

**Schedule 13**

**Department of Health Care Policy and Financing**

**Funding Request for The FY 2019-20 Budget Cycle**

Request Title

**R-14 Office of Community Living Governance**

Dept. Approval By:  \_\_\_\_\_  
 OSPB Approval By:  \_\_\_\_\_

11/1/18

Supplemental FY 2018-19

Budget Amendment FY 2019-20

X

Change Request FY 2019-20

Summary Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
<b>Total</b>		<b>\$56,911,474</b>	<b>\$0</b>	<b>\$59,815,842</b>	<b>\$1,561,165</b>	<b>\$1,213,163</b>
FTE		40.5	0.0	39.5	0.9	1.0
<b>Total of All Line Items Impacted by Change Request</b>	GF	\$21,935,739	\$0	\$22,399,019	\$422,482	\$329,309
	CF	\$5,183,807	\$0	\$4,851,147	\$250,000	\$250,000
	RF	\$377,581	\$0	\$366,196	\$0	\$0
	FF	\$29,414,347	\$0	\$32,199,480	\$888,683	\$633,854

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
<b>Total</b>		<b>\$4,647,883</b>	<b>\$0</b>	<b>\$4,655,713</b>	<b>\$7,927</b>	<b>\$7,927</b>
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Health, Life, and Dental	GF	\$1,575,324	\$0	\$1,651,283	\$3,964	\$3,964
	CF	\$399,501	\$0	\$409,280	\$0	\$0
	RF	\$135,355	\$0	\$123,276	\$0	\$0
	FF	\$2,537,703	\$0	\$2,471,874	\$3,963	\$3,963

<b>Total</b>		<b>\$60,727</b>	<b>\$0</b>	<b>\$66,035</b>	<b>\$109</b>	<b>\$119</b>
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Short-term Disability	GF	\$21,043	\$0	\$24,054	\$55	\$60
	CF	\$5,213	\$0	\$5,306	\$0	\$0
	RF	\$1,484	\$0	\$1,522	\$0	\$0
	FF	\$32,987	\$0	\$35,153	\$54	\$59

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$1,855,596</b>	<b>\$0</b>	<b>\$1,985,443</b>	<b>\$2,870</b>	<b>\$3,131</b>
01. Executive Director's Office, (A) General Administration, (1)	FTE	0.0	0.0	0.0	0.0	0.0
General Administration - Amortization	GF	\$642,806	\$0	\$723,280	\$1,435	\$1,566
Equalization Disbursement	CF	\$159,439	\$0	\$159,516	\$0	\$0
	RF	\$45,371	\$0	\$45,699	\$0	\$0
	FF	\$1,007,980	\$0	\$1,056,948	\$1,435	\$1,565
	<b>Total</b>	<b>\$1,855,596</b>	<b>\$0</b>	<b>\$1,985,443</b>	<b>\$2,870</b>	<b>\$3,131</b>
01. Executive Director's Office, (A) General Administration, (1)	FTE	0.0	0.0	0.0	0.0	0.0
General Administration - Supplemental Amortization	GF	\$642,806	\$0	\$723,280	\$1,435	\$1,566
Equalization Disbursement	CF	\$159,439	\$0	\$159,516	\$0	\$0
	RF	\$45,371	\$0	\$45,699	\$0	\$0
	FF	\$1,007,980	\$0	\$1,056,948	\$1,435	\$1,565
	<b>Total</b>	<b>\$15,242,917</b>	<b>\$0</b>	<b>\$16,398,142</b>	<b>\$250,000</b>	<b>\$250,000</b>
01. Executive Director's Office, (A) General Administration, (1)	FTE	0.0	0.0	0.0	0.0	0.0
General Administration - General Professional Services and Special Projects	GF	\$5,270,423	\$0	\$6,188,036	\$0	\$0
	CF	\$2,303,928	\$0	\$1,910,677	\$250,000	\$250,000
	RF	\$150,000	\$0	\$150,000	\$0	\$0
	FF	\$7,518,566	\$0	\$8,149,429	\$0	\$0
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$124,248</b>	<b>\$129,960</b>
01. Executive Director's Office, (B) Transfers to/from Other Departments, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Transfers to/from Other Departments - Transfer to DOLA for Host Home Reg	GF	\$0	\$0	\$0	\$62,124	\$64,980
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$62,124	\$64,980
	<b>Total</b>	<b>\$5,948,561</b>	<b>\$0</b>	<b>\$5,948,561</b>	<b>\$168,981</b>	<b>\$136,884</b>
01. Executive Director's Office, (D) Eligibility Determinations and Client Services, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Eligibility Determinations and Client Services - Customer Outreach	GF	\$2,637,660	\$0	\$2,637,660	\$84,491	\$68,442
	CF	\$336,621	\$0	\$336,621	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,974,280	\$0	\$2,974,280	\$84,490	\$68,442

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$20,291,689</b>	<b>\$0</b>	<b>\$21,753,943</b>	<b>\$960,568</b>	<b>\$637,258</b>
01. Executive Director's Office, (E) Utilization and Quality Review	FTE	0.0	0.0	0.0	0.0	0.0
Contracts, (1) Utilization and Quality Review	GF	\$6,246,451	\$0	\$5,513,119	\$240,142	\$159,315
Contracts - Professional Service Contracts	CF	\$1,449,885	\$0	\$1,570,570	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$12,595,353	\$0	\$14,670,254	\$720,426	\$477,943
	<b>Total</b>	<b>\$3,523,783</b>	<b>\$0</b>	<b>\$3,536,134</b>	<b>\$64,195</b>	<b>\$70,036</b>
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs - Personal Services	FTE	40.5	0.0	39.5	0.9	1.0
	GF	\$1,609,873	\$0	\$1,646,316	\$32,098	\$35,018
	CF	\$316,456	\$0	\$247,286	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$1,597,454	\$0	\$1,642,532	\$32,097	\$35,018
	<b>Total</b>	<b>\$290,560</b>	<b>\$0</b>	<b>\$289,610</b>	<b>\$7,556</b>	<b>\$2,876</b>
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs - Operating Expenses	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$116,311	\$0	\$116,311	\$3,778	\$1,438
	CF	\$53,325	\$0	\$52,375	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$120,924	\$0	\$120,924	\$3,778	\$1,438
	<b>Total</b>	<b>\$3,194,162</b>	<b>\$0</b>	<b>\$3,196,818</b>	<b>(\$28,159)</b>	<b>(\$28,159)</b>
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Eligibility Determination and Waiting List Management	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$3,173,042	\$0	\$3,175,680	(\$7,040)	(\$7,040)
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$21,120	\$0	\$21,138	(\$21,119)	(\$21,119)

Auxiliary Data			
Requires Legislation?	YES		
Type of Request?	Department of Health Care Policy and Financing Prioritized Request	Interagency Approval or Related Schedule 13s:	Impacts Other Agency



# COLORADO

Department of Health Care  
Policy & Financing

Priority: R-14  
Office of Community Living Governance  
FY 2019-20 Change Request

## ***Cost and FTE***

- The Department requests an increase of \$1,561,165 total funds, including an increase of \$422,482 General Fund in FY 2019-20 and an increase of \$1,213,163 total funds, including an increase of \$329,309 General Fund in FY 2020-21 and future years to implement several compliance and best practices initiatives throughout the Department's Office of Community Living.

## ***Current Program***

- The Department has been appropriated over \$10.1 billion in FY 2018-19 to provide services to 1.3 million eligible members; this represents the largest single agency budget for the State.
- Given the size of the Department's budget, it is imperative that the Department follow all best practices related to compliance of its many programs. In order to ensure compliance, the Department must request additional monies to adequately fund essential services and several federal mandated or state statutorily required programs.

