Schedule 13
Change Request for FY 08-09 Budget Request Cycle

Decision Item FY 08-09 ☑ Base Reduction Item FY 08-09 ☐ Supplemental FY 07-08 ☐ Budget Request Amendment FY 08-09 ☐

Request Title: Regional Center ICF/MR Conversion and Year Two of the Staffing Study (Wheat Ridge)

Department: Human Services

Priority Number: 6

Dept. Approval by: [illegible] **Date:** 10/26 for 11/1/07

OSPB Approval: [illegible] **Date:** 10/26/07 for 11/1/07

	Fund	1 Prior-Year Actual FY 06-07	2 Appropriation FY 07-08	3 Supplemental Request FY 07-08	4 Total Revised Request FY 07-08	5 Base Request FY 08-09	6 Decision/ Base Reduction FY 08-09	7 November 1 Request FY 08-09	8 Budget Amendment FY 08-09	9 Total Revised Request FY 08-09	10 Change from Base (Column 5) FY 09-10
Total of All Line Items	Total	69,235,861	73,379,156	0	73,376,986	80,469,551	2,261,894	82,731,445	0	82,731,445	4,047,789
	FTE	907.1	935.8	0.0	935.8	950.3	40	990.7	0.0	990.7	72.7
	GF	12,179,506	16,677,997	0	16,677,997	19,019,296	150,667	19,169,963	0	19,169,963	(160,000)
	CF	2,845,215	2,924,457	0	2,924,457	2,952,122	0	2,952,122	0	2,952,122	0
	CFE	51,925,558	50,676,752	0	50,674,582	55,284,570	2,111,227	57,395,797	0	57,395,797	4,207,789
	FF	2,285,582	3,099,950	0	3,099,950	3,213,563	0	3,213,563	0	3,213,563	0
	MCF	49,516,879	50,017,380	0	50,015,210	53,977,480	2,111,227	54,493,158	0	54,493,158	4,207,789
	MGF	24,382,898	24,189,022	0	24,187,937	26,165,470	1,055,614	27,221,084	0	27,221,084	2,103,894
	NGF	36,562,404	40,867,019	0	40,865,934	45,184,766	1,206,281	46,391,047	0	46,391,047	1,943,894
(9) Services for People with Disabilities (A) Developmental Disability Services (1) Community Services - (a) Administrative - Personal Services	Total	2,733,794	2,602,214	0	2,602,214	2,724,416	(2,872)	2,721,544	0	2,721,544	(5,626)
	FTE	29.1	32.4	0.0	32.4	32.4	(0.1)	32.3	0.0	32.3	(0.1)
	GF	267,623	264,121	0	264,121	276,538	0	276,538	0	276,538	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE	2,466,171	2,338,093	0	2,338,093	2,447,878	(2,872)	2,445,006	0	2,445,006	(5,626)
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	2,466,171	2,338,093	0	2,338,093	2,447,878	(2,872)	2,445,006	0	2,445,006	(5,626)
	MGF	1,233,086	1,169,046	0	1,169,046	1,223,939	(1,436)	1,222,503	0	1,222,503	(2,813)
	NGF	1,500,709	1,433,167	0	1,433,167	1,500,477	(1,436)	1,499,041	0	1,499,041	(2,813)
(9) Services for People with Disabilities (A) Developmental Disability Services (1) Community Services - (a) Administrative - Operating Expenses	Total	151,317	148,029	0	148,029	148,029	(645)	147,384	0	147,384	(1,155)
	GF	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE	151,317	148,029	0	148,029	148,029	(645)	147,384	0	147,384	(1,155)
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	151,317	148,029	0	148,029	148,029	(645)	147,384	0	147,384	(1,155)
	MGF	71,195	74,015	0	74,015	74,015	(323)	73,692	0	73,692	(578)
	NGF	71,195	74,015	0	74,015	74,015	(323)	73,692	0	73,692	(578)

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Decision Item FY 08-09 ☑ Base Reduction Item FY 08-09 ☐ Supplemental FY 07-08 ☐ Budget Request Amendment FY 08-09 ☐

Request Title: Regional Center ICF/MR Conversion and Year Two of the Staffing Study (Wheat Ridge)
Department: Human Services
Priority Number: 6

Dept. Approval by: **Date:**
OSPB Approval: **Date:**

	Fund	1 Prior-Year Actual FY 06-07	2 Appropriation FY 07-08	3 Supplemental Request FY 07-08	4 Total Revised Request FY 07-08	5 Base Request FY 08-09	6 Decision/ Base Reduction FY 08-09	7 November 1 Request FY 08-09	8 Budget Amendment FY 08-09	9 Total Revised Request FY 08-09	10 Change from Base (Column 5) FY 09-10
(9) Services for People with Disabilities (A) Developmental Disability Services (2) Regional Centers - Personal Services	Total	46,702,072	41,781,411	0	41,781,411	44,352,825	1,556,949	45,909,774	0	45,909,774	3,266,708
	FTE	907.1	901.9	0.0	901.9	916.4	41.1	957.5	0.0	957.5	73.8
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	2,646,756	2,636,006	0	2,636,006	2,636,006	0	2,636,006	0	2,636,006	0
	CFE	44,055,316	39,145,405	0	39,145,405	41,716,819	1,556,949	43,273,768	0	43,273,768	3,266,708
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	43,942,517	39,145,405	0	39,145,405	41,716,819	1,556,949	43,273,768	0	43,273,768	3,266,708
	MGF	21,599,760	18,751,035	0	18,751,035	20,036,742	778,474	20,815,216	0	20,815,216	1,633,354
	NGF	21,599,760	18,751,035	0	18,751,035	20,036,742	778,474	20,815,216	0	20,815,216	1,633,354
(9) Services for People with Disabilities (A) Developmental Disability Services (2) Regional Centers - Operating Expenses	Total	2,317,046	2,230,701	0	2,228,531	2,228,531	277,891	2,506,422	0	2,506,422	446,551
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	CF	353	0	0	0	0	0	0	0	0	0
	CFE	2,316,693	2,230,701	0	2,228,531	2,228,531	277,891	2,506,422	0	2,506,422	446,551
	FF		0	0	0	0	0	0	0	0	0
	MCF	2,175,239	2,230,701		2,228,531	2,228,531	277,891	2,506,422	0	2,506,422	446,551
	MGF	1,087,620	1,115,350		1,114,265	1,114,265	138,946	1,253,211	0	1,253,211	223,276
	NGF	1,087,620	1,115,350	0	1,114,265	1,114,265	138,946	1,253,211	0	1,253,211	223,276
(9) Services for People with Disabilities (A) Developmental Disability Services (2) Regional Centers - General Fund Physician Services	Total	0	244,460	0	244,460	244,460	(89,333)	155,127	0	155,127	(160,000)
	FTE	0.00	1.5	0.0	1.5	1.5	(0.6)	0.9	0.0	0.9	(1.0)
	GF	0	244,460	0	244,460	244,460	(89,333)	155,127	0	155,127	(160,000)
	CF	0	0	0	0	0	0	0	0	0	0
	CFE	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	0	0	0	0	0	0	0	0	0	0
	MGF	0	0	0	0	0	0	0	0	0	0
	NGF	0	244,460	0	244,460	244,460	(89,333)	155,127	0	155,127	(160,000)

