



*We believe in a life of opportunity, of choice, and of dignity
for every individual, regardless of age or ability.*

*The Mission of Foothills Gateway, Inc. is to advocate for and empower
individuals with disabilities to lead lives of their choice.*

**Board of Director's
Agenda
September 15, 2015
7:00 pm**

MEETING CALLED TO ORDER

Open Forum-Please limit presentations to 10 minutes

PRESENTATIONS

Roadmap to Services – Steve Espinoza

CONSENT AGENDA

- Approval of Minutes – 8/18/15 Board Meeting

FINANCIAL REPORT

OLD BUSINESS

October 8th meeting
October 15th Community Engagement Meeting
Questions for Legislators
Employee Issue
Request from Foundation Board about Fundraiser

NEW BUSINESS

COMMITTEE REPORTS

Executive Committee –
Legislative Affairs -
Prop/Finance -
Joint Resource -

ADJOURNMENT

FOOTHILLS GATEWAY, INC.

Preliminary Financial Reports
for the 2 months ending August 31, 2015

MONTHLY FINANCIAL HIGHLIGHTS

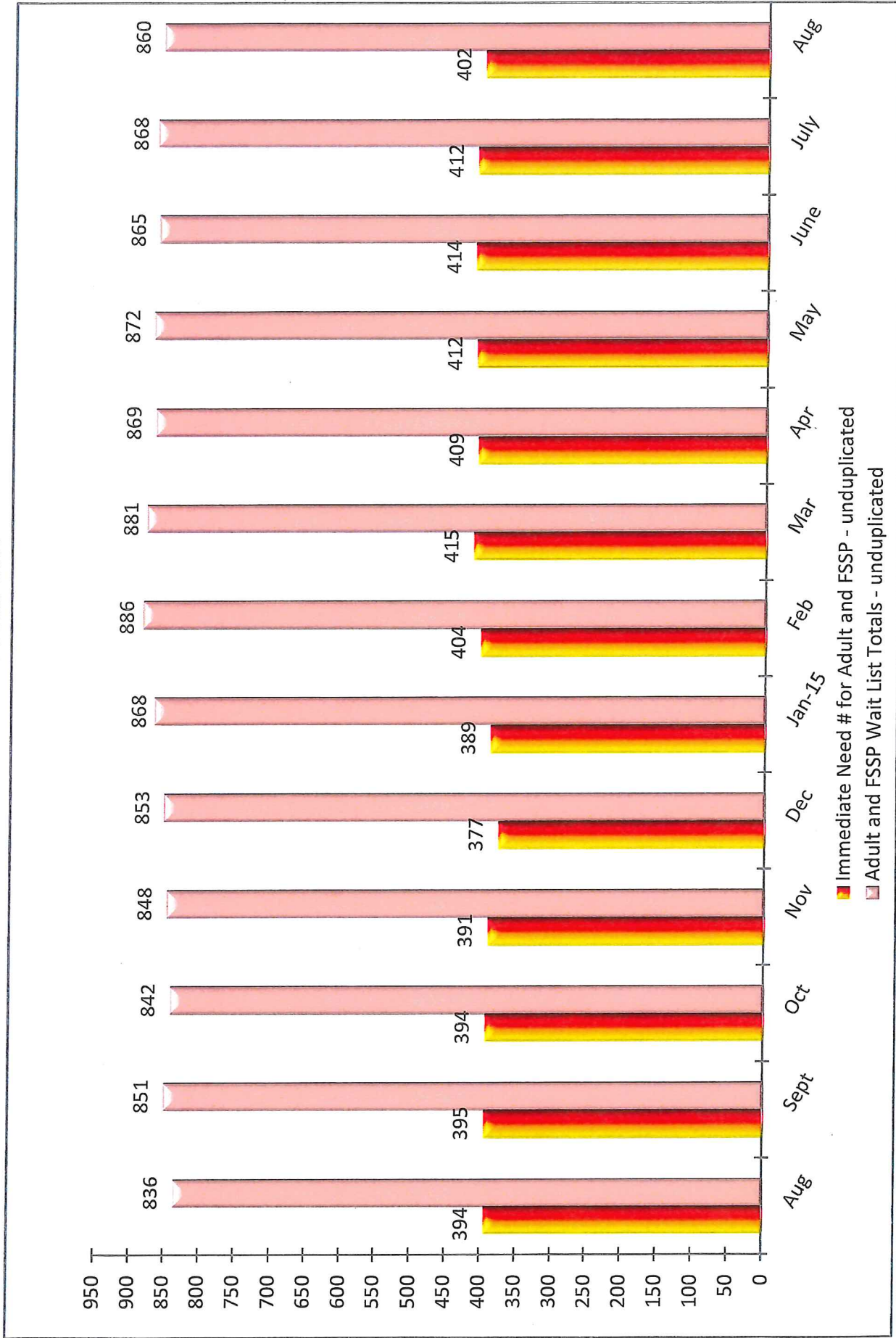
- * Revenues are 0.7% under YTD Budget
- * Expenses are 6.8% under YTD Budget
- * Net Loss is \$254,626 less than YTD Budgeted Net Loss