## ***Problem or Opportunity***

- The Department has identified several areas where increased funding would ensure that the Department remains compliant with federal regulation, state statute, or industry best practices. They range from the transfer of increased oversight of a waiver service to contractor funding for execution of a federally mandated program. Not addressing these issues hinders the ability of the Department to remain compliant with all levels of regulation.

## ***Consequences of Problem***

- If the Department does not have adequate funding for these programs, it risks being out of compliance with federal law and state statute and would not establish proper oversight over certain programs and benefits.

## ***Proposed Solution***

- The Department has identified five initiatives that would secure adequate funding for imperative programs and services.
- These initiatives would allow the Department to: ensure the continuation of a federally mandated review program; fund dedicated staff to implement pilot study recommendations; bring the State into compliance with statute concerning conflict-free case management; increase oversight of host homes; and, increase spending for nursing home innovation projects.



**COLORADO**  
Department of Health Care  
Policy & Financing

FY 2019-20 Funding Request | November 1, 2018

John W. Hickenlooper  
Governor

Kim Bimestefer  
Executive Director

**Department Priority:** R-14

**Request Detail:** Office of Community Living Governance

Summary of Incremental Funding Change for FY 2019-20	Total Funds	General Fund
Office of Community Living Governance	\$1,561,165	\$422,482

**Problem or Opportunity:**

The Department has been appropriated \$10.1 billion to provide services to eligible members; this represents the largest single agency budget for the entire State. Given the size of the Department's budget, proper oversight is critical to ensuring that members are receiving the services that they need and that the taxpayers are getting sufficient return on the use of these funds. As part of the Department's focus on continual improvement to provide sound financial review, the Department has identified several compliance shortfalls that limit the Department's oversight of and efficiency in using State resources. The initiatives focus on process improvement, would bring increased transparency and efficiency to Health First Colorado programs, and secure the continuation of federally mandated programs.

The Office of Community Living manages programs for children and adults with disabilities. This includes oversight of the Department's Home and Community-Based Services (HCBS) programs. Each HCBS program is an extra set of Health First Colorado benefits that a member could qualify for in certain cases. These benefits help a member remain in their home and community. The Department currently operates ten HCBS programs including six adult programs and four children programs and there are currently over 43,000 members enrolled in HCBS programs. The Office of Community Living also oversees other long-term care programs such as Programs of All Inclusive Care for the Elderly (PACE), State Nursing Facilities, and Intermediate Care Facilities (ICFs). In addition to managing Health First Colorado programs, the Office of Community Living also provides the lead role in policy decisions and technical assistance for intake, eligibility, quality, and case management functions. The office monitors, trains, and provides technical assistance to case management agencies and stakeholders.

**Proposed Solution:**

The Department requests an increase of \$1,561,165 total funds, including an increase of \$422,482 General Fund in FY 2019-20 and an increase of \$1,213,163 including an increase of \$329,309 General Fund in FY 2020-21, and future years to implement several compliance and best practices initiatives throughout the Office of Community Living.

### **Case Management Brokering Agent**

The Department requests \$168,981 total funds, including an increase of \$84,491 General Fund in FY 2019-20 and \$136,884 total funds, including an increase of \$68,442 General Fund in FY 2020-21 and future years to implement a statutorily required third-party entity to facilitate choice in case management selection.

On March 17, 2014, 42 CFR 441.301(c)(1)(vi) went into effect requiring the separation of case management from the provision of Medicaid Home and Community-Based Services (HCBS) direct services for the same individual. HB 15-1318 required the Department to submit a plan for complying with federal regulation and HB 17-1343 implemented conflict-free case management for persons with intellectual and developmental disabilities (IDD) who are enrolled in HCBS services under Health First Colorado.

A conflict exists if a Community Centered Board (CCB) provides direct services and case management to the same individual. Certain CCBs have a rural exemption from providing conflict free case management. Current law defines a CCB as an entity that when designated may provide case management services to people with IDD, is authorized to determine eligibility of those persons within a specified geographical area, serves as a single point of entry, and may provide authorized services and supports.

HB 17-1343 includes time frames for implementation of Conflict-Free Case Management (CFCM) in Colorado. By June 30, 2021 at least 25% of members receiving HCBS services must be served through a system of conflict-free case management and no later than June 30, 2022 all clients must be served through a system of conflict-free case management. Currently, approximately 7,500 people with IDD are served by a provider who also provides their case management, which is about 63% of the number of average monthly enrollment on the IDD waivers in FY 2017-18.

HB 17-1343 also requires that the CCB refer an individual authorized to receive HCBS to a third-party entity for selection of a case management agency (CMA). There were no funds appropriated for the third-party entity in HB 17-1343. The Department believes amending an existing contract for a vendor completing similar work for other Health First Colorado members is the most responsible way to implement a third-party entity. Creating a third-party entity, beyond being required by state statute, is the only way the Department could make progress on the requirement that 25% of members with IDD receiving HCBS be served in a conflict-free case management situation by FY 2020-21. The third-party entity would facilitate choice for the members currently in conflict, those initially enrolling into an HCBS program, and those who are unsatisfied with their current or selected CMA.

The Community Living Advisory Group (CLAG) also recommended that individuals enrolling into or receiving HCBS program services should not only be afforded choice in his or her direct service provider, but also choice in the agency providing case management. Creating the third-party entity moves the Department closer to implementing CLAG recommendations.

The Department is requesting that a contractor serve as the third-party entity and assist members with selection of a CMA. The Department believes it is most prudent to amend an existing enrollment coordination contract to include facilitating choice for members eligible for the programs that support individuals with IDD. Currently, the enrollment coordination contractor performs choice counseling and enrollment brokering for all Health First Colorado members. This request would add CMA choice counseling for members

receiving services on the IDD HCBS waivers to the enrollment broker's responsibilities. The process would be similar to existing practices, where the broker sends written communication explaining a member's benefits and providers in the area, but would be tailored to this population and CMAs specifically.

### **Preadmission Screening and Resident Review (PASRR) Funding Increase**

The Department requests an increase of \$932,409 total funds, including an increase of \$233,103 General Fund in FY 2019-20 and an increase of \$609,099 total funds, including an increase of \$152,275 General Fund in FY 2020-21 and future years to hire a contractor to conduct PASRR assessments and ensure proper funding of the federally mandated program.

PASRR is a federally mandated program that requires pre-screening or reviewing of all members who apply to or reside in a Medicaid certified nursing facility regardless of the source of payment for the nursing facility services or the individual's or resident's diagnosis. The PASRR assessment was created through the Omnibus Budget Reconciliation Act (OBRA) of 1987 and has three goals: to identify individuals with mental illness and/or intellectual disability, to ensure they are placed appropriately, whether in the community or in a nursing facility, and to ensure that they receive the services they require for their mental illness or intellectual disability.

PASRR review is required for all admissions, and the review consists of two components. Level I is the initial screening of all Medicaid nursing facility applicants for whom it appears a diagnosis of mental illness or intellectual or developmental disability (IDD) is likely. The Level II evaluation is a more in-depth assessment to determine whether nursing facility services are needed, whether an individual has mental illness or IDD, that the nursing facility is appropriate to meet the individual's needs, and whether specialized mental health or IDD services are needed. A resident review is required to be conducted 7-9 days upon a significant change in the resident's physical or mental condition that affects the individual's disability-specific needs.

Due to increased training and oversight of PASRR by the Department, there has been an increase in PASRR work from hospitals and skilled nursing facilities as they come into compliance with federal and state regulation. PASRR ensures individuals with mental health diagnoses or IDD are not inappropriately institutionalized. It also ensures that if admission to a skilled nursing facility is necessary, the facility is equipped to meet his or her needs.

