including statutory changes) included in the plan;

Department of Labor and Employment provided the following response:

Attachment #7 in the transition plan includes possible statutory changes. In particular, we will work with your staff to ensure that our background check process is designed to be at least as protective as currently required under the “protection of vulnerable persons” statutory provisions which are currently applicable to DVR and CDHS.

b. What 2013 state audit recommendations are not yet implemented; and

Department of Human Services response:

All of the 2013 audit recommendations were implemented. DVR’s 2013 Performance Audit identified 20 recommendations which included a total of 64 subparts. DVR implemented all 64 recommendation subparts within the span of about one year. This was a significant undertaking impacting the entire organization. For example, DVR developed and implemented 19 policy changes, some of which included changes to numerous processes. DVR developed 6 new training courses to cover these policy and process changes. A follow up review by the Office of the State Auditor determined 11 subparts were partially implemented. DVR’s plan to fully implement the 11 remaining recommendation subparts is on track, with 5 recommendations to be fully implemented in December 2015, and the remaining two recommendations by February 2016, following a public comment period on new policy and counselor training.

c. What specific recommendations/steps in the plan that will address outstanding audit recommendations?

Department of Human Services response:

CDHS has assured CDLE that all of the outstanding audit recommendations will be implemented before DVR transitions to CDLE on July 1, 2016.

3. Please discuss the Department of Labor and Employment's long-term plan for improving the Division of Vocational Rehabilitation including how the long-term plan will address the following issues, identified by the Department of Human Services, and outlined on page 32 of the JBC staff Department of Human Services December 14, 2015 briefing document, that are contributing to Division of Vocational Rehabilitation's underexpenditure:

a. Waiting list and application number;

Department of Human Services response:

The wait list was ended in April 2015 and the Department of Human Services provided quarterly updates to the JBC on its progress in addressing the wait list during all of FY 2014-15.

Applications during the waitlist decreased significantly from pre-waitlist applications and have been slow to recover. Specifically, pre-waitlist applications were approximately 700 per month compared to the average applications during the wait list of 410 per month. Since the waitlist ended in April 2015, application numbers have slowly been recovering and for the most recent 3 months were 560 per month. Additionally, through our ongoing stakeholder process, CDLE is committed to continued outreach to ensure that application numbers are truly reflective of potential eligible applicants in need of services.

b. Pre-employment Transition Services for Students with Disabilities;

Department of Labor and Employment provided the following response:

The Department of Labor and Employment strives for a diversified funding structure. To begin initiating this strategy, the division received an Employment First program grant. This is a newly acquired U.S. Department of Labor grant that provides technical assistance expertise in the transition of services for the disabled in order to find integrated employment and transform the service delivery system.

A realignment at no additional cost of the Division of Vocational Rehabilitation to focus on Youth Transition and Blind Services as a result of stakeholder feedback.

There is an acknowledgement and need to review current and new avenues for application growth in youth pre-employment transition services. The department will continue stakeholder outreach efforts and look for various collaborative opportunities with school districts and other state and local agencies.

c. Failures to meet maintenance of effort requirements;

Department of Labor and Employment provided the following response:

U.S. Department of Education requires maintenance of effort of all states for the vocational rehabilitation program, which is at least equal to non-federal vocational rehabilitation expenditures from two years prior. The Department of

Labor and Employment recognizes the need to track and maintain maintenance of effort levels as required by the U.S. Rehabilitation Act. Efforts are currently underway in setting up an accounting and reporting structure that should capture the required elements necessary from all funding sources to record the expense. The low level of DVR's expenditures (and resulting associated expenditure of match) in the future could have a similar MOE impact on the FFY 16 award. MOE impacts on FFY 17 award will be dependent on the number of prospective clients who apply for the Vocational Rehabilitation Program. It is CDLE's intention to utilize our revised tracking and reporting system to ensure ongoing acceptable maintenance of effort levels once we are administering the program.

d. Unobligated federal funds; and

Department of Labor and Employment provided the following response:

The Department of Labor and Employment will spend funds for allowable uses. There is a possibility in the short-term of reverting federal funds. There will be a strong departmental effort to open new application channels in order to serve more individuals which would appropriately obligate these federal funds.

e. Insufficient state match

Department of Labor and Employment provided the following response:

The Department of Labor and Employment is working to set-up a process of an upfront expenditure fund split of federal and state match in CORE. A collaborative work group including staff from CDLE, CDHS, and the State Controller's Office have nearly completed this task. An upfront accounting process should provide a more real-time view of expenditure status. Since the Department of Labor and Employment routinely reviews and projects expenditure patterns, the availability of current information is crucial to the success of this program. If, during a review, an insufficient state match becomes apparent, the department will make every attempt work with the JBC staff in advance to bring forward an appropriate level request.

Indirect Costs

4. Please discuss why the Department has a need for General Fund to backfill lost indirect costs from the Division of Vocational Rehabilitation. What specific costs are driving the need for the Department to request General Fund?

State agencies collect revenue from all funding sources to support central services (State indirects) and direct office overhead costs from benefitting programs. Indirect costs are defined as costs that: (a) are reasonable and allowable; (b) are legitimate costs of doing business and, (c) cannot be directly identified with a single program. Indirect costs are typically fixed costs.

In FY 2014-15, DVR contributed \$2.1 million (or 3.7 percent of Department’s total indirect costs) in indirect funds to CDHS, from federal and General Funds (78.7% federal funds and 21.3% General Fund). When DVR transitions to CDLE and after any base cost reductions, CDHS needs to backfill these lost funds. As illustrated in Table 1, by reallocating the indirect funds to the remaining programs where possible, CDHS is able to absorb \$998,000. The remaining portion requires a General Fund backfill. This requirement was identified in the CDHS fiscal exception to SB 15-239 on March 27, 2015.

Effective July 1, 2016, the Department will no longer be able to use the DVR General Fund and federal funds to address fixed central administrative costs.

TABLE 1: FY 2016-17 Projected Overhead Cost Allocation Structure				
Funding Source	Total Indirect and Direct Office Overhead Costs Allocated	General Fund	Cash and Reappropriated Funds	Federal Funds
DVR	(\$2,092,543)	(\$460,360)	\$0	(\$1,632,183)
Remaining DHS Programs	\$998,260 ¹	\$460,360	\$0	\$537,900 ²
DHS Shortfall to cover Indirect and Direct Costs	(\$1,094,283)	\$0	\$0	(\$1,094,283)

¹The amounts are projections based on one year of actual data. These amounts can change based on program actual expenditures in FY 2014-15 and FY 2015-16. The Department will address any fluctuations in projections through the FY 2016-17 budget process.

² Programs can potentially collect \$537,900 in additional federal indirect revenue to help offset the federal fund impact from the transfer of DVR.

Table 2: Appropriation of Indirect Costs based on SB 15-234, the FY 2015-16 Long Bill illustrates most of the Department’s indirect costs are fixed costs as appropriated to the following Long Bill groups:

TABLE 2: Appropriation of Indirect Costs based on SB 15-234 FY 2015-16 Long Bill		
Long Bill Group and Line Item	Spending Authority	Purpose of Expenditure
1) (A) The Executive Directors Office		
LBLI 05900 - Personal Services	\$1,941,400	Executive Services personal services
LBLI 05980 – Operating	\$496,015	Executive services operating expenses
1) (B)Special Purpose		
LBLI 06130 - Employment and Regulatory Affairs	\$5,230,312	Employment Affairs personal services and operating
LBLI 06163 - Health Insurance Portability & Accountability Act of 1996	\$377,543	HIPPA personal services and operating
2) Office of Information Technology Services		
LBLI 06220 - Operating	\$1,911,543	IT operating
LBLI 06240 - Microcomputer Lease Payments	\$539,344	Desktop computer relates expenditure
LBLI 06299 -County Financial Management System	\$1,494,325	County accounting software
LBLI 06298 - Client Index Project	\$17,698	IT Operating
LBLI 05901 - Payments to OIT	\$23,992,691	Common Policy OIT expenditures
LBLI 06301 - COFRS Modernization	\$1,521,220	CORE Modernization
3) Office of Operations		
LBLI 06300 - Personal Services	\$23,631,763	Personal services to include Financial Services, Facility Maintenance, Contracts/Procurement and Payroll
LBLI 06320 - Operating Expenses	\$ 4,203,644	Operating personal services to include Financial Services, Facility Maintenance, Contracts/Procurement and Payroll
LBLI 06380 - Capitol Complex Leased Space	\$ 1,236,932	Leased space expenditures for central services functions occupied space.

In a Department with 5,226 active employees (4,971 FTE), reducing the FTE by 233 or 4.7 percent, will not result in the elimination of an entire office or an appreciable number of central support functions. As a result, the total indirect costs continue essentially unchanged. These costs will continue to be allocated to all of the Department’s remaining programs, many of which are General Funded programs, see Table 6.

- 5. Please explain what the following statement from page 7 of the Department's R9 decision item write up means in terms of over expenditure of line items or transfers between line items: "As a result, without additional resources, the Department may over-expend many of its programs' personal services line items that have indirect overhead charges allocated to them."**

This over-expenditure is not of spending authority, but General Fund, and relates to the administrative Long Bill groups which receive indirect federal, cash, and/or reappropriated revenue from the various programs. If those revenues are not generated from the various programs, the spending authority is covered using General Fund by default. If the entire spending authority is fully utilized and the amount of federal, cash and reappropriated revenues budgeted is not collected, General Fund must cover the expenditures not covered by these sources, thus exceeding the General Fund budgeted for those lines.

The Department will maximize federal funds to the extent possible before it makes a request for General Fund.

- 6. Please discuss the Department's response to each of the following concerns about indirect costs that were raised on page 12 and 13 of the JBC staff December 14, 2015 briefing document:**

- a. Concern #1 – The Department is not transferring all staff related to the DVR programs as evidenced by the Department of Labor's request for 2.6 FTE for the Division of Vocational Rehabilitation.**

The Department is transferring all 229.7 FTE associated with the Division of Vocational Rehabilitation and 3.4 FTE associated with Financial Services (Accounting, Contracts, and Procurement) and Employment Affairs to the Department of Labor and Employment (an administrative staff to employee ratio of 1:67.5).

The additional staff requested by the Department of Labor and Employment (CDLE) are staff above the current staff supporting DVR at Human Services. Based on the functional team analysis by CDLE the additional need for support staff by the Department of Labor and Employment is due to the lower ratios of support staff to employees as compared to the Department of Human Services. The Department's Human Resource Specialists to employees ratio is 1:153 while the ratio at CDLE is 1:74.

- b. Concern #2 – The Department's budget does not include any base reduction to the indirect cost pool which this request would restore, therefore resulting in a net increase to funding for Department administrative overhead.**

The budget request is not a net increase in funding of the indirects costs, only a change in the funding mix. As noted above, the indirect cost pool consists of central administrative fixed costs, as identified in Table 2 in response to Question 4.

At the time of submission of the FY2016-17 budget, the updated indirect cost allocation was not available. As a result, the Department used the actual FY2013-14 cost allocation model. This model does not reflect the changes in funding mix due to the transfer of DVR. Since November 1, 2015 the Department has updated the information as presented in Table 3.

- c. Concern #3 – This request sets a precedent in which programs are transferred and the Department losing the program would ask for General Fund to backfill indirects.**

It is expected that transfers of divisions or programs with non-General-Fund sources will generate impacts to indirect cost recoveries. We had a similar situation when Ports of Entry moved from DOR to CDPS -- DOR received a GF increase for its EDO, and CDPS took advantage of the increase in indirect recoveries to decrease its GF burden.

With the transfer of DVR to CDLE, we have a similar circumstance. DHS will require an increase in GF, while additional indirect recoveries within CDLE will offset other GF appropriations.

- d. Concern #4 – In the prior two years when DVR under expended funds, the Department never raised the issue of insufficient indirects.**

Indirect costs are not tied to program expenditures. Indirect costs are based on the actual costs of the central administrative areas, not on the actual costs of programs. The indirect costs actually increased during those years because the Department's central administrative costs increased largely due to statewide Common Policy adjustments.

- e. Concern #5 – This request highlights a question regarding the appropriate use of indirects including why is a program paying, based on the request more than \$1.0 million, more than they are using in indirects?**

The Division of Vocational Rehabilitation has paid its fair share of indirect costs based upon the approved Public Assistance Cost Allocation Plan (PACAP). For example, DVR represents 4.7 percent of the Department's FTE, and funded 3.7 percent of the Department's indirect costs.

The indirect costs reside in the central administrative areas as shown in Table 2, in response to question 4. The Department has a PACAP that is approved by all federal agencies providing funding to the Department of Human Services. The PACAP requires that all programs within the Department, be charged a portion of the Department's indirect costs based on those costs that support and benefit them regardless of the funding source.

The Department's central administrative indirect costs are in a number of cost pools. Each cost pool is defined by those programs which are supported and benefit from those costs. Those pools that benefit and support DVR are charged to DVR based on calculations that best represent an equitable allocation method, such as FTE, square footage, number of documents processed, etc. For instance, the accounts payable pool which includes the Vouchering unit in central accounting that processes all of the bills for all programs within the Department uses the number of payment documents as an allocation basis. In the first quarter of FY2015-16, the unit processed 1,000 payment documents and DVR's consisted of 250 of those documents, the allocation of the units actual costs would be 25% to DVR for that quarter. If in the second quarter the same number of documents were processed and only 100 of those were related to DVR the percentage of costs would be 10%. This pool is calculated each quarter using current data to determine the percentage to be charged to each program.

This allocation plan is requested by the Office of the State Auditor as part of its annual Statewide Single Audit.

- f. **Concern #6 – The indirect cost allocation provided by the Department raises questions about the equity of the allocation of indirects and highlights the lack of transparency in the process. This hinders the ability of the General Assembly to (1) track the use of program moneys for administrative overhead and (2) hold the Department accountable for ensuring that dollars intended for program services are being used for services and not overhead.**

In fact, the Department of Human Services has provided an annual report of the indirect revenues collected from each program's grants and where those revenues, in total, went. All expenditures in program appropriations are for direct program expenditures. By definition, no indirect costs are included in any program lines. All indirect costs are in the administrative lines, see Table 2. The federal revenue recorded in the program lines covers direct program expenditures. Federal revenue for indirect costs is recorded in the central administrative lines. The collection of indirect revenues to cover indirect costs is done in accordance with the Department's federally approved Public Assistance Cost Allocation Plan which is audited by the Office of the State Auditor annually through the Single Statewide Audit.

- 7. Please provide the program/funding percentages in the FY 15-16 and FY 16-17 cost allocation plans.**

Because the Department has a cost allocation plan and not a defined rate, there are no percentages in the cost allocation plan. All actual indirect costs must be allocated to all programs within the Department, including federal, cash, reappropriated, and General Funds, in accordance with the basis approved for each type of cost approved in the plan.

The FY 2014-15 Federally Approved Cost Allocation Plan was provided to the JBC Staff Analyst on December 9, 2015.

8. Please discuss the percentage distributions changes in the cost allocation plan from FY 2013-14 to FY 2014-15 based on the table on page 15 of the December 14, 2015 JBC staff Department of Human Services briefing document.

The table included in the JBC briefing document dated December 14, 2015 on page 15 appears to illustrate a specific request of State FY 2010-11 (not State FY 2013-14 as stated in the title), which excluded all non-federal programs resulting in only a portion of the total Departmental indirect costs.

Table 3 on the following page illustrates the actual percentages allocated to all programs as outlined in the Department's approved PACAP.

Referring to the previous example, if in the first quarter of FY2015-16 the unit processed 1,000 payment documents and DVR's consisted of 250 of those documents, the allocation of the units actual costs would be 25% to DVR for that quarter. If in the second quarter the same number of documents were processed and only 100 of those were related to DVR the percentage of costs would be 10%. This pool is calculated each quarter using current data to determine the percentage to be charged to each program. This methodology applied over fiscal years would show modest changes from year to year.

TABLE 3: Comparison of Department's Indirect Cost Allocation Plans

Program/Funding Source	FY15 % Costs Allocated	FY14 % Costs Allocated	Change
Alcohol and Drug Abuse Division (ADAD)	0.68%	0.65%	0.02%
Aging	0.14%	0.14%	0.00%
Aging & Adult Svc (III,V)	0.20%	0.84%	-0.64%
Adult Financial Services & OAP	0.48%	0.34%	0.14%
Early Child Care	2.84%	3.05%	-0.21%
Child Support Enforcement Title IV-D	4.57%	4.00%	0.57%
Child Welfare IV-B	1.40%	1.22%	0.18%
Child Welfare IV-E	7.16%	6.72%	0.44%
Child Welfare-Child Abuse	0.18%	0.12%	0.06%
Disability Determination Services	1.53%	1.52%	0.00%
Division of Youth Corrections (DYC)	10.26%	10.55%	-0.29%
District Pools	1.72%	1.44%	0.28%
Donated Foods	0.17%	0.23%	-0.07%
Food Assistance (SNAP)	8.73%	7.81%	0.92%
Low Income Energy Assistance (LEAP)	0.55%	0.59%	-0.03%
Medicaid (50%)	4.22%	5.06%	-0.84%
Mental Health Community Programs	0.94%	0.86%	0.08%
Mental Health Institutes	21.65%	22.28%	-0.63%
Nursing Homes	2.26%	3.87%	-1.61%
Regional Centers	11.34%	13.23%	-1.89%
Refugees	0.32%	0.35%	-0.04%
State Programs	2.25%	1.08%	1.17%
Temporary Assistance to Needy Families (TANF)	5.11%	5.14%	-0.03%
Title XX	7.69%	5.36%	2.33%
Vocational Rehabilitation	3.62%	3.53%	0.09%
Total	100.00%	100.00%	

9. Please discuss why there are different percentages for the programs in the following table (from page 16 of the December 14, 2015 JBC staff Department of Human Services briefing document):

Program	FTE	Cost Allocation Percentage	Percentage per FTE
Mental Health Institutes	1,024.35	21%	0.0205%
Regional Centers	827.8	12%	0.0145%
Vocational Rehabilitation	223.7	4%	0.0179%
Veterans Community Living Centers	603.3	2%	0.0033%
Youth Corrections	880.4	10%	0.0114%
Disability Determination	121.7	2%	0.0164%

The amounts allocated to each program are based on the pools that benefit them and the federally approved allocation basis of that pool. The Mental Health Institutes, Regional Centers, and Youth Corrections are 24/7 facilities and require additional staff to clean and maintain their facilities. That is one of the reasons their cost allocation percentages are so much higher. Also note that the percentages noted above are the full indirect costs and include General Fund, which is not paid to the administrative areas. The administrative areas use their own General Fund to cover that portion of the indirects. Even though the Veterans Community Living Centers are 24/7 facilities, they provide all of their own cleaning, maintenance, utilities, and billing.

10. Please discuss how the information in CORE relates to indirect costs, and if the CORE provides a level of detail which can be used to better understand the Department's indirects and how they are developed.

CORE basically provides the same information that COFRS provided. There is a method in CORE to identify costs in indirect pools, similar to how they were identified in COFRS. The actual allocations use various bases to allocate those costs to the individual benefiting programs using a software program outside of COFRS or CORE to perform those allocations. The entries to post the indirects in CORE are similar to those in COFRS, adjusted to use the different elements in CORE.

Commission for the Deaf and Hard of Hearing

11. Please discuss why recommendations three and five in the Commission for the Deaf and Hard of Hearing October 23, 2015 annual report include new FTE and funding that was not included in the fiscal note for S.B. 15-178 (Sunset Continue Commission for the Deaf and Hard of Hearing).

SB 15-178 was for the continuation of the CCDHH Program, as it existed, not for what the Commission identified as its goals for future operations, as described in the October 2015 annual report. The Colorado Commission for the Deaf and Hard of Hearing

(CCDHH) did not have cost estimates for recommendations three and five at the time the fiscal note for SB 15-178 was prepared, and therefore they could not be included. The fiscal note did not contemplate any costs associated with future recommendations or proposals that the CCDHH may establish pursuant to its statutory authority.

12. What recommendations in the Commission for the Deaf and Hard of Hearing's annual report does the Department support and why? What recommendations from the Commission for the Deaf and Hard of Hearing does the Department not support and why?

CCDHH made five recommendations:

1. Amending Section 40-17-103, C.R.S., to allow for a new surcharge to be added to wireless telephone lines to fund services provided through the Disabled Telephone Users Fund (DTUF) cash fund.
2. Creating the Deaf Education Steering Committee to implement the “seven agreements” identified by the Deaf Education Reform Task Force.
3. Funding to Deaf-Blind Services to broaden CCDHH’s role to serve deaf-blind people as recommended by the Sunset Review Committee
4. Creation of the Communication Access Fund – to fund interpreter services for legal services.
5. Additional FTE for CCDHH staffing – add 1.7 staff to increase outreach and consultative services.

The Department supports the work of the Commission and is working with CCDHH to refine and prioritize recommendations. However, with limitations on funding, pursuing activities that require new funding may need to be considered in future years.

13. How many school-age children are deaf and hard of hearing in Colorado? What services are provided to school age children who are deaf and hard of hearing? What services are provided by the Boards of Cooperative Education Services (BOCES) for these children?

There is not a single source of information for the number of children who are deaf and hard of hearing. However, the number of children on IEPs (Individualized Educational Plan) who are deaf and hard of hearing in Colorado’s public school system is 1,514. This number is based on 2014 December Count for the Colorado Department of Education. The 2015 December Count will not be available until spring/summer 2016. This is based on voluntary data sharing by districts who serve deaf and hard of hearing students.

The services provided to school-age children are currently provided through the school districts and BOCES. Services typically offered by BOCES include behavior support, IEP, mental health services, preschool special education, transition services, and related services (audiology, counseling, interpreting, medical, occupational therapy, etc.).

The Colorado Department of Education (CDE) provides leadership to school districts and BOCES through the CDE Principal Consultant for Deaf Education. CDE’s consultative role

includes specific guidance in the areas of Educational Audiology, Educational Interpreting, and teaching the Deaf and Hard of Hearing.

In addition, the following services are provided to individuals who are deaf and hard of hearing.

- **Information and Referral:** Pertinent information related to practitioners and parents in the field of deafness is frequently disseminated through the CDE and its Deaf and Hard of Hearing Unit's listservs. The following listservs are available to interested parties.
 - **Educational Audiologists**
 - **Educational Interpreters**
 - **Teachers of the Deaf/Hard of Hearing**
- **Colorado Cochlear Implant Consortium (CCIC)**

The Colorado Cochlear Implant Consortium was established to increase communication between state agencies, implant centers, implant manufacturers, schools, and early intervention programs relative to children who are candidates for or who have received cochlear implants. The Consortium meets quarterly to discuss issues, develop materials, and organize Colorado's annual Cochlear Implant Videoconference.
- **Colorado Deaf and Hard of Hearing Mentor Program**

The Colorado Deaf and Hard of Hearing Mentor Program was established to support educational teams working with students with all degrees of hearing loss, regardless of communication mode. Mentoring activities are tailored to specific needs of district staff. Mentors are experts in deafness who also have an additional area of expertise.

14. The JBC staff briefing document referenced 5,000 individuals who are deaf-blind. What is the Department's projection of the number of individuals in Colorado who are deaf-blind and how did the Department get to that number?

The figure of 5,000 individuals who are deaf-blind that was reported in the briefing document was taken from Recommendation No. 3 of the CCDHH Annual Report. This figure is an estimate based on information from the Helen Keller National Center, 2010 US Census data, and the generally accepted occurrence in the population of hearing loss and blindness or severe vision loss.

15. Please provide the total cost of all of the recommendations in the Commission for the Deaf and Hard of Hearing October 2015 annual report by recommendation.

CCDHH estimates the costs of the recommendations in its annual report from October 2015 as:

FY 2016-17 Cost of Commission 2015 Annual Report Recommendations		
<i>Recommendation</i>	<i>Cost</i>	<i>FTE</i>
Educational Advancement & Partnership Coordinator	\$61,362	1.0 FTE
Deaf-blind Services (personal services and operational costs)	\$155,035	1.5 FTE
Commission for the Deaf and Hard of Hearing	\$89,397	1.7 FTE
Total	\$305,794	4.2 FTE

FY 2016-17 Cost of Commission 2015 Annual Report Recommendations		
<i>Recommendation</i>	<i>Cost</i>	<i>FTE</i>
Educational Advancement & Partnership Coordinator	\$57,937	1.0 FTE
Deaf-blind Services (personal services and operational costs)	\$247,965	1.5 FTE
Commission for the Deaf and Hard of Hearing	\$85,942	1.7 FTE
Total	\$391,844	4.2 FTE

* These figures are intended only as estimates and have not yet been fully reviewed and vetted by CDHS' Budget and Policy Division.

16. How will the proposed 1.0 percent provider rate reduction affect services provided through the Commission for the Deaf and Hard of Hearing?

The 1.0 percent provider rate reduction will reduce the CCDHH appropriation by \$11,778 in Fiscal Year 2016-17. With its funding, CCDHH provides sign language interpreters and CART (Communication Access Real-time Translation) Services. Demand for these services continues to grow. It is anticipated this will negatively impact CCDHH's ability to provide interpreter and CART services, including services mandated by the ADA and Sections 13-90-201 to 210, C.R.S., the enabling statute that mandates CCDHH Legal Auxiliary Services to provide accommodation for the state courts, probation and for court-ordered treatment.

Independent Living Centers

17. Please discuss the Department's position on the recommendation from the Independent Living Centers to create an Office or Division within the Department for Independent Living Centers using a portion of the funds in S.B. 15-240.

The Legislative Declaration for Senate Bill 15-240 indicates the reason for the Bill is to fund services to people with disabilities. Specifically, the Legislative Declaration states:

“The general assembly recognizes omissions in the delivery of independent living services to individuals with disabilities and desires to remedy such inadequacies in the delivery system through services at the community level. The general assembly finds that independent living centers pave the pathways to full participation in professional and community life for all individuals with disabilities. To advance and support the independence of individuals with disabilities and to assist those individuals to live outside of institutions, the general assembly hereby enacts this article.”

The Department supports the use of these funds as indicated in SB 15-240 and struggles to see the benefit of taking funds from client services and using them to create a Division.

The ILCs are created in Statute in Section 26-8.1-103, C.R.S., which states that “Subject to available appropriations, the state department may contract with independent living centers for independent living core services.”

Additionally, the Statewide Independent Living Council is created through the Federal Rehabilitation Act and in Section 26-8.1-106, C.R.S., to establish the State Plan for Independent Living, which is the plan that the ILCs are contracted with to carry out. The Department would like an opportunity to seek advice from the SILC on this issue and understand how a state organizational change would benefit Colorado’s community of people with disabilities.

18. Please discuss what other programs within the Department have a block grant distribution including how "block grant" is defined for those programs, and how the Department distributes the funds. Please discuss why the Department is not distributing the funds for Independent Living Centers in a block grant.

The federal definition of a block grant is a large sum of money granted by the federal government to a state or local government with only general provisions as to the way it is to be spent. The term “block grant” does not have any relationship to when the funds are paid. In fact, all federal block grants the Department receives, and any associated matching funds are paid on a reimbursement basis; meaning the Department does not get to draw down the funds until they are spent, and the Department does not pay the subrecipient the funds until the subrecipient spends funds and requests reimbursement.