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Request Title: Regional Center ICF/MR Conversion and Year Two of the Staffing Study (Wheat Ridge)
Department: Human Services
Priority Number: 6

Dept. Approval by: **Date:**
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(9) Services for People with Disabilities (A) Developmental Disability Services (2) Regional Centers - ICFMR Adaptations (proposed new line)	Total	0	0	0	0	0	240,000	240,000	0	240,000	0
	GF	0	0	0	0	0	240,000	240,000	0	240,000	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	0	0	0	0	0	0	0	0	0	0
	MGF	0	0	0	0	0	0	0	0	0	0
	NGF	0	0	0	0	0	0	0		0	0
(1) Executive Director's Office (A) Administration Health Life, and Dental	Total	14,200,113	18,671,175	0	18,671,175	21,430,284	182,829	21,613,113	0	21,613,113	327,453
	GF	8,485,973	11,277,917	0	11,277,917	12,554,011	0	12,554,011	0	12,554,011	0
	CF	151,878	200,805	0	200,805	244,469	0	244,469	0	244,469	0
	CFE	3,572,668	4,676,741	0	4,676,741	6,232,896	182,829	6,415,725	0	6,415,725	327,453
	FF	1,989,594	2,515,712	0	2,515,712	2,398,908	0	2,398,908	0	2,398,908	0
	MCF	1,462,932	4,142,444	0	4,142,444	5,073,787	182,829	5,256,616	0	5,256,616	327,453
	MGF	732,020	2,076,354	0	2,076,354	2,536,131	91,415	2,627,546	0	2,627,546	163,727
	NGF	9,217,993	13,354,271	0	13,354,271	15,090,142	91,415	15,181,557	0	15,181,557	163,727
(1) Executive Director's Office (A) Administration - Short Term Disability	Total	221,746	282,774	0	282,774	315,682	1,994	317,676	0	317,676	3,571
	GF	130,709	176,893	0	176,893	192,920	0	192,920	0	192,920	0
	CF	5,879	6,665	0	6,665	4,219	0	4,219	0	4,219	0
	CFE	46,649	53,153	0	53,153	71,474	1,994	73,468	0	73,468	3,571
	FF	38,509	46,063	0	46,063	47,069	0	47,069	0	47,069	0
	MCF	43,886	44,686	0	44,686	63,175	1,994	65,169	0	65,169	3,571
	MGF	21,966	22,244	0	22,244	31,527	997	32,524	0	32,524	1,785
	NGF	152,675	199,137	0	199,137	224,447	997	225,444	0	225,444	1,785

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Change Request for FY 08-09 Budget Request Cycle

Decision Item FY 08-09 ☑ Base Reduction Item FY 08-09 ☐ Supplemental FY 07-08 ☐ Budget Request Amendment FY 08-09 ☐

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Dept. Approval by: **Date:**

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(1) Executive Director's Office											
(A) Administration	Total	1,498,493	2,631,937	0	2,631,937	3,875,868	24,540	3,900,408	0	3,900,408	43,958
	GF	896,173	1,592,902	0	1,592,902	2,372,913	0	2,372,913	0	2,372,913	0
S.B. 04-257 Amortization	CF	38,052	65,360	0	65,360	51,179	0	51,179	0	51,179	0
Equalization	CFE	315,321	531,031	0	531,031	876,399	24,540	900,939	0	900,939	43,958
Disbursement	FF	248,947	442,644	0	442,644	575,377	0	575,377	0	575,377	0
	MCF	298,480	450,698	0	450,698	774,253	24,540	798,793	0	798,793	43,958
	MGF	149,083	224,919	0	224,919	386,484	12,270	398,754	0	398,754	21,979
	NGF	1,045,256	1,817,821	0	1,817,821	2,759,397	12,270	2,771,667	0	2,771,667	21,979
(1) Executive Director's Office											
(A) Administration	Total	0	482,075	0	482,075	1,241,489	7,669	1,249,158	0	1,249,158	13,737
S.B. 06-235	GF	0	284,220	0	284,220	763,140	0	763,140	0	763,140	0
Supplemental	CF	0	13,616	0	13,616	15,883	0	15,883	0	15,883	0
Amortization	CFE	0	96,050	0	96,050	280,810	7,669	288,479	0	288,479	13,737
Equalization Service	FF	0	88,189	0	88,189	181,656	0	181,656	0	181,656	0
	MCF	0	81,454	0	81,454	248,177	7,669	0	0	0	13,737
	MGF	0	38,125	0	38,125	123,951	3,835	127,786	0	127,786	6,869
	NGF	0	322,345	0	322,345	887,091	3,835	890,926	0	890,926	6,869
(1) Executive Director's Office											
(A) Administration - Shift	Total	4,145,074	4,304,380	0	4,304,380	3,907,967	62,872	3,970,839	0	3,970,839	112,592
Differencial	GF	2,666,651	2,837,484	0	2,837,484	2,615,314	0	2,615,314	0	2,615,314	0
	CF	2,297	2,005	0	2,005	366	0	366	0	366	0
	CFE	1,467,594	1,457,549	0	1,457,549	1,281,734	62,872	1,344,606	0	1,344,606	112,592
	FF	8,532	7,342	0	7,342	10,553	0	10,553	0	10,553	0
	MCF	1,442,508	1,435,870	0	1,435,870	1,276,831	62,872	0	0	0	112,592
	MGF	721,254	717,934	0	717,934	638,416	31,436	669,852	0	669,852	56,295
	NGF	3,387,905	3,555,418	0	3,555,418	3,253,730	31,436	3,285,166	0	3,285,166	56,295

Letternote revised text:

Cash Fund name/number, Federal Fund Grant name: Title XIX Medicaid

IT Request: ☑ Yes ☑ No

Request Affects Other Departments: ☑ Yes ☐ No **If Yes, List Other Departments Here:** Health Care Policy and Financing, Public Health and Environment

CHANGE REQUEST for FY 2008-09 BUDGET REQUEST CYCLE

Department:	Human Services
Priority Number:	6
Change Request Title:	Regional Center ICF/MR Conversion and Year Two of the Staffing Study (Wheat Ridge)

SELECT ONE (click on box):

☒ Decision Item FY 2008-09
☐ Base Reduction Item FY 2008-09
☐ Supplemental Request FY 2007-08
☐ Budget Request Amendment FY 2008-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

☒ Not a Supplemental or Budget Request Amendment
☐ An emergency
☐ A technical error which has a substantial effect on the operation of the program
☐ New data resulting in substantial changes in funding needs
☐ Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests funding and positions to provide necessary staff and operating to begin transition of the Regional Centers' group homes to certification under the Centers for Medicare & Medicaid Services (CMS) regulations for Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR). This request is to address compliance with Medicaid regulations and to assure the health, well-being and safety of vulnerable residents at the Regional Centers. Currently, all but 102 of the Regional Centers' 403 beds are certified under the Home and Community Based Services for the Developmentally Disabled (HCBS-DD) waiver. This request would allow 20 of the Regional Centers' 40 waiver group homes to convert to ICF/MR certification during FY 2008-09. These 20 homes represent all of the waiver group homes at the Wheat Ridge Regional Center. The remaining homes at the Grand Junction and Pueblo Regional Centers would be requested in the next year. Staff and associated funding are requested for 6.7 months in the next fiscal year that will annualize to twelve months in FY 2009-10.