Community Centered Boards (CCBs) and Mental Health Centers (MHC) currently conduct PASRR work, which creates a conflict in the system as they are conducting the reviews on the respective populations they serve, persons with IDD and persons with mental health illnesses. The requested contractor would eliminate this conflict within the system by serving as a third-party entity with no financial incentive for a particular review outcome. In addition, current funding for PASRR has proven insufficient in recent fiscal years. The Department has had to invoke several short-term solutions to ensure funding through FY 2018-19, but beyond that, available funding is inadequate. This request is needed in order to secure sufficient funding for this federally mandated program to continue.

### **Crisis Pilot FTE**

The Department requests an increase of \$85,527 total funds, including an increase of \$42,764 General Fund and 0.9 FTE in FY 2019-20 and an increase of \$87,220 total funds, including an increase of \$43,612 General

Fund and 1.0 in FY 2020-21 and future years to make permanent the temporary FTE position currently administering the Behavioral Health Crises Pilot Program.

In 2014, the University Center of Excellence on Developmental Disabilities at the University of Colorado School of Medicine, known as JFK Partners, completed a Gap Analysis that identified gaps in services for individuals with an intellectual or developmental disability (IDD) who experience a behavioral health issue. HB 15-1368 established the Cross-System Crises Response for Behavioral Health Pilot Program (CSCR Pilot) to help address the gaps in services identified in the Gap Analysis and serve people with an IDD and a mental health disorder experiencing a behavioral health crisis. HB 15-1368 also directed the Department to conduct a series of cost analyses, including an actuarial study of the services that would need to be added to Health First Colorado to eliminate service gaps and ensure that individuals with IDD are fully included in the Colorado behavioral health system and are supported in the Colorado Crisis Services. HB 15-1368 also appropriated to the Department a term-limited FTE to coordinate implementation and oversight of the pilot program, management of the interagency agreement with DHS required by the bill, and management of the contractor work associated with the pilot.

The CSCR Pilot study has been charged with addressing gaps in behavioral and mental health crisis services for individuals with IDD. The goal of the CSCR Pilot is to establish a sustainable model for providing crisis intervention, stabilization, and follow-up services to individuals who have both an IDD and a mental health or behavioral health condition, and who require services not available within the current Health First Colorado system. The pilot program, and the designated FTE, will end June 2019 when the Department will provide recommendations based on utilization data collected from the pilot operation sites, performance evaluations of the regions, as well as data from the accompanying actuarial and cost analysis related to improvements for integration of individuals with IDD in Colorado's behavioral health system.

Although the final recommendations have yet to be formalized as the pilot is still ongoing, the Department has already identified as necessary the continuation of the current pilot FTE position beyond June 2019. The pilot has shown that coordination, rather than services, are missing in the crisis system. Having an FTE dedicated to enhancing coordination between waivers, mental health centers, hospitals, etc. would increase access to necessary services for individuals with dual diagnoses. There is a need for someone to coordinate with all parties involved in the crisis system network as the work of identifying and preventing gaps will be ongoing once the pilot ends. In addition, there should be a position in place to implement findings from the pilot and the Department believes the continuation of one FTE is the most fiscally responsible way to do this.

If the request is not approved, the Department cannot guarantee that recommendations from the pilot study would be operationalized. If the monitoring of service coordination ends with the commencement of the pilot, then identified gaps in the crisis system could continue to exist or new gaps could emerge. The Department believes there needs to be a dedicated position for ongoing implementation and coordination of these services in order to guarantee that the CSCR pilot has a lasting, positive impact.

#### **Expanded Access to Nursing Facility Civil Monetary Penalty Fund**

The Department requests an increase of \$250,000 total funds, including \$0 General Fund and \$250,000 Civil Monetary Penalty (CMP) Cash Fund in FY 2019-20 and \$250,000 total funds, including \$0 General Fund

and \$250,000 CMP Cash Fund in FY 2020-21 and future years in order to reinvest more cash fund revenue into programs that improve the overall quality of care provided to nursing facility residents.

Revenue for the Nursing Facility Civil Monetary Penalty (CMP) Fund, also referred to as the Nursing Home Cash Penalty Fund (NHPCF) has been increasing steadily in recent years. Revenue into the fund is comprised of fines issued when nursing facilities do not meet requirements for Long Term Care (LTC) facilities and revenue is separate from the State General Fund. Federal regulation<sup>1</sup> limits the spending of these funds to projects that have secured Centers for Medicare and Medicaid Services (CMS) approval by meeting five criteria related to Nursing Facility quality, improvements, and training. Revenue into the cash fund has averaged almost \$1 million annually and the fund's balance was \$7,021,053.34 at the beginning of FY 2018-19.

SB 14-151 established the Nursing Home Innovations Grant (NHIG) Board, a ten-member group that offers recommendations to the Colorado Department of Public Health and Environment (CDPHE) and the Department for the expenditure of CMP funds. The board solicits, reviews, and recommends grants for funding from the CMP fund. The legislation also created a maximum budget for grant disbursements, outlined in section 25-1-107.5, C.R.S., which limits spending on reinvestment projects to no more than \$250,000 annually if the cash fund balance is greater than \$2 million. State statute also requires the Department to submit a joint annual report with CDPHE regarding expenditure of moneys in the CMP fund and includes details on recipients of the funds, effectiveness of the use of the funds, and any other appropriate information.

The Board has allocated the maximum \$250,000 every year since its establishment in FY 2014-15. In FY 2017-18 the Board received seven applications and awarded grants to three organizations. The chosen programs include implementing a new model of care, conducting a state-wide education program, and creating a culture change and person-centered training program.

The remaining fund balance cannot be reinvested due to statutory limitations and failure to utilize these funds could lead to a federal recoupment of the remaining balance. The Department is aware of other states that have had their CMP fund balance revoked by CMS. In an effort to avoid a potential recoupment, the Department is proposing changes to section 25-1-107.5, C.R.S., to increase the Board's maximum allocation to \$500,000 each year. If the request is not approved, the Department risks a federal recoupment of the portion of funds that are otherwise statutorily unable to be used to improve the quality of care and quality of life for residents living in nursing facilities.

### **Increased Authority for the Oversight of Individual Residential Support Services (IRSS)**

The Department requests \$124,248 total funds, including \$62,124 General Fund in FY 2019-20 and \$129,960 total funds including \$64,980 General Fund in FY 2021-22 and ongoing to provide oversight for Individual Residential Support Services (IRSS) settings. The Department would transfer the funds to DOLA for hiring of one FTE to perform onsite inspections and general administration. Further, the Department requests that the Joint Budget Committee sponsor legislation to provide authority for the Department to promulgate regulations for the approval of service agencies to provide independent residential support services.

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<sup>1</sup> 42 CFR 488.433 – Civil money penalties: Uses and approval of civil money penalties imposed by CMS.

IRSS is a service provided to members on the Home and Community Based Services Waiver for persons with developmental disabilities (HCBS-DD). The service provides a living environment in which three or fewer persons receiving services may live in a single residential setting. The living environment does not require state licensure or certification; however, the Office of Community Living must approve the agencies to provide such services. There are currently 3,200 IRSS sites operating in Colorado serving 5,000 individuals.