The Department does not currently have any other programs who receive funding on a prospective (up front) rather than on a reimbursement basis.

The Department is committed to ensuring appropriate controls over funding. One mechanism for this is to fund programs on a reimbursement basis. Additionally, current State Fiscal Rule 8 prohibits advance payment of funds. The Department believes that to distribute the ILC funding in any manner other than on a reimbursement basis would be a violation of State Fiscal Rule.

19. How will the proposed 1.0 percent provider rate reduction affect services provided through the Independent Living Centers?

The Independent Living Centers were appropriated an additional \$2 million in Fiscal Year 2015-16 which was continued in Fiscal Year 2016-17. This is an increase of nearly 57 percent from FY 2014-15. The planned 1.0 percent provider rate cut is not anticipated to have a significant impact on services.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

Department of Human Services - Questions Requiring a Written Response Only

1. Please provide a written response on the source of all indirect costs, how they are expended by Long Bill line item, and the purpose of the expenditure (i.e. what is that indirect cost assessment buying).

Table 5 illustrates the source of all indirect costs, and how they are expended by Long Bill line item and the purpose of the expenditure. Please refer to Table 2 in question 4.

2. Please provide a written response on which line items receive indirect costs assessments and how much they receive.

Since the Department's indirect costs are pooled we cannot provide analysis by line item and funding source. The table on the following page illustrates the program (funding source) and the FY 2014-15 indirect cost allocations.

TABLE 6: SFY 2014-2015 Cost Allocation Method

Funding Source Area	State Indirect (Central Services Overhead) Costs Allocated	Direct Office Overhead Costs Allocated	Total State Indirect and Direct Office Overhead Costs Allocated	% Costs Allocated	General Fund	%	Cash & Reapp.	%	Federal	%
Alcohol and Drug Abuse Division (ADAD)	378,128		378,128	1%	59,861	16%	5,752	2%	312,515	83%
Aging	79,332		79,332	0%	65,417	82%	161	0%	13,754	17%
Aging & Adult Svc (III,V)	108,488	5,430	113,918	0%	27,139	24%	-	0%	86,779	76%
Adult Financial Services & OAP	268,636		268,636	0%	194,482	72%	74,154	28%	-	0%
Early Child Care	1,588,515		1,588,515	3%	656,120	41%	76,397	5%	855,998	54%
Child Support Enforcement Title IV-D	2,550,629		2,550,629	5%	866,659	34%	-	0%	1,683,970	66%
Child Welfare IV-B	782,952		782,952	1%	782,952	100%	-	0%	-	0%
Child Welfare IV-E	3,997,464		3,997,464	7%	1,936,477	48%	150,276	4%	1,910,711	48%
Child Welfare-Child Abuse	102,799		102,799	0%	2,175	2%	-	0%	100,624	98%
Disability Determination Services	815,786	38,001	853,787	2%	-	0%	-	0%	853,787	100%
Division of Youth Corrections (DYC)	5,730,534		5,730,534	10%	5,730,534	100%	-	0%	-	0%
District Pools	962,652		962,652	2%	962,652	100%	-	0%	-	0%
Donated Foods	92,363		92,363	0%	9,657	10%	32,762	35%	49,945	54%
Food Assistance (SNAP)	4,874,836		4,874,836	9%	2,404,132	49%	1,909	0%	2,468,795	51%
Low Income Energy Assistance (LEAP)	309,180		309,180	1%	-	0%	-	0%	309,180	100%

TABLE 6: SFY 2014-2015 Cost Allocation Method

Funding Source Area	State Indirect (Central Services Overhead) Costs Allocated	Direct Office Overhead Costs Allocated	Total State Indirect and Direct Office Overhead Costs Allocated	% Costs Allocated	General Fund	%	Cash & Reapp.	%	Federal	%
Medicaid (50%)	2,357,720		2,357,720	4%	1,178,860	50%	1,178,860	50%	-	0%
Mental Health Community Programs	523,201		523,201	1%	385,297	74%	185	0%	137,719	26%
Mental Health Institutes	12,093,789		12,093,789	22%	9,087,805	75%	3,005,984	25%	-	0%
Nursing Homes	1,088,061	174,220	1,262,281	2%	462,281	37%	800,000	63%	-	0%
Regional Centers	6,081,981	255,148	6,337,129	11%	940,137	15%	5,396,992	85%	-	0%
Refugees	176,041		176,041	0%	-	0%	-	0%	176,041	100%
State Programs	1,255,139		1,255,139	2%	1,093,133	87%	133,940	11%	28,066	2%
Temporary Assistance to Needy Families (TANF)	2,854,334		2,854,334	5%	14,487	1%	-	0%	2,839,847	99%
Title XX	4,298,319		4,298,319	8%	4,298,319	100%	-	0%	-	0%
Vocational Rehab	1,952,437	70,573	2,023,010	4%	455,932	23%	53,835	3%	1,513,243	75%
Total	55,323,315	543,371	55,866,687	100%	31,614,507	57%	10,911,207	20%	13,340,973	24%

3. Please provide a written response on what specific expenditures will be reduced if R9 DVR Indirect Cost Subsidy is not funded and why.

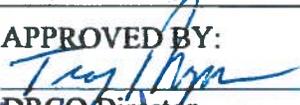
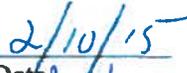
At this time the Department has been able to reduce the General Fund needed as a result of the loss of the Division of Vocational Rehabilitation from \$2.1 million to \$1.0 million.

In order to achieve a savings \$1.0 million General Fund, the Department would need to conduct an analysis on a program by program basis, to assess each program's federal match rate and administrative cost limitations. The Department anticipates this reduction could be achieved by a reduction staff including fiscal analysts, vouchering staff, contract managers, accountants, human resources specialists, information technology, payroll, senior management, and administrative support staff without a corresponding reduction in workload.

A change this significant to the organizational structure not only of CDHS but would need to be contemplated with the Department of Personnel and Administration, OSPB and OIT.

4. Please provide a copy of the manual used by staff to administer the Supports Intensity Scale.

This response will be provided by the Department of Health Care Policy and Financing as the Department of Human Services does not use the Supports Intensity Scale.

DIVISION FOR REGIONAL CENTER OPERATIONS	POLICY NUMBER: 1 PAGE 1 OF 11 SUPERSEDES: All prior versions
CHAPTER: Admission, Readiness Determination, Transitions	EFFECTIVE DATE: February 10, 2015 DISTRIBUTION DATE: February 10, 2015 SCHEDULED REVIEW DATE: January 1, 2017 REVISED DATE: February 10, 2015
SUBJECT: Admissions policy for ICF/IID facilities	RELATED MANDATES, STATUTES, STANDARDS, OR EXECUTIVE ORDERS: HCBS-DD Waiver Facilities Olmstead Decision [Olmstead v. L.C., 527 U.S.581(1999)] Colorado Revised Statutes (C.R.S.) C.R.S. §§ 25.5-10-201, 25.5-10-216, 27-10.5-102, and 27-10.5-110. Code of Federal Regulations (CFR) 42 CFR 483.440 Colorado Code of Regulations 10 CCR 2505-10 8.100, 8.400, and 8.500
APPROVED BY:  DRCO Director  OCAI Director	 Date  Date

THE ROLE OF REGIONAL CENTERS IN THE DEVELOPMENTAL DISABILITIES SYSTEM

Regional Centers (RCs) are part of the continuum of service in the adult persons with developmental disabilities system and are designed to serve a specific population. Colorado Revised Statutes (C.R.S.) § 27-10.5-104(4)(c) authorizes the Department to directly provide services through Regional Centers. The role of the Regional Center (RC) is to provide direct support for adults with intellectual and developmental disabilities who have significant needs and for whom services and supports are not sufficient to maintain them safely in the community. Per C.R.S. §§ 25.5-6-402(1)(a), a legislative declaration was issued to foster the goal of maintaining eligible persons in the most appropriate settings possible and minimizing admissions to institutions. For these reasons, all admissions for the RCs are for either short-term treatment and/or stabilization, or for the intensive treatment program (treatment program for individuals with problem sexual behaviors).

Individuals who do not require the level of support provided by the Regional Centers shall be transitioned to a less restrictive setting. In addition to resident services, Regional Centers shall provide consultation and assistance to the developmental disabilities service system through the Community Support Team.

PURPOSE

The purpose of this policy is to provide clear, consistent, and effective practices to Regional Center staff for admitting an individual with Intellectual or Developmental Disabilities. The Colorado General Assembly has recognized and declared the importance of prohibiting deprivation of liberty of persons with intellectual and developmental disabilities, except when such deprivation is for the purpose of providing services and supports which constitute the least restrictive available alternative (the least restrictive environment) adequate to meet the person's needs, and to ensure that these services and supports afford due process protections. C.R.S. §§ 25.5-10-201 and 27-10.5-101 (2013).

POLICY

This policy applies to the Division for Regional Center Operations including the ICF/IID facilities at Grand Junction and Wheat Ridge Regional Centers AND to the HCBS-DD licensed facilities at Grand Junction and Pueblo Regional Centers.

EFFECTIVE DATE

February 6, 2015

DEFINITIONS

- Admission:
 - Acceptance of an individual for short term residency at a state operated Regional Center to receive intense and immediate services to stabilize the admitting condition and prepare the individual to live in the community.
- Active Treatment:
 - Individuals admitted to an ICF/IID must be in need of and receiving Active Treatment services. Active treatment is defined in 42 CFR 483.440(a)(1) and (2) for ICF/IID facilities as:
 - (1) *Client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services directed toward (i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.*
 - (2) *Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.*
- Community Centered Board (CCB):
 - A non-profit organization designated in statute as the single entry point to the service and support system for persons with intellectual and developmental disabilities. The Colorado Department of Health Care Policy and Financing (HCPF) contracts with CCBs to deliver and/or facilitate community-based services.
- Change of Status Form:
 - A tool used to provide data to Division staff regarding resident admission, progress, regression, death, transfer, and transition to the community. It also alerts the Transition Coordinator that individuals have become ready to begin the process to

transition to the community.

- Community Support Team (CST):
 - Regional Center Interdisciplinary Team staff selected for specialized skills to respond to a request for intervention, evaluation and recommendation to meet the needs of individuals with intellectual and developmental disabilities and their providers in the community. The purpose of CST is to provide expertise to ensure community stabilization whenever possible and to complete a preliminary evaluation prior to an admission to an ICF/IID [as required by 42 CFR 483.440 (b)(2)]. Any questions regarding possible placement shall be referred to the DRCO Transition and Community Support Coordinator.
- DRCO Transition Coordinator:
 - Division of Regional Center Operations staff who is the primary liaison for admissions and transitions between CCBs and other agencies and the Regional Centers. Receives all referrals for admissions for the three Regional Centers. Verifies Medicaid funding and ILD orders for all potential admissions. Compiles and disseminates referral for admission information to the respective Regional Center Program Directors. The position compiles and sends all referral for transition packets to the CCB of origin or choice. Contact person for all requests for the Community Support Team.
- Emergency Referral for Placement:
 - Referrals for emergency placement in a Regional Center should not be made unless there is an unexpected situation where the health and safety of the individual or others is endangered and the emergency cannot be resolved in another way. *NOTE: The Regional Centers are not emergency medical or psychological treatment facilities. In cases where individuals are in imminent danger to themselves or others, the Transition Coordinator, Regional Center Director or other DRCO staff receiving a referral for emergency placement shall advise the CCB or service provider to call 911 immediately.*
 - Criteria defining eligibility for an emergency placement in a Regional Center are included in the “Exceptions” section below.
- Imposition of Legal Disability (ILD):
 - C.R.S. §§ 25.5-10-216 - Imposition of legal disability - removal of legal right. Any interested person may petition the court to impose a legal disability on or to remove a legal right from a person with an intellectual and developmental disability as defined in C.R.S. §§ 25.5-10-202. The petition must set forth the disability to be imposed or the legal right to be removed and the reasons therefore. The petition may affect the right to contract, the right to determine place of abode or provisions of services and supports, the right to operate a motor vehicle, and other similar rights. A person shall not be admitted to a Regional Center, as defined in C.R.S. §§ 27-10.5-102 without a court order issued pursuant to this section except in an emergency or for the purpose of temporary respite care [C.R.S. §§ 25.5-10-216(7)].
- Individual Plan (IP):
 - In accordance with C.R.S. §§ 25.5-6-402, a plan developed, and reviewed at least annually, by the Interdisciplinary Team (IDT) to provide services and supports to assist the individual in meeting IDT determined goals and objectives to enable the individual to transition to the least restrictive community setting.
- Interdisciplinary Team (IDT):
 - A group of people including the person receiving services, the parents or guardian and authorized representative, as appropriate, the person who

coordinates the provisions of services and supports, and others as determined by the person's needs and preference, who are assembled to work in a cooperative manner to develop or review the IP. Members of the IDT may include: medical, clinical behavior specialist, psychologist, social worker, occupational therapist, physical therapist, speech language specialist, community integrations specialist, dietician, vocational coordinators, residential coordinators, qualified intellectual disability professional, programs service coordinator, family member and/or guardian and CCB case manager.

- Intensive Treatment Model:
 - The treatment model provided at Wheat Ridge Regional Center ICF/IID for the treatment of individuals with disabilities, adjudicated and non-adjudicated, for treatment of behaviors recognized by Sex Offender Management Board (SOMB) as sex-offense specific behaviors. Individuals treated in the Intensive Treatment Model are, on average, expected to be able to move through the treatment program and back to a community placement within three years.
- Least Restrictive Environment
 - Least restrictive environment means an environment that represents the least departure from the typical patterns of living and that effectively meets the needs and preferences of the person receiving services. "Least restrictive environment" may include, but need not be limited to, receiving services from a CCB, service agency, or a family caregiver in the family home. C.R.S. §§ 25.5-10-102(29) and 27-10.5-102(24) (2013). In emergency circumstances, short term Regional Center placement may be considered the least restrictive environment.
- Program Service Coordinator (PSC):
 - Team service leaders for Regional Center Home and Community Based Services for the Developmentally Disabled Waiver facilities. Team Leader for the IDT and responsible for overseeing annual IP development and implementation. Works with the CCB Case Manager to schedule and facilitate all team meetings. Liaison between individual, parent, guardian and advocates.
- Non-Emergency Referral for Placement:
 - Referral to an ICF/IID for short term treatment and stabilization for individuals in need of active treatment as defined by 42 CFR 483.440(a)(2) after all other community options for stabilization and placement have been exhausted.
- Program Services Director:
 - The individual at each Regional Center responsible for overseeing programmatic aspects of service delivery including directing residential operations of ICF or HCBS-DD Waiver facilities, under the direction of the Director. Accountable for meeting all regulatory and funding requirements, supervision of functions and systems related to the delivery of programmatic services to residents, families and staff. Coordinates all services with regards to client health care and habilitation planning and implementation through record review, observation and communications networking. Supervises the QIDPs and PSCs.
- Qualified Intellectual Disability Professional (QIDP):
 - Federal term used in ICF-IID care facilities for people with developmental disabilities. Team leader for the IDT and responsible for overseeing annual IP

development and implementation. Schedules and facilitates all team meetings. Liaison between individual, parent, guardian and advocates. Responsible to review and approve all treatment plans/programs.

- Short-term Treatment Model:
 - Short-term Treatment Model is for stabilization and treatment of individuals in the ICF/IID or HCBS-DD Waiver settings with a goal of successful treatment and transition back to a less-restrictive or less-intensive community setting within 120 days, or documented reason why 120 days is not an appropriate goal. Upon admission to an ICF/IID or HCBS-DD Waiver program, all individuals and/or their guardians shall sign the short-term admission agreement.
- Sex Offense Management Board (SOMB):
 - The Colorado Sex Offender Management Board (SOMB) is a multi-disciplinary Board that developed Standards & Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders. SOMB has also developed Lifetime Supervision Criteria; Standards for Developmentally Disabled Sex Offenders; and Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses.
- Supports Intensity Scale (SIS):
 - The Supports Intensity Scale (SIS) is an assessment tool used by HCPF to determine the type, frequency, and intensity of support needs of an individual with Intellectual and Developmental Disabilities. The standard scores from the SIS assessment sections A, B and E (Home Living, Community Living and Health & Safety) and the total scores from sections 3A and 3 B (Exceptional Medical and Behavioral Support Needs) and the additional factors of public safety risk and/or safety risk to self are used to determine the Support Level. An individual is assigned into one of six Support Levels according to his or her overall support needs.
- Support Level:
 - Each individual in the Home and Community Based Services Supported Living Services (HCBS-SLS) and HCBS for persons with Developmental Disabilities (HCBS-DD) waivers is assigned a Support Level from one to six. The Support Level is determined based on an algorithm that includes five sections of the SIS and two additional factors, including whether the individual is a danger to self or a danger to the public. The Support Level is used by HCPF to determine the reimbursement rate paid to HCBS-DD Residential and Day Habilitation Service providers and sets the Service Plan Authorization Limit (SPAL) for individuals in the HCBS-SLS waiver.

ADMISSIONS TO REGIONAL CENTERS

All referrals for admission to the Regional Centers shall be made to the DRCO Transition Coordinator. Referrals for admission can come from any source including, but not limited to; private providers, CCBs, families, guardians, advocates, Departments of Human Services, mental health facilities, etc. If referral for admission is received from a source other than a CCB, the DRCO Transition Coordinator shall notify the appropriate CCB.

- Admission to a Regional Center is reserved for adults (age 18 and older) whose current medical or behavioral needs cannot be met through the CCB community-operated system including community provider agencies.

- Regional Centers shall comply with the admission prescreen guidelines found in 10 CCR 2505-10 Sections 8.401 which defines level of care screening and eligibility assessment, Section 402 pre-review for long term care, Sections 403, 404 and 405 defines level of care guidelines for programs and admission procedures for developmentally disabled adults (ULTC 100.2).
- The person is eligible for Medicaid and SSI.
- No admission to a Regional Center shall be considered permanent. Upon admission, the CCB shall work with the IDT and Transition Coordinator to develop parameters, for inclusion in the IP, for the length of time needed for short term stabilization and completion of the stabilization and treatment goals. All persons admitted to a Regional Center shall be transitioned to a less restrictive community setting once transition criteria are met.
- All individuals admitted to the Regional Centers shall have an IP developed by the IDT. The IDT shall review all resident IPs quarterly (and revised if needed), or whenever there is a significant change in the person's health or disability status in accordance with 42 CFR 483.440(F) 260-ICF.
- In accordance with C.R.S. §§ 25.5-6-402, the IP is developed by the IDT to provide services and supports to assist the individual in meeting team determined goals and objectives to enable the individual to transition to the least restrictive community setting.
- Statute [C.R.S. §§ 25.5-10-216(7)] states that any person being admitted to a Regional Center shall have an Imposition of Legal Disability or petition for ILD in process before the court, as defined in C.R.S. §§ 27-10.5-110. An ILD provides a process for any interested person to petition the court to impose a legal disability on, or remove a legal right from, a person with a developmental disability. Admission to a Regional Center licensed as an ICF/IID shall meet specific requirements as cited below.
- Admissions to a Regional Center licensed as an HCBS-DD waiver providers all meet specific requirements cited below.

A. Intermediate Care Facility for the Intellectually or Developmentally Disabled (ICF/IID) Admission Requirements

Admission to Wheat Ridge Regional Center and Grand Junction Regional Center ICF programs shall be for short-term placement only and shall meet ICF regulations as defined in [42 CFR 483.440(b)(1)]. Individuals who are admitted to an ICF facility shall be in need of active treatment services at the time of their admission. Active treatment does not include services to maintain generally independent individuals who are able to function with little supervision in the absence of a continuous active treatment program [42 CFR 483.440(a)(2)]. Regional Center admissions will also adhere to the Preadmission Reviews as stated in 10 CCR 2505-10 Sections 8.401.

To be eligible for ICF services, the individual must meet the related conditions as defined in 42 CFR 435.1009 (2)(a): "Is primarily for the diagnosis, treatment, or rehabilitation of the mentally retarded or persons with related condition; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour services, coordination, and integration of health or rehabilitation services to help each individual function at this great ability." Specifically:

1. Any person being admitted shall have an imposition of legal disability as defined in C.R.S. §§ 25.5-10-216.
2. Shall meet ICF/IID eligibility criteria as defined in 42 CFR 435.1010.
3. The person is a resident of Colorado or receiving out of state services that are funded by Colorado.
4. The person shall be determined eligible for developmental disability services

through a CCB.

5. The person is eligible for Medicaid and SSI (See attached Admission Packet Checklist)

B. Home and Community Based Services Waiver for the Developmentally Disabled (HCBS-DD) Admission Requirements

The State-operated HCBS-DD waiver providers at Pueblo and Grand Junction Regional Centers were developed to provide services to individuals who have needs that cannot be met by other community residential service providers. As such, the Pueblo and Grand Junction Regional Center HCBS-DD waiver homes are paid a higher reimbursement rate than other community residential providers of HCBS-DD waiver services. Specifically, the state-operated regional centers are reimbursed at a Level 7 support rate for all individuals and therefore, only individuals assessed to have the most intensive support needs shall be admitted. As such, individuals shall meet all of the following criteria for admission to the HCBS-DD waiver operated by the Department and all admissions shall be for short-term placement only:

1. Waiver eligibility as defined in Colorado HCBS-DD Waiver approved by CMS [CO DD 1915(c) 0007.R06 .00]. The regulation provides guidelines for providing day habilitation, prevocational, residential habilitation, supported employment, dental, vision, behavioral services, non-medical transportation, specialized medical equipment and supplies for individuals with DD, ages 18 - no maximum age.
2. 10 CCR 2505-10, Section 8.500.4.A—meet the target population criteria as follows:
 - a. Be determined to have a developmental disability,
 - b. Be eighteen (18) years of age or older,
 - c. Require access to services and supports twenty-four (24) hours a day,
 - d. Meet ICF/IID level of care as determined by the functional needs assessment, and,
 - e. Meet the Medicaid financial determination for LTC eligibility as specified in 10 CCR 2505-10, Section 8.100, *et seq.*
3. 10 CCR 2505-10, 8.500.4.B —maintain eligibility by meeting the criteria as set forth in 10 CCR 2505-10, Section 8.500.6.A.1 and .2 and the following:
 - a. Receives at least one (1) HCBS waiver service each calendar month.
 - b. Is not simultaneously enrolled in any other HCBS waiver.
 - c. Is not residing in a hospital, nursing facility, ICF/IID, correctional facility or other institution.
 - d. Is served safely in the community with the type and amount of waiver services available and within the federally approved capacity and cost containment limits of the waiver.
4. All other community placement options must have been exhausted. The CCB must provide documentation of an unsuccessful, statewide request for proposals and have completed all other referral and admissions processes in this policy.
(See Admission Packet Checklist)

REFERRAL & ADMISSION PROCESS FOR ICF/IID OR HCBS-DD WAIVER ADMISSION

To promote community integration for individuals with intellectual or developmental disabilities and avoid multiple transitions in living environments, prior to admission, all possible community

alternatives shall be exhausted and attempts to stabilize the individual in the community will be made. The process below shall be followed for all non-emergency referrals for admission:

A. Attempt to Stabilize/Support in Current Community Placement

1. The DRCO Transition Coordinator receives a referral from an outside party requesting Regional Center admission.
2. The DRCO Transition Coordinator shall send the CCB case manager the Admission Packet Checklist within two business days of contact, which will guide the case manager in compiling the documentation required for Regional Center admission consideration (See attached Admission Packet Checklist for additional information).
3. Within two business days of receipt and review of the complete admission packet, the DRCO Transition Coordinator shall send the packet to the appropriate Regional Center Director. The Regional Center Director shall select CST members within two business days to conduct an evaluation and interview with the individual, service provider, and CCB Case Manager. (See attachment DRCO CST Plan).
4. Within one business day, the Lead CST member shall contact and begin coordination with the CCB Case Manager to schedule the initial evaluation.
5. If the individual is being referred to the Intensive Treatment Program (ITP) for individuals with problem sexual behavior, the Director shall ensure that a Sex Offender Management Board (SOMB) certified therapist or a member of the ITP team shall participate in the Community Support Team process.
6. The CST shall evaluate the individual's needs, make support recommendations and develop a support plan in collaboration with the community provider and CCB case manager within one week of first contact. (See attachment DRCO CST Plan)
7. Any questions regarding possible placement shall be referred to the DRCO Transition and Community Support Coordinator.
8. The CST shall submit copies of the DRCO CST Plan to the DRCO Transition Coordinator within two business days of development. Upon Receipt of the documentation from the CCB, the DRCO Transition Coordinator will provide a copy of the documentation to the Research and Data Analyst.
9. The CST shall demonstrate guidance given in assisting the provider in supporting the individual so that the individual may remain in the community setting. For example, the CST will suggest behavioral, residential, or vocational interventions that were successful with individuals with similar needs. Another example might be educating provider staff on specific learning tools, techniques or prompts (a reminder list, a personalized daily schedule, a personalized prompt) used to assist in a mastering a specific skill.
10. If the individual's needs are medical or psychiatric, the CST shall assist the provider to identify appropriate community-based services. The CST shall notify DRCO of any challenges the provider has in obtaining psychiatric or medical services. DRCO will facilitate and coordinate with DIDD to track and address barriers for receiving services.
11. The Lead CST member shall follow-up with the CCB Case Manager and provider:
 - a. The CST shall contact the CCB case manager, provider, and/or resident at least once a week for the first month after support, unless requested otherwise.
 - b. The CST shall contact the CCB case manager, provider, and/or resident at least twice during the second month after support, unless requested otherwise.
 - c. The CST shall contact the CCB case manager, provider, and/or resident at least once during the third month after support, unless requested otherwise.
 - d. The CST shall be made available to the provider/resident as needed for an additional three months.
 - e. All documentation on the CST/TST Follow-up Form by the CST members shall

be filed in the individual's permanent record and copies submitted to the Program Services Director, the DRCO Transition Coordinator and the research and Data Analyst, to be used in detailing all CST activities.

- f. In cases where the provider does not respond to CST follow-up, the CST shall make a minimum of two additional contacts to the CCB Case Manager and Provider Agency to offer support. Each contact shall be documented on the DRCO CST/TST Follow-up Form.
12. The DRCO Transition Coordinator and Research and Data Analyst shall track all CST activities in the comprehensive resident database.

B. Admission

1. If, after CST support, the individual continues to require services beyond the ability of the community provider, as evidenced by the provider serving notice to the CCB of their intent to cease services to that individual, the DRCO Transition Coordinator shall work with the CCB to ensure the CCB makes every effort to find another provider to serve the individual.
2. If the efforts detailed above fail to address the individual's needs, and the recommendation from the RC Director, CST, and DRCO Transition Coordinator is to admit the individual to the Regional Center, the admission process below shall be followed:
 - a. The Regional Center Director shall make the final admission decision and shall notify the QIDP/PSC of the pending admission within one business day of the decision to admit. An admission timeframe is established based on space availability and in collaboration with the CCB Case Manager. QIDP/PSC schedules the pre-admission meeting in collaboration with the Regional Center Placement Coordinator, and the CCB case manager within two business days of decision to admit. The CCB case manager shall complete the ULTC 100.2 and deliver to the QIDP/PSC at the time of admission. During the pre-admission meeting:
 - i. The initial IP shall be developed by the IDT.
 - ii. Transition criteria shall be determined that clearly identifies the conditions required for individual to be determined ready to transition to the community.
 - iii. All admission forms shall be completed, including consent to treat, Short Term and Intensive Admission Agreement forms (see attachment) and HIPAA information and release forms. The forms shall be maintained in the individual's permanent record.
 - iv. The Change of Status form shall be completed and sent to the DRCO Research and Data Analyst and DRCO Transition Coordinator within two business days of admission (See the Change of Status for more information).