Background and Appropriation History:

Brief Background of the Developmental Disability Service System

The Regional Centers provide direct support for adults with developmental disabilities who have very significant requirements and for whom adequate services and supports are not available through the HCBS-DD waiver to meet their needs and the safety needs of the community.

The trend in treatment for persons with developmental disabilities has been deinstitutionalization and transfer to the least restrictive settings. Consistent with that trend, the State's three Regional Centers have been extensively downsized and reconfigured over the past 25 years. The reconfiguration has shifted the Regional Centers from large, campus-based programs to little or no campus base and extensive community integration.

History of the Changes to the HCBS-DD Waiver

Historically, the HCBS-DD waiver operated under a bundled, comprehensive rate structure, covering all related costs of services. During state fiscal year FY 2003-04, CMS reviewed Colorado's HCBS-DD waiver programs and approved renewal conditioned on the following key changes: (1) the removal of certain services from the waiver and their transition to the Medicaid State Plan, and (2) improved financial oversight and accountability of the program, including steps to "unbundle" services and costs in the comprehensive waiver program.

As part of the first change, the Regional Centers are no longer allowed to provide medical, psychiatric and therapy services to waiver individuals. These services are critical in meeting the needs of this population. Instead these services must be accessed through Medicaid State Plan providers. The lack of providers available, or willing to operate under the Medicaid State Plan means that Regional Center individuals either do not receive these services, or the Regional Centers continue to violate Medicaid regulations.

The second change, improved financial oversight and accountability, has resulted in a new fee-for-service rate structure that is expected to be inadequate for individuals with severe, extensive treatment needs who reside at the Regional Centers. Interim rates in effect for FY 2007-08 are projected to be insufficient to cover costs. The rate structure has yet to be finalized so the impact on homes continuing under the waiver is unknown at this time.

Additionally, the Regional Centers must begin to access home health services under the Medicaid State Plan. These services may include medication monitoring, monitoring of diabetes management, monitoring of vital signs, administration of certain medications, among other services. Finally, by July 1, 2008 the Regional Centers will be required to access CCB case management, utilization review and quality assurance activities.

Background of the Staffing Shortfall at the Regional Centers

In 2006, the Office of Adult, Disability, and Rehabilitation Services of the Department of Human Services undertook a comprehensive study of the staff of the Regional Centers to determine the appropriate level necessary to provide services to the individuals with severe medical, behavioral and psychiatric needs residing therein. The Study to address this shortfall is attached to this request. The Study identified a need for a minimum of 279.1 additional FTE required to serve this population regardless of licensure. Year one of this request was funded in the FY 2007-08 Long Bill at 29.0 FTE with the expectation that the remaining FTE would be requested over a four-year period. The staff that are necessary, to convert to ICF/MR certification, are a subset of the staff identified through the Staffing Study.

Appropriation History

	Total	FTE	GF	CF	CFE	MCF	MGF	NGF
Total FY 2006-07 Long Bill	**$40,117,878**	**887.4**	**$0**	**$2,608,448**	**$37,509,430**	**$37,509,430**	**$18,011,718**	**$18,011,718**
07 S#1 Physician Services SB 07-165	$237,870	0.00	$237,870	$0	$0	$0	$0	$237,870

	Total	FTE	GF	CF	CFE	MCF	MGF	NGF
FY 2006-07 Appropriation	**$40,355,748**	**887.4**	**$237,870**	**$2,608,448**	**$37,509,430**	**$37,509,430**	**$18,011,718**	**$18,249,588**
FY 2006-07 Salary Survey	$1,343,798		$0	$0	$1,343,798	$1,343,798	$671,900	$671,900
SB 06-219 HCPF Reorganization	($29,024)		$0	$0	($29,024)	($29,024)	($14,512)	($14,512)
Physician Services to GF Line	($237,870)		($237,870)	$0	$0	$0	$0	($237,870)
08 DI#1 Staffing Increases SB 07-239	$342,541	14.5	$0	$0	$342,541	$342,541	$171,271	$171,271
Medical Inflation JBC addition	$6,218		$0	$0	$6,218	$6,218	$3,109	$3,109
Medicaid GF adjust JBC	$0		$0	$0	$0	$0	($78,761)	($78,761)
Reconcile to Long Bill HCPF	$0		$0	$0	$0	$0	$89	$89
JBC adjustment to client cash	$0		$0	$27,558	($27,558)	($27,558)	($13,779)	($13,779)
Total FY 2007-08 Long Bill	**$41,781,411**	**901.9**	**$0**	**$2,636,006**	**$39,145,405**	**$39,145,405**	**$18,751,035**	**$18,751,035**
Operating Expenses								
Total FY 2006-07 Long Bill	**$2,198,203**		$0	$0	**$2,198,203**	**$2,198,203**	**$1,099,101**	**$1,099,101**
1331 A Physician Services SB 07-165	$6,590		$6,590	$0	$0	$0	$0	$6,590
FY 2006-07 Appropriation	**$2,204,793**		**$6,590**	$0	**$2,198,203**	**$2,198,203**	**$1,099,101**	**$1,105,691**
Physician Services to separate Line	($6,590)		($6,590)	$0	$0	$0	$0	($6,590)
Medical Inflation	$15,828		$0	$0	$15,828	$15,828	$7,914	$7,914
08 DI#1 Staffing Increases SB 07-239	$16,670		$0	$0	$16,670	$16,670	$8,335	$8,335
Total FY 2007-08 Long Bill SB 07-239	**$2,230,701**		**$0**	**$0**	**$2,230,701**	**$2,230,701**	**$1,115,350**	**$1,115,350**

General Description of Request:

Address Inadequate Staffing

Over the past four years the Regional Centers have been serving a more severe clientele largely due to new admissions criteria that were fully implemented in April 2003 and were established to meet the high demand for Regional Center services. These individuals require enhanced staffing for monitoring of safety and provision of necessary treatment. During this time period the State faced budgetary crises and funds appropriated for personal services have not kept pace with costs. The staffing pressures associated with a more severe clientele and funding constraints have been identified, and cited as deficiencies, by the Colorado Department of Public Health and Environment

(CDPHE) during surveys of both campus and group home settings and at each of the three centers as discussed in the Staffing Study. In all cases, additional staff had to be placed in the identified locations by pulling them from other, equally problematic sites. The Regional Centers continuously shuffle staff in an attempt to prevent crisis in certain settings while hoping others do not arise.