Current monitoring of the IRSS sites is handled by the Colorado Department of Public Health and Environment (CDPHE). IRSS sites are included in CDPHE's survey cycle of the Department's Program Approved Service Agencies (PASA). CDPHE conducts a survey of each PASA every three years. Not every site is surveyed every three years – only a sample of the PASA's services provided are included in the inspection. This request would add responsibility for additional oversight of the benefit to the Department of Local Affairs (DOLA) and specifically the Division of Housing. Increasing DOLA's oversight of the IRSS benefit would not offset or reduce CDPHE's workload as the DOLA inspections would differ from the surveys conducted by CDPHE. CDPHE surveys for compliance of all rules and regulations related to IRSS. The inspections that DOLA would be conducting would be Housing Quality Standard inspections and would focus on ensuring the environment is safe and appropriately meets all quality standards. These inspections would not review staffing ratios, policies and procedures, training, or other requirements found in Department regulations, which would continue to be covered by the CDPHE inspections, therefore avoiding a duplication of work between the two agencies.

Currently, the Department has no explicit statutory authority to promulgate regulations for the approval of service agencies to provide independent residential support services. Statutory authority is needed to ensure that the Department can appropriately set standards for health, life, and fire safety, as well as standards to ensure the effective delivery of services and supports to residents, new statutory language is needed to provide. Without statutory authority, the Department does not have proper authority to deny, suspend, revoke, or modify the service agencies and/or any contracted providers approval to render independent residential support services.

With statutory authority, the Department would promulgate rules around the IRSS benefit to better ensure the health, safety, and welfare of members. Expanded authority over rules would give the Department the authority necessary to better ensure the health, safety, and welfare of all clients residing in these settings. It would also provide the Department with the tools to deal with problematic and subpar providers. Accordingly, the Department would spend 12-18 months working through a deliberative stakeholder process to promulgate these regulations. The Department would include a broad stakeholder group consisting of clients, families, host home providers, provider approved service agencies, advocacy groups, CDPHE, Fire Authorities, and many others.

The Department is requesting funds to transfer to DOLA for the hiring of one FTE. This FTE would be responsible for the oversight of the inspection program, including coordination and scheduling of all inspections. For most of the inspections, DOLA would utilize one of the existing contractors in the state and the FTE would be responsible for coordinating the execution of the inspection but would not be expected to complete the actual inspection.

The FTE may, however, be responsible for conducting some of the inspections when a conflict of interest exists in the system. It is estimated that DOLA would need to complete 1,700 inspections every other year and the FTE position would need to complete 250 inspections per year only when there is a conflict of interest with a contract inspector. When a conflict exists, the FTE would either conduct those inspections or coordinate to have a different contractor without a conflict conduct the inspection. A conflict might exist because DOLA currently has a network of 50 local agencies statewide that are contracted to conduct Housing Quality Standard inspections. Some of those agencies also operate as a Community Centered Board (CCB) and therefore may also be the service provider for the individual. Having the provider conduct an inspection of their own agency would be a conflict of interest and therefore DOLA would either conduct these inspections themselves or find a different contracted inspector. A more detailed breakdown of FTE costs and assumptions can be found in Appendix A and in the Assumptions and Calculations section below.

### ***Anticipated Outcomes:***

#### **Case Management Brokering Agent**

Hiring a third-party entity to conduct case management choice brokering would enable the Department to comply with section 25.5-10-211, C.R.S., which requires that a person eligible for and authorized to receive HCBS be referred to a third-party entity for selection of a case management agency. In addition, having a third-party entity would help the Department begin moving clients who are in conflicted case management to conflict-free situations. There is a statutory requirement that 25% of IDD waiver clients be in conflict-free case management situations by June 30, 2021. Contract work would need to be ongoing to provide case management selection assistance to all new waiver members therefore ensuring no new members enter into a conflicted situation. Without hiring a third-party entity, it is unlikely that the Department would be able to move these affected clients within the established timeline.

Establishing a third-party entity to introduce choice into case management aligns with the Department's strategic initiatives to 'promote rigorous compliance with federal and state laws' and to 'instill a person- and family-centered approach to strengthen... client experience'. This request would bring the Department in line with statute by fulfilling the requirement of establishing a third-party entity. Contracting with a third-party entity also represents a change to a person-centered case management selection process. The contractor would reach out directly to the member to facilitate choice. The Department believes this direct contact would improve the client experience during case management agency selection. Without this request, the Department would not be able to implement the statutorily required third-party entity. That would cause the Department to be out of compliance with State law. In turn, this would prolong the Department's ability to comply with federal regulation and jeopardize approximately \$250 million in federal funding for approximately 13,000 individuals.

#### **PASRR Funding Increase**

Approving this request would ensure the Department has sufficient funding to operate the federally mandated program. It would also eliminate an existing conflict in the system by removing PASRR responsibilities from CCBs and MHCs. This request addresses the Department's strategy of 'operational excellence' by promoting rigorous compliance with federal and state laws. Without this request, adequate future funding is uncertain and without adequate funding the Department might not be able to properly execute the federally mandated program.

### **Crisis Pilot FTE**

After the CSCR pilot ends, it is imperative that the findings and recommendations be implemented in order to avoid future gaps in the system of care for individuals with dual diagnoses. Requesting an FTE to continue coordination in this system aligns with the Department's strategic policy initiative of 'delivery systems innovation'. The purpose of this initiative is to ensure that Health First Colorado members can easily access and navigate needed and appropriate services. The goal of the CSCR pilot was to improve access to services and identify any missing services. The Department believes that coordination, rather than services, are missing in the crisis system. Having an FTE dedicated to enhancing coordination between waivers, mental health centers, hospitals, etc. would increase access to necessary services for individuals with dual diagnoses.

This request also fits into the 'delivery system innovation' initiative as this position would be working toward integration of behavioral and mental health services for individuals with IDD. The purpose of the pilot was to ensure that individuals with IDD are fully included in the Colorado behavioral health system and are supported in the Colorado behavioral health crisis response system. If the FTE is not approved, the Department would not have the necessary resources to ensure that the purpose of the pilot is met because there would not be a position coordinating communication and service delivery going forward.

### **Expanded Access to Nursing Facility Civil Monetary Penalty Fund**

Approving this request would allow for the Department and the Nursing Home Innovations Grant Board to reinvest more funds from the Civil Monetary Penalty (CMP) fund towards improving the overall quality of care of nursing facility residents. This would increase the number of nursing facility improvement projects that are funded and would also eliminate the risk of a federal recoupment by CMS.

This request links directly to the Department's FY 2018-19 Performance Plan strategies to 'support Statewide efforts to improve population health' and 'promote rigorous compliance with federal and State laws and regulation, fiscal rules, and internal operating procedures'. The CMP fund has available funds sitting in its balance that could be used for nursing home innovation projects if the Board were granted increased access. Lifting the statutory limit on reinvestment projects would enable more money to flow to nursing homes and would assist in improving population health. In addition, the Board has been allocating the maximum \$250,000 from the cash fund each year per state statute. The Department believes there are more projects that would comply with federal regulation, would gain CMS approval, and could be funded if the statutory limit on reinvestment was lifted.

### **Increased Authority for the Oversight of Individual Residential Support Services (IRSS)**

Increasing oversight of the IRSS benefit aligns with the Department's initiative to be a model for compliant, efficient, and effective business practices that are person- and family-centered. By increasing oversight of the IRSS benefit the Department would better be able to ensure the health, safety, and welfare of a very vulnerable population. The Department will also utilize analytics to ensure people in these settings are receiving services in a person-centered manner.

#### ***Assumptions and Calculations:***

##### **Case Management Brokering Agent**

The Department assumes the third-party entity contractor could begin to facilitate case management selection and quality assurance checks for individuals with intellectual and developmental disabilities (IDD) waivers

starting July 1, 2019. If the request is approved the Department would need to execute an amendment to an existing contract which could be completed in time for a July 1 start date. The contractor would be responsible for assisting individuals eligible for or enrolled in an HCBS waiver to initially select a CMA or assist in finding a CMA if dissatisfied with the current one. For initial selection, the contractor would be responsible for accepting a new referral and contacting the individual within the specified amount of time, via telephone. The contractor would provide the options for CMAs in the area in which the individual resides. Then, the contractor would send a referral to the CMA selected by the individual. For a change in case management agency, the contractor would provide agency options to the member and ultimately send a referral to the new chosen agency. The contractor would follow-up in all situations within the specified amount of time to ensure the CMA received the referral and had contacted the individual.