EXCEPTIONS FOR EMERGENCY REFERRALS AND PLACEMENTS

Per C.R.S. §§ 25.5-6-402(1)(a), a legislative declaration was issued to foster the goal maintaining eligible persons in the most appropriate settings possible and minimizing admissions to institutions. Additionally, C.R.S. §§ 25.5-10-216(7) prohibits an individual from being admitted to a Regional Center, without an ILD except in the event of an emergency. In all cases, an individual referred for emergency admission to a Regional Center shall have been assessed and determined eligible for long-term care by a CCB. Any emergency admissions will be for short-term placement only. The following criteria define eligibility for an emergency placement for individuals to a Regional Center:

- A. Individual is being discharged from a more restrictive setting and CCB does not have another provider identified to serve the individual in the community (e.g., jail, acute or psychiatric

hospital, or skilled nursing facility).

1. CCB shall provide written description of efforts to identify an appropriate community provider or reasonable justification why no appropriate provider can be identified prior to discharge.

B. Individual is living in a community residential setting provided through the HCBS-DD Waiver and is experiencing a crisis as demonstrated by the individual causing harm to self or others in a manner that provider cannot adequately control. Prior to admission as an emergency from a community setting a CST team will be deployed within 1 business day to work with the IDT to assess the emergency situation. As documentation of the crisis resulting in the referral for emergency placement in an ICF/IID, the CCB shall provide documented evidence (e.g., letters from physician, documentation of involvement with law enforcement, case notes and timeline of events and attempts at stabilization, attestation by CCB, etc.) of at least two of the following to the DRCO Transition Coordinator for review:

1. Multiple (one or more) severe behavior incidents in each of the past 6 months. A severe incident is defined as injury to self or others that result in actual harm.
2. Several, consecutive (at least three) community placement failures. A community placement failure is one in which a provider has given notice of failing to be able to serve the individual within the first 90 days of treatment.
3. Several hospital admissions due to behaviors or medication reviews (at least 3 or more in the last 6 months prior to referral).
4. Requires 2:1 staffing ratio (2 staff to one resident) during waking hours, as documented by the individual's care plan.
5. Worked with CST team to try to stabilize the individual for at least 60 days with no improvement or increase in stabilization for the individual.

If an emergency placement is not made, the CCB can request support from the CST for help stabilizing the individual in the community.

C. Individual is on the waitlist for HCBS-DD residential services and is living in the community either alone or with a caregiver and the individual is experiencing an unexpected crisis. For consideration as an emergency placement to a Regional Center, the individual shall also meet the following criteria:

1. Individual shall be on the HCBS-DD waiver waiting list, and meet criteria for an emergency placement waiver enrollment through HCPF. Specifically, 10 CCR 2505-10 Section 8.500.7F defines emergency as "a situation where the health and safety of the person or others is endangered and the emergency cannot be resolved in another way." This includes the individual being homeless, in an abusive or neglectful situation, a danger to others and sufficient supervision cannot be provided, or the individual is in imminent danger of harming themselves.
2. The individual shall have been denied an emergency waiver enrollment under the HCBS-DD program for a reason other than the individual's circumstances did not meet HCPF's criteria for allocating an emergency enrollment. Documentation shall be provided by the CCB demonstrating that the individual qualified as an emergency, however, there was no emergency slot provided by HCPF, including documentation from HCPF as to why the enrollment was denied.
3. Preferred geographic location and provider preference are not acceptable reasons for an emergency placement in a Regional Center. If another community provider is available for placement of an individual meeting the criteria for an emergency HCBS-DD waiver enrollment from the waitlist, that emergency enrollment and community provider would need to be accepted first. Once placed in the emergency enrollment, the provider and CCB can request support from the CST for help stabilizing the individual in the community.

Upon admission, the CCB shall begin the process of obtaining an ILD or changing an existing ILD to mandate that the individual's residence is the Regional Center to which they were admitted.

The CCB shall continue the RFP process to identify an appropriate community provider so that the individual can transition to the community at or before 120 days, or within the guidelines developed in the person's IP after admission.

ATTACHMENTS

- DRCO Admission Packet Checklist
- DRCO CST Action Plan Form
- DRCO CST ST Follow-up Form
- DRCO Change of Status Form
- DRCO Short Term Admission Agreement Form
- DRCO Intensive Admission Agreement Form

Version Date 5/10/2012
 Last Review Date 2/24/2014
 Reviewer J. Anderton
 Policy Number WC9.2

- Organization-wide
- Corporate Department

Corp. Dept. Name

Regional West Central
Region

ICF- I/DD and HCBS- I/DD
Site(s) &/or Program(s)

ADMISSION AND DISCHARGE POLICY – ICF-I/DD AND HCBS-I/DD Waiver

POLICY: The West Central Region’s Intermediate Care Facilities for the Mentally Retarded (ICF-MR) and Waiver (HCBS-DD) shall have a systematic means of admitting and discharging the people we support.

PURPOSE: To assure that only the people whose needs can be met by BLC are served at BLC as described below:

BLC is a charitable corporation and a Lutheran religious entity for the purpose of providing developmental services and active treatment and/or training adults with intellectual disabilities in a Christian manner, specifically instructing them in the Christian faith and life. Such instruction, when provided by BLC staff, shall be in keeping with Holy Scriptures and the Lutheran Confessions. BLC has existed to serve persons with intellectual disabilities by providing for their spiritual, physical, social, mental, and emotional needs. The ultimate aim is to maximize their God-given potential, to increase their knowledge and skills, and to enhance their ability to deal with the environment in a Christian manner.

The ICF-I/DD AND HCBS-I/DD facilities provide the following services which include the following: supervision of residents, leisure activities, family contacts, health monitoring, medication monitoring and supervision, help with personal cares, help in communication, assistance in decision-making, activities in the community, transportation, access to medical services, access to therapeutic services, nursing services, help with independent living skills, opportunity to socialize with others, psychological services, day programming, Active Treatment, spiritual care and transition services.

PROCEDURE:

- I. Admissions/Discharge Committee:

- A. Determining which applicants may be accepted for admission and which individuals are to be discharged is the responsibilities of the Admissions/Discharge Committee for the West Central Regions ICF AND HCBS's with such determination made in accordance with the Admissions/Discharge Policy. The Admissions Committee shall be composed of the Area Director/Nursing Home Administrator, QDDP, Nurse Manager or designee, the Day Program Manager and the Program Manager of the home with the vacancy as applicable. Each application for admission which includes an acceptable psychological evaluation and appropriate medical and educational data shall be given careful study. The service needs of each applicant shall be evaluated, considering the treatment, training, therapy programs, and appropriate living arrangements available at Bethesda and elsewhere. A decision to admit and continue to serve an applicant shall be based on the requirements and priorities herein provided.
- B. Determining which applicants may be accepted for recuperative care and or respite care is the responsibility of the Admissions/Discharge Committee of the West Central Region. The service needs of each applicant shall be evaluated, considering vacancy availability, treatment needed, training and therapy programs available at Bethesda. Prior to admission for recuperative care and or respite care, the needs of each applicant shall be analyzed and the applicant shall be admitted to the program only if the service plan is the optimal available plan for the applicant.
- C. Business Department is requested to review eligibility for funding/payment source.

II. Admissions Processing:

- A. All persons seeking admissions move through the following process:
 - 1. Inquiry level. This means the person inquiring or their responsible party has provided sufficient information requested by the admitting facility in order to establish basic eligibility for consideration for admission.
 - a. No further action/inappropriate.
 - b. Possible candidate for admission
 - 2. Application level (ICF-I/DD only) - vacancy exists or is anticipated within the next year, and application is being

processed.

- B. All application inquiries (ICF-I/DD only) to BLC shall be directed to the:

QIDP

Bethesda Lutheran Communities.
5630 S. Curtice St.
Littleton, CO 80120
Telephone: (303)-795-2061
or

QIDP

Bethesda Lutheran Communities
14150 W. 113th
Shawnee Mission, KS 66215
Telephone: (913) 906-5000

- C. Prior to admission, the needs of each applicant shall be analyzed, and the applicant shall be admitted to the program only if the service plan is the optimal available plan for the applicant. If the applicant is denied, the family, guardian or responsible party will need to work with the applicant for assistance in locating appropriate services for the applicant. QDDP (ICF-I/DD) or Area Director (HCBS-DD) can assist the family, guardian or responsible party with getting them the proper telephone numbers of primary contact people in those areas.
- D. No admission to BLC shall be considered as a lifetime placement, and each individual of the program shall be evaluated annually for continued retention in the program. The least restrictive placement will always be considered.
- E. Non-Discrimination Policy: Bethesda Lutheran Communities Accepts applications for admissions regardless of race, religion, Color, creed, national origin or handicapping condition. Admissions And services are based solely on Bethesda's ability to meet the Needs of the person within applicable Federal, State, and local Regulations and laws and with the financial, professional and Plant resources of Bethesda. Admissions must be able to be Served in the vacant beds within Bethesda's capabilities. Programs shall conform to the Fair Housing Act, and all other Regulations. As a religious entity, admissions priority may be Members of the Lutheran Church-Missouri Synod, Wisconsin

Lutheran Synod or Evangelical Lutheran Synod.

- F. It is the responsibility of the parent, application sponsor, guardian and/or responsible party of the applicant to provide the necessary intake and other assessment information pertaining to admission planning of the applicant. The family, guardian and/or responsible party is expected to maintain involvement with the applicant through correspondence and periodic visits (including home visits, if possible), be familiar with program plans and goals established, and agrees to cooperate with agency staff in providing for the necessary care, training, and treatment of the applicant.
- G. It is the responsibility of the parent, guardian, family member and/or responsible person acting on behalf of the applicant to cooperate with applications for the funding of such services. The Business Department shall assist the family in this service request.
- H. Specific criteria for admission:
 - 1. Attainment of the minimum age of 18 years unless other temporary placement can be made for those under the age of 18.
 - 2. The Admission Committee will make the determination of what is in the best interest of the person and if the ICF-I/DD AND HCBS-DD setting is the most appropriate for the person.
 - 4. If it is determined that BLC is the least restrictive setting the admission process will then be able to proceed.
 - 5. Certified as free from communicable disease and protected isolation by a licensed physician.
 - 6. Persons admitted must have a developmental disability the result of which meets the criteria as defined by the American Association on Intellectual Disabilities (AAID). Ordinarily, admission to an intermediate care facility occurs only if an individual is indicating a need for a more intense level of support environmentally, behaviorally and/or clinically.
 - 7. Acute medical or physical problems which would require a greater degree of care than would be provided by the facility or which preclude the participation of the person in the daily activities of the home would be considered a reason for not admitting.

8. Behavioral problems which would endanger the applicant or others or which preclude the participation of the person in the daily activities of the home would be considered a reason for not admitting.
9. The applicant must be able to and wish to routinely participate in and benefit from the training and services provided by BLC with the understanding that all individuals have the right to refuse such services.
10. The applicant must wish to and have the ability to live within the rules of the home. If necessary, a Behavior Support Plan will be developed for individuals who do not follow the rules.
11. The applicant must be comfortable with and willing to live in an environment which reflects and incorporates Lutheran doctrine in its daily routine.
12. For long-term care, the applicant must have a court-appointed guardian of the person.
13. The applicant must have the desire to live at BLC.
14. If necessary, the appropriate state or county agency must approve the placement.
15. As a condition of admission to BLC, it is agreed by the parent, guardian, or others responsible for the application and admission of the individual that, if the individual, after admission to BLC, develops a mental illness, behavior problem, or medical problem which cannot be handled by the facility, or if for any other reason the Admissions/Discharge Committee determines that such an individual shall be discharged, and upon notification of such determination, the individual shall be transferred from BLC at the earliest possible date (see discharge section in this policy). After such notification, the parent, guardian, or others responsible for such individual shall cooperate in planning for alternate placement; and work with necessary state agencies to locate alternate/appropriate living options and services for the person. This notification shall state the reasons for discharge. In the event that a discharge is voluntary in nature, the individual, guardian, family and/or responsible party will be informed of their right to appeal this decision.

III. Inquiry Level:

Inquiries can be those initiated by family or agencies or can be those solicited by Bethesda, (i.e., if Bethesda advertises openings or contacts agencies for referrals, these are considered inquiries). Upon the initial request for admission information, the QIDP (ICF-I/DD) or Area Director (HCBS-I/DD) shall informally evaluate the request and qualifications of the applicant in regard to the admission criteria of BLC. The QIDP or Area Director shall advise and counsel the applicant and family in regard to the general program and status of the admission process. An on-site visit and tour of the facility should be encouraged. The QIDP or Area Director shall obtain enough information from the family to determine whether the person would be a possible candidate and shall inform the family of their status of their inquiry, what the likelihood of future vacancies is, and the reasons for this decision.

IV. Application Level (ICF-I/DD only):

- A. When a vacancy is anticipated, and if there would be someone that meets our admission criteria and there is no major conflict with the admission criteria – the family and or guardian would then need to work with the QIDP in pursuing placement at Bethesda. If the applicant appears to be eligible for admission to BLC, the QIDP, shall ask the family/guardian complete the application form.
- B. Upon the receipt of the application form, the family must review the formal policy and return the completed application, along with the requested psychological, medical, social, and educational data to the QIDP for review. If the admission application data is inadequate or incomplete, QIDP shall contact the applicant and advise them as to the additional information required to complete the application data.
- C. Once an individual has been identified as a potential candidate, the QIDP shall review the material, seek additional information as necessary, and prepare a social history. The social history shall include at least the following information.
 - 1. Name.
 - 2. Date of birth.
 - 3. Age.
 - 4. Current place and address of residence.
 - 5. Guardianship status/Proxy/Power of Attorney

6. Financial Responsibility and Case Managers contact information
 7. Church affiliation and activity, including dates of baptism and confirmation as applicable.
 8. Detailed family information, including parents and siblings/spouse/significant other
 9. Identifying information.
 10. Medical/pharmacy information.
 11. Psychological/behavioral information.
 12. Educational/vocational information.
 13. Self-help skills.
 14. Personal interests.
 15. Individual's and applicant's expectations.
 16. Family expectations.
 17. QIDP's impressions and recommendations.
- D. A formal Admission/Discharge meeting would then be set up by the QIDP to further discuss any questions or concerns raised by committee members after reading through the social history and to also get approval for admission from admission committee members.
- E. The Committee shall make the determination of whether or not the candidate meets the minimum admission criteria for placement at BLC and whether that placement is the best alternative for the candidate and the least-restrictive placement.
- F. In the event there is a clear conflict with, or if the applicant, based on the preadmission information, does not meet the admission criteria, the QIDP shall inform the applicant, guardian, family and/or responsibly party in writing of the conflict and of the rejection of the application including the reason.
- G. If the applicant does meet the admission criteria, the QIDP shall

notify the applicant, individual, guardian, family and or responsible party by telephone and in writing that the application has been considered complete and has been approved.

- H. After acceptance of the application, information shall be obtained and submitted to the Business Department for review of eligibility for funding or determination of other payment sources.
- I. QIDP would contact the necessary agencies to let them know of the admission approval.

V. Vacancies

- 1. If a vacancy occurs in an area where there is no completed application, the Admissions QIDP shall seek potential referrals by contacting referring sources in the following order:
 - a. Area Lutheran churches.
 - b. The county or state agencies responsible for placing individuals who have an intellectual disability.
 - c. Area private social service agencies.
 - d. Area parent support or advocacy groups

VI. Preadmission Visit:

- A. A preadmission visit shall be made to the facility by the applicant and his/her family and/or guardian for the purpose of transitioning the applicant. This may be waived by the Administrator if there have been other recent visits or due to distance, as long as the family/guardian has visited at some point in the application process.
- B. At the preadmission visit, or on the day of admission, the responsible parties shall meet with:
 - 1) the Business Department to review the Admissions Agreement and discuss funding applications and any other financial matters.
 - 2) the Religious Life Consultant or designee to coordinate the religious life, Christian education, and burial plan data.
 - 3) the QIDP or Area Director to review Individual Rights, policies and consent matters, talk with the family/and or guardian about physician preference (explain to them that program has a primary care physician that we have a contract with, but that the people we support and their

families/guardians have an option of having the primary physician of their choice upon admission or at anytime they wish to make a change. If the family/and or guardian chooses to go with an outside provider – it will be the family/guardians responsibility to seek the physician of their choice and to find out if they would be willing to provide services to the person being supported. The family/guardian would also need to complete all necessary paperwork, etc.). The QIDP or Area Director also discusses plans for the initial trial placement, and sets a date for the 28-Day Staffing.

- C. All applicants are admitted on a 28 to 30-day trial basis. An assessment is completed and an initial Individualized Program Plan developed. Prior to the end of the 28 to 30-day period, the individual shall be reviewed by the staff who shall recommend to the Admissions/Discharge Committee whether or not placement should continue. If it is agreed that placement shall continue, the QIDP (ICF-I/DD only) shall indicate in writing that the applicant has been accepted at the facility. This written letter shall be sent by the QIDP to the family and guardian and a copy placed in the individual's file. If accepted, the team shall implement the Individualized Program Plan (IPP). The individual is reviewed for continued placement not less than annually thereafter. In the HCBS-I/DD setting, the Interdisciplinary Team (IDT) will meet after 30 days and determine if the placement is appropriate to continue. If it is decided that the placement is appropriate, there will be IDT notes generated by the CCB and sent to all members of the team.

- C. The staff may recommend that the applicant not be admitted into the facility at the 28 to 30-day staffing. This recommendation by staff may only be made if the staff has thoroughly documented the individual's inability to meet the specific criteria of the facility as outlined in this policy. If this be the situation, the recommendation shall be reviewed by the Admissions/Discharge Committee. If the Admissions/Discharge Committee is in agreement with the recommendation, the QIDP or Area Director shall inform in writing the individual, their family, guardian, and/or sponsor that placement cannot continue and the reason why. If emergent, the emergent discharge procedure outlined in this policy shall be followed. If non-emergent, the non-emergent discharge procedure outlined in this policy shall be followed. In either situation, the written correspondence shall go to the individual, family, guardian, and the individual's file.

VII. Discharge:

- A. An individual's placement in the program shall continue as long as the individual needs or desires to be at BLC and BLC can meet the needs of the individual. It is understood that the nature of the placement is voluntary and that discharge from the program can be made by the individual, the family, guardian and/or responsible party on behalf of the individual at any time. It is further understood that a recommendation for discharge may be made by the staff for a number of reasons such as, but not limited to:
1. Medical reasons or emergencies.
 2. An ethical discrepancy between BLC and the individual/guardian for example an necessary medical procedure refused by the legal authority.
 3. Emotional disorder or behavior which cannot be managed.
 4. The individual has received the maximum benefit from the program and is considered by the Admissions/Discharge Committee to be ready for a different living arrangement, such as returning to his/her own home, the home of a relative, foster home, group home, nursing home, other facility or a less restrictive placement.
 5. The individual no longer meets the criteria defined by Bethesda's Board of Directors for the type of individual to be served at the Bethesda ICF-I/DD AND HCBS-I/DD.
 6. The availability of additional appropriate community resources to enable the individual to live closer to the individual's family in a less-restrictive setting, including, but not limited to, Bethesda-affiliated facilities.
 8. Failure of the individual to participate in programs that the IDT deem necessary for his/her health, safety, growth. The individual has a right to refuse.
 9. Loss or destruction of physical plant or other emergencies which would preclude necessary care from being given.
 10. Upon voluntary request by a competent individual or guardian.
 10. The individual becomes a danger to himself or to others.

11. The individual is determined to be inappropriate for any other legal reason.
 12. The need for alternate placement due to deteriorating health with needs BLC is not able to meet.
 13. The individual/guardian disagrees with a health and safety philosophy practiced at BLC and refuses to cooperate with services.
 14. The individual elects to engage in conduct contrary to Bethesda's rules. Prior to discharge, Bethesda will work with the individual to decrease such conduct.
 15. An extended absence that jeopardizes federal or state funding of that particular individual's bed.
 16. An absence from the home that exceeds BLC bed-hold policy as outlined in this policy.
- B. Voluntary discharge from Bethesda initiated by the competent individual or guardian/ Power of Attorney/Proxy.

The individual and/or guardian may decide to terminate the individual's stay at Bethesda and leave Bethesda at any time. If the individual leaves Bethesda before the attending physician discharges the individual, the individual agrees to assume full responsibility for any and all results that may follow. The discharge may be considered absent without medical approval. Transfer initiated by the individual must be agreed upon by Bethesda. Reason for transfer or discharge shall be noted in the individual's record. Bethesda will assist as they can in locating other living arrangements and will assist the person to move; however, the individual/guardian has the primary responsibility for locating alternate arrangements applying for them, and moving the individual. The individual/guardian shall give BLC 30 days notice of move.

PROCESS FOR THE VOLUNTARY DISCHARGE OF INDIVIDUALS:

1. QIDP or Area Director will be informed by the guardian/family that they are interested in considering a potential move.
2. Guardians and families will be advised to begin the discharge process. BLC staff will serve as a resource throughout this

process to help ensure individual needs are met in the new placement.

3. The primary care physician will be a part of this discharge process to identify any potential medical concerns that need to be addressed before discharge can occur. BLC staff have a wealth of knowledge that they are willing and eager to share with any staff supporting an individual in a new location. The special needs, preferences and goals of each individual have already been identified through our person centered planning process and Personal Outcome Measures as part of the Council on Quality and Leadership (CQL). To help ensure successful transition and placement, facility staff will help ensure that any special medical, behavioral, environmental, adaptive equipment, safety, etc needs will be addressed in the relocation plan. Individual needs will be clearly identified in the initial planning meeting.
4. BLC will provide staff and transportation to assist with visits to a new placement so that each individual/guardians/families has an opportunity to visit at least 2-3 times so that a smooth transition can be made to a placement that best meets the individual's needs, interests and desires.
5. Scheduled visits may include over night visits to help orient the individual to their new home.
6. (ICF-I/DD only): A final discharge summary plan and post discharge plan of care will be completed by the QIDP when an individual relocates. BLC wants the placement to be successful and to minimize trauma. We believe that a smooth transition is achieved by the sharing of knowledge so continuity in care can be achieved. The QDP and team will review as part of the discharge process all of the plan of care information with the provider ie, IPP, Behavior plan, any special care guidelines, reemphasizing any safety concerns and how to prevent concerns, safety issues, current prescriptions and treatments, making sure the provider has the most current information, necessary records and documents for continuity of care will be transferred to the receiving provider,(in compliance with HIPAA) etc.
7. To help achieve a smooth transition, staff familiar with the individual, will be available to assist with the transfer and the move. BLC staff will be available to assist in the home the day of the move as determined by the transition plan. We will do additional training in the new home, even at the last minute if

the provider feels that would be helpful. If at all possible, the QIDP or Area Director will follow up with a visit to the site that same day to answer any unanticipated questions, reassure the individual and the new staff so that things go smoothly for everyone. If the provider has any questions, the QIDP or Area Director will serve as the contact person after discharge.

8. The Facility will comply with regulatory follow up requirements. BLC will continue to be available to the new provider to assist them in meeting its obligation for a smooth transition and acclimation to a new environment.
9. The Facility will attempt to resolve any issues or grievance voiced by the individual/guardian/family that relate to the discharge.
 - a. The Facility will not make any reprisals against an individual/guardian/family for initiating a grievance.
 - b. Any issues/grievances will be brought to the attention of the appropriate QIDP or Area Director who will review the grievance and provide a response to the aggrieved party. This will be done by oral communication.
 - c. The QIDP or Area Director will provide written notice to any individual/guardian/family filing a grievance that s/he may contact advocacy groups at any time to assist with any concern regarding the relocation process.
 - d. If the grievance is not resolved at that step, the QIDP or Area Director will present the grievance to the Regional Director-West Central Region. A meeting will be held with all parties in an attempt to resolve the concern. The meeting shall be held within ten days of receipt of the complaint. A written response shall be given within five days of the meeting.
 - e. If the grievance is not resolved pursuant to the steps above, the Facility will refer the aggrieved party to the appropriate person outside the Facility. The Facility will assist such officials in the investigation of the grievance.

C. **Involuntary Discharge - non-emergent and emergent.**

1. Failure to comply with the terms of the admission contract and/or Bethesda policies, procedures, and regulations may result in discharge. Other reasons for discharge have been listed earlier in this policy.
2. QIDP or Area Director will inform the guardian/family about the

discharge,

3. The QIDP or Area Director will offer assistance in locating alternate placement for the person.
 4. Upon a recommendation for non-emergent discharge made by the Interdisciplinary Team, the individual and the family sponsor, and/or guardian shall be given 30 days' notice of discharge by the Admissions/Discharge Committee. When appropriate, the state agency shall be notified of the pending discharge. The QIDP or Area Director may be able to provide resource information regarding alternate placements and discharge plans. It is the family's responsibility to assume a primary role in finding the alternate placement. The QIDP or Area Director will assist in setting up planning and transition meetings with individual's and their guardian/family to develop a needs assessment and to discuss their desires for placement. Facility staff will assist the guardian and family, along with the team members in the discharge process. The primary care physician will be a part of this discharge process to identify any potential medical concerns that need to be addressed before discharge can occur. BLC staff have a wealth of knowledge that they are willing and able to share with any staff supporting an individual in a new location. The special needs, preferences and goals of each individual have already been identified through our person centered planning process and Personal Outcome Measures as part of the council on Quality and Leadership (CQL). To help ensure successful transition and placement, facility staff will help ensure that any special medical, behavioral, environmental, adaptive equipment, safety, etc. needs will be addressed in the discharge plan. Individual needs will be clearly identified in the initial planning meeting. The individuals/families/guardians will be involved in every step of the discharge process.
 5. QIDP or Area Director shall keep the Admissions/Discharge Committee informed on a regular basis of the status of individuals involved in discharge planning.
 6. Individuals shall not be placed in alternate living arrangements and remain under the auspices of BLC for a trial period longer than 30 days unless approved by the Regional Director.
- E. Involuntary non-emergent discharge.
1. When discharge is considered by Bethesda, a discharge conference shall be scheduled by the QIDP or Area Director

with the guardian/family.

