

HIGHLIGHTS

State—HCPF/DHS/Alliance.

- Department of Health Care Policy and Financing (HCPF)—
 - Final Rule Provider Transition Plan for Nonresidential—The updated federal rules for home and community-based services (HCBS) in 2014 included some specific requirements for community services to ensure that they have features of inclusive settings. In 2015, the Department did an initial survey of our settings and then we spent much of 2018-19 going through their assessment process to get our residential settings in compliance. This required some changes to quite a few of our policies and procedures and agency forms. We needed to prove (through pictures of receipts) that all host home residents had doors on their private spaces (i.e. bedrooms) that had keyed locks that the resident controlled. We also had to design a legal lease for host home residents, which required a statutory change before we could even start. The project involved months and months of back and forth and tweaking and waiting and waiting and waiting for a response, but we finally got our Provider Transition Plan fully approved this winter. Now we've just received notice that HCPF is starting the whole process again with nonresidential services. Our Adult Services Program Directors, Julie and Matt, are so excited they can hardly contain themselves! (At least when I told them, there was a stunned silence that I chose to interpret as excitement.)
 - Revalidation—The bad news is that we have to go through the nightmare of Medicaid revalidation again. This is basically an update of our Medicaid provider status that has to be done every five years. The good news is that we found out we aren't up till November 2021, so we have a little breathing room.
 - COVID flexibilities—Thus far the many flexibilities that HCPF created for us to be safe and sustainable during COVID are still in place. HCPF is looking at ways to incorporate some of those into the way we do business in the long term (such as using electronic signatures using virtual methods to provide some services). Others, like the retainer payments, they are trying to keep in place for us as long as possible but will be phased out eventually.
- Department of Human Services, Office of Early Childhood—Although cuts to EI for FY 20-21 were minimal (kept same allocations as FY 19-20 without caseload growth), the OEC is anticipating cutting 10% in the next year and still looking at the list of suggestions they sent last month. There is also a state level workgroup still investigating moving Part C evaluation responsibilities to CCB's in future, though we don't have a proposed timeline for this. It will certainly make the

process more streamlined and user friendly for customers, but the dachshund is in the details.

- Alliance—Several of us participated in the first ever virtual Alliance Summit. There was some really good information provided, but of course we missed all the great networking and offline conversations that happened. Starting in July, I will be serving as the Secretary for the Alliance Executive Board. It seems like a good year to take on this role, since a great many meetings will likely be on Zoom. Thanks to increased membership and some cost cutting at Alliance, our membership dues are lower for 2020-21.
- Colorado State Legislature—The legislature completed its interrupted and turbo speed session, with a few bills of note to the IDD Provider System:
 - Long Bill—Of course the budget was the huge priority for the last half of General Session. With a \$3.5 billion hole to fill, the legislature decided to cut all Medicaid providers (including us) 1%. I want to impress upon you how miraculous this is. Between 2008 and 2010, when the budget crisis was less significant, we received a 6.5% rate decrease, State SLS and FSSP were cut by more than 50%, no emergency enrollments were available and when someone left services, the state couldn't fill that enrollment with someone off the waiting list. For us to walk away this time with just a 1% cut is a huge testament to the work done by Alliance and Alliance members to educate legislators and create strong champions within both Chambers. It's sad to lose End the Wait, but this could have been so much worse.
 - Sick Leave Act—Employers will now be required to offer sick leave benefits of 1 hour per 30 worked up to a cap of 48 hours per year. Our current Combine Annual Leave (CAL) policy is more generous than that, but it currently only applies to people who work 30 hours/week or more. This will extend sick leave to part time employees and will have a fiscal impact. Hopefully it will be further encouragement to employees to stay home with they are sick, though.
 - Repeal Property Tax Assessment Rates—The Gallagher amendment keeps our Colorado property tax rates capped at low levels, which (due to the ratcheting effects of the amendment) have reduced incrementally since the amendment was passed. This makes it a challenge for our counties, who rely on property tax income, to continue supporting essential services to residents. The question of whether to keep the Gallagher amendment will now be a referendum to the voters on the fall ballot. This will be very important for us to be aware of due to the potential impact on our local funding.
 - Repeal on Reporting for DSP increase—In 2018, we received rate increases that were intended to be passed directly along to direct support professionals (including host homes) in the form of wages, benefits and payroll taxes. To ensure that the rate increases were used as intended, the bill that created the increases (HB 18-1407) required IDD providers to report on their use of the funds for three years. The increase was wonderful, but the reporting was a headache. However, due to COVID and

the resultant rate reductions, the legislature has removed the burden of reporting for the final two years. We still have to maintain the increases that were given, but the accounting nightmare has been lifted. If you heard a strange “whoop”-ing sound a couple of weeks ago, that was Shannon when she learned about this bill.

Local Community

No updates.

Fundraising/Development

- The fundraising and development landscape has changed dramatically since the onset of the coronavirus pandemic, and I think it is worth the Board discussing our philosophy and approach to fundraising in the age of COVID. I have asked for some time on our agenda to get Board input, so if you would, please start thinking about the following questions:
 - In light of our current financial stability, are there funding opportunities that we should pass up to allow other, less resource rich nonprofits to benefit? Or do we apply and allow the funder to make that decision?
 - Should we be applying for COVID-specific funding even though our retainer payments and PPP seem to have covered our current need?
 - What sort of strategy should we be taking over the next year? Aggressive, knowing that funding opportunities are scarce and we may have to fight harder for every penny? More targeted, reducing our asks of funders who have been hard hit by COVID (such as local businesses and municipalities) and increasing asks of funders who are less affected (individuals and foundations)? Or passive, concentrating on building our fundraising infrastructure for when the economy rebounds?
 - We had planned to implement a Montezuma County fundraising event during the next year. Do we continue with that plan in light of the increased challenges of in-person events? Maybe investigate a virtual event?
 - Until recently, many of our fundraising asks have been to support our Strategic Plan, and thus concentrated on ambitious goals. Do we continue with this approach? Or would we be better concentrating on asks related to our core services and filling gaps in funding for our daily operations, which will likely be increased due to the necessity of providing more one-on-one and small group services?
- HHS Funding Opportunity—The federal Department of Health and Human Services has announced an opportunity to apply for Provider Relief Funds. These are designated funds specifically targeted to Medicaid providers impacted by COVID. We are learning more about this funding opportunity and how it intersects with the PPP Loan and retainer payments. I suspect we may not qualify, and if we do, it still may not be appropriate for us to apply. In the meantime, if you want to learn more, visit <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>.