<u>Financial Status</u>	at June 30, 2015 - unaudited	at August 31, 2015	Incr (Decr)
Total Assets	\$12,238,121	\$12,216,437	(\$21,684)
Total Liabilities	\$1,883,591	\$2,138,254	\$254,663
Net Assets (Fund Balances)	\$10,354,530	\$10,078,183	(\$276,347)
Working Capital	\$5,837,482	\$5,373,537	(\$463,945)

Current Year Financial Performance at 2 months / 16.6% of annual revenue and expense

	Actual Year to Date	YTD Budget	% Actual to YTD Budget	Annual Budget	% Actual to Annual Budget
Revenues					
State/Medicaid Funds	\$3,350,605	\$3,269,444	102.5%	\$19,104,420	17.5%
Vocational Income	67,020	61,212	109.5%	367,272	18.2%
Public Support	54,982	52,070	105.6%	241,720	22.7%
Larimer County Mill Levy	66,662	73,407	90.8%	3,727,660	1.8%
Other	-15,744	91,961	-17.1%	590,980	-2.7%
Total Revenue	\$3,523,525	\$3,548,094	99.3%	\$24,032,052	14.7%
Expenses					
Salaries, Taxes & Benefits - Staff	\$1,617,299	\$1,707,647	94.7%	\$10,455,100	15.5%
Salaries, Taxes & Ben - Individuals in Svcs	49,230	44,950	109.5%	269,700	18.3%
Vocational/Contract Supplies	8,077	7,096	113.8%	42,576	19.0%
Supplies, Equipment & Building Expense	141,831	244,743	58.0%	1,043,392	13.6%
Vehicle Expense	72,532	84,799	85.5%	496,127	14.6%
Program Related Expense	356,155	470,494	75.7%	2,535,451	14.0%
Purchase of Service	1,520,838	1,462,629	104.0%	8,744,747	17.4%
Other	33,910	56,709	59.8%	432,394	7.8%
Total Expenses	\$3,799,872	\$4,079,067	93.2%	\$24,019,487	15.8%
Revenue Over (Under) Expense	(\$276,347)	(\$530,973)	52.0%	\$12,565	-2199.3%
Less: Other Capital Expenditures	-52,780	-48,200	109.5%	-94,631	55.8%
Less: (Purch)Sell Long Term Invstmnts	-208,132	0	0.0%	0	0.0%
Plus: Non-Cash Expenses	73,314	59,138	124.0%	281,647	26.0%
Change in Working Capital	(\$463,945)	(\$520,035)	89.2%	\$199,581	-232.5%

FOOTHILLS GATEWAY, INC
 AUGUST 2015
 WAITING LIST REPORT



DRAFT

Questions for Health Care Policy and Financing (HCPF)
Division of Intellectual and Developmental Disabilities (DIDD)

The plan that is being developed by the state appears to result in compliance with the Center for Medicare and Medicaid Service (CMS) Conflict Free Case Management (CFCM) mandate through a transition to the Accountable Care Collaborative, a Medicaid Managed Care (MCO) model, administered at regional and state levels.

1. With the transition occurring in the Medicaid service delivery system, how will you address the following funding issues:
 - Loss of local/CCB funding in excess of \$50,000,000 currently received from donation, county appropriation and mill levy sources?
 - The cost of continuation of unfunded activities currently provided by CCBs?
 - The increased cost of a "silo" model of service delivery for entry/eligibility, case management and direct care services that results in lost economies of scale?
 - The potential for decreased service provider rates through an MCO risk-based payment system, when the system transition is complete?

2. Waiver Redesign recommendations add new services and remove existing service categories. How will you assure services and supports are not diminished for persons with I/DD when Waiver Redesign changes are incorporated into service planning, particularly residential service which is not shown as a recommended service category? Will generic vendor (non-Medicaid approved providers) services continue if they cannot be paid by CCBs (as the designated OHCDs)?