2. The discharge conference shall include the individual and his/her family and/or guardian and shall be for the purpose of reviewing the discharge recommendation and plan. If the individual or responsible party representing the individual cannot attend the conference, their remarks or comments may be submitted in writing or telephone to the QIDP or Area Director. Efforts will be made to have the meeting when they can attend in person or by audio-conference.
3. The QIDP or Area Director will again share advocacy information with guardians and families as they begin this process. Other providers will be asked to describe how their care and services would meet the individuals' needs.
4. The QIDP or Area Director will be available to assist in finding community placement for the individual based on the needs assessment and the desire of the individual, guardian/family.
5. The QIDP or Area Director will arrange a transition meeting with the individual's and their guardian/family who are in need of alternate placement (due to non-emergent or emergent discharges). The primary care physician will be a part of this discharge to identify any potential medical concerns that need to be addressed before a discharge can occur. BLC staff have a wealth of knowledge that they are willing and eager to share with any staff supporting an individual in a new location. The special needs, preferences and goals of each individual have been identified through the person-centered planning process and the Personal Outcome Measures as part of the Council on Quality and Leadership (CQL). To help ensure successful transition and placement, facility staff will help ensure that any special medical, behavioral, environmental, adaptive equipment, safety, etc. needs will be addressed in the discharge. Individual needs will be clearly identified in the initial planning meeting. The individuals/families/guardians will be involved in every step of the discharge process.
6. BLC will provide staff and transportation to assist with these visits so that each individual/guardian/families has an opportunity to visit at least 2-3 other homes/providers so an informed choice can be made regarding a placement that best meets the individual's needs, interests and desires.
7. When a family disputes a Committee decision to discharge, the

individual or family may, within seven working days, submit a written appeal to the BLC Regional Director. A meeting to resolve the appeal may be held between the BLC Regional Director, other BLC employees as needed, and the appellant. Such a meeting would be held within five (5) working days (excluding Saturday, Sunday, and holidays) from the presentation of the written appeal. Whether or not to hold such a meeting is solely at the discretion of the Regional Director. The Regional Director shall give a written answer to the appeal within seven (7) working days (excluding Saturday, Sunday, and holidays) of the meeting, if one is held, or within seven (7) working days of the receipt of the appeal. At any point in this process the guardians may seek support and representation from advocacy agencies.

The decision of the Regional Director is final. No further appeal is allowed.

An extension of time to submit or answer any appeal may be permitted only when mutually agreed by both parties in writing.

No reprisals shall be made against an appellant for initiating an appeal.

A decision to discharge may be reversed only by an expressed decision to reverse the decision during the appeal process. A failure on the part of a BLC employee to timely respond does not reverse the discharge decision. A failure to submit timely appeal at each stage in the appeal process is grounds for denying the appeal.

8. Once a discharge date is set, the facility will provide to guardians/families and individuals at least a 30-day written notice of the anticipated move date (A guardian may waive their 30-day notice). The responsible relatives and/or guardian shall be notified of the expected discharge date by the QDDP or Area Director and advised that the discharge arrangements should be completed by the expected discharge date. Thirty days notice of discharge shall be given in these circumstances.
9. A final notice of discharge and discharge meeting will go out no later than 7 days prior to the discharge meeting.
10. (ICF-MR only): A final discharge summary plan and post discharge plan of care will be completed by the QDDP when an

individual moves. BLC wants the placement to be successful and to minimize trauma. We believe that a smooth transition is achieved by the sharing of knowledge so continuity in care can be achieved. The QDDP and team will review as part of the discharge process all of the plan of care information with the provider i.e., IPP, Behavior Support Plan, any special guidelines, re-emphasizing any safety concerns and how to prevent concerns, safety issues, current prescriptions and treatments, making sure the provider has the most current information, necessary records and documents for continuity of care will be transferred to the receiving provider (in compliance with HIPPA), etc.

11. To help achieve a smooth transition, familiar staff with the Individual will be available to assist in the home the day of the move as determined by the transition plan. We will do additional training in the new home even if the last minute if the provider feels that would be helpful. If at all possible the QIDP or Area Director will follow-up with a visit to the site that same day to answer any unanticipated questions, reassure the individual and the new staff so that things go smoothly for everyone. If the provider has any questions, the QIDP or Area Director will serve as the contract person after discharge.

12. BLC will continue to be available to the new provider to assist them in meeting its obligation for a smooth transition and acclamation to the new environment.

F. Emergent Discharges:

Emergent discharges are judged by the threat to the health and safety of the individual, and other individuals in the home, as well as staff safety. The well-being of individuals and staff and Bethesda's ability to meet these needs shall be the primary consideration in deciding whether a discharge or transfer is emergent or not.

1. As soon as possible, individual, family/guardian shall be notified of need for discharge and the reason. This will be followed up in writing.
2. There is no appeal process in an emergent discharge.
3. Will follow the same procedure for Non-Emergent Discharges

G. Notice of discharge.

Whenever possible, and in non-emergent situations, Bethesda will give a 30-day notice of discharge in writing with the reason for discharge and will include the individual in the planning process.

H. Transfers or discharge having exceptions to advance written notice policy.

This 30-day advance notice is not required in any case in which transfer or discharge occurs under these circumstances.

1. The individual has resided at Bethesda for less than 30 days.
2. After exhausting the lesser of the Medicaid hospital bed hold limitation of the state providing Medicaid benefits or 15 hospital bed hold days.
3. Threat to health or safety requires an emergency discharge.

In the above cases, Bethesda will attempt to give the individual as much advance notice of transfer or discharge as is practical. Additionally, individual input in the decision shall be that which is practical. Bethesda shall make a good faith attempt at obtaining this input.

VIII. Bed Hold:

- A. If an individual is discharged because of an emergency, (the individual is a threat to their own health and safety and is a threat to other individuals in the home, as well as staff safety) BLC will not hold the individual's bed beyond the date the individual leaves the facility.
- B. If the individual is discharged because he/she and/or their family and/or guardian is requesting the discharge because they are dissatisfied with the services offered by this agency, BLC will not hold the individual's bed beyond the date the individual leaves the facility.
- C. Beds which are being held open for individuals, who are away from Bethesda on therapeutic leave, hospital stays, etc., will continue to be charged at the established private pay rate, within the limits established by law.

1. Therapeutic: Bed holds for therapeutic leaves of absence require prior notification to BLC and shall be limited to a maximum of 42 nights in any one calendar year without prior authorization. Requests to exceed these limits must be in writing and approved by the Regional Director or designee of BLC. Nights taken beyond this limit will be charged to the client or responsible party at the full private payment rate. Hospitalization, camp attendance, or other overnight absences occurring as a part of the individual's program shall not be counted as therapeutic bed hold days.
2. Hospital: Bed holds for hospitalization will be granted for the length of time of the state's Medicaid hospital stay payment or 15 days, whichever is longer. Charges for hospital bed holds beyond limitations established by funding sources, if applicable, shall be charged to the client or responsible party at the full private payment rate. Discharge may occur after this time without advance notice. Extension of this bed hold needs to be approved by the Admissions/Discharge Committee.

IX. In the event an individual who formerly resided at BLC should seek readmission to the ICF-I/DD AND HCBS-I/DD program, the individual, family, sponsor, and/or guardian of the individual may make a formal request for readmission to the QIDP or Area Director of BLC. Such a request shall include all current psycho-social and medical data. Such a request shall be screened and processed as though it were a new application. Individuals would need to meet criteria for admission.

X. Transfers: Transfers from one Bethesda facility to another shall be considered by the Admissions/Discharge Committee upon the formal request by an individual and the parent, sponsor, guardian of an individual or BLC staff. BLC staff will serve as a resource to ensure a well-planned and smooth transition if approved to move to another Bethesda facility and follow the discharge process as outlined in this policy.

XI. Addendums: When signing a BLC admission agreement as applicable, the following addendums shall be attached, read, understood, and agreed to by the prospective individual, family, and/or guardian.

- A. Covered and Uncovered Services.
- B. Individual Rights and Responsibilities.
- C. Individual Grievances.
- D. Personal Fund Policy.
- E. Any other facility specific applicable policies



December 17, 2015

The Joint Budget Committee
Colorado General Assembly
The State Capitol
200 E. Colfax Avenue
Denver, CO 80213

The Honorable Millie Hamner, Chair
The Honorable Kent Lambert, Vice Chair
The Honorable Kevin Grantham
The Honorable Patrick Steadman
The Honorable Robert Rankin
The Honorable Dave Young

Re: SB15-239 Transition Plan

Dear Members of the Joint Budget Committee:

In accordance with SB 15-239 the Division of Vocational Rehabilitation (DVR) will move to the Colorado Department of Labor and Employment (CDLE) no later than 7/1/2016. To affect the transition, the departments are working on an integrated transition plan with nine subgroups, an executive group to oversee the project, and a dedicated change management function.

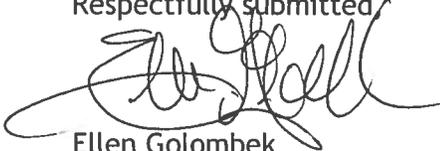
The attached transition plan includes the following sections:

- **Stakeholder process and results**
 - CDLE and DVR jointly invested resources to engage more than 200 people across the State. Key opportunities for improvement include:
 - Opportunity to better align youth transition services and resources;
 - Create a dedicated service organization targeting those with blindness; and
 - Improved training opportunities for counselors and vendors.
- **Budget and staffing implications**
 - As part of service enhancements planned to coincide with transition, the Department has requested 6 FTE with a General Fund budget impact of \$226,707.



- **Managing critical dynamics**
 - DVR Process Improvement
 - Colorado's DVR has been selected to participate in the Employment First State Leadership Mentoring Program (EFSLMP), which offers focused technical assistance and collaboration aimed at improving employment outcomes for people with disabilities, with a specific focus on youth transition and employer engagement
 - Blind services are also a key area for process improvement and a new blind services unit will be created to address this (Jan 1, 2016)
 - Co-location opportunities
 - A Facilitated Conversation Model was put in place to critically examine whether co-location of DVR field offices and Workforce Centers is feasible in the near future or whether additional research needs to be complete to improve the shared services model between DVR and Workforce Center offices.
- **Risk management**
 - We are actively managing risks across the 9 subgroups. The greatest areas for risk are seamless technology transition and continuity of internal support services (HR, accounting, etc.)
- **Legislation**
 - We will meet or exceed requirements of the vulnerable persons act. Proposed legislative cleanup to comply with federal legislation and technical assistance circulars.

Respectfully submitted,



Ellen Golombek
Executive Director
Colorado Department of Labor and Employment

Attachments (DVR transition attachment #)

1. Transition project plan
2. Project governance
3. Milestones summary and status for each group
4. Acknowledged risks documentation
5. Stakeholders summary
6. Budget summary
7. Legislative research summary
8. Co-location model
9. Change management proposal

(cc: Mr. John Ziegler, Staff Director)



Division of Vocational Rehabilitation Merger with Colorado Department of Labor and Employment

Project Plan 2015





Project Objectives

To implement a seamless transition of the Division of Vocational Rehabilitation (DVR) from the Department of Human Services (DHS) to the Colorado Department of Labor and Employment (CDLE); this transition shall ensure continuity of services without causing interruptions to clients, staff and contractors' services.

Vision

We will build a foundation for greatness in service to our stakeholders

Background Information

Governor Hickenlooper signed into law SB 15-239 which transfers the Division of Vocational Rehabilitation (DVR) from the Colorado Department of Human Services to the Colorado Department of Labor and Employment (CDLE) no later than July 1, 2016. The alignment of DVR with existing CDLE employment services provides a more comprehensive approach to our state's employment efforts by including people with disabilities, providing employers with dependable, dedicated and talented employees, and giving more individuals a living wage with dignity and hope.

The transfer of DVR will be accomplished in two phases through two separate pieces of legislation. The second phase, through a bill that will be introduced in the 2016 legislative session, will address program administration, alignment of services and compliance with state and federal rules and regulations and other potential outstanding items. Because this move is considered a substantive change that affects the provision of vocational rehabilitation services, public hearings and stakeholder outreach will be conducted to allow the public and stakeholder groups sufficient opportunity to provide input.

Project Organization

Nine (9) separate functional teams and one (1) overseeing executive team are in place to do the merger work. These teams are made up of DVR, central CDHS, DPA, OIT and CDLE management and staff who have expertise in the functional areas. Each group is responsible for specific tasks and milestones in addition to an overall focus on identifying interdependencies among the groups to ensure the shared goals are achieved. These teams will meet at regular intervals, twice monthly.





Overarching Goals by Group

Budget/Accounting:

To fully integrate the DVR budgeting, forecasting and financial reporting processes into the CDLE's systems by July 1, 2016. This group will work on federal accounting, reporting and the necessary staff changes as they occur.

Communications:

To fully engage DVR's and CDLE's internal and external stakeholders in the merger planning and implementation through frequent, proactive and accessible communication. We will:

- Create an internal communications strategy to CDLE/DVR staff
- Create an external outreach and communications strategy for merger

Facilities:

To relocate DVR administrative personnel now located at 1575 Sherman Street to 633 17th Street and build-out space to CDLE standards. The build-out is expected to be completed by June 1st, 2016.

Human Resources, Training, Culture:

To define required cultural and training programs and dates by June 30, 2015. Review and analyze HR policies and train on all policy changes that impact employees prior to July 1, 2016. Integrate all performance management systems by April 1, 2016 for performance year 2016-17.

To align/integrate all HR processes and systems to include:

- Recruitment
- Hiring
- Personnel actions
- Off-boarding.

Information Technology:

To maintain the DVR AWARE project management program as an independent stand-alone system; client data systems will be kept separate; and the wireless network will be kept separate.

To migrate all other DVR applications into the CDLE IT systems. Personnel-related records that will be migrated:

- Kronos
- EDSys
- EQEP EZ
- LMS





Legislation, Rules and Regulations:

To ensure the merger is compliant with all state and federal legislation and regulations (including Rehabilitation Services Administration (RSA) technical assistance circulars (TAC's) 12-03 and 13-02). Verify RSA guidance and make determination on HIPAA compliance.

To identify other federal and/or state statutes that require compliance and make certain they are: updated, developed and promulgated, to provide accurate context for the integration of DVR into CDLE

Procurement and Contracts:

To fully integrate DVR contracts and procurement commitment documents, solicitations and processes into CDLE systems. This team will make recommendations regarding:

- Leases
- Solicitations
- Procurement training
- Vendor agreements (Purchase Orders, Contracts, MOUs)
- OneCards (PCard, Travel Card, OneCard), and others.

Recommend a process to follow in regards to new or renewed purchase orders, contracts, or leases during the transition period. Create a plan to be in place at the beginning of the contract process for July 2016. Conduct interim reviews of existing commitments (POs, Contracts, Leases, MOUs, etc.) greater than \$5,000 and the OneCard processes. Identify needed renewals, amendments, or terminations as of 7/1/16 and identify known risks, process gaps or common processes between Departments, and areas for improvement. This team will lay processes side by side, find gaps and recommend a course of action, including what can be fixed immediately and what should be modified in the future.

WIOA/Field Operations:

To monitor WIOA activities and assess impacts in the move:

- Work with implementation teams to determine what needs to be addressed by this group -- due dates based on WIOA team deliverables
- Monitor technical assistance and guidance from the feds that is specific to DVR/CDLE integration

To create a physical location inventory, including lease expirations:

- Compile list of locations and lease expirations
 - a. Include rural consortium and DVR
- Determine if any lease expiration opportunities exist
- Acquire current example of lease work and use as template in moving forward
- Create a process for evaluating co-location opportunities





CORE:

This cross-functional, cross-departmental group's goal is to identify and address CORE administration issues and to provide guidance to the other functional teams. The work is divided into the following subsections:

- Chart of Accounts
- Security and Workflow
- Payroll Accounting
- Grants
- Commitments and Requisitions
- Program Payables
- Conversion
- Commercial Cards
- Interfaces
- Info Advantage

Executive Group

This group's primary goals are to:

- Review functional groups' recommendations and make final decisions
- Remove roadblocks as groups encounter them
- Provide strategic direction to functional teams when necessary
- Will serve as a resource when issues come up that require resolution
- Inform and be informed of pertinent information that can affect the project, ensuring information flow.

Project Deliverables

(See milestone tracker documentation for each of the functional groups)

Assumptions

- A priority will be placed on staff members' work time needed for this project to ensure project deliverables and estimated completion dates are met.
- Additional staff will be identified to join the functional teams as needed.
- A clearly defined process will be created and put in place to efficiently drive the project.
- Dependencies will be identified and communicated to all groups. Groups will schedule accordingly to ensure timely completion of tasks.
- No significant changes to the DVR program are anticipated during the transition. Any enhancements or changes identified will be documented and considered part of phase II.
- Staff members working on this project will have needed access to appropriate systems and resources in order to complete their tasks.





Constraints

- Competing priorities and staff availability.
- DVR and CDLE regulations, rules and standards that may dictate needed changes in product, delivery, process or standards.
- The completion date of July 1, 2016 is fixed.
- Funding
- Availability of resources
- New proposed legislation and rulemaking may affect the implementation of the plan and/or the way the Division will function in the new Department

Risks and Issues

- Subject Matter Experts not able to consistently attend meetings and provide input
- Dependencies not accurately identified
- Deliverables not accurately identified
- Communication and sharing of data / security
- Layers of Management for decision making
- Not including all members of team in work
- The underappreciation of time needed for work by the project team
- Project cost tracking

Milestones

Milestone	Due Date
Budget fully integrated	August 2015
Transition plan due	September 2015
Stakeholder meetings	July 2015 through September 2015
Quarterly report to JBC	December 2015
Transition plan approval date in transfer bill	December 15, 2015
Quarterly report to JBC	March 2016
HR performance plan integration	April 2016
Facility build out complete	June 2016
Quarterly report to JBC	June 2016
Transition complete	July 1, 2016



Budget/Accounting, Week ending 12/04/15

4. Upcoming Key Milestones & Deliverables					
					Access DVR Merger - Risks and Issues re
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Budget					
List of staff needed for additional 230 FTE from PCS, accounting, HR, ODT (job class, anecdotal summary of duties) gathered	Matthew Blackmon	7/15/2015	Completed		
OIT and DPA notified to move DVR only common policy spending authority and costs to CDLE	Matthew Blackmon	8/3/2015	Completed		
Base Budget Request for FY 17 completed for DVR	Matthew Blackmon	10/15/2015	Completed		
Building lease negotiated (contracts? True space needed)	Matthew Blackmon	12/22/2015	In Progress	On track	Contacted state leasing agency to begin process.
Lease signed		12/31/2015		On track	Plan created
Collaborate with the CDLE Controller's Office, create new CDLE coding and cross walk to CDHS coding for current grant.	Matthew Blackmon	4/30/2016	In Progress	On track	New Appropriation Units Created.
Fully integrate DVR budgeting, forecasting and financial reporting processes into CDLE systems	Matthew Blackmon	7/1/2016		Not Started	
Accounting					
Accounts information from CDHS received	Matthew	4/30/2015	Completed	Completed	
Request access to G5 – U.S. Department of Education's grants management system which provides ability to draw down federal funds		2/29/2016		Not Started	
Ensure CDLE DUNS number will be assigned by July 1, 2016 to CDLE for the DVR grant awards for reimbursement purposes.		2/29/2016		Not Started	
Set-up an internal daily draw procedure for DVR grants		5/31/2016		Not Started	
Work with CDHS Accounting Office for transfer of active accounts and obtain correct cash fund balances.		8/2/2016			
TBD: Post conversion costs between CDHS and CDLE		tbd			
Reconciliation					from CORE sheet
Federal cognizant agency redirected to CDLE					from CORE sheet

Federal general fund portion					from CORE sheet
Kronos set up	Amparo	6/1/2016		Not Started	from CORE sheet
Modify federal indirect cost plan to include DVR starting July 1, 2016	Ted	1/31/2016		Not Started	

Communications, Week ending 12/04/2015

4. Upcoming Key Milestones & Deliverables					
					Access DVR Merger - Risks and Issues report
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Ensure accessibility (training)	Amanda, Lara	5/28/2015			Complete
Clarify "clearance" process	Cher	6/12/2015			Complete
DVR / CDLE policies compared					
Gather all DVR policies	Ron A	5/14/2015			Complete
Review, compare, find gaps in DVR/CDLE policies	Ron A	6/30/2015			Complete
Distribute policies to functional groups for revision	All leads	7/1/2015			Complete
Stakeholder meetings completed					
Stakeholders defined/clarified	Cher				Complete
Stakeholder survey vetted/approved	Cher	6/22/2015			Complete
Stakeholder outreach steering committee created	Cher	6/30/2015			Complete. Committee convening periodically
Stakeholder survey launched/distributed	Cher	6/30/2015			Complete. Survey sent out with notices
Dates/locations of stakeholder meetings determined	Cher	8/31/2015			All but possible webinars are scheduled
Meeting template created	Cher	7/17/2015			Complete
Meetings scheduled throughout State	Cher/Denise	8/31/2015		On track	10 meetings completed
Stakeholder meetings held	Group	10/21/2015		On track	10 meetings completed
Website for project created					
Site created	Lara	6/30/2015			Complete
Google apps accessibility, tips and tricks	Maria	6/1/2015			Determine if this is applicable; if so, what is needed. There is no specific need at this time. To be re-assessed in the future
Accessibility tested	Cher	8/21/2015			Complete
Site implemented and running	Cher	8/25/2015			Complete
Public Relations Campains ran					
Workforce Development Month	All GPPR	9/30/2015		On track	Complete
Disability employment awareness month	All GPPR	10/31/2015		On track	Complete
Hire a vet month	All GPPR	11/30/2015		On track	Social media outline planned
External Communications planned and in place					
Inventory external communications for accessibility	All GPPR	1/5/2016		On track	Feedback reviewed by Executive Team
DVR website migration	All GPPR	6/1/2016		On track	Accessibility needs determined, site build in project queue.

DVR intranet migration	GPPR and DVR (Justin)	6/1/2016		On track	Met with DVR team and functionality/accessibility needs determined. Site build in project queue.
Internal Communications planned and in place					
Google site with suggestion box	Cher and Lara	9/1/2015			Complete
Quarterly feature in CDLE newsletter (Q3, Q4, Q1, Q2)	Cher and Lara	9/21/2015		On track	Project update to be included in newsletter launch week of 9/28
Share CDLE events with DVR staff	Cher and Steve	unscheduled			
Brown bags (?)					

Facilities, Week ending 12/04/15

Facilities, Week ending 12/04/15					
Deliverables and Milestones					Access DVR Merger - Risks and Issues report
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Access to building secured					
Building ID badges for DVR staff involved in project procured	Ron, HR	5/1/2015			Completed.
Badges for DVR employees procured	Ron, HR	4/1/2016		Not Started	Moved from facilities to HR on 8/6/15. Move to milestones/activities sheet
People moving identified and informed					
Identify individuals to be relocated	Barb, Tom	5/15/2015			Completed.
Number of DVR people that will move to 633 17th Street confirmed	Barb, Steve	6/11/2015			Completed.
DVR informed of CDLE building standards	Ron	5/1/2015			Completed.
True space needs for DVR determined					
Measurements of current space finalized	Tom, Ron	6/19/2015			Completed.
Rough draft of existing floor plan drawn (in house)	Tom, Ron	7/20/2015			Completed.
Reqs for new space (kitchen, small and large conference room, family bathroom, storage area) identified	Ron	6/19/2015			Completed.
Additional space needed for existing cubes, offices, halls calculated	Tom, Barb, Ron	7/14/2015			Completed.
Preliminary plan for new space drawn	Architect	8/1/2015			Completed.
True space final determination determined	Ron, architect	8/10/2015			Completed
Preliminary plan vetted by executive group	Ron	8/17/2015			Completed. Last Drawing Plan accepted by Executive Team on 09/03/2015. 09/15/2015 is meeting with Architect to discuss next steps for Mechanical Plans. Next step is to work the Budget Plan.
Final architectural plan complete	Ron, architect	10/1/2015			Completed. Final architectural drawing is complete. Mechanical/Electrical drawings follow the Budget planning document.
Itemized tenant finish budget plan	Ron, Toma West	10/19/2015 tentative			Missed this request for an itemized budget plan. Brian Atencio with CCI is having a 2nd quote prepared using compatible product for existing modular furniture.
ADA Resources involved					
Resource Center contacted for general info	Ron	6/25/2015			Completed.
Share architectural drawing w/ center	N/A				Decision made to not to pursue any further
Feedback from resource center on plan	N/A				N/A
Build out completed					

IT cabling order verified	Colleen	tbd			
Final building plan complete	Ron, architect	12/1/2015			Final architectural drawing is complete. Mechanical/Electrical drawings follow the Budget planning document.
Lease finalized	Budget	12/31/2015			
Tenant finish to start	Toma West	2/1/2016			
Card reader installed and tested	Lanmor	4/22/2015			Three card readers are needed. Reuse existing from WyCAN space on 2nd Floor.
Build-out punch list signed off	Ron	5/1/2016			
Required equipment identified and purchased					
Name plate holders for cubicles purchased	Ron	12/31/2015			
Card reader system acquired	Ron	10/1/2015			Acquiring Card Access components completed - Identified reuse of 3 card readers from WyCAN space, reuse existing server leftover from DPA. Lanmor Services to do wiring during construction phase when doors are installed and tie into existing CDLE WINDSX Server.
Work Request in place with Lanmor Services for Card Readers	Ron	3/31/2016			
Cubicle walls ordered and purchased	Ron	3/1/2016			
Refrigerator purchased	Ron	3/4/2016			Potential surplus refrigeration identified - 10-01-2015
Cubicle walls delivered	Ron	4/29/2016			
Move from 1575 to 633 completed					
Correctional Industries contacted - Brian Atencio	Ron	12/31/2015			Requested a cost estimate for cubicle walls with power capability - 10/01/2015
If bid is needed, start process	Ron	1/15/2016			
Mover contracted	Ron, PCS	2/1/2016			
IT staff secured for set up in new building	Ron/Colleen	3/1/2016			
Move tip sheet for employees distributed	Rebecca?	5/20/2016			
633 Construction Existing CDLE Space - 11th Floor					
Determine Reconfiguration of 11th Floor Plan w/Ldrshp of Finance, Budget, PCS, & Audits	Ron, Kristin, Matthew, Shawn, Jing, Mike, & Lisa	11/19/2015			Floor Plan produced for approval - request for change on 11/24/2015 - new floor plan by 11/30/2015
Determine new seating chart for 11th Floor Finance	Shawn, Jing, Sung, Ted, & Amparo	12/15/2015			Team is working on this currently.
Schedule Move for those we can do before construction	Ron & Shawn	12/30/2015			
Do Drawing update	Ron	11/30/2015			
Get with OIT for Data work	Ron	12/4/2015			

Determine material needs w/Structural Trades personnel	Ron & team	12/30/2015			
Work w/Toma West regarding 3 doors purchase	Ron	12/30/2015			
Schedule construction work - estimated 3 weeks	Ron, Shawn,	12/30/2015			
Complete construction work	Ron & Team	TBD			
Schedule Move of remaining existing personnel	Ron & Shawn	TBD			

HR-Training-Culture, Week ending 12/04/15

4. Upcoming Key Milestones & Deliverables

[Access DVR Merger - Risks and Issues re](#)

Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Employee Data Collected					
Identify DVR employees, titles, roles (supervisor) and locations	Kathy, Roxane, Matthew Blackmon, Barb Casey	9/1/2015	Behind	Behind	Still discrepancies among staff lists (HR vs. OIT). Krista and Kathy will facilitate a meeting with Kim, Barb and Justin to resolve differences.
Create spreadsheet containing fields for all employee data required for transition (EQEP, EDSys, Training, etc.)	Renee, Kathy	10/9/2015			Complete
Provide spreadsheet to DVR contacts to enter employee data	Kathy	10/13/2015			Complete - sent 10/8/15
Complete spreadsheet with employee data and return to CDLE	Krista, Kim Howard	10/23/2015		On track	Complete - but a few items need to be reviewed
Verify background checks for all DVR employees.	Kathy, Roxane	2/1/2016		Not Started	Will need to complete background checks on employees whose previous background check information cannot be located/verified.
Performance Management Systems Integrated					
Ensure DVR email domain access established	Mike's team	7/14/2015			Completed
Evaluation planning documents shared	Kathy, Roxanne	7/28/2015			Completed
Verify with OIT Google Gmail/Domain Access Setup	Mike's team	7/28/2015			Completed
Create template for DVR EQEP data	Mike's team	7/29/2015			Completed
Develop instructions for DVR to populate template	Mike's team	8/3/2015			Completed
Identify common groups for EQEP Templates	Mike's team	9/21/2015			Completed - 4 templates will be used (1) Admin, (2) Rehab Counselor, (3) Supervisor and (4) blank
DVR Sr. Leadership trained on EQEP	Renee	9/30/2015			Completed
Identify CDHS Template EQEP Resources	Mike's team	10/1/2015			Complete - Kim Howard and Krista Dann will be contacts
Map DVR Hierarchy Structure to EDSys	Kathy, Steve L.	11/1/2015		On track	Initial data for all employees has been populated in EDSys. Waiting for some workgroup names from DVR to complete hierarchy.
Create EQEP Forms for CDHS Template Use	Mike's team	11/1/2015			Complete. Templates sent to Kim Howard

Develop Form Creation Rules for All DVR Employees (template vs. blank)	DVR Mgmt	11/13/2015			Complete. DVR will determine which of 4 templates and indicate in master spreadsheet
Complete DVR Template EQEP Forms (Objectives/Weights)	DVR Mgmt	12/11/2015		On track	
Create DVR 2016-17 EQEP Plans	Mike's team	1/31/2016		Not Started	
EQEP plans in place for all staff	Mike's team	4/1/2016		Not Started	
Frontline staff trained on EQEP	Renee, ODT	4/1/2016		Not Started	
HR Processes and Systems Integrated					
Language added to all new announcements regarding move	Roxanne	4/1/2016			Completed.
Spreadsheet created to capture all DVR personnel data required for systems and training (EQEP EZ, EDSys, training, etc.)	Kathy, Renee	10/7/2015			Completed.
DVR to fill out personnel data spreadsheet	Kim Howard, Krista Dann	10/23/2015			Completed.
Initial population of DVR employees in EDSys	Steve Levinsky	12/4/2015		Started	Complete to the point it can be done without spreadsheet discrepancies resolved
Process Documentation Integration	Caren, Kathy, Mike, Scott (all?)	12/30/2015		On track	Majority of process differences will be addressed through policy review. Other process/philosophy differences are being addressed by DVR leadership prior to the transition.
Required Cultural and Training Programs Defined					
Current classes inventory	Renee, Augusta	6/5/2015			Completed.
DVR Supervisors training on EQEP	Renee	2/1/16-2/28/16		Not Started	Scheduled
DVR Frontline staff trained on EQEP	Renee, ODT	2/1/16-3/31/16		Not Started	
DVR Supervisors trained in CDLE LDP program	ODT	1/1/16 - 12/31/16		Not Started	Monthly training sessions scheduled
Transition and Welcome Training for all DVR staff	ODT, Augusta	5/15/16-6/30/16		Not Started	Approximately 4.5 hours per person. Training will be scheduled around physical moves.
DVR staff trained on DPA Compliance, Customer Service, Cornerstones and Diversity & Inclusion	ODT	7/1/16-7/31/16		Not Started	
DVR staff Trained on all policy changes impacting employees	Renee, ODT	5/15/16-6/30/16		Not Started	
Communication plan between DVR/CDLE values					Working with Communications team
Policy Review Completed					
Create template to identify decisions and training points on policies	Kathy, Maria, Steve	8/24/2015			Completed
Review and analyze all HR policies changes that impact employees	Divided into teams	10/15/2015			Completed
Make recommendations on policy variances to Exec Team	Kathy, Steve	10/16/2015			Completed

Exec Team responds to policy recommendations	Exec Team	11/2/2015			Responses received and will be incorporated into plan
Identify training points on all policy comparisons to ODT (Renee) for incorporation into training materials	Divided into teams	12/1/2015			Completed - information from policy comparisons has been shared. Will continue to update training team with new items as they are identified.
Update policies that must be included as part of training	Team	1/31/2016		Behind	Don't have all of the information that will be required for background check policy.
Determine priority for updating policies that should be updated, but not necessarily prior to the merger	Steve, Kathy	1/31/2016		On track	Will need to be integrated with larger list of policy updates (outside of merger)
Records Management					
Storage needs determined	Roxane, Kathy	9/1/2015			Completed - Roxane has indicated personnel files require 4, 4-drawer file cabinets
Clean file room at CDLE	CDLE HR	9/30/2015			Completed - Space created to accommodate files
DVR PD's (position files) to CDLE	Roxanne	4/1/2016		On track	CDHS has files ready to go and CDLE has storage. Date changed to 4/1/16.
Determine plan/timeline to scan personnel files to App Xtender	Kathy, Mike, Patty Dicks, OIT (Adolph, Stuart Walker)	1/31/2016		On track	Working on a scanning solution with OIT or possibly IDS. May require transfer of paper files to CDLE for scanning. If that is the case we likely won't move the files until the employees move to CDLE. (changed date to 1/31/16)
Gather and transfer DVR employee records	Roxane	6/15/2016		On track	
Audit I-9 documentation received	Risk Management/Benefits	7/31/2016		Not Started	
Identify/transfer employee medical files	Roxane, Sara	6/15/2016		On track	FMLA, STD, WC, ADA, etc.
Begin sharing tracking of FML hours with DHS/DVR	Scott, Roxane	5/1/2016		Not Started	
Identify employees with current ADA accommodations	Roxane, Sara	4/1/2016		Not Started	Identify any accommodations/equipment that will need to be duplicated/moved to CDLE
Other HR functions					
Personal Services Contracts	Mike, Steve, Lisa Eze (?)	3/31/2016		Not Started	Joined Purchasing functional group meeting on 10/26 to discuss. CDHS will complete any contracts through 7/1/16. CDHS and CDLE processes are very similar. Will need to train a select group of DVR employees on CDLE process after 7/1/16.
Review DHS personal services contract waiver form and process to determine any differences between DHS and CDLE	Mike, Steve	3/31/2016		Not Started	Contact Justin Icenhower with DHS to learn more about their process
Train DVR managers, staff on CDLE personal services review process	Mike, Steve	9/1/2016		Not Started	DHS will handle all contracts for 7/1/16. Train field services and Rebecca Novak's staff in August, 2016

Transition plan for EcoPass created	Steve Akers, Matthew Blackmon	10/26/2015			DVR employee will continue to utilize current EcoPass/pricing for CY 2016
Fleet vehicles transferred from DVR to CDLE	Steve Akers	7/1/2016		Not Started	changed to match merger date Accessible van availability?
Obtain pictures of DVR staff for badges	Roxane, Patty, Scott	12/31/2015		Not Started	Will concentrate on supervisors first, then the remainder of staff.
Employee ID Badges created and distributed	Patty Dicks	1/1/16-6/15/16		On track	Badges for those moving to 633 will need to be created prior to the physical move date
Payroll functions					
Identify deductions that should/should not be continued after 7/1/16 (e.g. Parking, EcoPass, etc.)	Amparo	6/15/2016		Not Started	

IT, Week ending 12/04/15

4. Upcoming Key Milestones & Deliverables					
					Access DVR Merger - Risks and Issues re
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Functional requirements gathered	Colleen	11/30/2015			
Determination of Lease or Purchase of Laptops	Exec Ldrshp	6/30/2015		Complete	Stay on Lease
Determination of Phone numbers - Change or not	Exec Ldrshp	6/30/2015		Complete	Remain same - need caller ID to look same
Determination of AT support model	Cedonia Jackson	6/30/2015		Complete	Justin and Joe to have admin rights as per Cedonia Jackson
Determination of HIPAA Entity	AG's Office	7/31/2015		Complete	Not a HIPAA entity - Will implement all CISO required security measures anyway
Determination of HP or Dell Lease	Lisa Eze	7/31/2015		Complete	HP being used
Need determination of whether Glenwood and Steamboat will be co-located with WFC's by 12/31/2016	Lindsey	8/26 - 9/30/2015		Complete	Decision is no longer an impact to the implementation of the network due to architectural direction
Access Control - Accounts Set Up		5/15/15 - 2/29/2015			
Yvette to provide employee list to Justin for verification	Yvette/Justin	8/21/2015		Complete	Justin Verified all is accurate
Justin to provide all signed documentation to AC	Justin	11/30/2015		Complete	
Access Control to create new accounts	Yvette	9/1 - 12/30/15		Complete	These are in tandem to the CDHS accounts
Access Control to replicate security groups from CDHS to CDLE	Yvette	2/15 - 4/30/16		On Track	Will be done at time of site migrations
Access Control to activate DVR accounts	Yvette	3/31/2016		On Track	Receive all signed forms, will activate at time of site migrations
CDLE to take over management of servers	Dave Gestner	4/30/2016		On Track	
Access for a few users to CDHS Legislative Tracking system through end of FY16	Yvette	7/1/2015 - 2/15/16		On Track	Need names of individuals from Justin
DVR to create dual AC forms - CDHS and CDLE	DVR supervsrs	9/1/15 - 5/31/16		On Track	This is for onboarding, modifications and offboarding efforts so we have accurate accounts 7/1/2016 - Actively being done
Transition support from CDHS to CDLE	Yvette	1/31/2016		On Track	
Desktop Deployment	Yvette	2/28/2016		On Track	

Confirm that PCS has enough storage space in their shared drive for the CDHS supporting contract documentation to be transferred	Yvette	2/28/2016		On Track	
Change Local User accounts and AAA TACACS Authentication on DVR routers and switches at each remote DVR site	Yvette	5/31/2016		On Track	
Convert public IP addressing from CDHS VRF to new private networks on CDLE VRF	Yvette	5/31/2016		On Track	
CDHS to provide CDLE network team admin rights to servers and vice versa	Yvette	5/31/2016		On Track	
Access Control to inactivate DVR at CDHS	Yvette	5/31/2016		On Track	After it is clear that they are functioning as CDLE employees
Support plan developed		12/31/2015			
Support responsibility for after move planned	OIT / Colleen	7/20/2015		Complete	No OIT staff moving to CDLE - OIT to track SLC and see if there is slippage - Agreement amongst OIT leadership that CDHS Network staff will participate in high volume times to assist in supporting DVR long term at CDLE.
Support responsibility for move decided	OIT	7/1 - 9/18/2015		Complete	Have worked out all functional team involvement (CDHS and CDLE)
Determine who will do the backups of DVR server	Server / Database	1/1 - 1/31/16		Complete	Kathy K. and Dave G.,
Grant Justin and Joe appropriate admin rights to manage all AT - Long term support	Paula	1/1 - 1/31/16		On Track	As per CeCe Jackson
CDLE computer image to vendor		1/15/2016			
DeskSide and Network to design image	Paula / John / James	9/15 - 12/31/15		On Track	12/1 - Only thing left is to create and implement the Aware Certificate into the image
HP computer models numbers are needed - 650 G1	John to Paula	12/15/2015		On Track	12/1 - Only thing left is to create and implement the Aware Certificate into the image - laptop in house
Have quotes on HP systems and business decision made on model/type/config	Paula / Justin	12/31/2015		On Track	
Have demo models of chosen systems from HP in hand. This assumes that HP has given us model numbers that won't be end of life prior to March	Paula	12/31/2015		On Track	
Have timetable put together for when to lease. If we want to begin deploying mid-march, need to place the order in December	Paula / Justin	12/31/2015		On Track	
Determine if pre-boot authentication works with AT	Paula / Justin	10/31 - 11/15/15		Complete	Waiver in place - need to transfer that waiver to CDLE for DVR

Deskside to build image	Paula	10/31 - 12/31/15		Complete	Include network stuff, certificates for AWARE, all HR apps assoc with CDLE, UAG, etc - see line above - base image built in Sept.
Create AWARE certificate and add to the new image - Need Alliance to help	Paula / Justin	12/31/2015		On Track	
Give newly imaged machine to Justin to test all apps	Paula / Justin	12/15 - 12/31/2015		On Track	
Give newly imaged machine to Steve Anton to test all apps	Paula / Justin	1/31/2016		On Track	
Image delivered to HP with Migration plan	Paula / Justin	2/28/2016		On Track	
Add DVR to WSUS Patch Plans	Paula / Dave	1/1 - 1/31/2015		On Track	
Move DVR cell bills to Paula via AP - cannot move till 7/1	Paula	1/1 - 1/31/2016		On Track	
If deadline isn't in December, then place lease order for approximately 250 systems to HP - Need by March	Paula / Justin	1/1 - 1/31/2017		On Track	
Using Demo systems (desktop and laptop) from HP, load images, update drivers, install AT software, and begin testing	Paula / Justin	1/1 - 1/31/2018		On Track	
Network connection set up		2/29/2016			
Determine if any special background checks are needed for CDHS or CDLE OIT staff to be on each others networks	Colleen	8/21 - 9/4/15		Complete	No special need for background checks as determined by CDLE and CDHS HRs
Map the network	Network/Srv/DSS	8/21 - 10/15/15		Complete	
Work out resourcing issues for migration	Debbie T	8/15 - 10/31/15		Complete	
Determine if proxy server will be used at DVR sites	Colleen	8/27 - 10/31/15		Complete	Determined that we will roll the proxy server post migration - replicate plan from WFC remote offices
Purchase firewalls (28 or 26 - see line 10)	James / Colleen	10/1 - 12/15/15		Complete	Unnecessary
Identify the subnets the 14 servers ride	James / Tim	9/1 - 12/31/2015		Complete	
Determine new IP addresses for 14 servers	James	11/1 - 1/15/16		Complete	
Configure Firewalls	James	12/15/15 - 1/30/16		Complete	No new firewalls are being purchased for this migration
Put in RFC's for Network changes to move folks into CDLE Network (one per site) - Change Mgmt	James/Tim	1/1 - 3/31-2016		On Track	
Change Requests into Century Link to schedule CL router IP address changes	James	11/15/15 - 1/31/16		On Track	

Change Local User accounts and AAA TACACS Authentication on DVR routers and switches at each remote DVR site - user account credentials	James/ Christian	2/15 - 5/31/16		On Track	
Convert public IP addressing from CDHS VRF to new private networks on CDLE VRF	James / Tim	2/15 - 5/31/16		On Track	James has determined that this will be a change to a new private network ip address space.
CDHS to provide CDLE server team admin rights to servers and vice versa	Tim / James	By 1/1 - Through 6/30/16		On Track	
Confirm that PCS has enough storage space in their shared drive for the CDHS supporting contract documentation to be transferred	Paula / Dave G.	5/31/2016		On track	
Network buildout 15th floor		3/30/2016			
Planning meeting with Facilities	Colleen / Ron	8/11/2015		Complete	Identified hardware needs and dates
Get quote for all hardware needed on 15th floor	James C.	8/28/2015		Complete	
Purchase all hardware needed for 15th floor	James / Colleen	12/31/2015		On Track	Wait for lease to be signed
OIT to install all equipment on 15th floor	James	4/1 - 5/31/16		On Track	
J n L on site for cabling and rerouting of fiber from 14th flr	James	4/1 - 5/31/16		On Track	
Forward arch plan to J n L and get quote for cabling	Ron	ASAP		Complete	Ron Minks provided to James week of 10/11
Contract with J n L for cabling - to start April 1	James C.	12/31/2015		On Track	Need lease signed first
Need to work facilities to find out who manages the badge server? Toma West or CDLE?	Colleen / Ron	ASAP		Complete	CDLE OIT Staff handles, HR confirmed that they do not need anything from OIT
Contact deskside for badge access server to add DVR	Facilities/ HR	12/31/2015		On Track	CDLE OIT Staff handles, HR confirmed that they do not need anything from OIT
PC Refresh, Server Migration, Network Transfer					
Determine Migration Plan	Justin	7/25 - 8/14/15		Complete	
Determine what printers / scanners need migrating	Paula / Justin	7/25 - 8/14/15		Complete	
Resource planning for migration	Bernadette / David	8/21 - 10/31/15		Complete	
Provisioning of Justin and Joe with Admin rights	James / Paula	1/1 - 1/31/16		On Track	
At each of 14 sites with servers, re-IP them	Dave / Paula	2/15 - 5/31/16		On Track	Can be done remotely - Must physically move the server at 690 Kipling to 633
Install firewalls at all non-colocated sites (28)	James / Tim	2/15 - 5/31/16		Complete	Not necessary as per architectural plan
At colocated sites, plug switches into CDLE equipment	James / Tim	2/15 - 5/31/16		On Track	
2211 W Evans site has its own tap n go badge setup that will need HP, Deskside and Justin's team to make work	Paula / Justin / HP	3/15-5/20/2016		On Track	Requires a serial cable

Applications Changes					
Email Consolidation		2/28/2016		On Track	
Create instruction sheet for migration	Justin	2/28/2016		On Track	
Create "dummy" EQEP accounts and test for early mig	Dale R.	8/1 - 8/31/15		Complete	
Make sure AC and EDSYS have all cross info needed	Raul/Steve/HR	8/31 - 11/30/15		On Track	Active Directory is master list to be cross referenced with CPPS for formal names
Test RFS system for accessibility	Stuart W.	8/31 - 10/31/2015		Complete	Not needed, as DVR will identify individuals who will enter RFS's in an effort to align requests with DVR needs. - RFS works with JAWS.
Update EDSYS for accessibility or create accomodatio	Steve L. / Justin	9/15 - 10/31/2015		Complete	
Setup Kronos for DVR - Follow up with HR if more licenses needed - Trish Valdez	HR	1/31/2015		Complete	
Determine scanning solution for AppXtender	Mike D/Stuart W	8/24 - 12/31/15		On Track	12/1/2015 - HR reviewing options
Determine how DVR CORE Users can have access to both CDHS and CDLE to close out FY16	TBD	9/9 - 10-31/2015		Complete	On CORE Team
Figure out how to make EQEP EZ accessible	Dale/Brandon	8/15 - 12/31/15		On Track	HR Working with Tempus Nova - Testing to be done week of 10/19
Figure out how to make KRONOS accessible	Chuck B.	8/15 - 11/30/15		Complete	v5.2 is not ADA accessible, v8.0 is. Note to Kathy Duffin on 10/2 for further discussion on potential upgrade to KRONOS - CDHS has current accommodation
Test EDSYS for accessibility	Steve L.	8/31 - 11/30/15		Complete	
Udpate RFS system or create accomodation	Stuart W.	9/30 - 11/30/15		Complete	Determined that DVR will have several identified individuals that will manage RFS's for the division (like CA SD)
Determine if web based video conferencing needs any migration of licenses, etc.	Justin	7/15 - 12/31/15		Complete	Use Go To Meetings, licenses will transfer over to CDLE in merger
Thin app Kronos - Need licenses first	Paula F.	1/1 - 3/31/16		On Track	Do we need more licenses?
Justin to address certificates on laptops with AWARE for user access once on CDLE network (establishes authentication)	Justin	2/15-5/31/16		On Track	
Make sure end users understand the change in ID for access to AWARE	Justin	1/1 - 5/31/16		On Track	Will be in training document to be provided to end users at time of migration/pc refresh
Need Tableau client transferred on laptops	DSS / Justin	2/15 - 5/31/16		On Track	3 users Deb, Steph and Justin
Add all DVR laptops to SCCM	Paula F.	2/15 - 5/31/16		On Track	
Purchase Kronos licenses for DVR staff	Kathy D.	1/1 - 6/30/16		On Track	
CORE Account and User Set up	Matthew / Lisa	8/1/15 - 6/30/16		On Track	On CORE team

CORE Access for DVR users	Justin / Colleen / Matthew / Lisa	8/1/15 - 6/30/16		On Track	On CORE team
Modify CORE Interface to Alliance at CDLE	Daniel Saint / Justin	1/1/2016 - 3/31/206		On Track	12/1 - Maria scheduling meeting between Daniel and Justin, Justin seeking time from Alliance
Enter RFS to have AWARE system added to App list and AC form	Colleen	7/1/2016		On Track	
Need transfer of batch file service from Alliance to SFTP server at CDLE (RSA911)	Mark D / Justin	7/1/2016		On Track	Will move roughly a month after Admin moves to CDLE
Migrate Ticket Tracker from CDHS srv to CDLE srv	Dave G.	3/31/2016		On Track	App and DB
Create RFS to add DVR workspace in CDLE RFS system	Steve L.	1/31/2016		On Track	
Finalize DVR office migration schedule	Daniel/ James/ Justin	1/31/2016		On Track	
DVR move communication plan	Justin	1/31/2016		On Track	
Communicate schedule to all DVR staff, reserve space at each office for setup, and ensure someone with phone closet access will be available	Justin	1/31/2016		On Track	
Determine what the RFS approval structure will be (supervisors, etc)	Justin / Barb	TBD		On Track	
Enter RFS to have extended signature authorities created for RFS's put in by DVR	Justin Wit	Post 7/1/2016		On Track	
Move from 1575 to 633		6/18/2016			
Plan for / contract with the movers	Lisa	5/1 - 6/10/16		On Track	Not our team
Coordinate telephony move for Admin on MIPC	OIT PM/Mary L	4/17 - 6/13/16		On Track	Mary Lou LaCouture
Deskside to set up all offices and cubes with laptops and phones	Paula	6/12 - 6/13/16		On Track	
DVR staff to test that everything is working	Justin	6/13 - 6/17/16		On Track	Work with end users
Move server at 690 Kipling to 633 when admin moves over 6/11-6/12	Dave Gestner	6/13 - 6/17/17		On Track	
CDLE Dave Gestner to take over server move, VPN provisioning	James/ Dave G	6/30/2016		On Track	
Telephony					
Need confirmation that admin staff can remain on 866 exchange and that it will appear on caller ID as such	Mary Lou L.	7/15 - 11/30/15		Complete	As per Mary Lou LaCouture, this should be no problem
Determine how to get cell phones put on CDLE phone bill	Paula	9/10-12/31/2015		On track	
Find out if cell phone activity can be tracked by unit	Paula	9/10-12/31/2015		Complete	
Transfer of knowledge on how to order new cell phones, upgrade devices, add features, etc	Paula / Justin	9/10-12/31/2015		On Track	

Add 3 extra desk phones for growth purposes	Justin / Barb	1/1 - 6/30/16		On Track	
All billing to migrate to CDLE for all phone systems	Mary Lou L.	7/1/2016		On Track	
Internet / Intranet					
Introduce GPPR to Justin and Joe	Colleen	7/2/2015		Complete	
Contract with CI for Internet build	Amanda	TBD		On Track	
Build out of Internet	Amanda / Lara	1/1 - 6/30/2015		On track	
Test of Intranet for accessibility with AT	Justin / Amanda	6/1 - 6/15/16		On Track	
Test of Internet for accessibility with AT	Justin / Amanda	6/1 - 6/15/16		On Track	
Security					
Need System Security Scan on AWARE	Adam M	After 7/1/2016		On Track	
Asset Management					
All software and desktops not on network - used for training stakeholders	Justin	8/1/15 - 6/30/16		On Track	
Need all AT licenses accounted for in AM tool	Justin	7/1/2016		On Track	
Need all Network hardware - models, when purchased	Tim / Adrienne	8/1/15 - 6/30/16		On Track	Routers, Switches, Servers, Firewalls, etc.

Legislation, Rules, Regs, Week ending 12/04/15

Upcoming Key Milestones & Deliverables

Access DVR Merger - Risks and Issues report					
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Federal requirements in TACs for DVR organizational structure Reviewed and Determined					
Review and analyze federal requirements in RS	All	5/20/2015		Completed	Recommendation made (for executive group) to address the line of reporting per TAC when determining how DVR is placed in the organizational structure of CDLE. Consultation with Louisiana indicates that the U.S. Department of Education has been flexible with agencies and the bill specified DVR as its own Division. Update: for at least the first year of integration, DVR director will report directly to CDLE Executive Director.
WIOA "must-do"s that affect the merger identified					
Discussion with Lee Wheeler-Berliner (WIOA) re:long bill list and statute table	Lee	5/20/2015		Completed	Discussion conducted during group meeting
Title IV report-outs from DVR internal group re: WIOA implementation and any impacts on merger	DVR	Ongoing		On track	i.e., common performance measures & accountability; requirements for the handling of referrals among partner agencies and the opportunities of being within the same organizational structure
Identify and communicate the requirements for interagency agreements with DVR as well as MOUs that need to be in place for 15-16		Ongoing		On track	i.e.: interagency agreements as required under WIOA may be conducted/written differently with DVR as a Division under CDLE; various WIOA implementation teams also working on this. Be sure to consider time requirements for any appropriate clearance processes.
HIPAA compliance determination					
Determine if DVR is required to be HIPAA covered entity	CDLE/DVR/AG's office	9/1/2015		Completed	Not required - however DVR will continue to maintain and adhere to existing confidentiality and client information protection policies and protocol.
Examine potential impacts to language in various contracts	DVR	Ongoing		On track	Barb Casey will liaison this item with the contract and procurement integration team
If necessary, edit all contracts for HIPAA language	DVR	Ongoing		On track	Barb Casey will liaison this item with the contract and procurement integration team - conducted discussion about leaving some, if not all, HIPAA language in the contracts as safeguard (esp. Alliance contract)
State legislation updated and in place					
Complete program review and analysis of SB-239	Krista	5/29/2015		Completed	Clarifying improvements recommended to CDLE legislative liaison and leadership. Business Enterprise section thoroughly reviewed with no recommendations for updates to this section.
Review all other existing legislation for any merger impact	Pat, Ron, Joelle, Krista	10/16/2015		Completed	Final analysis of statute table compiled by Lee's group is complete. Recommendations for action provided to Kristin & Steve as well as Executive Committee.