Internal CCI highlights

- **Single Entry Point**—As you can imagine, this venture has been a big project over the last few weeks, especially for Elizabeth, Judy, Laura, Shannon and me. However, thanks to everyone’s Herculean efforts, the transition is coming along relatively smoothly. Eight of the nine SEP employees will be starting with us on July 1st, and we are very fortunate to be inheriting such a competent and resourceful group of employees.
- **Budget**—Because of the lateness of the long bill, at the time of this writing, we still do not have fully executed contracts or updated rates from either the Department of Human Services or HCPF. We are also still working through how COVID may impact our operations into the next fiscal year. I brought this conundrum to the Board Executive Committee, would suggested that we extend our current year’s budget for an additional two months and present a more complete, accurate budget to the Board in July or August. This will be a discussion at the Board meeting.
- **Class B Plan of Correction**—Our Class B Plan of Correction is over! We submitted our evidence of corrections, and we are now in full compliance. As you know, our adult services team has been working diligently over the past nine months to get us to this point, so it was wonderful to get to the finish line. I will not deny, it was worth a glass of champagne.
- **Day Program redesign**—The safety measures that are needed in order to provide community services are offering some challenges. Yet we also have the unique opportunity to reimagine what the future of community engagement and skill training can look like for our adult services. COVID gifted us with a reset button that we’re hoping to use to its best advantage. Our Adult Services teams, particularly our Community Center managers Melissa Yoakum and Lynn Dykes, are in the midst of developing and enacting a plan to revise how Day Program services are offered, including a hybrid of virtual and in-person (small group) classes. Our goal is that by the time Safer at Home restrictions end, we will have a new and improved Day Program format that keeps people safe and offers meaningful and engaging learning opportunities. I will include the initial project plan in your Board packet in case you are interested in seeing the “plan to plan.”

Facilities

- **Pagosa Office**—Because of the increased number of people that will be served by the SEP program, we are reopening an office in Pagosa Springs. This is a fortunate side effect of taking on that program, as it will both increase our visibility and give our current Pagosa staff (as well as team members who travel to and from) an office area to use as a home base. Our new office is at 301 N Pagosa Blvd., B-19 (Greenbriar Village, right behind the City Market). Better yet, as part of our start-up costs for the SEP Transition, HCPF is reimbursing us for the costs of the deposit, first and last month rent, IT setup, printer/copier purchase and new signs. We will figure out a way to do some kind of open house after we move in, though it may be a virtual event. Bring your own obligatory pinwheel appetizers.

- Pine Street—While everyone has been out of the building, Julie Ferguson arranged to have our floors at Pine Street polished. I'm not sure if you've noticed when you are in there, but the floors in the north wing look pretty atrocious. Julie was fairly certain that underneath the floors were in good condition, but with the heavy traffic (and the occasional person mistakenly using the wrong mop solution), they just needed a good rebuff. I haven't seen pictures yet, but Julie is usually right.
- Greenhouse work at Holly House—Once again the Summit Church (formerly First United Methodist Church of Durango) has stepped up with the offer of help. Without people there on a regular basis, the Greenhouse has become wildly overgrown. A small group of volunteers, including board member Cathy Sykes, are planning to head over at the end of June and give it an overhaul so it will be ready for some seasonal planting.

Other

Acronym Cheat Sheet

- ART (Administrative Review Team) –The Executive Team and Program Directors oversight of Quality Indicators
- The Arc – advocacy organization for people with intellectual disabilities
- ANCOR (American Network of Community Options and Resources)
- BHO (Behavioral Health Organization)
- CCB (Community Centered Board) we are 1 of 20 in the state
- CCI (Community Connections, Inc.)
- CDLE (Colorado Department of Labor and Employment)
- CFCM (Conflict-Free Case Management) Federal mandate that the provision case management must be separated from direct program services.
- CES (Children's Extensive Services)
- CHCBS (Children's Home and Community Based Services)
- CMS (Centers for Medicare & Medicaid Services) Federal
- CORA (Colorado Open Records Act)
- DHS or CDHS (Colorado Department of Human Services)
- DSP (Direct Support Professional) – field staff working with clients
- DVR (Department of Vocational Rehabilitation)
- EI (Early Intervention) Developmental services for kids Birth to 3
- FOT (Festival of Trees)
- HCPF (Health Care Policy and Financing) State Medicaid office
- I/DD (Intellectual and Developmental Disabilities)
- JBC (Joint Budget Committee at the Colorado legislature)
- MOU (Memorandum of Understanding)
- PASAs (Program Approved Service Agencies) agencies approved to provide Medicaid Waiver services across the state
- PCA (Personal Care Alternative) residential services not in a host home
- RAE (Regional Accountable Entity) Medicaid Care Management organization

- Residential (a.k.a. Comprehensive – our adult 24/7 support)
- ROI (Return on Investment)
- SJBPH (San Juan Basin Public Health)
- SLS (Supported Living Services) – Services for adults living independently or with family
- TCM (Targeted Case Management)