The Department assumes that the existing enrollment coordination contract could be amended by May 1, 2019 at which point IDD case management choice brokering would begin a ramp-up period. During this time, the contractor would be establishing procedures, conducting training, and completing any infrastructure builds such as purchasing a new telephone number for IDD members to contact. Starting August 1, 2019, the contractor would begin operation as the IDD case management choice broker. The contractor would receive an initial list to contract via telephone at the beginning of FY 2019-20 showing all members receiving services and case management by the same agency. The Department estimates that number to be approximately 7,500 people.

Individuals not in conflicted situations would receive an optional change letter and would have the option of contacting the choice broker if they would like to change their CMA. All new individuals who become eligible to receive HCBS services through an IDD waiver would receive an initial letter and be contacted by the contractor to help facilitate initial CMA selection. This would ensure that no newly-eligible individuals enter into a conflicted case management situation.

The first four months of operation would involve contacting all IDD members via mailed communication and conducting a phone call with conflicted individuals to help them select a new CMA. Therefore, this period requires the most involved work since it involves contacting every member and following up with a phone call for at least 7,500 people. The rate for this volume of work was provided by the Department's current contractor and is estimated at \$22,283 a month. After the initial four months, the contractor would continue to send out optional change letters and would be responsible for choice counseling for all new IDD waiver clients. Since this represents a lower volume of work, the estimated monthly cost during this time would be \$11,407. This monthly cost would continue for the duration of the contract as the contractor would continue offering choice counseling for new IDD clients and those members who elect an optional change.

The process outlined above involves system changes to the Benefits Utilization System (BUS). The contractor would need to be able to receive notification of an eligible member, accept the referral, and record when contact was made both initially and for any follow-up communication. The Department has funding available to implement these changes by working with Office of Information Technology (OIT) and therefore does not need to request additional funds for this purpose. The Department assumes this work would be completed in time for a July 1, 2019 contract implementation date.

### **Preadmission Screening and Resident Review (PASRR) Funding Increase**

The Department assumes that the new PASRR contract would begin July 1, 2019 but there would need to be several months of transition before the contractor could begin review work. The contractor would be responsible for all aspects of the PASRR program currently delegated to CCBs and MHCs which includes reviewing Level I Assessments and executing Level II Assessments. The current process would continue for Level I preliminary screens in which nursing facilities, single entry points (SEPs), or hospital discharge planners who are responsible for indicating the possible presence of a mental illness or developmental disability. The contractor would then review Level I Assessments if the Level I Assessments indicates a potential trigger. If a Level II Assessment is required, then the contractor would provide a qualified mental health professional to conduct the on-site assessment.

All of the cost of operating the PASRR program results from staffing needs. Based on an estimate provided by the Department's current contractor seven positions are needed for a contractor to take over this work which include: project director, project manager, qualified mental health professional, provider specialist, senior medical director, analyst, and an administrator. Salaries for these positions total over \$700,000. Fringe costs and providing benefits are estimated to be around \$230,000. Other direct costs, composed mostly of travel, software, and telephone communications are estimated to be just over \$120,000 and indirect costs total just under \$390,000. In FY 2019-20 there is a one-time system implementation cost of \$60,000.

The contractor would be required to provide monthly reporting detailing the number of assessments, types of assessment, and time for assessment completion. The contractor would also document and report the number of referrals they receive and types of determination that result from the assessment.

Because contractor funding would begin July 1, 2019 there would need a two-month ramp-up period for the contractor to obtain appropriate staffing, ensure adequate training, and develop internal process for taking over this scope of work. During this transition time, the Department would continue to review all Level I evaluations for individuals with intellectual and developmental disabilities (IDD) and the CCBs would continue to conduct Level II evaluations for those individuals. MHCs would continue to conduct all PASRR related work for individuals with mental health diagnoses. This work involves reviewing Level I evaluations and completing Level II Assessments if referred as well as conducting status change reviews. The contractor would also be available to attend Department meetings and collaborate with the Department on developing business practices. The Department assumes any referral for an assessment that was received before August 15, 2019 would need to be completed by the CCBs and MHCs and any referral received after that date would be the responsibility of the contractor.

The Department is requesting to move the portion of current funding for PASRR out of the CCB contract and into the contracts for special eligibility determination appropriation. Since CCBs will no longer be conducting the assessments, the Department believes it best that PASRR is funded from a single appropriation. With this change, all PASRR funding would be held in one appropriation and there would be a single fund source for the contractor conducting the reviews. More detailed calculations of the request and the transfer between appropriations can be found in Appendix A.

### **Crisis Pilot FTE**

The Department is requesting 1.0 FTE to begin July 1, 2019 to coordinate and oversee implementation of the recommendations found during the CSCR pilot. This FTE would be familiar with the long-term goals of the recommendations, develop a long-term implementation plan in line with current efforts, assign tasks to staff, track task implementation progress, and assist staff in addressing any obstacles when they arise. Consolidating the responsibility of overseeing the implementation of the recommendations under one FTE would expedite implementation by improving staff coordination across agencies and improve outcomes through close monitoring.

This position would serve as the subject matter expert on the crisis system and would engage with all areas of that system to ensure that individuals with IDD have no barriers when accessing the behavioral health system. This FTE would serve as a reference point for all pilot regions in the crisis system, and as such play a role in both the implementation of pilot recommendations as well the continual practice of identifying and eliminating any potential gaps in services for individuals with IDD. The position would include significant traveling which the Department has included in the position description and position cost. A more detailed calculation of operating and traveling costs can be found in Appendix A.

### **Expanded Access to Nursing Facility Civil Monetary Penalty Fund**

The Department is requesting to lift the statutory spending limit on reinvestment projects from the current \$250,000 to \$500,000. Because a statute change is required, any increase in funding would become available to the Nursing Home Innovations Grant Board upon enactment of the legislation.

### **Increased Authority for the Oversight of Individual Residential Support Services (IRSS)**

The Department assumes DOLA would need 1.0 FTE to provide proper oversight of the IRSS benefit. The Department assumes this position could start July 1, 2019. The Department estimates that DOLA would need to complete 1,700 inspections of residential services and supports providers, with approximately 13 percent of sites requiring a second re-inspection. Each provider would be inspected once every two years; therefore, the annual workload for DOLA would be 850 inspections per year. The Department assumes that inspections would be carried out by DOLA's existing network of contractors when possible. The Division of Housing in DOLA would require 1.0 FTE for an Inspector I, which would be responsible for oversight of the inspection program, including coordination and scheduling of all inspections. This position would also complete inspections when there is a conflict of interest with a contract inspector. Further, this position would be responsible for tracking providers and coordinating with the Department on a registry of Host Homes throughout the state.

Other costs for oversight include legal fees, inspection costs, and travel costs. It is estimated that DOLA would need 5 hours of legal services at a cost of \$106.56 per hour in each fiscal year totaling \$533 each year. Annual contract inspection costs are estimated at \$64,384 per year to fund over 1,700 inspections. More detailed calculations of costs can be found in Appendix A.