Propose/recommend any clarifying changes to various statutes	CDLE Leadership; Pat; DVR SMEs	During legislative session		On track	Proposed areas for potential content change have been communicated to Kristin & Steve for movement to CDLE leadership team and further action, if appropriate, during the upcoming legislative session.
Address legislation for inclusion of the Social Security line and any other technical items that need to be addressed to effectively complete the move from a budget/program perspective reviewed	Matthew and Barb	9/1/2015		Completed	Matthew will add to long bill through budget request and there is no legislative impact
Keep on radar screen - maintain contact with contracts group regarding review of procurement statute and rules - identify any merger impacts	All	Ongoing		On track	Team received a brief overview of progress on potential procurement rules/procedures changes at last meeting; will continue to monitor
Address any state level rules					
Prepare for rule making process through CDLE to ensure rules are well aligned with statute - initiate process on or shortly after merge date 7/1/16	All	6/30/2016		On track	
Prepare to address any necessary CDHS rule repeal	All	6/30/2016		On track	

Procurement and Contracts, 12/04/15

4. Upcoming Key Milestones & Deliverables					
					Access DVR Merger - Risks and Issues report
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
SWAP program transferred to CDLE					
Program details discussed		8/17/2015			Completed.SWAP reps presented to group.
Contract negotiation completed	DVR: Barb, Rebecca, Cheryl Carver. CDLE: Lisa, Jerelyn Marinelli	3/31/2016		Not Started	FY16 contracts already completed, need to work with SWAP program beginning 1/1/16 for FY17 contracts.
Successful Transfer		6/30/2016			
Policies reviewed and training complete - OWNER LISA EZE					
DVR procurement policy shared		5/28/2015			Completed.
Train DVR staff on CDLE policies and differences to CDHS/DVR policies	Lisa Eze	6/30/2016		Not Started	
Official files identified and transferred - OWNER JEREMY HILL					
Storage space needed calculated	Jeremy	6/30/2015		Completed	Completed. 20 linear feet of file drawer space (two five drawer filing cabinets at a standard file width 11 1/2 inches) Leases: 2 drawers legal file cabinet.
Procurement and Contract files transferred to CDLE as executed	CDHS, Rebecca	6/18/2016		On track	
Transfer electronic procurement solicitation files to CDLE	CDHS, Rebecca	6/18/2016		On track	
Credit Cards issued - OWNER LISA EZE					
P-Cards: clients expansion and transfer discussed	Ivy and Shari Ashley (CDLE)	8/18/2015			Completed
Training complete	Rebecca and Shari	5/1/2016		On track	
CitiManager System transition	Ivy/Shari	5/1/2016		On track	State Purchasing engaged as well as CitiBank, DVR and CDLE
Hardware, software and maintenance process in place - COMPLETED					
This milestone is completed - see activities tab		9/18/2015			Complete
AWARE system transferred - OWNER BARB CASEY					
AWARE system presentation to discuss system, usage, scope, PO issuance, interfaces, etc. with CDLE	Barb	11/13/2015		On track	Presentation and discussion completed. Last Task is the Aware Contract Modification to include new CORE coding. Presentation/Discussion completed.
Grant RFAs (processed?) - OWNER BARB CASEY					

DVR and CDLE agree on the common practices for Grant RFAs	Barb	2/28/2016		On track	Scott LeRoy of DVR presented the programs and answered questions on Supported Employment/Mental Health Services.
Business Enterprise Program (BEP) transferred					
BEP presentation to discuss system, implementation, scope, PO issuance, etc. with CDLE	Barb Casey	1/31/2016		On track	Meeting scheduled for January 2016.
DVR and CDLE agree on practices for BEP	CDHS, DVR, CDLE	3/31/2016		Not Started	
Leases - OWNER REBECCA NOVAK					
Discuss leases, sub-leases, co-locations, policy moving forward	Field Staff	8/1/2015			Completed
Lease for DVR office space (admin group) negotiated and executed for the shortest term possible if applicable	Facilities	12/31/2015		On track	Lease amendment in progress.
Cross-agency procurement staff discussions on each new/renewing lease	Lisa Eze	7/1/2016		On track	
Relocation Tasks Completed - OWNER LISA EZE					
Procurement activities for relocation are identified		12/31/2015		On track	
Procurement activities completed for relocation		6/1/2016		Not Started	
Multi-Year commitments transferred - OWNER JEREMY HILL					
Identify current multi-year commitments and processes to enter into CORE	Barb, Rebecca, Lisa	12/30/2015		Not Started	
Develop policy for newly identified ones	Barb, Rebecca, Lisa	12/30/2015		Not Started	
Identify/develop method for "transferring" encumbrances into CORE	CORE	3/31/2015		On Track	
Privatization (Personal Services) waivers and DVR procurements moved - OWNER LISA EZE - COMPLETED					
Identify and share current waivers	CDLE HR	10/30/2015		Completed	Both Department waivers shared, processes discussed, and it was determined that processes are basically the same between departments.
Train DVR on Privatization processes	HR?	TBD		Completed	HR to train DVR staff on CDLE processes.
HIPAA - COMPLETED					
Determine impacts to procurement and contract operations		7/31/2015		completed	Completed. CDLE Contracts Office will provide appropriate confidentiality clauses for DVR procurements with PII, PHI and FTI information.
Interim reviews of existing documents and commitments >\$5,000 conducted - OWNER LISA EZE					
DVR provides documents and commitments		7/1/2015		completed	Lists provided to CDLE
Identify common practices		7/1/2016		On Track	
DVR transition to CORE completed - OWNER LISA					
Initial contact with DPA to discuss transition to CDLE	Lisa Eze	8/3/2015		Completed	Completed
Meeting with DPA to lay out plans for transition				Completed	Completed

Compare DVR processes (RQS, approvals, Awards) with CDLE processes, make recommended changes	Lisa Eze			On track	Process to address is in implementation with CORE team and P&C team.
Determine best method to transfer DVR CORE encumbrances to CDLE (that continue beyond 6/30/16)	CORE			On track	
*new: Fiscal Rule Waiver(s). Determine if FR waiver is needed for FY17 DVR encumbrances.	Lisa Eze	12/31/2015		On track	Meeting scheduled
Complete DVR transition to CDLE for CORE	CORE	6/30/2016		Not Started	
CDLE Procurement Policies, procedures, best practices training - OWNER LISA EZE					
CDLE provides training of policies, procedures and best practices training to relevant DVR staff	Lisa Eze	6/30/2016		On track	Plan is being developed.
Interpreters and Readers for staff - OWNER REBECCA NOVAK					
Procurement process defined and implemented.	Rebecca and Lisa			On track	
Processes for FY17 source selections, Purchase Orders, contracts - OWNER JEREMY HILL					
High level meeting in October 2015	Lisa	10/31/2015		On track	
Delegations and Approval/Clearance Processes - Procurements, Contracts, Credit Cards, etc.** - OWNER REBECCA NOVAK					
Obtain and review copies of DVR's delegations	Rebecca			Not Started	
Finalize changes to delegations	Rebecca, Lisa	6/30/2016		Not Started	
Obtain and review copies of approval/clearance processes	Jeremy			On track	Jeremy to share fiscal guidelines & 2011 document, Rebecca to share recent memo
Train DVR staff on CDLE clearance/approval processes	Lisa	6/30/2016		Not Started	
Insurance Certificates - OWNER LISA EZE					
Discuss insurance certificates	Barb, Rebecca, Lisa	2/1/2016		Not started	
Define new processes and procedures for DVR	Barb, Rebecca, Lisa	6/1/2016		Not started	

Field Offices / WIOA, Week ending 12/04/15

Field Offices / WIOA, Week ending 12/04/15					
Deliverables and Milestones					
Access DVR Merger - Risks and Issues report					
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Assess and monitor WIOA activities for impact					
Work with implementation teams to identify what needs to be addressed by this group	Lindsey	ongoing		On track	Will involve IT as needed with colocation opportunities. Changed finish date from 7/1/15 to ongoing
Monitor technical assistance and guidance from the feds that is specific to DVR/CDLE integration	Lindsey	7/1/2015		Behind	waiting for MOU's and guidance from feds, group member "owner" tbd
Local MOU with infrastructure costs assessed and monitored	Lindsey	2/29/2016		Not Started	group member "owner" tbd
New State Plan Submitted to USDOL assessed and monitored	Sue	3/16/2016		Not Started	Change of owner eminent, and reassignment
New Local Plan Submitted to CDLE/CWDC assessed and monitored	Lindsey (DVR Regional Managers)	tbd		Not Started	Completed in conjunction with DVR / CDLE / CWDC local supervisors
New Regional Plans Submitted to CDLE/CWDC assessed and monitored	Lindsey (DVR Regional Managers)	tbd		Not Started	Completed in conjunction with DVR / CDLE / CWDC regional supervisors
Identify opportunities to align services for local collaborative areas	Group	6/1/2015		not started	
Location and lease expirations inventory identified					
List of locations and lease expirations compiled		6/2/2015	completed		Updated list of DVR locations submitted

					2-year lease confirmed G.V.; Confirming options for N.G.; Fort Collins; C.S. Emailed questions to Adams County, Fort Collins, Colorado Springs and Greeley for follow up call. In the locations of Fort Collins, Greeley, Northglenn and Colorado Springs, the appropriate decision-makers from both CDLE and DVR have received the "Opportunity for Co-location" survey / questions as of 9/14/15. Conference calls to include the aforementioned decision-makers, as well as the WIOA / Field Offices Operations integration group will begin on 9/16/15. The calls will drive recommendations to Executive Committee regarding the possibility to re-locate, or not, any of these "soon-to-expire" office leases. The recommendation will be provided to the Executive Committee by 9/28/15. The integration group's recommendation to proceed with the minimum allowed lease of 2-years for the Greenwood Village DVR Office was accepted. DVR's contracts department was notified of the decision, and requested to secure a renewed lease with this time frame. Waiting for response to recommendation of the four locations. All forementioned locations will pursue the minimum lease renewal. Alamosa and Steamboat Springs offices participated in facilitated conversation (model). Through these conversations, it was decided Alamosa would remain in current location, while Steamboat will further explore the possibility of colocation.
Lease expiration opportunities determined	Lindsey	7/1/2015	completed		
Short-term template for lease created	Lindsey	9/15/2015			Approved by exec team. Completed.
Create a process for evaluating co-location opportunity	Lindsey	12/4/2015	completed		Developed model submitted.
Pilot conversation model (new process) with 2 offices	Krista and Bill	12/1/2015	completed		Steamboat Springs and Alamosa locations served as test subjects for the pilot. The pilot conversations highlighted the value of group dialogue at the onset of exploring opportunities for co-location. Completed.
Long term template for lease work acquired	Lindsey	9/15/2015		Late	The integration group continues to build the long-term template with a review of a draft occurring next week, and a recommended template supplied to the Executive Committee by 9/25/15. 9/29/15 Meeting - The group agreed to pilot a model, of which the survey is only a part. Led by Krista Dann and Bill Dowling, a comprehensive dialog will occur with designated decision-makers (DVR and CDLE) in one or two locations during the month of November '15. The results of this piloted model will set the stage for similar conversations in all locations beginning in January '16 and continuing through June '16, or longer, if necessary. The group meeting on 10/13/16 will develop the broad conversational template, which likely drives the use of the survey. Decided to use same model for all offices.
P&C office Included in colocation decision		as needed		On track	P&C at the meeting on July 29. Need about 9 months if possible for new lease. Change finish of 6/30/15 to "as needed"
Strategy for program and departmental policy analysis and recommendations finalized					

Distribute CDLE/DVR policies to group for revision		6/30/2015			Policies distributed at all leads meeting. No policies assigned to this group. Completed.
Analysis and recommendations completed		4/1/2016			No longer a relevant milestone

CORE, Week ending 12/04/15

4. Upcoming Key Milestones & Deliverables					
	Membership list				Access DVR Merger - Risks and Issues re
Deliverable:	Owner	Finish Date	Status	Trend	Justification / Comments (Required if yellow or red)
Chart of Accounts					
Central chart of accounts --- department code	Daniel Saint	10/15/2015		Complete	code: KAVA
Central chart of accounts --- budget		11/12/2015		Complete	
----Matthew Blackmon & Kelsey Jones to discuss codes CDLE would like to use	Matthew Blackmon & Kelsey Jones	11/12/2015		Complete	
----Kelsey Jones to set up codes in CORE	Kelsey Jones	11/12/2015		Complete	
Department chart of accounts --- budget and accounting	Ted Martin	11/30/2015		Behind	Cost accounting, unit, sub-unit, location, sub-location. Work with Barb Casey.
Security and Workflow					
User Access					
----Send list of DVR CORE users to Anthony Bauman	Andrea Eurich	11/13/2015			Duplicated below. Originally asked for to do a mass update of access, however it was determined updates will be done manually.
----Update access request form (ARF) for foreign org	Anthony Bauman	11/13/2015		Complete	
----Identify CDLE staff to have early access to new department code KAVA	Matthew Blackmon, Jing Ye, Kevin Briscoe	11/13/2015		Complete	Not necessarily for document entry, but table entry (i.e. departmental chart of accounts & accounting templates). Shawn Milne, Jing Ye, Ted Martin
----Investigate options for mass updates of user access	Anthony Bauman	11/13/2015		Complete	Best approach is to process customary access requests in CORE manually.
----Grant KAVA access for department chart of accounts	Matthew Blackmon, Jing Ye, Anthony Bauman	11/30/2015		Complete	Anthony determined CDLE already has access.
----Submit UDOCS (CORE action to grant/change/disable user access) for CLDE staff to have early access (foreign org)	Jing Ye, Kevin Briscoe	11/30/2015		Complete	Anthony determined CDLE already has access.
----Send list of DVR CORE users to Kevin Briscoe	Ivy Broyles	12/18/2015		On track	Prelim list pulled
----Determine who will get procurement administrator and foreign org access for procurement	Jeremy Hill	12/31/2015		On track	
----Develop plan for foreign org access between CDHS department code (IHEA) & CDLE department code (KAVA) for cross year activity	Anthony Bauman, Kevin Briscoe, Jeremy Hill	12/31/2015		On track	Dependent on procurement discussions.

----Determine target date to revoke foreign org access for procurement	Jeremy Hill, Kevin Briscoe	1/31/2016		On track	Target date only for CORE ops to revoke access, may be extended if needed.
Workflow					
----Update access request form (ARF) for workflow groups	Anthony Buaman	11/13/2015		Complete	Workflow groups not on ARF.
----Plan new workflow roles	Kevin Briscoe, Ivy Broyles, Jing Ye	12/31/2015		On track	Existing DVR requisition (RQS) approvals are different the CDLE. DVR & CDLE need to plan how DVR will fit into CDLE's existintg structure.
----Configure workflow rules for new department code	Anthony Bauman	1/31/2016		On track	Discussed DVR will be fit into CDLE's existing workflow structure. Anthony identified four new workflow roles, all others currently set up at cabinet level.
----Identify DVR users to assign to new workgoups	Kevin Briscoe, Ivy Broyles	3/1/2016		On track	Cannot be done too early due to potential staff turnover.
Configure CORE Document Numbering (ADNT) for new department code					
----Send list of documents currently used by CDLE to Jing Ye	Brenda Shelinbarger	10/16/2015		Complete	
----Review list sent by Brenda & respond with changes	Jing Ye	11/13/2015		Complete	Due to unique dept code, likely will not use document pre-fixes.
----Enter ADNT into CORE PROD environment	Brenda Shelinbarger	11/13/2015		Complete	Department choosing to use statewide defaults, so no new ADNT entries are required.
Spreadsheet Upload & Other					
----Explore possibility for spreadsheet uploads for:					
-----Departmental chart of accounts	Daniel Saint	11/30/2015		Complete	Had been available pre go-live. In 11/13/15 meeting, decided CDLE can enter manually.
-----Procurement documents (PO, CT, etc...)	John Hjerrild	12/31/2015		On track	As requested by Lisa Eze. Had been available pre go-live. John discussing with CORE Ops managers, will let goup when when a deicision has been made.
-----Accounting templates	Daniel Saint	12/31/2015		On track	Per conversation between Daniel Saint & Kyle Schlenker, there is an upload, but not widely available.
-----Fixed assets (FA & FD)	Daniel Saint	12/31/2015		On track	Uploads currently being used. Should not be an issue.
Payroll Accounting					
Transfer Employees in CPPS (payroll system)					
----Provide current accounting templated to CDLE	Suzi McGinley	10/14/2015		Complete	

----Set up meeting with Sandee Carter and Andy Johnson for CPPS and Kronos uploads	Daniel Saint & Amparo Venegas	11/4/2015		Complete	Scheduled 11/4/15. Will be used to determine deliverables. Per conversation between DS and Renee Vegas, Renee's biggest concern is that it is critical to ensure new CDLE position numbers are vacant (should be done by HR team). Re-scheduled from 11/4/15 to 11/19/15.
----Crosswalk accounting templates in CPPS	OIT & CDLE Payroll				Per meeting on 11/19/15, accounting templates cannot be crosswalked when employee data updated. CDLE payroll agreed to enter manually.
Grants					
State Controller letter to Federal agencies	Daniel Saint	TBD		Not Started	If requested by Federal agencies
Commitments & Requisitions					
Cross Year Activity					
----Test procurement manager role on the CORE user table	John Hjerrild	10/29/2015		Complete	Contracted CGI on 10/22/15, follow up meeting to be scheduled before Thanksgiving. Results sent to Lisa Eze for review.
----Test NPSS1 (Sole Source) documents	John Hjerrild	12/1/2015		Complete	Per 11/16/15 meeting
----Test IHEA RQS>IHEA Solicitation>KAVA award	John Hjerrild	12/1/2015		Complete	Per 11/16/15 meeting
----Identify other procurement scenarios to test and/or develop plans to address	Lisa Eze, Jeremy Hill, Ivy Broyles	12/1/2015		Complete	Needed to further define deliverables. Kevin B. emailed list to Daniel on 11/13/15. John Hjerrild sent initial thoughts.
Fiscal Rule Waivers					
----Consider need for additional fiscal rule waivers	Lisa Eze	4/1/2016		Not Started	Pending results of testing and procedure development
----Request additional fiscal rule waviers	Lisa Eze	6/1/2016		Not Started	If any identified
----Review fiscal rule waiver requests	Daniel Saint	6/15/2016		Not Started	If any requested
Program Payables					
Request annual fiscal rule waiver renewal	Matthew Blackmon	6/1/2016		Not Started	Matthew will work with Barb Casey on this
Review annual fiscal rule waiver renewal	Daniel Saint	6/15/2016		Not Started	
Conversion					
Fixed Assets					
----Send fixed asset inventory to CDLE	Andrea Eurich	11/30/2015		Behind	As of 12/4/15, CDHS is still closing and reconciling FY15 fixed assets. Low risk/low priority deliverable.

----Determine options to transfer fixed assets	Anthony Bauman, Brenda Shelinbarger, Susan Thomson	12/31/2015		On track	Per conversation between Dand Saint & Susan Thomson, fixed asset transfer docs likely not an option. Will need to do a mass deletion in CDHS and mass addition in CDLE. Added to spreadsheet upload list. Monitor for changes between Oct and FY16 close.
----Transfer fixed assets	Andrea Eurich, Jin	7/31/2016		Not Started	Finish date could change based on FY2016 close calendar.
Other Conversion					
Tables rolled	CORE Operations	3/1/2016		On track	Statwide process - just an FYI item
FY16 ending balance transfer to CDLE, including fund balance	CDHS Accounting, CDLE Accounting, & Daniel Saint	7/31/2016		Not Started	Finish date could change based on FY2016 close calendar.
Commercial Cards					
Reach out to Brooke Dunn to assess impact	Daniel Saint	10/16/2015		Complete	Shari Ashley has been working with Brooke Dunn. Per email from Brooke Dunn, Citibank to CORE interface should not be a problem. Remaining deliverables are captured on the Procurement Team workbook.
Interfaces					
Identify interface files	Sheree VandeGarde	10/30/2015		Complete	Files identified.
Obtain SYS (test environment) refresh schedule from CORE ops to move chart of accounts from production to test.	Daniel Saint	11/1/2015		Complete	No set refresh schedule. Anthony will let Daniel know when the next one is requested. Per Kyle Schlenker, we can request one if it has not been done by the time testing starts, also may consider testing in a different environment.
Request refresh from CORE Operations	Daniel Saint	11/17/2015		Complete	Requested 1st week in December per 11/17/15 meeting, waiting to hear back.
Work with OIT to set up file transfer server	CDLE	12/18/2015		On track	CDHS & CLDE need to submit an OIT ticket
Modify AWARE interface	CDLE & DVR	2/28/2016		On track	Maria to schedule a meeting with interface sub-team, OIT, and AWARE vendor to review and mock up new interface file. CDLE may need to consider a different grant coding structure for the interface (the only field that can be changed without additional vendor programming is the program code)
Interface testing	CORE Operations	2/28/2016		Not Started	Need new file & OIT access to move the file
Info Advantage					
Identify custom DVR reports to move/copy to CDLE	DVR	10/14/2015		Complete	None identified.

DVR merger project- Issues and Risks					
RISKS: are possible threats to the project success that have not yet occurred					
ISSUES: occurrences that arise in any project, that keep the project from achieving its goal.					
Functional Group (i.e., Facilities, Field Offices, etc.)	Issue or Risk	Description	Impact (H,M,L)	Probability	Mitigation or Suggestion
	(I) or (R)		(H) stops the project (M) will require significant resource to recover / ensure schedule (L) can be managed with leadership attention but no additional resources	(N/A for issues)	
IT	(R) HIPAA compliance	This determination will have great implications on our work	H	L	Pursue AG's opinion ASAP, with documentation. AG determined that DVR is not HIPAA covered. Risk has been mitigated and CDLE will continue to implement all CISO security standards as DVR merges.
IT	(R) Concern about the future	Ongoing OIT support once they are at 633	L	L	Plan for future was agreed upon - risk mitigated.
IT	(R) Accountability	OIT commits to a date and don't do the work	L	L	Resources are being managed. OIT PM has been assigned to oversee the resources.
IT	(R) Vendor contract	Getting the contract approved with J&L (cabling)			Quotes in process - awaiting the lease signing to issue PO
Field Offices/WIOA	(R) Appropriate work	difficulty to separate out what is merger issue and what is WIOA related	L	L	Continuous communication among team members and leaders to prevent this risk
Field Offices/WIOA	(R) Delegation of tasks		L	L	Conflicting resources and no direct line of accountability could be a factor. Can be managed
HR/Training/Culture	(R) Employee services	Disruption of services for employees (ADA, FML, workers comp)	L	L	Subgroup has been formed between CDLE, CDHS/DVR to review all current services for DVR employees on a monthly basis to ensure a smooth transition
HR/Training/Culture	(R) Competing priorities	Move is to take place July 1 when it is scheduled to also take place the GP consolidation and salary changes for new fiscal year	L	L	Payroll is working with DPA to ensure salary changes are entered in the proper order. HR/Payroll will spot check and manually verify salary updates prior to July payroll run date.
Budget/Accounting	(R) CORE/AWARE	Set up new coding in AWARE system and test CORE interface.	H	H	
Budget/Accounting	(R) Set up budgets	In order to set up budgets and new coding for DVR well before June 30 -- need special approval from the State Controller's Office to set up new coding. New coding is typically not set up until long bill signed into law	H	H	All of the budget coding has been established

Budget/Accounting	(R) Forecasting	Figuring both state and federal costs 19 months out so DVR receives all of the	M	M	
Budget/Accounting	(R) Match	DVR has under requested from the state legislature state match for many years, no guarantees state will provide actual match funding.	M	M	
Budget/Accounting	(R) Fed dollars	Due to DVR federal funds reversions in FY 15 and FY 16, there is an anticipated reduction in available administrative federal dollars in FY 17. Difficult to calculate what will happen in 2017.	M	M	
Budget/Accounting	(R) Accounting templates -- set up payroll.	Must coordinate between 4 different payroll systems (get into Kronos, CPPS, PAM, CORE). Create accounts for people on extended leave.	L	L	Key individual have been brought to the table. Plan in place.
Budget/Accounting	(R) DOC	Department of Corrections may be involved in moving cost	L	L	
Procurement / Contracts	(R) Scope	overlooking something key; not asking the right questions	L	L	Check-in at every meeting to see if anything new has been identified or overlooked.
Procurement / Contracts	(R) Resources & meeting deadlines	Insufficient resources and time at CDLE to meet the need of pre- and post-merger procurement and contracting activities.	M	M	CDLE has identified a plan to mitigate.
Procurement / Contracts	(R) Core/AWARE and Credit Cards (through USBank CitiManager application)	Underestimating the effort for CORE transition or the Credit Card transition	H	H	A CORE Functional Team was added to address milestones and deliverables and this will mitigate the risk. Credit Card transition (CitiManager) has been addressed by identification of deliverables and milestones, and the defined plan to ensure a successful transition has already been implemented.
Leg / Rules/ Regs	(R) Resources	Ensuring we have the appropriate subject matter expts reviewing	L	L	Checking with leadership and those who work closely with the programs
Leg / Rules/ Regs	(R) Accuracy in legislative input	Strive to ensure accuracy in statute and legislation as we will be appropriately held accountable to comply	L	L	Appropriate resources recruited for the task. Leadership involvement as appropriate
HR/Training/Culture,	(I)Accessibility	Kronos and EQEP EZ are not accessible with screen readers			Issue can be managed through accomodatio
Procurement / Contracts	(R) Crossover programs and commitments	PCards, Travel Cards, and CORE documents will need to be active for both agencies pre- and post-merger.	M	H	Defined plans and procedures have been implemented.

Procurement / Contracts and Budget/Finance	(R) Budgets and Commitment Documents	Establishing DVR's FY17 budgets and setting up FY17 commitment documents (encumbrances on POs, contracts, leases) are dependent on knowing the final balance of the funding streams through CDHS/DVR. CDHS won't have their books closed until after 7/1/16.	M	H	CDHS, DVR, and CDLE have implemented the plan to address the processing of commitment documents for FY17. CDLE is in the process of developing the coding for the budget, and CDLE procurement, budget, and controller's office are defining the process for the encumbrances.
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Colorado Department of Labor and Employment



Division of Vocational Rehabilitation

STAKEHOLDER ENGAGEMENT AUGUST - OCTOBER 2015
OUTCOMES AND OPPORTUNITIES



COLORADO
Department of
Labor and Employment



COLORADO
Office of Community
Access & Independence
Division of Vocational Rehabilitation



In getting more persons with disabilities into individualized, integrated employment, there is an opportunity to do even more by placing these vocational rehabilitation programs within the department of labor and employment, where employment, training, and skill development and connecting available workers and employers are primary areas of focus for the entire department...



-SB15-239

OVERVIEW

On Friday, May 8, 2015, Governor John Hickenlooper signed SB15-239 transferring the Division of Vocational Rehabilitation (DVR) to the Colorado Department of Labor and Employment (CDLE) no later than July 1, 2016. The transfer of DVR will be accomplished in two phases through two separate pieces of legislation. The first phase transfers DVR staff and programs to CDLE and the second phase, through a bill that will be introduced in the 2016 legislative session, will address program administration, alignment of services and compliance with state and federal rules and regulations and other potential outstanding items.

SB15-239 directed CDLE to “engage, involve and seek the advice of DVR’s many interested stakeholders, including the state rehabilitation council, in developing detailed programmatic and budget recommendations and plans for a smooth and effective transfer of vocational rehabilitation programs and functions to the department of labor and employment.”

STAKEHOLDER OUTREACH GOALS:

- Engage stakeholders with an open, honest and transparent approach and commitment to building a strong foundation within DVR as it moves to CDLE.
- Create a strategy that includes as many advocates, service providers, staff and clients as possible.
- Provide multiple opportunities and methods for input.
- Establish trusted relationships with stakeholders for an ongoing dialogue on potential improvements, modifications, corrections, etc. to DVR even after the July, 2016 transfer is completed.

TIMELINE

July 22nd Stakeholder Outreach Steering Committee created

Aug 4th First stakeholder meeting held at Atlantis Community Independent Living Center

Sept 21st First report to Joint Budget Committee, including update on stakeholder outreach

Oct 21st Outreach wrap-up reception

OUTCOMES

More than 200 DVR stakeholders including clients, vendors, staff and advocates attended a total of 10 in-person meetings across Colorado. Additionally, an electronic (and fully accessible) feedback form was created and deployed to capture feedback from stakeholders who were unable to attend an in-person meeting.

From Ft. Collins to Pueblo and Sterling to Grand Junction, while we did hear of some issues unique to rural Colorado and some of our smaller communities, there were a number of issues and themes that were fairly consistent.

