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| Application for Designation as a Community Centered Board |
| July 1, 2024 – June 30, 2034 |



Instructions & Due Dates

Please submit a completed application no later than April 15, 2024 to Tiffani Domokos via email at [tiffani.domokos@state.co.us](mailto:tiffani.domokos@state.co.us).

* + Electronic initials/signatures have been added to this application or the application can be printed and initialed/signed. To electronically initial/sign, click on the signature blocks throughout the document.

The Department will notify all applicants of its determination of designation or non-designation no later than July 1, 2024.

For questions about the application requirements or process, please contact:

**Tiffani Domokos**

Case Management Redesign Policy Advisor

Case Management and Quality Performance Division

Office of Community Living

[Tiffani.Domokos@state.co.us](mailto:Tiffani.Domokos@state.co.us)

Agency Information

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| Applicant Information | | | |
| Full Legal Name of Applying Agency: | | | |
| Requesting CCB Designation for the Following Counties:   |  |  | | --- | --- | | County: | Number of Years Working in County: | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | |
| Administrative Office Address: | | | |
| City: | | State: | Zip Code: |
| Mailing Address (if different): | | | |
| City: | | State: | Zip Code: |
| Administrative Office Business Hours | | | |
| Work Day | | Core Hours | |
| Monday: | |  | |
| Tuesday: | |  | |
| Wednesday: | |  | |
| Thursday: | |  | |
| Friday: | |  | |
| Emergency / After Hours Contact Information | | | |
| Phone Number: | | | |
| Chief Executive Officer | | | |
| Name: | Title: | | |
| Phone Number: | Email: | | |
| Board of Directors President | | | |
| Name: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone Number: | | | |

Board of Directors Membership

AUTHORITY: [HB 21-1187](http://leg.colorado.gov/sites/default/files/2021a_1187_signed.pdf)

Once a Community Centered Board has been designated…it shall…be under the control and direction of a board of directors or trustees composed of one or more persons from each of the following categories:

1. Interested persons representing the community at large;
2. Family members of persons with intellectual and developmental disabilities who are receiving services or supports; and
3. Persons with intellectual and developmental disabilities who are receiving services and supports

AUTHORITY: [HB 21-1187](http://leg.colorado.gov/sites/default/files/2021a_1187_signed.pdf)

In order to assure public accountability, the Community Centered Board shall be under the control and direction of a board of directors or trustees.

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| Board of Director Membership | | | | | |
| **Member Name** | **Community Member** | **Family Member** | **Person Receiving Services** | **Title** | **E-mail Address** |
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Chief Executive Officer Initials

Criteria for Designation

**INSTRUCTIONS:** Each applicant must demonstrate compliance with the following four factors. Answers must be concise and provided in the narrative form, including tables, not to exceed two (2) written pages per requirement. Please attach the responses as a PDF or Word document and clearly indicate the requirement prior to each response.

**Requirement #1:** Describe how your agency utilizes local or regional funding to address unmet needs for individuals with Intellectual and/or Developmental Disabilities and their families and collaborates with existing service agencies, provider networks, and natural sources of support in the designated service area.

* Decision Criteria: This shall be determined based on a brief description of local/regional funded programs and services including a brief description of how agency collaborates with local provider networks and natural sources of support. If applicable, provide previous years mill levy report or equivalent.

**Requirement #2:** Describe how your agency utilizes local or regional-funded services and supports to address gaps in publicly funded programs, including but not limited to Medicaid programs, public education, social services, public health, public safety, and rehabilitation programs.

* Decision Criteria: This shall be determined based on a brief description of local funded services, and any mill levy required reporting.

**Requirement #3:** Describe how your agency ensures quality of services and supports that are provided through locally funded sources for persons with intellectual and developmental disabilities.

* Decision Criteria: Quality shall be measured based on compliance with federal and state licensing or program approval requirements, accreditation reports, agencies' self-evaluation efforts, and Department's quality assurance monitoring activities. Other resources to evaluate quality that may be considered include analysis of disputes and complaints, use of grievance procedures, and measures of satisfaction by persons receiving services or supports.

**Requirement #4:** Describe how your agency establishes new services and supports for the prevention of institutionalization, the support of deinstitutionalization, and a commitment to innovative, effective, and inclusive services and supports for persons with intellectual and developmental disabilities.

* Decision Criteria: This shall be determined based on past performance, documented use of innovative and inclusive service and support approaches, effectiveness measures, and a brief description of the Community Centered Board's future plans.

Assurances

INSTRUCTIONS: Please have the Chief Executive Officer and Board President review each assurance, and then sign and date below.

1. Applicant assures compliance with all applicable laws, rules, regulations, policies, and standards set forth by the state of Colorado and federal government.

Chief Executive Officer Signature and Date Board President Signature and Date