Most individuals residing in the Regional Centers have extensive treatment needs outlined in their individual program plan. Individuals with severe behavioral needs and persons with a history of sex offense often require interventions or one-to-one staffing that are increasingly problematic to accomplish with the current staffing level of two staff for an eight bed group home. Meeting these needs requires a minimum of one staff for every three individuals throughout the waking hours. Individuals with severe medical needs typically require two staff to transport the person to and from the bathroom, meals, treatment, and various other activities. Again, this is very difficult with the current staffing ratios. This is more thoroughly discussed in the attached staffing study. Additionally, the Regional Centers require the therapy staff necessary to provide psychology, speech, occupational, and physical therapies. Without this level of staffing, individual needs are not met and ICF/MR certification will not be possible.

Certification and Source of Funding

The implementation of the previously discussed waiver changes has restricted the Regional Centers ability to provide necessary clinical treatment for individuals with severe medical, behavioral and psychiatric needs, and individuals are not receiving the care required in their treatment plans. The Regional Centers currently violate Medicaid regulations by frequently providing clinical treatment that is not allowable under the Waiver but is critical to ensure the patient's safety. The Regional Centers cannot continue to operate in this manner without facing penalties and decertification.

Under an ICF/MR certification, the Regional Center is required to provide all services outlined in an individual's program plan and the costs of those services are allowed and reimbursed by Medicaid. The complicated needs of the individuals receiving services in

the Regional Centers require a closely coordinated, seamless treatment approach that is not possible under the new requirements of the HCBS-DD waiver.

Additionally, the number of HCBS DD individuals served will be adjusted in the waiver, when the waiver amendment addressing CMS compliance issues is submitted. CMS allows the state to adjust the number of individuals to be served in an HCBS waiver based on state legislative budget limitations. Additionally, CMS allows the numbers to show staggered enrollment during a transition period. The number of individuals to be served in the waiver amendment will reflect the reduction of an estimated 301 resources related to the ICF conversion and the addition of any resources funded through the legislative process for emergencies, anticipated wait list buy down (HJR 07-1043), additional requested resources, foster care transition and other budget actions that may occur.

Optimally, all three Regional Centers would convert all HCBS-DD waiver beds to ICF/MR certification effective July 1, 2008. However, funding and survey constraints make this timeframe difficult to meet. Therefore, this request is for 20 of the 40 HCBS-DD licensed homes to be converted in the request year with funding for 6.7 months. These are only the waiver homes at the Wheat Ridge Regional Center (WRRC). The Department is planning to request funding to convert the remaining homes at Grand Junction and Pueblo in the following year. This means the homes that continue to operate under the waiver will have to access CCB case management, utilization review and quality assurance activities and may require General Fund support to meet the therapy needs of the individuals in service. Any appropriation changes will be calculated and requested when the changes in the rate structure are released.

The Department has investigated different solutions to this problem. After numerous attempts to provide services within the new requirements of the waiver, the Department requested and received General Funding for physicians to supplement what is available under the State Plan. Staff considered similar arrangements for therapeutic services. While this would be costly, it would avoid the need for re-licensure. However, with the July 1, 2008 prohibition on providing case management, operating under the HCBS-DD

waiver into the long-term becomes problematic. Additionally, the HCBS-DD waiver rates are insufficient to cover the necessary residential staff. Consequently, increased General Fund backfill will be necessary.

Consequences if Not Funded:

The Regional Centers cannot continue to violate Medicaid regulations to meet the needs of this population. If this and subsequent requests to convert to ICF/MR certification are not funded, the Regional Centers will require General Fund to pay for residential and therapeutic staff to serve the individuals with the most complex needs. Without appropriate treatment provided by the Regional Centers, high risk persons with developmental disabilities often end up in the correctional system, the mental health institutes, nursing homes, homeless, or receiving inadequate care in home settings.

Additionally, the Regional Center Medicaid rates support $5.6 million of indirect and overhead expenses for the Department. Continued receipt of this funding requires compliance with Medicaid regulations. The Regional Centers will be unable to ensure the health and safety of Regional Center individuals and maintain compliance under the current structure.

Calculations for Request:

Summary of Request	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	Medicaid Cash Funds	Medicaid General Funds	Net General Fund	FTE
Human Services Requested Appropriations FY 2008-09									
Total Request	$2,261,894	$150,667	$0	$2,111,227	$0	$2,111,227	$1,055,614	$1,206,281	40.4
RC Staff & Operating	$1,419,816	($89,333)	$0	$1,509,149	$0	$1,509,149	$754,575	$665,242	40.5
ICF/MR Additional Expenses based on reduction in State Plan expenses	$224,989	$0	$0	$224,989	$0	$224,989	$112,495	$112,495	0.0
POTS	$279,904	$0	$0	$279,904	$0	$279,904	$139,952	$139,952	0.0
Group Home Sprinklers	$240,000	$240,000	$0	$0	$0	$0	$0	$240,000	0.0
Reduce DDD Surveys	($3,517)	$0	$0	($3,517)	$0	($3,517)	($1,759)	($1,759)	(0.1)

Summary of Request	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	Medicaid Cash Funds	Medicaid General Funds	Net General Fund	FTE
Provider Fee - RC Personal Services	$100,702	$0	$0	$100,702	$0	$100,702	$50,351	$50,351	0.0
Health Care Policy and Financing/Public Health and Environment Departments									
HCPF Survey Changes	$90,400	$0	$0	$90,400	$0	$80,302	$10,098	$10,098	0.0
Human Services Revenues									
Provider Fee - Revenue Impact	$0	($100,702)	$0	$100,702	$0	$100,702	$50,351	($50,351)	0.0

Summary of Request	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	Medicaid Cash Funds	Medicaid General Funds	Net General Fund	FTE
Human Services Requested Appropriations FY 2009-10									
Total Request	$4,047,789	($160,000)	$0	$4,207,789	$0	$4,207,789	$2,103,894	$1,943,894	72.7
RC Staff & Operating	$2,949,601	($160,000)	$0	$3,109,601	$0	$3,109,601	$1,554,800	$1,394,800	72.8
ICFMR Additional Expenses based on reduction in State Plan expenses	$402,964	$0	$0	$402,964	$0	$402,964	$201,482	$201,482	0.0
POTS	$501,311	$0	$0	$501,311	$0	$501,311	$250,656	$250,656	0.0
Group Home Sprinklers	$0	$0	$0	$0	$0	$0	$0	$0	0.0
Reduce DDD Surveys	($6,781)	$0	$0	($6,781)	$0	($6,781)	($3,391)	($3,391)	(0.1)
Provider Fee - RC Personal Services	$200,694	$0	$0	$200,694	$0	$200,694	$100,347	$100,347	0.0
Health Care Policy and Financing /Public Health and Environment Departments									
HCPF Survey Changes	$90,400	$0	$0	$90,400	$0	$80,302	$10,098	$10,098	0.0
Human Services Revenues									
Provider Fee - Revenue Impact	$0	($200,694)	$0	$200,694	$0	$200,694	$100,347	($100,347)	0.0

This request affects numerous line items within the Human Services, Health Care Policy and Financing, and Public Health and Environment sections of the Long Bill. These impacts are described below and in the impacts to other Departments sections.