We identified six main areas for improvement as result of our stakeholder feedback:

1) Training

- How are we training our staff and what are some ways we can add to their skillset?
- Better knowledge of applicable regulations, assistive technology were just a couple of the areas identified.
- Understanding federal funding intricacies, including School to Work Alliance Program (SWAP) and “110 funds”

2) Wait times

- Lengthy wait-times for services

3) Youth transition services

- Not offered early enough (in high school for example)
- Inadequate skills training for entering the workforce

4) Blind services

- Possible independent blind services program and/or stakeholder input process
- And, vendor programs generally and Blind Enterprise Program (BEP) in particular

5) Alignment between DVR field offices and workforce centers

- Disparity in services and attention to Coloradans with disabilities through DVR vs. Workforce Centers

6) Independent Living Centers and where they fit in the overall transition



“While some common themes emerged, we also heard feedback unique to certain parts of our state. Our meeting in Sterling identified issues unique to rural Colorado and also highlighted the success of rural partnerships at the local level between education, workforce centers and DVR field offices.”



-Ellen Golombek, Executive Director, CDLE

OPPORTUNITIES

While addressing all of the themes presented in our stakeholder outreach is the ultimate goal, we identified three key areas that we will begin addressing first as we move toward Phase II of the merger.

KEY AREAS FOR IMPROVEMENT:

Youth Transition Services

We commit to identifying a better way to align DVR resources to ensure delivery of transition services that are more focused, provide the best leverage of DVR and Colorado Department of Education (CDE) resources associated with the School to Work Alliance Program (SWAP) and are fully compliant with the 15% set-aside mandated in Workforce Innovation and Opportunity Act (WIOA). We expect this alignment to be in the form of a youth transition unit, reporting to the DVR director and implemented by January 2016.

Blind Services

In parallel with the Interim Committee on Vocational Rehabilitation Services for the Blind, and utilizing input from both stakeholder meetings and the committee hearings, the DVR and CDLE management team will align DVR resources to provide a dedicated services organization better structured to address the issues related to training of counselors, use of vendors, applications of assistive technologies, reduction of wait times . . . and ultimately, better service to those with blindness. This organization will be a new unit within DVR, reporting to the DVR director and is targeted for start-up in January 2016, with full implementation to be completed by the end of the first quarter of 2016.

Continuous Stakeholder Engagement

As required in SB15-239, and in alignment with CDLE's ongoing stakeholder engagement effort in place by every division within the department, CDLE and DVR will hold quarterly stakeholder meetings, with sub-stakeholder groups focused on specific client population needs. We will post meeting feedback and outcomes on our website and include as SMART goals and outcomes in CDLE's Strategic Plan.

As important as the feedback itself, is the follow up - and follow through - as a result of stakeholder engagement. Our commitment to our stakeholders as we progress on the merger path is to share plans for improvement and continue to gather feedback throughout each phase.

Training

Training for both staff and vendors was a consistent theme at nearly every stakeholder meeting. In addition to training DVR managers and supervisors through CDLE's current Leadership Development Program, CDLE and DVR will partner to inventory and assess training needs and areas for growth, create training plans and develop performance outcomes based on increased knowledge.

Process Review and Streamlining

CDLE actively utilizes the Lean process improvement methodology and we will identify opportunities and implement strategies to "Lean" DVRs processes where possible.

Contacts and more information

Cher Haavind
Director of Government, Policy
and Public Relations
Colorado Department of Labor
and Employment
cher.haavind@state.co.us
303-318-8003

Patrick Teegarden
Director of Policy and Legislation
Colorado Department of Labor
and Employment
patrick.teegarden@state.co.us
303-318-8019

Steve Anton
Interim Director
Division of Vocational Rehabilitation
steve.anton@state.co.us
303-866-4889

DEPARTMENT OF LABOR AND EMPLOYMENT
FY 2016-17 RECONCILIATION OF DEPARTMENT REQUEST

(7) DIVISION OF VOCATIONAL REHABILITATION

Long Bill Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Personal Services						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$15,657,319	223.7	\$3,332,878	\$0	\$0	\$12,324,441
FY 15-16 Total Appropriation	\$15,657,319	223.7	\$3,332,878	\$0	\$0	\$12,324,441
Annualization of FY 2015-16 Salary Survey Base Increase (T1)	\$282,305	0.0	\$59,690	\$0	\$0	\$222,615
FY 16-17 Base Request	\$15,939,624	223.7	\$3,392,568	\$0	\$0	\$12,547,056
FY 16-17 November 1 Request	\$15,939,624	223.7	\$3,392,568	\$0	\$0	\$12,547,056
Operating Expenses						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$2,539,404	0.0	\$0	\$0	\$540,893	\$1,998,511
FY 15-16 Total Appropriation	\$2,539,404	0.0	\$0	\$0	\$540,893	\$1,998,511
FY 16-17 Base Request	\$2,539,404	0.0	\$0	\$0	\$540,893	\$1,998,511
FY 16-17 November 1 Request	\$2,539,404	0.0	\$0	\$0	\$540,893	\$1,998,511
Vocational Rehabilitation Services						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$14,831,622	0.0	\$1,043,950	\$0	\$2,115,185	\$11,672,487
FY 15-16 Total Appropriation	\$14,831,622	0.0	\$1,043,950	\$0	\$2,115,185	\$11,672,487
FY 16-17 Base Request	\$14,831,622	0.0	\$1,043,950	\$0	\$2,115,185	\$11,672,487
FY 16-17 November 1 Request	\$14,831,622	0.0	\$1,043,950	\$0	\$2,115,185	\$11,672,487
School to Work Alliance Program						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$9,133,891	0.0	\$0	\$34,647	\$1,910,872	\$7,188,372
FY 15-16 Total Appropriation	\$9,133,891	0.0	\$0	\$34,647	\$1,910,872	\$7,188,372
FY 16-17 Base Request	\$9,133,891	0.0	\$0	\$34,647	\$1,910,872	\$7,188,372
FY 16-17 November 1 Request	\$9,133,891	0.0	\$0	\$34,647	\$1,910,872	\$7,188,372
Vocational Rehabilitation Mental Health Services						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$1,748,180	0.0	\$0	\$0	\$372,363	\$1,375,817
FY 15-16 Total Appropriation	\$1,748,180	0.0	\$0	\$0	\$372,363	\$1,375,817
FY 16-17 Base Request	\$1,748,180	0.0	\$0	\$0	\$372,363	\$1,375,817
FY 16-17 November 1 Request	\$1,748,180	0.0	\$0	\$0	\$372,363	\$1,375,817
Business Enterprise Program for People Who Are Blind						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$1,521,122	6.0	\$0	\$323,176	\$0	\$1,197,946
Annualization of FY 2015-16 Salary Survey Base Increase (T1)	\$11,003	0.0	\$0	\$2,324	\$0	\$8,679
FY 15-16 Total Appropriation	\$1,521,122	6.0	\$0	\$325,500	\$0	\$1,206,625
FY 16-17 Base Request	\$1,521,122	6.0	\$0	\$325,500	\$0	\$1,206,625
FY 16-17 November 1 Request	\$1,532,125	6.0	\$0	\$325,500	\$0	\$1,206,625
Business Enterprise Program (Program operated stands, Repair costs, and Operator Benefits)						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$429,000	0.0	\$0	\$429,000	\$0	\$0
FY 15-16 Total Appropriation	\$429,000	0.0	\$0	\$429,000	\$0	\$0
FY 16-17 Base Request	\$429,000	0.0	\$0	\$429,000	\$0	\$0
FY 16-17 November 1 Request	\$429,000	0.0	\$0	\$429,000	\$0	\$0
Federal Social Security Reimbursements						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$1,885,600	0.0	\$0	\$0	\$0	\$1,885,600
FY 15-16 Total Appropriation	\$1,885,600	0.0	\$0	\$0	\$0	\$1,885,600
FY 16-17 Base Request	\$1,885,600	0.0	\$0	\$0	\$0	\$1,885,600
FY 16-17 November 1 Request	\$1,885,600	0.0	\$0	\$0	\$0	\$1,885,600
(7) DIVISION OF VOCATIONAL REHABILITATION						
FY 2015-16 Total Appropriation (Long Bill plus Special Bills)	\$47,746,138	229.7	\$4,376,828	\$789,147	\$4,939,313	\$37,651,853
FY 16-17 Base Request	\$48,028,443	229.7	\$4,436,518	\$789,147	\$4,939,313	\$37,874,468
FY 16-17 November 1 Request	\$48,039,446	229.7	\$4,436,518	\$789,147	\$4,939,313	\$37,874,468

Executive Summary
SB 15-239 - Modification Recommendations
CDLE/DVR – Federal & State Regulations Implementation Team

Background: SB 15-239 built upon foundational language existing in previous statute to relocate the Division of Vocational Rehabilitation (DVR) from the Colorado Department of Human Services (CDHS) to the Colorado Department of Labor and Employment (CDLE). Much of the existing statute on which these changes were based had not been updated in many years.

Process: Shortly after SB 15-239 was signed into law, CDLE and DVR formed working integration teams to ensure the merge was conducted effectively and proactively. The State and Federal Regulation integration team conducted a thorough review of the new statute to ensure alignment with current and new federal legislation and regulation. The below modification recommendations are organized by priority and are intended to result in state statute that effectively aligns, complements and further clarifies federal law and regulation.

Highest Priority Modifications:

- Page 1, Section 1 (Legislative declaration), (a) – “self-care” should be changed to “self-sufficiency” to align with federal language and intent.
- Page 4, 8-84-105 (a) – language directs the department to adopt rules governing “the establishment and operation of rehabilitation facilities and workshops” – this is outdated language and federal regulations no longer allow for public VR agencies to operate workshops. Further, Colorado DVR does not operate any rehabilitation facilities. The remaining language in this section references “other rules a necessary to carry out the purposes of this article” and would seem sufficient to cover all else – recommend removal of “establishment and operation of rehabilitation facilities and workshops”
- Page 5, 8-84-106 (2) (c) – “Establish and operate rehabilitation facilities and workshops and make grants to public and other nonprofit organization for those purposes” – similar concern as above; this language directs the department to establish both rehabilitation facilities and workshops as well as make grants to non-profit organizations. Recommend removal of this section.
- Page 6, 8-84-106 (2) (g) - change “self-care” to “self-sufficiency” to align with federal language and intent.
- Page 6, 8-84-106 (3) (a) (II) (B) – the federal regulations do not contain a provision for “presumptive” eligibility for an individual who is eligible in another state; the local

(Colorado) DSU is responsible for determining if the individual meets the federally established eligibility criteria – recommend removal.

- Page 8, 8-84-106 (3) (c) (II) – the list of services referenced here that are exempt from financial need consideration is not complete and should include (per 34 CFR 361.54):
 - (D) Personal assistance training – should read personal assistance *services* (these are two different things and are treated differently in federal regulation.)

Medium Priority Modifications:

- Page 4, 8-84-104 (a) – this is outdated language, there has not been a “board of vocational education” in many years – recommend removal
- Page 5, 8-84-105 (c) – to allow for DVR programs to effectively partner with other Department programs external to CDLE from a fiscal perspective, add the following language: “Accept and expend moneys from governmental and nongovernmental entities for the purposes for which the division is authorized.”
- Page 5, 8-84-106 (2) (b) – while RSA has issued technical guidance regarding two states collaboratively serving the same client (see RSA-TAC-12-04), the regulations do not provide for reciprocal agreements for Colorado DVR to provide services to residents of other states. Recommend altering this language to reflect content from technical guidance
- Page 6, 8-84-106 (2) (e) – provision of training and instruction, research fellowships & traineeships in “matters relating to vocational rehabilitation” – this is outdated language and is not something Colorado does (this language is not intended to address the provision of training to clients, but to others in the industry. Recommend removal.
- Page 6, 8-84-106 (3) (I) – federal regulations do not have a residency or duration of residence requirement, rather reference that an individual has to be present and available for the designated state unit (DSU) to conduct an assessment to determine eligibility. This language should more appropriately read: “Is ~~residing~~ *present* in the state at the time of filing an application for the services”

Lowest Priority (Clean-up) Modifications:

- Page 4, 8-84-104 (d) – outdated language; the state no longer has a dedicated program under VR that provides “home teaching” of the blind. DVR does, when appropriate, provide teaching services in an individual’s home within a vocational context under the general VR service delivery process. – recommend removal

- Page 6, 8-84-106 (3) – the federal regulations discuss “services” as inclusive of assessments provided to applicants to determine eligibility. The end of this paragraph would better read “to or for the benefit of an *applicant or* eligible person with a disability who:”

- Page 8, 8-84-106 (3) (c) (II) – the list of services referenced here that are exempt from financial need consideration is not complete and should include (per 34 CFR 361.54):
 - (B) Vocational rehabilitation *counseling* and guidance;
 - (E) Interpreter services – should read: Any auxiliary aid or service such as interpreter or reader services
 - (F) Job Placement – should read: job search and placement assistance
 - (G) Job retention – recommend adding “services” for clarity and alignment

DVR/Workforce Center Co-Location Exploration Facilitated Conversation Model

Background:

The passing of the Workforce Innovation and Opportunity Act (WIOA) and the integration of the Division of Vocational Rehabilitation (DVR) into the Colorado Department of Labor and Employment (CDLE) presents an opportunity to explore the manner in which high quality services are provided to Coloradans through co-location of partner staff.

DVR and Workforce Center staff are already co-located in several locations across Colorado including: Salida, Delta, Trinidad and Fort Morgan. In Jefferson County, the DVR office is in the same building and directly next door to the Workforce Center. All partners have identified many benefits to these arrangements.

DVR and CDLE believe that program and staff co-location results in the provision of complementary and holistic services that make the job-seeker's experience more efficient and effective, resulting in increased opportunities for the individual to become successful employed and increase self-sufficiency.

Process:

Although DVR does not formally transfer to CDLE until July of 2016, a services integration team has already begun work to analyze service delivery and co-location possibilities throughout the state. They began by identifying current DVR offices and prioritizing locations with lease expirations within the next year. The group determined that several DVR locations needed to negotiate short-term leases in their current locations, as the time-frames were too short to allow for a true exploration of co-location at this time.

The integration team then developed and piloted a model for conducting facilitated discussions among key players at local and regional offices in communities that are jointly served by DVR and Workforce Centers. This model involves a community-focused discussion intended to explore the potential for co-location that is co-facilitated by CDLE's Employment & Training Division Director and DVR's Deputy for Field Services. These two facilitators use a discussion template structured to explore a variety of elements that contribute to determining whether co-location is appropriate in a given community. For each community, the following participants are invited to the discussion: DVR Regional Supervisor, DVR District Supervisor, DVR Finance and Operations Manager, CDLE Rural Consortium Director, and local and/or regional Workforce Center Director.

The discussion template addresses the current state of service delivery in the community, the status of the relationship between the two agencies, the benefits of physical and/or programmatic co-location, accessibility issues for customers, and identifies any challenges that may need to be addressed to pursue co-location and develop a more effective working relationship between the partners.

The facilitated conversation model has been piloted in two locations and the intention is to conduct a discussion once per month beginning in January and continuing throughout the year, progressing through each community served by a DVR office and Workforce Center, allowing for ongoing exploration of co-location opportunities as leases, environments and working partnerships change and evolve.

Next Steps:

Based on the initial two pilot conversations, the integration team believes this to be an effective model for conducting ongoing explorations of co-location opportunities and intends to begin monthly conversations in January, 2016 with all locations across Colorado, prioritized as follows:

- Begin with Workforce Centers that are state administered and part of the Rural Consortium prior to talking with county-run Centers.
- Begin with locations whose leases expire prior to July 1, 2016 first, then in sequence by calendar dates

The integration team will also work to review and revise the conversation template to increase efficiency and effectiveness. We believe that conducting these ongoing facilitated discussions will not only result in future co-locations of the partner programs, but will also increase the quality of the working relationships resulting in Colorado job-seekers who truly receive “one-stop” services that meet their individual needs and eventually lead to successful employment and increased self-sufficiency within the community.

Change Management Model

Through a selection process, the Colorado Department of Labor and Employment (CDLE) contracted with Executive Forum to consult in change management services and focus on the cultural integration of the Division of Vocational Rehabilitation (DVR) into CDLE. Executive Forum will support the integration employing a variety of tools, such as change management models like Influencer Training[®], ADKAR[®], and The 7 Habits for Managers[®].

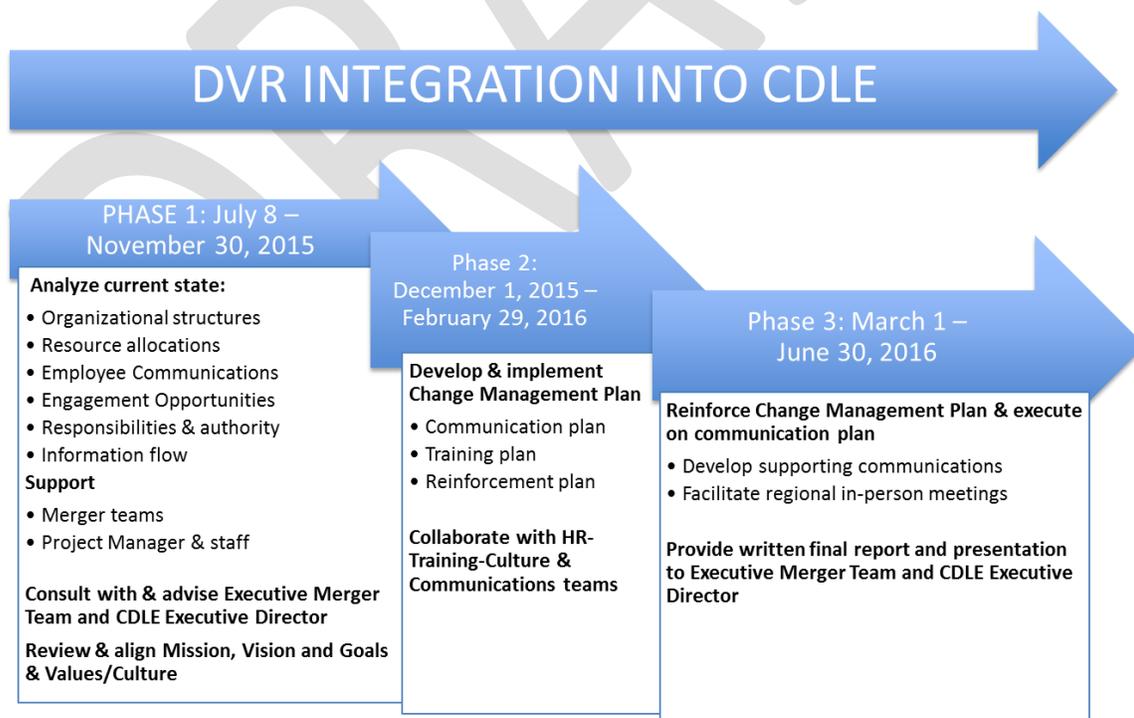
Their work is to be delivered in three phases:

Phase 1: Analyze the current state of the organizations through interviews, participation in public and internal meetings, and review of documents. Identify potential organizational and interpersonal issues that could prevent the successful achievement of the goal.

Phase 2: Leverage the results from Phase 1 to create a Change Management Plan including a Communication, Training and Reinforcement Plans to address potential barriers to success. Begin to roll out Change Management Plan activities.

Phase 3: Continue to execute on the Change Management Plan. Monitor the results. Modify the Change Management Plan activities as results are monitored.

Below is the proposed integration plan from the consultants.





COLORADO
Department of Human Services



FY 2016-17

Joint Budget Committee Hearing:

Executive Director's Office and Services for People with Disabilities

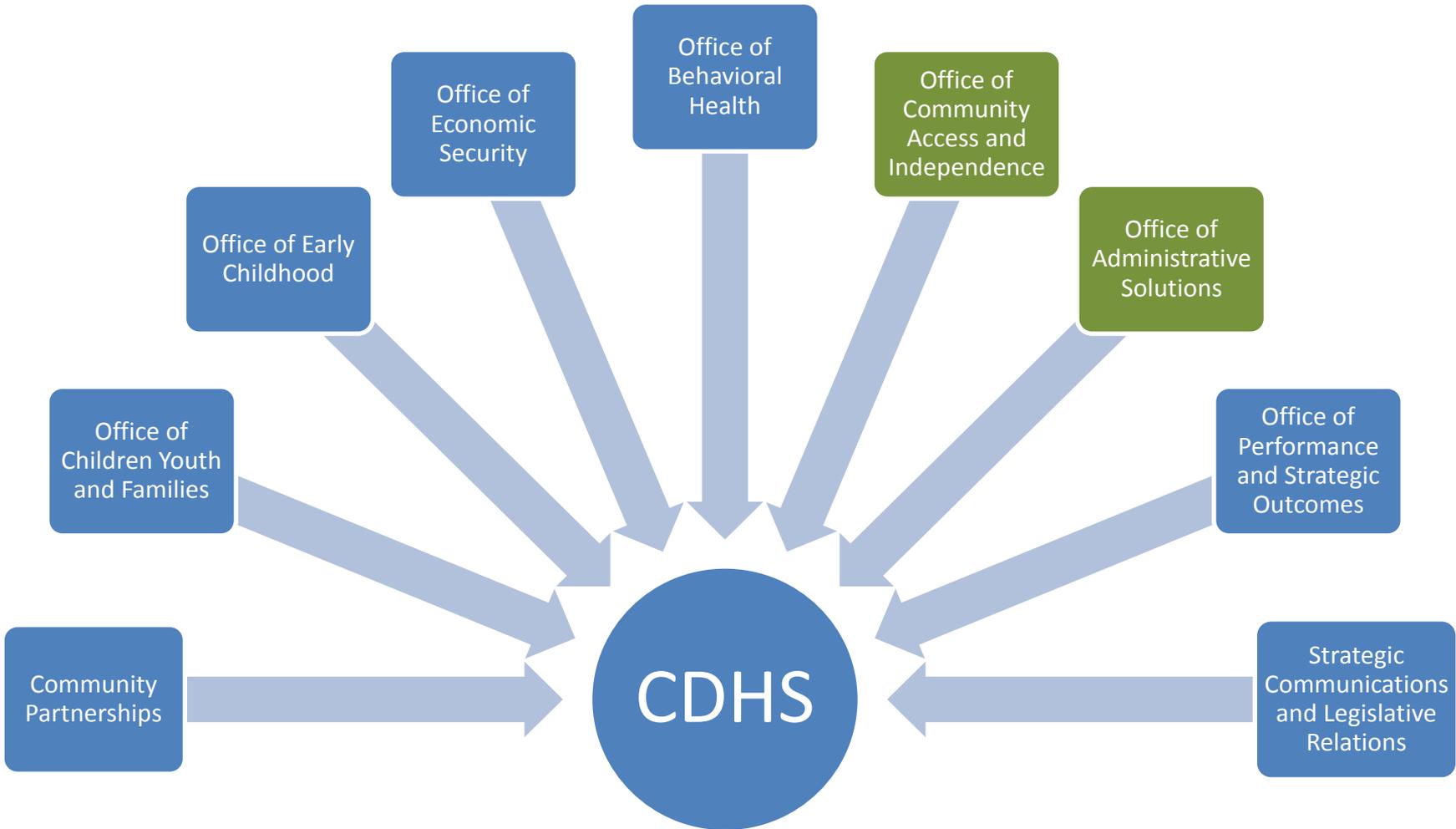
Colorado Department of Human Services
December 22, 2015



COLORADO
Department of Human Services



Introductions and Opening Comments



Colorado Department of Human Services FY 2016-17 Budget Requests

Office of Community Access and Independence

- Indirect Cost Recovery Offset for DVR Transfer to CDLE: \$1.1 million
- Grand Junction Regional Center HCBS-DD Physician Services: Reduction of \$90,000 and .5 FTE
- State Veterans Community Living Centers Capital Request: \$2,278,060
- Investments in Regional Centers: \$980,000

Other Items

- Provider Rate Decrease: Reduction of \$7.9 million



COLORADO
Department of Human Services



Related to the Transfer of the Division of Vocational Rehabilitation - Department of Labor and Employment and the Department of Human Services

JBC Hearing Questions: 1-3

Strengthening Vocational Rehabilitation

CDHS requests Audit
in April 2013

Audit completed
with 65
recommendations in
December 2013

Audit findings
implemented by
January 2015

Waitlist ended in
April 2015

DVR remains within
budget and achieved
99% of the FFY 2015
employment goal

CDLE to assume
program
responsibilities on
schedule in July 2016



COLORADO
Department of Human Services



Indirect Costs

JBC Hearing Questions: 4-10

Indirect Costs

Indirect Costs

- Reasonable and allowable costs
- Legitimate costs of doing business
- Not directly identified with one program

Distribution Methodology

- FTE
- Square Footage
- Documents Processed

DHS Indirect Costs

- Executive Directors Office
- Office of Information Technology
- Office of Operations

Indirect Costs due to Transfer of DVR

DVR represents
3.7% of DHS
indirect costs or
\$2.1 million

- Remaining indirect costs were reapplied to other fed and state cost shares
- Overall impact reduced by \$1.0 million

Impact if
remaining \$1.1
million is not
funded

- Would need to reduce indirect cost budget by \$1.7 million to achieve General Fund savings
- Estimated reduction of 30 FTE from fiscal, procurement, management and other critical infrastructure needs



COLORADO
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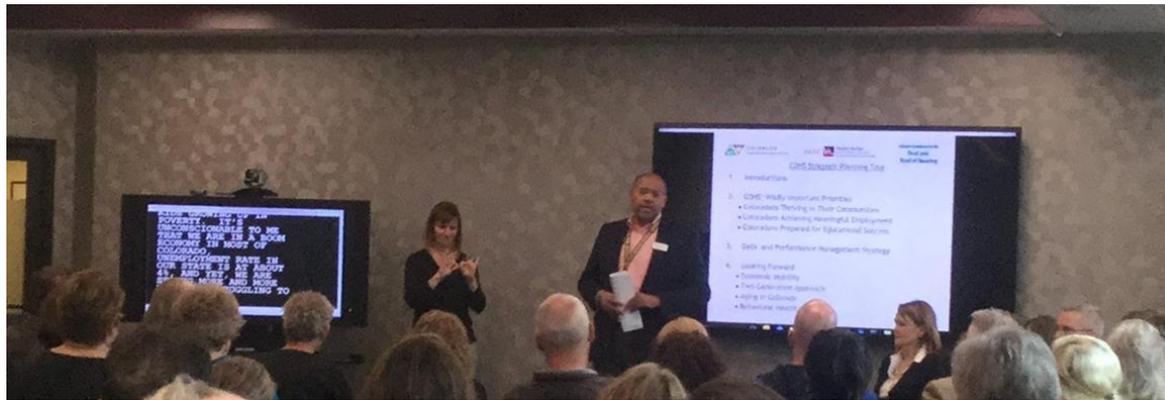


Commission for the Deaf and Hard of Hearing

JBC Hearing Questions: 11-15

CCDHH Recommendations

- SB 15-178 Sunset of the Commission & Continuation
- Recommendations in Annual Report (Fall 2015)
 - Projected annual costs > \$300,000 total funds
 - CDHS, with CCDHH, currently refining and prioritizing recommendations