R-14 OCL Governance  
Appendix A: Calculations and Assumptions

<b>Table 1.1 FY 2019-20 Office of Community Living (OCL) Governance Summary by Line Item</b>									
<b>Row</b>	<b>Line Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FFP or FMAP</b>	<b>Notes/Calculations</b>
A	(1) Executive Director's Office, (A) General Administration, Health, Life, and Dental	\$7,927	0.0	\$3,964	\$0	\$0	\$3,963	50.00%	FTE Calculation
B	(1) Executive Director's Office, (A) General Administration, Short-term Disability	\$109	0.0	\$55	\$0	\$0	\$54	50.00%	FTE Calculation
C	(1) Executive Director's Office, (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	\$2,870	0.0	\$1,435	\$0	\$0	\$1,435	50.00%	FTE Calculation
D	(1) Executive Director's Office, (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$2,870	0.0	\$1,435	\$0	\$0	\$1,435	50.00%	FTE Calculation
E	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Personal Services	\$64,195	0.9	\$32,098	\$0	\$0	\$32,097	50.00%	FTE Calculation
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Operating Expenses	\$7,556	0.0	\$3,778	\$0	\$0	\$3,778	50.00%	Table 5.1 Row B
G	(1) Executive Director's Office, (A) General Administration, General Professional Services and Special Projects	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Table 6.1 Row B
H	<b>NEW LINE</b> (1) Executive Director's Office; (B) Transfers to/from Other Departments; Transfer to Department of Local Affairs for Host Home Regulation	\$124,248	0.0	\$62,124	\$0	\$0	\$62,124	50.00%	Table 5.1 Row D
I	(1) Executive Director's Office, (D) Eligibility Determinations and Client Services, Customer Outreach	\$168,981	0.0	\$84,491	\$0	\$0	\$84,490	50.00%	Table 2.1 Row A
J	(1) Executive Director's Office, (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$960,568	0.0	\$240,142	\$0	\$0	\$720,426	75.00%	Table 2.1 Row B + Row K transfer
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Eligibility Determination and Waiting List Management	(\$28,159)	0.0	(\$7,040)	\$0	\$0	(\$21,119)	75.00%	Table 3.1 Inverse of Row B
<b>L</b>	<b>Total Request</b>	<b>\$1,561,165</b>	<b>0.9</b>	<b>\$422,482</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$888,683</b>		<b>Sum of Rows E - K</b>

R-14 OCL Governance  
Appendix A: Calculations and Assumptions

<b>Table 1.2 FY 2020-21 Office of Community Living (OCL) Governance Summary by Line Item</b>									
<b>Row</b>	<b>Line Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FFP or FMAP</b>	<b>Notes/Calculations</b>
A	(1) Executive Director's Office, (A) General Administration, Health, Life, and Dental	\$7,927	0.0	\$3,964	\$0	\$0	\$3,963	50.00%	FTE Calculation
B	(1) Executive Director's Office, (A) General Administration, Short-term Disability	\$119	0.0	\$60	\$0	\$0	\$59	50.00%	FTE Calculation
C	(1) Executive Director's Office, (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	\$3,131	0.0	\$1,566	\$0	\$0	\$1,565	50.00%	FTE Calculation
D	(1) Executive Director's Office, (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$3,131	0.0	\$1,566	\$0	\$0	\$1,565	50.00%	FTE Calculation
E	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Personal Services	\$70,036	1.0	\$35,018	\$0	\$0	\$35,018	50.00%	FTE Calculation
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Operating Expenses	\$2,876	0.0	\$1,438	\$0	\$0	\$1,438	50.00%	Table 5.1 Row B
G	(1) Executive Director's Office, (A) General Administration, General Professional Services and Special Projects	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Table 6.2 Row B
H	<b>NEW LINE</b> (1) Executive Director's Office; (B) Transfers to/from Other Departments; Transfer to Department of Local Affairs for Host Home Regulation	\$129,960	0.0	\$64,980	\$0	\$0	\$64,980	50.00%	Table 5.2 Row E
I	(1) Executive Director's Office, (D) Eligibility Determinations and Client Services, Customer Outreach	\$136,884	0.0	\$68,442	\$0	\$0	\$68,442	50.00%	Table 2.2 Row A
J	(1) Executive Director's Office, (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$637,258	0.0	\$159,315	\$0	\$0	\$477,943	75.00%	Table 2.2 Row B + Row K transfer
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Eligibility Determination and Waiting List Management	(\$28,159)	0.0	(\$7,040)	\$0	\$0	(\$21,119)	75.00%	Table 3.1 Inverse of Row B
<b>L</b>	<b>Total Request</b>	<b>\$1,213,163</b>	<b>1.0</b>	<b>\$329,309</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$633,854</b>		<b>Sum of Rows E - K</b>

R-14 OCL Governance  
Appendix A: Calculations and Assumptions

<b>Table 1.3 FY 2021-22 Office of Community Living (OCL) Governance Summary by Line Item</b>									
<b>Row</b>	<b>Line Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FFP or FMAP</b>	<b>Notes/Calculations</b>
A	(1) Executive Director's Office, (A) General Administration, Health, Life, and Dental	\$7,927	0.0	\$3,964	\$0	\$0	\$3,963	50.00%	FTE Calculation
B	(1) Executive Director's Office, (A) General Administration, Short-term Disability	\$119	0.0	\$60	\$0	\$0	\$59	50.00%	FTE Calculation
C	(1) Executive Director's Office, (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	\$3,131	0.0	\$1,566	\$0	\$0	\$1,565	50.00%	FTE Calculation
D	(1) Executive Director's Office, (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$3,131	0.0	\$1,566	\$0	\$0	\$1,565	50.00%	FTE Calculation
E	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Personal Services	\$70,036	1.0	\$35,018	\$0	\$0	\$35,018	50.00%	FTE Calculation
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (1) Administrative Costs, Operating Expenses	\$2,876	0.0	\$1,438	\$0	\$0	\$1,438	50.00%	Table 5.1 Row B
G	(1) Executive Director's Office, (A) General Administration, General Professional Services and Special Projects	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Table 6.3 Row B
H	<b>NEW LINE</b> (1) Executive Director's Office; (B) Transfers to/from Other Departments; Transfer to Department of Local Affairs for Host Home Regulation	\$129,960	0.0	\$64,980	\$0	\$0	\$64,980	50.00%	Table 5.3 Row G
I	(1) Executive Director's Office, (D) Eligibility Determinations and Client Services, Customer Outreach	\$136,884	0.0	\$68,442	\$0	\$0	\$68,442	50.00%	Table 2.3 Row A
J	(1) Executive Director's Office, (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$637,258	0.0	\$180,435	\$0	\$0	\$477,943	75.00%	Table 2.3 Row B + Row K transfer
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Eligibility Determination and Waiting List Management	(\$28,159)	0.0	(\$28,160)	\$0	\$0	(\$21,119)	75.00%	Table 3.1 Inverse of Row B
L	<b>Total Request</b>	<b>\$1,213,163</b>	<b>1.0</b>	<b>\$329,309</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$633,854</b>		<b>Sum of Rows E - K</b>

R-14 OCL Governance  
Appendix A: Calculations and Assumptions

<b>Table 2.1 FY 2019-20 OCL Governance Summary by Initiative</b>									
<b>Row</b>	<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FFP or FMAP</b>	<b>Notes/Calculations</b>
A	Case Management Brokering Agent	\$168,981	0.0	\$84,491	\$0	\$0	\$84,490	50.00%	Table 7.2 Row A
B	Preadmission Screening and Resident Review (PASRR) Funding Increase	\$932,409	0.0	\$233,103	\$0	\$0	\$699,306	75.00%	Table 3.1 Row G
C	Increased Authority for the Oversight of Individual Residential Support Services (IRSS)	\$124,248	0.0	\$62,124	\$0	\$0	\$62,124	50.00%	Table 5.1 Row D
D	Expanded Access to Civil Monetary Penalty (CMP) Fund	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Table 6.1 Row B
E	Crisis Pilot FTE	\$85,527	0.9	\$42,764	\$0	\$0	\$42,763	50.00%	Table 8.1 Row D
<b>F</b>	<b>Total Estimate</b>	<b>\$1,561,165</b>	<b>0.9</b>	<b>\$422,482</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$888,683</b>		<b>Sum of Rows A - Row E</b>