Number of Months in Request Year

Due to funding constraints and to provide time for surveyors from the CDPHE to assess each home, this request assumes a staggered timeline for conversion to ICF/MR certification. This results in all ongoing costs being requested for only a partial year in FY 2008-09. The following table shows the calculation of the number of months.

Locale	Transition Date	a. Number of Homes	b. Number of Months	a x b = Total Months
WRRC	July 1st	2.0	12.0	24.0
WRRC	September 1st	2.0	10.0	20.0
WRRC	November 1st	3.0	8.0	24.0
WRRC	January 1st	7.0	6.0	42.0
WRRC	March 1st	6.0	4.0	24.0
Totals		20.0		134.0
Number of Months in Full FY (= sum of column a = 20 x 12)				240.0
Number of Months in FY 2008-09 (= total months / avail months 134/240 * 12				6.7

Human Services – Developmental Disabilities Services Personal Services

Currently, the Division for Developmental Disabilities (DDD) within the Department of Human Services conducts three types of surveys for Regional Center HCBS-DD waiver sites.

1. Group Residential Services and Supports are community group homes for the developmentally disabled. These are homes in which four-eight persons reside and

on-site surveys are conducted at minimum every two years by DDD. Once these homes are converted to ICF/MR, DDD will no longer survey these group homes.

2. Day Habilitation Services and Supports are day programs operated by the three regional centers. DDD surveys these programs for compliance and issues ongoing program approval. These on-site surveys are conducted at minimum every three years. With the conversion to ICF/MR, DDD will no longer survey the day program services provided to those persons.
3. Case Management Agencies are the role the regional centers serve in providing total case management. Effective July 1, 2008, the Regional Centers will no longer provide case management and DDD will no longer conduct on-site surveys of each RC as a case management agency. Currently these surveys are conducted at minimum every three years.

The calculated amount of time spent conducting these surveys is outlined in the following table:

Division for Developmental Disabilities Survey Time	**WRRC**	**GJRC**	**PRC**	**(a) Total**	**(b) Surveyed Every x Year**	**a / b = Survey Days Per Year**
Group Residential Services and Supports Surveys	20	n/a	n/a	20		
Surveyor Days	23	n/a	n/a	23	2	11.5
Day Habilitation Services and Supports Surveys	1	n/a	n/a	1		
Surveyor Days	18	n/a	n/a	18	3	6.0
Case Management Agency Survey	1	1	1	3		
Surveyor Days	18	18	15	51	3	17.0
Total Surveyor Days per Year						34.5
Number of Work Days in Year (52 weeks x 5 days)						260
FTE Attributable to Surveys (= surveyor days / work days)						0.1

The 0.1 FTE reduction is calculated as follows:

DDD Survey Savings			
Fiscal Year(s) of Request		**FY 2008-09**	**FY 2009-10**
PERSONAL SERVICES	Title:	**Health Professional III**	
Number of PERSONS / class title		**-0.10**	
Calculated FTE per classification		**-0.06**	**-0.10**
Annual base salary (monthly * 12)	**$**	**50,412**	
Number months working in FY 2008-09 and FY 2009-10		**6.7**	**12**
Salary		($3,025)	($5,041)
PERA	**10.15%**	($307)	($512)
FICA	**1.45%**	($44)	($73)
Less Pay Date Shift		$504	$0
Subtotal Personal Services		($2,872)	($5,626)
OPERATING			
Travel - GJ & PRC survey days x per diem	**$105**	($645)	($1,155)
Subtotal Operating		($645)	($1,155)
GRAND TOTAL ALL COSTS		**($3,517)**	**($6,781)**

Human Services Human Services – Regional Center Direct Care Positions

The main impact is in the addition of staff to provide adequate supervision and ensure safety of individuals. Currently, most of the Regional Center eight-bed group homes are staffed with two staff per home on shifts one and two, or a ratio of one staff for every four individuals. This level needs to increase to a minimum of one staff for every three individuals. At nights, currently there is only one staff person. For locations serving high behavioral needs individuals, an additional staff person is needed to rotate between four houses. For locations serving high medical needs individuals, each home requires two

staff people at night to allow for patient transfers. These assumptions are more thoroughly discussed in the attached Staffing Study and calculated in Appendix B of the Study.

An important component of the request is the staffing coverage ratio. This is the figure used to account for time off for sick leave, holidays, vacation, injury-on-the-job, and other absences for positions that must be covered. The Regional Centers have historically had a relief factor for covering sick, annual, and holiday of 1.6. This means for every 1.0 FTE needed on a unit typically 1.6 FTE have been appropriated. This factor had long been reported to be inadequate to cover actual staff absences. As part of the Study, staff contacted other state agencies providing 24-hour care and found that the Division of Youth Corrections recently studied this issue and proposed a methodology for calculating an accurate coverage ratio. Consistent with that, staff pulled data on actual time off for RC direct care staff for fiscal year 2005-06 and calculated the coverage ratio for positions required to be available seven and five days each week. Some direct care positions, such as those staffing the centralized day program site, are required only five days a week. The actual required coverage factor is 1.85 for a seven-day post and 1.32 for a five-day post. This is more thoroughly discussed and documented in the Staffing Study.

The staff identified in the Staffing Study and this request are reconciled in the following table. Note the therapy and physician staff were not included in the Staffing Study, therefore are not included in the reconciliation below.

Wheat Ridge Regional Center Direct Care Staffing Reconciliation	
Staff Identified in the Staffing Study Minimum Model	99.5
Less Staff Included in the FY 2007-08 Long Bill	-12.5
Net Staff Still Required	87.0
Number Included in this Request	64.4
Balance to be Requested in Future Year	22.6

See below for detailed calculations.

Human Services – Regional Center Therapy Positions
Under the HCBS-DD waiver, individuals must access therapy services from the Medicaid State Plan. To begin to provide these services in-house, the Regional Centers require additional therapy FTE. This request includes 7.5 FTE to provide psychology, speech, occupational, and physical therapies to 137 individuals. During temporary absences these positions are not backfilled, therefore a coverage ratio is not applied to the 7.5 FTE.

Human Services – Regional Center Physicians
As mentioned previously, the Regional Centers have had to contract for General Fund physicians due to a shortage of State Plan providers willing to service this population. This request includes 1.0 FTE physician to be hired and eliminates the General Fund contract physician for WRRC. This position does include coverage in the request amount as the facility is required by federal regulation to have a physician available 24 hours a day. [42 CFR Ch. IV 483.460 (a) (1): Condition of participation: Health Care Services. (a) Standard: Physician services. (1) The facility must ensure the availability of physician services 24 hours a day.] See below for detailed calculations.