Fall 2015: DHS Strategic Planning Meeting with the Deaf and Hard of Hearing Community



COLORADO
Department of Human Services



Independent Living Centers

JBC Hearing Questions: 16-18



COLORADO
Department of Human Services



Questions for Both the Department of Human Services and the Department of Health Care Policy and Financing

JBC Hearing Questions: 19-29



COLORADO
Department of Human Services



Regional Centers

JBC Hearing Questions: 19-29



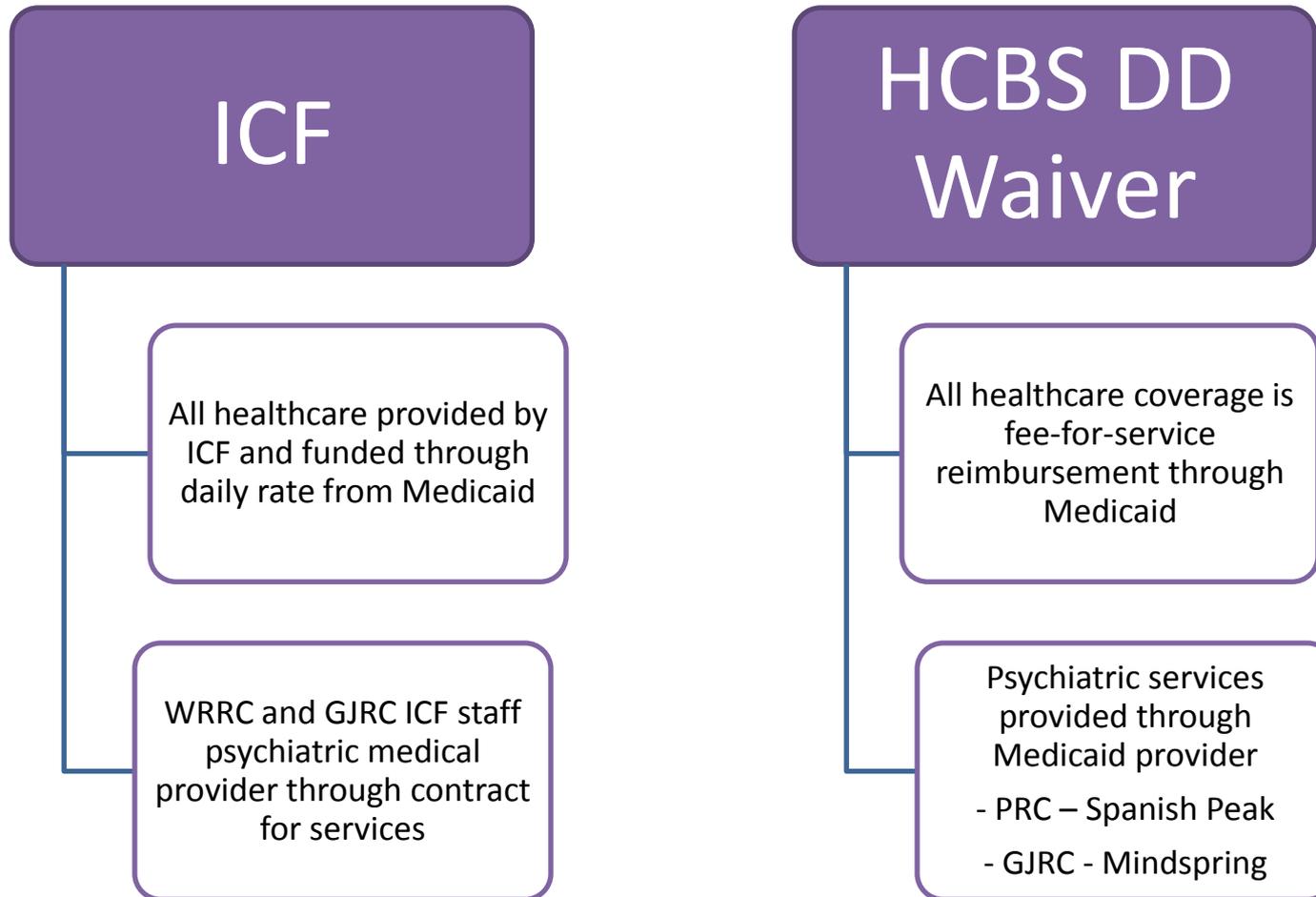
COLORADO
Department of Human Services



Mental Health Services for Individuals with Intellectual and Developmental Disabilities

JBC Hearing Questions: 30-32

Psychiatric Care in Regional Centers



Pueblo Regional Center Transition Plan for Psychiatric Services

- August 2015: Residents at Pueblo Regional Center receive psychiatric services from Spanish Peaks, a Community Mental Health Centers
 - Non emergency psychiatric services provided via the fee for service Medicaid billing arrangement
- November 19, 2015: Spanish Peaks provided notice to terminate services at Pueblo Regional Center effective January 19, 2016 (60 days notice).
 - Termination of services is based on their staffing limitations.
- Arranging for all residents due for a psychiatric medication review in the next 6 months will be completed prior to January 19, 2016.
- Exploring community providers who will accept Medicaid fee for services to provide psychiatric services to PRC residents beginning January 20.
- Ensure all client needs will be met throughout this transition.



COLORADO
Department of Human Services



Early Intervention

JBC Hearing Questions: 34-36

Reggie Bicha
Executive Director

reggie.bicha@state.co.us
303-866-3475



DEPARTMENT OF LABOR AND EMPLOYMENT
(Transfer of the Division of Vocational Rehabilitation)
And
DEPARTMENTS OF HUMAN SERVICES
(Executive Director's Office and Services for People with Disabilities)
And
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
(Office of Community Living)

FY 2016-17 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 22, 2015
9:00 am – 12:00 pm

9:00-9:20 QUESTIONS FOR THE DEPARTMENT OF LABOR AND EMPLOYMENT AND THE DEPARTMENT OF HUMAN SERVICES RELATED TO THE TRANSFER OF THE DIVISION OF VOCATIONAL REHABILITATION

1. Pursuant to Section 8-85-108 (2) (a), C.R.S. the Department of Labor and Employment is required to present quarterly reports to the Joint Budget Committee on the status of the Transition. Please provide a transition status update in accordance with Section 8-85-108 (2) (a), C.R.S.
2. Pursuant to Section 8-84-108 (2) (b), C.R.S. the Departments of Human Services and Labor and Employment shall prepare a detailed transition plan and present the plan to the Joint Budget Committee and appropriate Committees of Reference. Please provide a written copy of the plan. Please provide an overview of the plan and include a discussion of the following as it relates to the transition plan:
 - a. Any recommendations (including statutory changes) included in the plan;
 - b. What 2013 state audit recommendations are not yet implemented; and
 - c. What specific recommendations/steps in the plan that will address outstanding audit recommendations?
3. Please discuss the Department of Labor and Employment's long-term plan for improving the Division of Vocational Rehabilitation including how the long-term plan will address the following issues, identified by the Department of Human Services, and outlined on page 32 of the JBC staff Department of Human Services December 14, 2015 briefing document, that are contributing to Division of Vocational Rehabilitation's underexpenditure:
 - a. Waiting list and application number;
 - b. Pre-employment Transition Services for Students with Disabilities;
 - c. Failures to meet maintenance of effort requirements;
 - d. Unobligated federal funds; and
 - e. Insufficient state match

9:20-10:00 QUESTIONS SPECIFIC TO THE DEPARTMENT OF HUMAN SERVICES

Indirect Costs

4. Please discuss why the Department has a need for General Fund to backfill lost indirect costs from the Division of Vocational Rehabilitation. What specific costs are driving the need for the Department to request General Fund?
5. Please explain what the following statement from page 7 of the Department's R9 decision item write up means in terms of over expenditure of line items or transfers between line items: "As a result, without additional resources, the Department may over-expend many of its programs' personal services line items that have indirect overhead charges allocated to them."
6. Please discuss the Department's response to each of the following concerns about indirect costs raised on page 12 and 13 of the JBC staff December 14, 2015 Department of Human Services briefing document:
 - a. Concern #1 - The Department is not transferring all staff related to the DVR programs as evidenced by the Department of Labor's request for 2.6 FTE for the Division of Vocational Rehabilitation.
 - b. Concern #2 - The Department's budget does not include any base reduction to the indirect cost pool which this request would restore, therefore resulting in a net increase to funding for Department administrative overhead.
 - c. Concern #3 - This request sets a precedent in which programs are transferred and the Department losing the program would ask for General Fund to backfill indirects.
 - d. Concern #4 - In the prior two years when DVR underexpended funds, the Department never raised the issue of insufficient indirects;
 - e. Concern #5 - This request highlights questions regarding the appropriate use of indirects including why is a program paying, based on the request more than \$1.0 million, more than they are using in indirects?
 - f. Concern #6 - The indirect cost allocation provided by the Department raises questions about the equity of the allocation of indirects and highlights the lack of transparency in the process. This hinders the ability of the General Assembly to (1) track the use of program moneys for administrative overhead and (2) hold the Department accountable for ensuring that dollars intended for program services are being used for services and not overhead.
7. Please provide the program/funding percentages in the FY 15-16 and FY 16-17 cost allocation plans.
8. Please discuss the percentage distribution changes in the cost allocation plan from FY 2013-14 to FY 2014-15 based on the table on page 15 of the December 14, 2015 JBC staff Department of Human Services briefing document.
9. Please discuss why there are different allocation percentages for the programs in the following table (from page 16 of the December 14, 2015 JBC staff Department of Human Services briefing document):

Comparison of Percentage for Six Programs			
Program	FTE	Cost Allocation Percentage	Percentage per FTE
Mental Health Institutes	1024.35	21%	0.0205%
Regional Centers	827.8	12%	0.0145%
Vocational Rehabilitation	223.7	4%	0.0179%
Veterans Community Living Centers	603.3	2%	0.0033%
Youth Corrections	880.4	10%	0.0114%
Disability Determination	121.7	2%	0.0164%

10. Please discuss how the CORE stores indirect cost information, and if CORE provides a level of detail which can be used to better under the Department's indirects and how they are developed.

Commission for the Deaf and Hard of Hearing

11. Please discuss why recommendations three and five in the Commission for the Deaf and Hard of Hearing October 23, 2015 annual report include new FTE and funding that was not included in the fiscal note for S.B. 15-178 (Sunset Continue Commission for the Deaf and Hard of Hearing).

12. What recommendations in the Commission for the Deaf and Hard of Hearing's annual report does the Department support and why? What recommendations from the Commission for the Deaf and Hard of Hearing does the Department not support and why?

13. How many school-age children are deaf and hard of hearing in Colorado? What services are provided to school age children who are deaf and hard of hearing? What services are provided by the Boards of Cooperative Education Services (BOCES) for these children?

14. The JBC staff briefing document referenced 5,000 individuals who are deaf-blind. What is the Department's projection of the number of individuals in Colorado who are deaf-blind and how did the Department get to that number?

15. Please provide the total cost of all of the recommendations in the Commission for the Deaf and Hard of Hearing October 2015 annual report by recommendation.

16. How will the proposed 1.0 percent provider rate reduction affect services provided through the Commission for the Deaf and Hard of Hearing?

Independent Living Centers

17. Please discuss the Department's position on the recommendation from the Independent Living Centers to create an Office or Division within the Department for Independent Living Centers using a portion of the funds in S.B. 15-240.
18. Please discuss what other programs within the Department have a block grant distribution including how "block grant" is defined for those programs, and how the Department distributes the funds. Please discuss why the Department is not distributing the funds for Independent Living Centers in a block grant.
19. How will the proposed 1.0 percent provider rate reduction affect services provided through the Independent Living Centers?

10:00-10:50 QUESTION FOR BOTH THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Regional Centers

20. Please discuss if there is a requirement to have beds licensed as Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) in order to have the intellectual and developmental disabilities home- and community-based waivers.
21. Please discuss the Department's position on the staff recommendation on page 26 of the December 14, 2015 JBC staff Department of Human Services briefing document to create a separate line item for privately-operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) beds.
22. The following footnote is included on the appropriation for the State Share of Districts' Total Program Funding in the Department of Education in order to limit the total amount of funds that can be used for the Accelerating Students Through Concurrent Enrollment Program. In lieu of a separate line item for privately-operated ICF/IID beds would a similar footnote with associated statutory authority be a viable option for funding privately-operated ICF/IID beds.
Department of Education, Assistance to Public Schools, Public School Finance, State Share of Districts' Total Program Funding – Pursuant to Section 22-35-108 (2) (a), C.R.S., the purpose of this footnote is to specify what portion of this appropriation is intended to be available for the Accelerating Students Through Concurrent Enrollment (ASCENT) Program for FY 2015-16. The Department of Education is authorized to utilize up to \$3,652,000 of this appropriation to fund qualified students designated as ASCENT Program participants. This amount is calculated based on an estimated 550 FTE participants funded at a rate of \$6,640 per FTE pursuant to Section 22-54-104 (4.7), C.R.S.

23. Please discuss how many ICF/IID beds/group homes would be required to transition the individuals receiving ICF/IID services off the Grand Junction Regional Center campus. Please discuss the feasibility of converting vacant Regional Center waiver group homes to ICF/IID licensed homes. Please discuss the feasibility of adding privately-operated ICF/IID licensed group homes so that individuals receiving ICF/IID services on the Grand Junction Regional Center campus can be transitioned to these group homes. What other items would need to be address in order to enable the State to divest the Regional Centers from the Grand Junction Regional Center campus.
24. For individuals deemed ready to transition out of the Regional Centers, please discuss how the Department is justifying the continued provision of services to these individuals at the current level. Please discuss how the Department is providing long-term services to individuals who are admitted to the Regional Centers on a short-term basis.
25. Please provide the admission criteria for the Regional Centers and the admission criteria for the privately-operated ICF/IID. Please include a comparison of the admission requirements.
26. Please provide the detailed plan on what changes are planned for when the prohibition on closure or selling of any state-operated waiver beds pursuant to Section 27-10.5-311 (1), C.R.S expires on May 16, 2016. In additional please provide a detailed description of the business practice changes that have been delayed in deference to the Regional Center Task Force.
27. The Joint Budget Committee sent a letter on June 26, 2015 to the Department of Human Services asking a number of questions about the Regional Centers. Issues raised in the letter include Regional Center staffing, transitions, movement of problematic sexual offenders from Grand Junction to Wheat Ridge, long-term use of the Grand Junction Regional Center, psychiatric services, and the events at the Pueblo Regional Center. For each question asked in the letter, if the original response has changed or can be updated, please provide the updated information.
28. Please discuss the tool used to determine if an individual is ready to transition. Is the tool valid and what metrics are being used to determine if the tool is valid? Please discuss if the tool is properly identifying individuals who are ready to transition. How does the Department independently verify that an individual deemed ready to transition by the tool is actually ready to transition?
29. Please discuss why the Regional Center waiver beds are reimbursed on a cost-basis and community-based waiver beds are funded through a fee-for-service model.
30. Please provide a full cost analysis for the Regional Centers and community providers to come into compliance with the federal home settings rule. If this analysis is not available, when will it be available?

Mental Health Services for Individuals with IDD

31. Please describe how psychiatric and other mental health services are provided to the various types of clients who receive care at or through the Regional Centers and address the following related questions:
- Is there a difference between Department policies and the actual method of delivering these services?
 - Did the November 2013 performance audit report by the Office of the State Auditor concerning Regional Centers cause the Department to change the method of delivering or paying for these services?
 - How many Psychiatrists and Psychologists are needed to provide services to the various clients who receive care at or through the Regional Center? Is there a requirement that these individuals have experience or expertise in working with individuals with developmental or intellectual disabilities?
 - Has the Department had difficulty recruiting and retaining (or finding providers who can recruit and retain) Psychiatrists or Psychologists to serve Regional Center clients?
32. Please discuss the following questions related to the provision of mental health services at the Wheat Ridge Regional Center:
- Who provides mental health services and how they are paid for;
 - Whether the Department has a permanent provider of mental health services;
 - What problems is the Department having with retaining a provider of mental health services; and
 - How/who is providing these services while a new provider is found.
33. If the payments for mental health services changes to a fee-for-service model, how will the provision of mental health services at the Regional Centers change?

Early Intervention Services

34. Please discuss why the Early Intervention Services Program wasn't moved to the Department of Health Care Policy and Financing (HCPF) when the rest of the programs for individuals with intellectual and developmental disabilities were moved. Does HCPF the Early Intervention Service program should be moved to HCPF? Why or why not?
35. Is the department submitting another request for an Autism Waiver through the Early Intervention Services Program? If so, what is the likelihood of receiving approval given the fact that it was previously denied? Can the funding for the Autism Waiver that was denied be moved into the Early Intervention Services line items?
36. Please discuss the process for writing contracts with Community Centered Boards for the provision of early intervention services including:
- Which Department writes these contracts;
 - What is included in the contacts; and
 - The scope of the contracts.

10:50-11:00 BREAK

11:00-12:00 QUESTIONS SPECIFIC TO THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Overview of the Funding Mechanism for IDD Services

37. Please provide detailed information about Centers for Medicare and Medicaid Services and the waiver approval/denial process, including specific information about the Autism Waiver.
38. What services are being offered through each waiver that is not available through the Medicaid State Plan? Please discuss if funding for the waivers can be eliminated and what the consequences of this would be.
39. Please discuss how many waivers other states have and how Colorado's waivers compare to the waivers available in other states.
40. Please discuss the Department's contracts with Community Centered Boards including:
 - a. What is included in the contacts; and
 - b. The scope of the contract.
41. Why did the Department not include a request to drawn down the comprehensive waiting list?
42. Please discuss what targeted case management is.
43. How will the proposed 1.0 percent provider rate reduction affect IDD waiver services including the ability of providers to cover their expenses to provide services?
44. Please discuss why the projected FY 2015-16 and FY 2016-17 waiver expenditures continued the lower average annual cost of services for the Supported Living Services and Children's Extensive Support waivers. How does this assumption align with concerns raised about insufficient rates, and insufficient service plan funds?

IDD Waiting List Update

45. Please discuss why the number of individuals waiting for the comprehensive waiver increased by 627 individuals from August 31, 2014.
46. For individuals on the waiting list accessing other services, please provide a list of what the other services are, and the number of individuals accessing those services. For individuals accessing other services, what percent of their needs are meet by other services? Please

discuss why individuals would be accessing other services while waiting for IDD waiver services.

47. Please discuss what other services individuals can access once they are receiving services through the comprehensive waiver.
48. Please discuss the feasibility of determining eligibility and the level of need for individuals on the waiting list. Please discuss other options, including those which use a modeling technique that could be used to project the eligibility and needs of individuals on the waiting list.
49. Of the individuals on the waiting list, what percent of the list would not be Medicaid eligible, could not be located, or would not ready to receive services based on the Department's experience with the Supported Living Services waiting list drawn down?
50. Please provide an update to the waiting list numbers based on a single adult waiver for individuals with IDD.
51. Please discuss the Department's response to presentation by Dr. David Braddock in February 2015 which indicated that Colorado was towards the bottom of the list in terms of fiscal effort for IDD services.
52. How many other states have a waiting list? Which states do not have a waiting list? What have other states done to address the waiting list?
53. Please discuss each Community-Centered Board's top priority for how to address the waiting list. Do all the Community-Centered Boards collect waiting list data in the same manner?
54. Please discuss the disconnect between the continued reversions of appropriations for IDD waiver services and the concerns about the lack of sufficient funding for services.

Status Update of Long-Term Services and Supports System Changes

55. Please discuss the following questions related to the Community Living Quality Improvement Committee (CLQIC):
 - a. Whether the CLQIC should be ongoing and why;
 - b. The cost of the CLQIC in FY 2015-16;
 - c. The cost of making the CLQIC permanent;
 - d. If the CLQIC would be an appropriate entity to monitor the implementation of the Regional Center Task Force recommendations.
56. Please discuss why the CLQIC is needed and how it will be incorporated within existing metrics like the SMART Act, LEAN, and Results First. Why can't the Department use existing metrics instead of creating a new committee?

57. Please discuss if services have been rationed under the current adult waivers and why. How the redesigned waiver with address this issue?
58. Please discuss whether or not the Department supports the pilot of the Waiver Market and why.
59. Please provide an update on the H.B. 15-1368 Cross System Response Pilots. Please include an update on the acquisition of facilities by the pilot sites.
60. Has the Department looked at the Ohio plan for compliance with the requirements of conflict free case management? If so, what is the Department's opinion on the feasibility of using this plan as a model for Colorado?
61. Please provide an update on the development of the plan for how Colorado will comply with the federal requirements governing case management, including how the Department is seeking stakeholder input.
62. Please discuss why the Department did not submit any budget requests based on recommendations made by the Community Living Advisory Group.
63. Please provide a detailed account of how the funds appropriated in FY 2015-16 for the Department's work on the request for information related to implementation of the Community Living Advisory Group recommendations among others, was budgeted for and how the funds were actually used. Please include an indication of any funds that will be reverted and why. Please provide the financial analysis that was requested in the request for information.
64. Please discuss the purpose of the Community First Choice option and provide a comparison of the original cost estimate to the Department's revised cost estimate.

Supports Intensity Scale Assessment

65. Please discuss the pros and cons of continuing the use of the Supports Intensity Scale (SIS) assessment.
66. Please discuss the purpose of the Supports Intensity Scale for each waiver it is used for.
67. Please discuss the quality controls that are in place to ensure the SIS assessment is consistent across all individuals. Is the full SIS assessment used or just a portion? If just a portion is used, which portions are used and does this impact the consistency of the tool.
68. Please discuss the Department's justification for requiring one group of individuals to use two assessment tools.

69. Is the SIS used in the Department of Correction or in jails to evaluate offenders? Is there a statewide policy for the use of a single tool to ensure consistency and make transitions smoother?
 70. Why did the Department not include any stakeholder input into the justification of the continued use of the SIS?
 71. Please discuss why the Department used the same company that initially recommended the SIS to evaluate if the SIS is should still be used by Colorado.
 72. Please discuss how the Department's justification aligns with the recommendations made by the Department's workgroup on the SIS.
 73. Please discuss how the Department ensures that rates assigned to each SIS level are adequate. How does the Department ensure that rates are high enough to enable individuals to make person-centered choices?
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ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

Department of Human Services - Questions Requiring a Written Response Only

1. Please provide a written response on the source of all indirect costs, how they are expended by Long Bill line item, and the purpose of the expenditure (i.e. what is that indirect cost assessment buying).
2. Please provide a written response on which line items receive indirect costs assessments and how much they receive.
3. Please provide a written response on what specific expenditures will be reduced if R9 DVR Indirect Cost Subsidy is not funded and why.
4. Please provide a copy of the manual used by staff to administer the Supports Intensity Scale.

Department of Health Care Policy and Financing- Questions Requiring a Written Response Only

5. Background Information: House Bill 15-1368 established a pilot program that will utilize collaborative approaches to provide a cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities. The Pilot Program is intended to operate from March 1, 2016, through March 1, 2019.] The following questions pertain to the Department's recently released request for proposals [RFP: WHAA 2016000079] to implement the Pilot Program:

- a. The RFP stipulates that "the contractor shall not subcontract more than forty percent (40%) of the work" [see pages 17-18, 5.2.4.3.1]. What is the rationale for this percentage? Is it negotiable?
- b. The RFP states that "...the contractor shall work collaboratively with the current contractor for the Colorado Crisis Response System. The contractor shall co-locate at least one (1) site with the Colorado Crisis Response System and coordinate services with the current Colorado Crisis Response System staff." [see page 19, 5.3.1]. Please clarify the intent of this requirement. Specifically:
 - i. Is it the Department's intent that the contractor shall co-locate at least one site with the consortium of community mental health centers that provide behavioral health crisis services in the same region to be served by the contractor?
 - ii. Is this expectation in lieu of the concept of the Pilot Program including funding for a crisis facility?
 - iii. If the existing behavioral health crisis system sites are inadequate or do not have provisions for serving both children and adults, is it possible that there would be additional funding for such a facility or flexibility for the contractor to propose other options?
 - iv. Is there any expectation that the contractor will coordinate with the statewide behavioral health crisis services hotline?
- c. The RFP calls for "a plan for how the In-Home Therapeutic Respite Team will coordinate with member's current service providers or main caretakers to advance the goal of preventing further escalation of the member's crisis." [see page 21, 5.6.2.1]. The RFP appears to assume that every individual served through the Pilot Program will already be connected to a community centered board (CCB).
 - i. What happens if there are not current service providers for an individual?
 - ii. In cases where people have clear needs but are not enrolled with a CCB, what is the expectation for connecting them with an ongoing system?
 - iii. Tasks 5.6.2.1 through 5.7.2.4.3 all speak to the expectation for appropriate follow-up. What recourse will the contractor have if there is not a clear entity that can step in for the aftercare if that person does not meet Colorado's eligibility determination for intellectual and development disabilities services?
 - iv. This expectation that all served will be CCB members appears again on page 24, 5.9.4.1, where an individual is not discharged from the Pilot Program until services are in place. What assistance can the contractor expect from the state agencies in quickly finding such solutions?
- d. It is possible that the Pilot Program could be overwhelmed with referrals. Does the Department have a plan to address such a situation?
- e. The RFP expects "a cost report that includes data that shows the cost of providing crisis services throughout Colorado" [see page 25, 5.10]. How will the contractor be able to assess the cost throughout Colorado?

- f. The RFP states that "there has also been established a fund to cover costs that are not reimbursable to Medicaid and/or private insurance" [see page 29, 6.1.1]. Please clarify which fund this section refers to and indicate how a contractor would access this fund. In addition, the remainder of this section stipulates the funding available to the Pilot Programs and stipulates that if costs exceed funds available the contractor must continue to serve individuals. Has the Department considered that this requirement may place an unreasonable financial risk on the contractor?
 - g. Please clarify what assistance, if any, the contractor(s) can expect from state agencies in collecting reimbursement from various payor sources to cover the costs of services provided.
 - h. The RFP speaks to the Department being able to determine information to be incorrect on an invoice [see page 32, 6.2.5]. Please clarify what basis the Department would use to determine that something is incorrect.
 - i. Overall aggregate billing seems contrary to being able to look at costs on a per person basis. How does the Department plan to evaluate the effectiveness of the Pilot Program if costs are not reported on a per person basis?
 - j. The evaluation section of the RFP speaks only to evaluation of the bids [see page 33, section 7]. Does the Department plan to conduct any formative or summative evaluation of the Pilot Programs?
 - k. Please explain how the Department plans to allocate the \$1,695,000 appropriated in H.B. 15-1368 for FY 2015-16, as well as the anticipated appropriation of \$845,000 in both FY 2016-17 and FY 2017-18. How much of this funding will be available to contractors and how much will be used for Department staff or other administrative costs?
 - l. Please explain how the Department plans to allocate funds between Pilot Programs in urban and rural regions.
6. Please provide the cost estimates or the single adult waiver and what fiscal years those costs could be incurred.
 7. Please provide a revised cost estimate of implementing the Community First Choice option.
 8. Please provide the cost per SIS assessment, and how this cost compares to the assessment used for the Elderly, Blind, and Disabled waiver. Please provide the cost of licensure and consultation associated with the SIS tool.
 9. Please provide the federal regulations which require the use of the SIS or a similar tool.