<b>Table 2.2 FY 2020-21 OCL Governance Summary by Initiative</b>									
<b>Row</b>	<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FFP or FMAP</b>	<b>Notes/Calculations</b>
A	Case Management Brokering Agent	\$136,884	0.0	\$68,442	\$0	\$0	\$68,442	50.00%	Table 7.2 Row B
B	PASSR Funding Increase	\$609,099	0.0	\$152,275	\$0	\$0	\$456,824	75.00%	Table 3.1 Row G
C	Increased Authority for the Oversight of IRSS	\$129,960	0.0	\$64,980	\$0	\$0	\$64,980	50.00%	Table 5.2 Row E
D	Expanded Access to CMP Fund	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Table 6.2 Row B
E	Crisis Pilot FTE	\$87,220	1.0	\$43,612	\$0	\$0	\$43,608	50.00%	Table 8.1 Row D
<b>F</b>	<b>Total Estimate</b>	<b>\$1,213,163</b>	<b>1.0</b>	<b>\$329,309</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$633,854</b>		<b>Sum of Rows A - Row E</b>

<b>Table 2.3 FY 2021-22 OCL Governance Summary by Initiative</b>									
<b>Row</b>	<b>Item</b>	<b>Total Funds</b>	<b>FTE</b>	<b>General Fund</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FFP or FMAP</b>	<b>Notes/Calculations</b>
A	Case Management Brokering Agent	\$136,884	0.0	\$68,442	\$0	\$0	\$68,442	50.00%	Table 7.2 Row C
B	PASSR Funding Increase	\$609,099	0.0	\$152,275	\$0	\$0	\$456,824	75.00%	Table 3.1 Row G
C	Increased Authority for the Oversight of IRSS	\$129,960	0.0	\$64,980	\$0	\$0	\$64,980	50.00%	Table 5.3 Row G
D	Expanded Access to CMP Fund	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Table 6.3 Row B
E	Crisis Pilot FTE	\$87,220	1.0	\$43,612	\$0	\$0	\$43,608	50.00%	Table 8.1 Row D
<b>F</b>	<b>Total Estimate</b>	<b>\$1,213,163</b>	<b>1.0</b>	<b>\$329,309</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$633,854</b>		<b>Sum of Rows A - Row E</b>

R-14 OCL Governance  
Appendix A: Calculations and Assumptions

<b>Table 3.1</b>					
<b>Preadmission Screening and Resident Review (PASRR) Contractor Funding</b>					
<b>Row</b>	<b>Item</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>	<b>Notes</b>
A	Professional Services Contracts PASRR Budget	\$1,551,700	\$1,551,700	\$1,551,700	FY 2018-19 Long Bill
B	Community Centered Boards (CCB) Contract PASRR Funds	\$28,159	\$28,159	\$28,159	FY 2018-19 CCB Contract
C	Total Current Funding	\$1,579,859	\$1,579,859	\$1,579,859	Row A + Row B
D	Contractor Estimate	\$2,248,958	\$2,188,958	\$2,188,958	Contractor Quote
E	Transition Funding	\$263,310	\$0	\$0	Two Months Funding for CCBs and Mental Health Centers (MHCs)
F	Total Future Funding Needed	\$2,512,268	\$2,188,958	\$2,188,958	Row D + Row E
G	<b>Requested Funds</b>	<b>\$932,409</b>	<b>\$609,099</b>	<b>\$609,099</b>	Row F - Row C

Table 5.1 Increased Authority for the Oversight of Individual Residential Support Services (IRSS) Costs FY 2019-20								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Source/Calculation
A	Personal Services	\$47,111	0.0	\$23,556	\$0	\$0	\$23,556	FTE Calculator - Inspector I level
B	Legal Services	\$533	0.0	\$267	\$0	\$0	\$267	See Narrative - Estimate from DOLA
D	Inspection and Operating Costs	\$64,385	0.0	\$32,193	\$0	\$0	\$32,193	See Narrative - Estimate from DOLA
C	Centrally Appropriated Costs	\$12,219	0.0	\$6,110	\$0	\$0	\$6,110	FTE Calculator - Inspector I level
<b>D</b>	<b>Total</b>	<b>\$124,248</b>	<b>0.0</b>	<b>\$62,124</b>	<b>\$0</b>	<b>\$0</b>	<b>\$62,124</b>	<b>Sum of Rows A-F</b>

Table 5.2 Increased Authority for the Oversight of IRSS Costs FY 2020-21								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Source/Calculation
A	Personal Services	\$52,346	0.0	\$26,173	\$0	\$0	\$26,173	FTE Calculator - Inspector I level
B	Legal Services	\$533	0.0	\$267	\$0	\$0	\$267	See Narrative - Estimate from DOLA
C	Inspection and Operating Costs	\$64,385	0.0	\$32,193	\$0	\$0	\$32,193	See Narrative - Estimate from DOLA
D	Centrally Appropriated Costs	\$12,696	0.0	\$6,348	\$0	\$0	\$6,348	FTE Calculator - Inspector I level
<b>E</b>	<b>Total</b>	<b>\$129,960</b>	<b>0.0</b>	<b>\$64,980</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,980</b>	<b>Sum of Rows A - F</b>

Table 5.3 Increased Authority for the Oversight of IRSS Costs FY 2021-22								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Source/Calculation
A	Personal Services	\$52,346	0.0	\$26,173	\$0	\$0	\$26,173	FTE Calculator - Inspector I level
C	Legal Services	\$533	0.0	\$267	\$0	\$0	\$267	See Narrative - Estimate from DOLA
D	Inspection and Operating Costs	\$64,385	0.0	\$32,193	\$0	\$0	\$32,193	See Narrative - Estimate from DOLA
E	Travel Costs	\$0	0.0	\$0	\$0	\$0	\$0	HB 18-1376 Fiscal Note
F	Centrally Appropriated Costs	\$12,696	0.0	\$6,348	\$0	\$0	\$6,348	FTE Calculator - Inspector I level
<b>G</b>	<b>Total</b>	<b>\$129,960</b>	<b>0.0</b>	<b>\$64,980</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,980</b>	<b>Sum of Rows A - F</b>

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Appendix A: Calculations and Assumptions

Table 6.1 Expanded Access to Civil Monetary Penalty (CMP) Fund FY 2019-20									
Row	Item	Total Funds	FTE	General Fund	Cash Funds <sup>(1)</sup>	Reappropriated Funds	Federal Funds	FFP or FMAP	Notes/Calculations
A	Increased Nursing Home Innovation Grant Board Spending Authority (NHIGB)	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Requested spending authority in addition to C.R.S. 25-1-107.5
<b>B</b>	<b>Total</b>	<b>\$250,000</b>	<b>0.0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$0</b>		<b>Row A</b>

(1) Civil Monetary Penalty (CMP) Cash Fund

Table 6.2 Expanded Access to CMP Fund FY 2020-21									
Row	Item	Total Funds	FTE	General Fund	Cash Funds <sup>(1)</sup>	Reappropriated Funds	Federal Funds	FFP or FMAP	Notes/Calculations
A	Increased NHIGB Spending Authority	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Requested spending authority in addition to C.R.S. 25-1-107.5
<b>B</b>	<b>Total</b>	<b>\$250,000</b>	<b>0.0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$0</b>		<b>Row A</b>