Human Services - Regional Center Operating
The operating is calculated according to common policy with a few exceptions. Every direct care position does not require a computer; therefore only three are included in the request. However, each individual does need an e-mail address at a cost of $45 per employee. This amount is added to the standardized table. The following table summarizes the Regional Center personal services and operating calculations. See below for detailed calculations.

Regional Center FTE, Personal Services and Operating Costs									
Fiscal Year(s) of Request		**2008-09**	**2009-10**	**2008-09**	**2009-10**	**2008-09**	**2009-10**	**FY 2008-09**	**FY 2009-10**
PERSONAL SERVICES	**Job Title:**	**Health Care Tech II**		**Therapist III**		**Physician I**		**To one decimal**	
Number of Posts		**34.8**	**34.8**	**7.5**	**7.5**	**1.0**	**1.0**		
Post Coverage Ratio		**1.85**	**1.85**	**1.00**	**1.00**	**1.85**	**1.85**		
Number of PERSONS / class title		**64.38**	**64.38**	**7.50**	**7.50**	**1.85**	**1.85**		
Calculated FTE per classification		**35.95**	**64.38**	**4.19**	**7.50**	**1.03**	**1.85**	**41.1**	**73.8**
Annual base salary (monthly * 12)		$32,304		$55,224		$136,980			
Number of months worked each year		**6.7**	**12**	**6.7**	**12**	**6.7**	**12**	**GRAND TOTAL**	
Salary		$1,161,329	$2,079,732	$231,389	$414,180	$141,089	$253,413	$1,533,807	$2,747,325
PERA	**10.15%**	117,875	$211,093	$23,486	$42,039	$14,321	$25,721	$155,682	$278,853
FICA	**1.45%**	$16,839	$30,156	$3,355	$6,006	$2,046	$3,674	$22,240	$39,836
Less Pay Date Shift**		($193,439)	$0	($38,542)	$0	($23,501)	$0	($255,482)	$0
Subtotal Personal Services		$1,102,604	$2,320,981	$219,688	$462,225	$133,955	$282,808	$1,456,247	$3,066,014
OPERATING									
Supplies @ $500/$500	**$500**	$17,975	$32,190	$2,095	$3,750	$500	$925	$20,570	$36,865
Computer @ $959/$0	**$959**	$2,877	$0	$7,193	$0	$0	$0	$10,070	$0
Office Suite Software @ $300/$0	**$300**	$900	$0	$2,250	$0	$0	$0	$3,150	$0
Office Equipment @ $2,021 /$0	**$2,021**	$0	$0	$15,158	$0	$0	$0	$15,158	$0
Phone* (annual)	**$450**	$0	$0	$1,886	$3,375	$450	$450	$2,336	$3,825
Email address for each (annual)	**$45**	$1,618	$2,897	$0	$0	$0	$0	$1,618	$2,897
Subtotal Operating		$23,370	$35,087	$28,582	$7,125	$950	$1,375	$52,902	$43,587
GRAND TOTAL ALL COSTS		**$1,125,974**	**$2,356,068**	**$248,270**	**$469,350**	**$134,905**	**$284,183**	**$1,509,149**	**$3,109,601**

**Account for Pay Date Shift, no salary payment in June

Human Services - Regional Center Operating – ICF/MR Expenses
There are numerous operating expenses that are currently paid for by the Medicaid State Plan. Under ICF/MR certification, these expenses will be paid for by the Regional Centers directly. Staff pulled all actual operating expenses attributable to Regional Center HCBS-DD residents for FY 2006-07 as the basis for the increase to the Regional Center budget. In the category of adaptive equipment, there were numerous one-time expenses included in the FY 2006-07 actuals that are not expected to be repeated, therefore the amount requested is reduced to $20,000 on an annual basis.

ICF/MR Operating Expenses	FY 2006-07 Actual State Plan Charges	FY 2008-09	FY 2009-10	Comments
Number of Months	12	6.7	12	
Adaptive Equipment	$65,846	$11,167	$20,000	several one-time purchases in actual year
Medical Supplies	$217,020	$121,170	$217,020	uses FY 2006-07 Actuals
Disposable Briefs	$165,944	$92,652	$165,944	uses FY 2006-07 Actuals
Total	$448,810	$224,989	$402,964	

Human Services - Regional Centers Group Home Sprinklers (proposed new line ICFMR Adaptations)
This is a one-time expense to install sprinkler systems in the six leased homes operated by WRRC. The homes must have sprinklers to pass the licensure requirements. The Department's Division of Facilities Management, after consultation with their contractor, estimates the cost at $40,000 per home to engineer and install a system. The calculation is 6 x $40,000 = $240,000.

Human Services - Regional Centers General Fund Physician Services
The WRRC portion of this appropriation would be eliminated under ICF/MR certification. The Grand Junction Regional Center utilizes the remainder of the

appropriation. The FY 2008-09 amount assumes 6.7 months of elimination, while the FY 2009-10 amount is a full 12 months of funding.

GF Physician Services	**FY 2008-09**	**FY 2009-10**
WRRC FY 2007-08 Appropriation	$160,000	$160,000
WRRC FY 2007-08 FTE	1.0	1.0
Number of Months Reduced	6.7	12
Number of FTE Reduced	.6	1.0
Total Reduction	$89,333	$160,000

Human Services - POTS

Since this request exceeds 20 FTE, the Department has included applicable benefits expenditures (POTS) as outlined in the table below.

POTS									
Fiscal Year(s) of Request		**2008-09**	**2009-10**	**2008-09**	**2009-10**	**2008-09**	**2009-10**	**TOTAL FY 2008-09**	**TOTAL FY 2009-10**
	Title:	**Health Care Tech II**		**Therapist III**		**Physician I**			
Health, Life & Dental per month	**$374.42**	$161,505	$289,262	$18,815	$33,698	$2,509	$4,493	$182,829	$327,453
Short-term Disability	**0.13%**	$1,510	$2,704	$301	$538	$183	$329	$1,994	$3,571
Amortization Equalization Disbursement	**1.6%**	$18,581	$33,276	$3,702	$6,627	$2,257	$4,055	$24,540	$43,958
Supplemental Amortization Equalization Disbursement	**0.50%**	$5,807	$10,399	$1,157	$2,071	$705	$1,267	$7,669	$13,737
Salary Survey	**3.7%**	$0	$0	$0	$0	$0	$0	$0	$0
Pay For Performance	**1.0%**	$0	$0	$0	$0	$0	$0	$0	$0
Shift Differential per year per FTE	**$1,748.87**	$62,872	$112,592	$0	$0	$0	$0	$62,872	$112,592
Subtotal POTS		**$250,275**	**$448,233**	**$23,975**	**$42,934**	**$5,654**	**$10,144**	**$279,904**	**$501,311**

Overall State Revenues

Per Section 25.5-6.204, C.R.S., all ICF/MR facilities pay a provider fee of five percent of expenses to the State. The effect of this payment is to increase State General Fund revenues by half of the payment. Any increase in expenses generates additional revenue. The figure included in this request is based on five percent of the Regional Center additional expenses, divided in half for the 50% Federal Financial Participation.

Provider Fee		FY 2008-09	FY 2009-10	Comments
Schedule 13 Change in RC Expenses		$2,014,042	$4,013,876	Includes RC PS, POTS, RC operating, ICF/MR transition, and GF physicians
Change in RC Provider Fee Payment	5%	$100,702	$200,694	5% of increased RC expenses
MCF		$100,702	$200,694	100% Medicaid funded
MGF		$50,351	$100,347	50% GF match rate
Overall Impact on Net General Fund				
Receive Provider Fee Payment		$100,702	$200,694	See above
GF Cost of Provider Fee Payment		($50,351)	($100,347)	See above
Net Benefit to State		$50,351	$100,347	

Assumptions for Calculations: All salaries are derived from the FY 2008-09 State Compensation Plan. All other assumptions are explained in detail in the calculations section above.

Impact on Other Government Agencies: The Departments of Health Care Policy and Financing and Public Health and Environment are also impacted by this request, as outlined in the following calculations.

Public Health and Environment – Survey Costs

CDPHE conducts the surveys of both the waiver and ICF/MR programs under agreement with HCPF. The amounts reflected above for HCPF surveys are therefore also reflected in the CDPHE section of the budget as outlined below. Each department has submitted a Schedule 13 outlining their requested budgets.

Health Care Policy and Financing – ICF/MR Surveys

The Department of Health Care Policy and Financing (HCPF) contracts with CDPHE for ICF/MR certification surveys, therefore funds are appropriated in both departments. The current cost is $5,960 per survey and the surveys are done every year. CDPHE estimates these costs will increase by 10% to $6,556 due to the complexity of the surveys. Currently, an ICF/MR survey receives an enhanced (FFP) federal participation rate.

Additional ICFMR Surveys (75% federal funds and 25% General Fund = Medicaid FFP percentages)			
Estimated Cost per survey		$6,556	
Times the number of surveys		20	
Total Cost		$131,120	
Approximate FTE added	1.5		
	FF	**GF**	**Total**
Personal services 75/25	$80,910	$26,970	$107,880
Operating 75/25	$5,165	$1,721	$6,886
Indirect 100% federal	$16,354		$16,354
Total Cost	$102,429	$28,691	$131,120
	78.1%	21.9%	

Health Care Policy and Financing – Waiver Surveys

Like ICF/MR surveys, HCPF contracts with CDPHE for HCBS-DD certification surveys and funds are included in both departments. The current cost is $2,036 per survey. These surveys would no longer be needed at the 20 facilities.

Decrease in Waiver Group Home Surveys (50% federal funds and 50% General Fund = Medicaid FFP percentages)			
Estimated Cost per survey		$2,036	
times number facilities not surveyed		(20)	
Total Costs Avoided		($40,720)	
Approximate FTE reduction	(0.50)		
	FF	**GF**	**Total**
Personal services 50/50	($17,478)	($17,478)	($34,956)
Operating 50/50	($1,116)	($1,115)	($2,231)
Indirect 100% federal	($3,533)		($3,533)
	($22,127)	($18,593)	($40,720)
	54.3%	45.7%	

The net effect of the ICF/MR surveys added and the Waiver Group Home Surveys reduced, including a net add of one FTE at DPHE to complete the ICF/MR surveys is calculated in the following table. These amounts are reflected in Schedule 13s for both the Department of Health Care Policy and Financing and the Department of Public Health and Environment.

Net Impact	**FF**	**GF**	**Total**
FTE	1.00		
Net Estimate Survey Costs	$80,302	$10,098	$90,400

Net Impact	FF	GF	Total
	89%	11%	
Personal services	$63,432	$9,492	$72,924
Operating	$4,049	$606	$4,655
Indirect	$12,821	$0	$12,821
	$80,302	$10,098	$90,400

Health Care Policy and Financing – State Plan Costs
Whether the State Plan appropriation can be reduced for the amounts utilized by WRRC individuals continues to be evaluated. Those services will now be provided directly by the Regional Center. Because the Regional Centers have had difficulties accessing State Plan services, actual costs from recent years do not reflect the full cost of providing the services. The Health Care Policy and Financing and Human Services Departments are investigating this issue and anticipate there will be a budget amendment in January that will address a potential reduction in State Plan Services, adjusted to be only those savings attributable to the WRRC.

Cost Benefit Analysis:

The primary benefit to the State of ICF/MR conversion is the avoidance of General Fund expenditures to supplement the inadequacies of the waiver program for the Regional Center population. To continue providing services to this population, the Regional Centers must either change certification and hire necessary staff under the Medicaid ICF/MR program or continue under the waiver license and supplement the waiver rates with General Fund positions.

This analysis focuses only on those positions included in this request. The aforementioned Staffing Study identifies additional positions that would likely have to be requested as General Fund in future years if WRRC remained under the HCBS-DD certification. Additionally, there will be similar costs and benefits associated with future transition of the Grand Junction and Pueblo Regional Centers to ICF/MR licensure; these

are not included in this request. A cost/benefit ratio over 1.0 is considered favorable. The following table summarizes the costs and benefits, all of which are based on the same calculations used for the decision item and outlined above.

Costs	FY 2008-09	FY 2009-10	Calculation
Net General Fund Costs	1,166,027	1,853,646	Schedule 13 General Fund + Medicaid General Fund including surveys and savings for HCPF but less provider fees
Benefits	**FY 2008-09**	**FY 2009-10**	**Calculation**
Avoid GF for Direct Care Staff	$1,125,974	$2,356,068	Schedule 13 personal services & operating, but assumes funded all by GF with loss of the benefit of the 50% federal match that is part of the Medicaid rate
Avoid GF for Therapy Staff	$248,270	$469,350	
Avoid GF for Physician	$134,905	$284,183	
Total Benefits - Costs Avoided	$1,509,149	$3,109,601	Sum of benefits
Net Benefit (Cost)	$343,122	$1,255,955	Benefits less costs
Benefit/Cost Ratio	1.29	1.68	Total Benefits divided by total costs

Implementation Schedule:

The dates below indicate completion dates for each item. Many tasks, such as hiring and training of positions and surveying of homes, will be started well in advance of the completion date in accordance with the transition phasing detailed above.