(1) Civil Monetary Penalty (CMP) Cash Fund

Table 6.3 Expanded Access to CMP Fund FY 2021-22									
Row	Item	Total Funds	FTE	General Fund	Cash Funds <sup>(1)</sup>	Reappropriated Funds	Federal Funds	FFP or FMAP	Notes/Calculations
A	Increased NHIGB Spending Authority	\$250,000	0.0	\$0	\$250,000	\$0	\$0	0.00%	Requested spending authority in addition to C.R.S. 25-1-107.5
<b>B</b>	<b>Total</b>	<b>\$250,000</b>	<b>0.0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$0</b>		<b>Row A</b>

(1) Civil Monetary Penalty (CMP) Cash Fund

<b>Table 7.1</b>				
<b>Case Management Brokering Contract Estimate</b>				
<b>Row</b>	<b>Project Period</b>	<b>Months</b>	<b>Monthly Charge</b>	<b>Total</b>
A	May 2019 – July 2019 (implementation)	3	\$0	\$0
B	August 2019 – November 2019	4	\$22,283	\$89,132
C	December 2019 – June 2020	7	\$11,407	\$79,849
D	July 2020 – June 2021	12	\$11,407	\$136,884
E	July 2021 – June 2022	12	\$11,407	\$136,884
<b>F</b>	<b>Total for Project Term</b>	<b>35</b>	<b>N/A</b>	<b>\$442,749</b>

<b>Table 7.2</b>			
<b>Case Management Brokering Contract Estimate by Fiscal Year</b>			
<b>Row</b>	<b>Fiscal Year</b>	<b>Total Cost</b>	<b>Calculation</b>
A	FY 2019-20	\$168,981	Table 7.1 Row B + Row C
B	FY 2020-21	\$136,884	Table 7.1 Row D
C	FY 2021-22	\$136,884	Table 7.1 Row E

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Appendix A: Calculations and Assumptions

Table 8.1 Crisis Pilot FTE Costs					
Row	Item	FY 2019-20	FY 2020-21	FY 2021-22	Notes
A	FTE Personal Services Costs	\$77,971	\$84,344	\$84,344	FTE Calculation Table
B	FTE Operating Costs	\$5,180	\$500	\$500	FTE Calculation Table
C	FTE Travel Costs	\$2,376	\$2,376	\$2,376	Table 8.2 Row J
<b>D</b>	<b>Total Cost</b>	<b>\$85,527</b>	<b>\$87,220</b>	<b>\$87,220</b>	<b>Sum of Rows A - C</b>

Table 8.2 Travel Costs							
Row	Item	Grand Junction	Pueblo	Durango	Sterling	Total	Notes/Calculations
A	Round Trip Mileage	498	236	680	264		2 times the distance from Denver + 10 miles of local travel
B	Mileage Reimbursement Rate	\$0.49	\$0.49	\$0.49	\$0.49		Established Rate
C	Total Mileage Cost	\$244	\$116	\$333	\$129		Row B * Row C
D	Per Night Hotel Rate	\$180	\$180	\$180	\$180		<a href="https://www.statista.com/statistics/202383/average-daily-rate-of-hotels-in-denver/">https://www.statista.com/statistics/202383/average-daily-rate-of-hotels-in-denver/</a>
E	Nights at Hotel	1	1	1	1		Assumes 4 overnight visits a year
F	Total Hotel Cost	\$180	\$180	\$180	\$180		Row D * Row E
G	Meals and Incidentals (MIE) Rate	\$51	\$132	\$122	\$112		Current MIE rate for city or closest city
H	Days of covered MIE	2	2	2	2		Assumes 4 overnight visits a year
I	Cost of MIE	\$102	\$264	\$244	\$224		Row G * Row H
J	Cost per FTE	\$526	\$560	\$757	\$533	\$2,376	Row C + Row E + Row I

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Appendix A: Calculations and Assumptions

<b>FTE Calculation Assumptions:</b>					
<b>Operating Expenses</b> -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.					
<b>Standard Capital Purchases</b> -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).					
<b>General Fund FTE</b> -- New full-time General Fund positions are reflected in Year 1 as 0.9166 FTE to account for the pay-date shift. This applies to personal services costs only; operating costs are not subject to the pay-date shift.					
<b>Expenditure Detail</b>		FY 2019-20		FY 2020-21	
<b>Personal Services:</b>					
	Classification Title	Monthly	FTE	FTE	
	Administrator IV	\$5,218	0.9	1.0	\$62,616
	PERA				\$6,512
	AED				\$3,131
	SAED				\$3,131
	Medicare				\$908
	STD				\$119
	Health-Life-Dental				\$7,927
	<b>Subtotal Position 1, ## FTE</b>		<b>0.9</b>	<b>1.0</b>	<b>\$84,344</b>
	<b>Subtotal Position 2, ## FTE</b>		<b>-</b>	<b>-</b>	<b>\$0</b>
	<b>Subtotal Personal Services</b>		<b>0.9</b>	<b>1.0</b>	<b>\$84,344</b>
<b>Operating Expenses:</b>					
			FTE	FTE	
	Regular FTE Operating	\$500	0.9	1.0	\$500
	Telephone Expenses	\$450	0.9		\$0
	PC, One-Time	\$1,230	0.9	-	
	Office Furniture, One-Time	\$3,473	0.9	-	
	Other				
	<b>Subtotal Operating Expenses</b>				<b>\$500</b>
	<b>TOTAL REQUEST</b>		<b>0.9</b>	<b>1.0</b>	<b>\$84,844</b>
	<i>General Fund:</i>				\$42,422
	<i>Cash funds:</i>				\$0
	<i>Reappropriated Funds:</i>				\$0
	<i>Federal Funds:</i>				\$41,576

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<b>FTE Calculation Assumptions:</b>					
<b>Operating Expenses</b> -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.					
<b>Standard Capital Purchases</b> -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).					
<b>General Fund FTE</b> -- New full-time General Fund positions are reflected in Year 1 as 0.9166 FTE to account for the pay-date shift. This applies to personal services costs only; operating costs are not subject to the pay-date shift.					
<b>Expenditure Detail</b>		FY 2019-20		FY 2020-21	
<i>Personal Services:</i>					
	Classification Title	Monthly	FTE	FTE	
	INSPECTOR I	\$3,900	0.9	1.0	\$46,800
	PERA				\$4,867
	AED				\$2,340
	SAED				\$2,340
	Medicare				\$679
	STD				\$89
	Health-Life-Dental				\$7,927
	<b>Subtotal Position 1, ## FTE</b>		<b>0.9</b>	<b>1.0</b>	<b>\$65,042</b>
	<b>Subtotal Position 2, ## FTE</b>		<b>-</b>	<b>-</b>	<b>\$0</b>
	<b>Subtotal Personal Services</b>		<b>0.9</b>	<b>1.0</b>	<b>\$65,042</b>
<i>Operating Expenses:</i>					
			FTE	FTE	
	Regular FTE Operating	\$500	0.9	1.0	\$500
	Telephone Expenses	\$450	0.9		\$0
	PC, One-Time	\$1,230	0.9	-	
	Office Furniture, One-Time	\$3,473	0.9	-	
	Other				
	<b>Subtotal Operating Expenses</b>				<b>\$500</b>
	<b>TOTAL REQUEST</b>		<b>0.9</b>	<b>1.0</b>	<b>\$65,542</b>
	<i>General Fund:</i>				\$32,771
	<i>Cash funds:</i>				\$0
	<i>Reappropriated Funds:</i>				\$0
	<i>Federal Funds:</i>				\$32,771