Wheat Ridge Regional Center Implementation Schedule Phase I Regional Center Intermediate Care Facility Conversion	Month/Year Completed
Waiver or State Plan Amendment Written (if needed)	09/2007
Reconcile placement and referral lists	12/2007
Internal Research/Planning Period	01/2008
Rules Written	03/2008

Wheat Ridge Regional Center Implementation Schedule Phase I Regional Center Intermediate Care Facility Conversion	**Month/Year Completed**
Written Agreement w/ Other State Agencies	06/2008
Rules Passed	06/2008
Hiring and reassigning of staff	07/2008
Waiver or State Plan Amendment Approved by CMS	07/2008
System Modifications Made – MMIS, et.al. (if needed)	08/2008
FTE Hired	As needed
Facility Modifications	04/2009
Staff trained to new duties	As needed
Certification fully obtained	04/2009
Survey completed for Certification	06/2009
Medicaid provider enrollment	07/2009
Conversion Date	07/2009

Statutory and Federal Authority:

27-10.5-301, C.R.S. (2007) Regional centers for persons with developmental disabilities. There are hereby established state regional centers in Wheat Ridge, Pueblo, and Grand Junction. The essential object of such regional centers shall be to provide state operated services and supports to persons with developmental disabilities.

27-10.5-302, C.R.S. (2007) Directors. The executive director shall appoint, pursuant to section 13 of article XII of the state constitution, a director for each regional center. Persons appointed must be skilled and trained administrators with experience related to the needs of persons with developmental disabilities. The director of each regional center shall appoint such other employees in accordance with section 13 of article XII of the state constitution as are necessary to carry out the functions of the regional center.

27-10.5-304, C.R.S. (2007) Admissions. There may be admitted to any regional center persons with developmental disabilities who have been ordered placed in a regional center pursuant to section 27-10.5-110, if the applicant or legal guardian is a bona fide resident of Colorado.

25.5-6-204, C.R.S. (2007) Providers - reimbursement - fees - nursing facility - nursing facility patient program improvement fund - intermediate care facility for the mentally retarded - reimbursement - maximum allowable - nonmonetary incentive program - legislative declaration.

(1) (a) For the purpose of making payments to private, nonprofit, or proprietary nursing facility providers and intermediate care facilities for the mentally retarded, the state department shall establish a price schedule to be readjusted every twelve months, that shall reimburse, subject to available appropriations, each such provider, as nearly as possible, for its actual or reasonable cost of services rendered, whichever is less, its case-mix adjusted nursing costs as defined in section 25.5-6-202 (1), and a fair rental allowance for capital-related assets as defined in section 25.5-6-203 (4). The state board shall adopt rules, including uniform accounting or reporting procedures, in order to determine such actual or reasonable cost of services and case-mix adjusted nursing costs and the reimbursement therefor. The provisions of this paragraph (a) shall not apply to state-operated intermediate care facilities for the mentally retarded.

(b) State-operated intermediate care facilities for the mentally retarded shall be reimbursed based on the actual costs of administration, property, including capital-related assets, and room and board, and the actual costs of providing health care services, and such costs shall be projected by such facilities and submitted to the state department by July 1 of each year for the ensuing twelve-month period. Reimbursement to state-operated intermediate care facilities for the mentally retarded shall be adjusted retrospectively at the close of each twelve-month period. The state board shall adopt rules to be effective by June 30, 1988, implementing the provisions of this paragraph (b). In the implementation of such rules, the state department shall ensure, by the establishment of classes of facilities, that the reimbursement to private, nonprofit, or proprietary state-operated intermediate care facilities for the mentally retarded or developmentally disabled, as defined in section 27-10.5-102 (11), C.R.S., is not adversely impacted.

(c) (I) Beginning in fiscal year 2003-04, and for each fiscal year thereafter, the department of human services is authorized to charge both privately owned intermediate care facilities for the mentally retarded and state-operated intermediate care facilities for the mentally retarded a service fee for the purposes of maintaining the quality and continuity

of services provided by intermediate care facilities for the mentally retarded. The service fee charged by the department of human services pursuant to this paragraph (c) shall not exceed five percent of the costs incurred by each intermediate care facility for the fiscal year in which the service fee is charged. The state board of human services shall adopt rules consistent with federal law in order to implement the provisions of this paragraph (c).

(II) The moneys collected in each fiscal year pursuant to subparagraph (I) of this paragraph (c) shall be transmitted by the department of human services to the state treasurer, who shall credit same to the service fee fund, which fund is hereby created and referred to in this paragraph (c) as the "fund". The moneys in the fund shall be subject to annual appropriation by the general assembly to the state department to be used toward the state match for the federal financial participation to reimburse intermediate care facilities for the mentally retarded pursuant to this section. Any unexpended and unencumbered moneys remaining in the fund at the end of any fiscal year shall remain in the fund and not be credited or transferred to the general fund or any other fund.

25.5-6-404, C.R.S. (2007) Duties of the department of health care policy and financing and the department of human services.

(1) The state department and the department of human services shall provide a system of reimbursement for services provided pursuant to this part 4 that encourages the most cost-effective provision of services.

(2) The state department and the department of human services shall, subject to appropriation, utilize any available federal, state, local, or private funds, including but not limited to, medicaid funds available under Title XIX of the federal "Social Security Act", as amended, such as medicaid home- and community-based waivers, to carry out the purposes of this part 4.

(3) The state department may contract with the department of human services to certify agencies providing services under this part 4 as eligible medicaid providers, to adopt fiscal and administrative procedures, to review plans of care, to set rates, and to make and implement recommendations regarding the scope, duration, and content of programs and the eligibility of persons for specific services provided pursuant to this part 4, and to

fulfill any other responsibilities necessary to implement this part 4 that are consistent with the single state agency designation set out in section 25.5-4-104.
(4) The executive director and the state board shall promulgate such rules regarding this part 4 as are necessary to fulfill the obligations of the state department as the single state agency to administer medical assistance programs in accordance with Title XIX of the federal "Social Security Act", as amended. Such rules may include, but shall not be limited to, determination of the level of care requirements for long-term care, patient payment requirements, clients' rights, medicaid eligibility, and appeal rights associated with these requirements.
(5) The state board of human services, created in section 26-1-107, C.R.S., shall promulgate such rules as are necessary to implement the provisions of this part 4 and to fulfill the responsibilities and duties set out in article 10.5 of title 27, C.R.S. Such rules shall be promulgated pursuant to section 24-4-103, C.R.S.

Performance Measures:

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
			Actual	Actual	Current	Request
Division Developmental Disabilities / Regional Centers	Increase community safety and the safety of the treatment environment. Decrease the number of incidents where a Regional Center resident is unaccounted for, after an immediate search of the facility, residence, program site and grounds.	Benchmark	22	37	36	35
		Actual	40*	36**		

* In FY 2005-06, 40 incidents were attributed to 30 individuals.
** In FY 2006-07, 36 incidents were attributed to 28 individuals.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
			Actual	Actual	Current	Request
Division Developmental Disabilities / Regional Centers	Provide a safe and secure residential environment for Regional Center residents. Decrease the rate of critical incidents, as a percentage of of the average daily census, at the Regional Centers.	**Benchmark**	N/A	N/A	10.56%	10.27%
		Actual	N/A	10.96%		
The benchmarks assume a 3% reduction in the total number of critical incidents and no change to the average daily census						