3. Would HCPF be willing to ask CMS for a delay in implementation of CFCM for the State of Colorado to allow additional time for development of a plan that will meet the CMS mandate and that is supported by individuals in services and their family members? Would HCPF consider proposing alternative CFCM mitigation approaches to CMS? Would HCPF share information on the number of substantiated Conflict of Interest complaints received by the agency?

4. Would HCPF consider a "carve out" for the I/DD system from the MCO system which is currently in the implementation process?

5. Is HCPF planning to request statute changes to eliminate CCB status? As the current system is evaluated at the top in quality service provision and at the bottom in funding relative to other state systems, how does HCPF foresee that there could be cost savings/efficiencies if the CCB functions are absorbed into the state's MCO system?

6. HCPF receives a variety of recommendations and feedback from many stakeholders, for example through the listening log in March 2015. Stakeholders were informed they would receive information in a timely fashion and would be afforded the opportunity to provide input throughout the development of the CFCM plan. Follow up and communication has been limited. Why has this occurred and how do you plan to communicate changes to individuals in services, families, provider agencies and CCBs?



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LEGISLATIVE/HCPF ACTIONS REQUESTED

Proposed I/DD System Change

Legislative Affairs Committee

The Health Care Policy and Financing Department (HCPF) of the State of Colorado is in the process of implementing Medicaid system reform throughout the state. Colorado's Medicaid Accountable Care Collaborative (ACC) is a central part of Medicaid reform supporting a larger strategy to further the evolution of the delivery system. The ACC's growth has been carefully and deliberately laid out over the last three years. Colorado is planning to move toward greater integration of physical and behavioral health and other service provision in a Medicaid Managed Care model.

It is the concern of the Foothills Gateway Board of Directors that the current system for delivery of services to the Intellectually/Developmentally Disabled (I/DD) in Colorado will be subsumed by the ACC system with a disruption in services along with a loss of services and supports for these vulnerable individuals.

The following actions are requested to avoid the disruption and/or loss of I/DD services:

- ▶ **CARVE-OUT THE I/DD SERVICE SYSTEM FROM THE MEDICAID MANAGED CARE/ACC SYSTEM**
 - The carved-out system would continue to contract directly with HCPF on a FFS (fee for service) basis, separate from the remaining Medicaid Managed Care / Accountable Care Collaborative (ACC) system.
 - Numerous states (15 in 2014) have carved-out I/DD service systems from their Medicaid Managed Care systems.
 - The Community Centered Boards (CCBs), as currently authorized by Colorado statute, would continue to coordinate the services offered within the system.
 - Advantages of a carve-out would include:
 - *Single point of accountability* with expertise at overseeing the continued targeted case management and care coordination for individuals with complex care needs,
 - *Experienced professionals* providing utilization oversight in the carve-out program are more effective in stabilizing costs while improving individual outcomes,
 - *A demonstrated capacity* to assist with investment into the service delivery system through alternative funding streams (mill levy, donation and other) aids in expanding services,
 - *A demonstrated record of maximizing quality and value* in achieving efficiencies in service plan care for individuals with special needs and chronic conditions — managed care programs, based on a medical model, have not proven able to accomplish the goal of achieving cost savings without a reduction in services provided,
 - *The current I/DD System* has met the primary goals stated by HCPF for ACC by 1) closely monitoring and coordinating care for the physical and behavioral health of I/DD individuals, 2) insuring that the majority of individuals and families are happy with the current service system and 3) containing costs of services provision.
 - Lifetime care needed for I/DD individuals is substantively different from the care provided under a medical model of service being implemented under ACC/Medicaid Managed Care.

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- ▶ **REQUEST THAT THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID (CMS) GRANT A DELAY IN IMPLEMENTATION OF THE TRANSITION TO CONFLICT FREE CASE MANAGEMENT (CFCM) FOR THE I/DD SYSTEM.**
 - A Transition Plan delay would allow the additional time necessary for HCPF to work with CCBs and Program Approved Service Agencies (PASAs) in developing a consensus concerning the steps needed to implement an effective statewide CFCM plan for the I/DD service system.
 - CMS has granted another state a delay in Transition Plan implementation until 2024.
 - Organizations in other states are in the process of lobbying CMS to request an alignment of the new 2014 regulation with previous regulations that have allowed for mitigation of conflicts of interest in lieu of reorganization of enterprises providing both case management and direct service.
 - Development of a mitigation plan for CFCM would result in less disruption in I/DD service plan development and service delivery.

- ▶ **PROVIDE ADDITIONAL REVIEW OF THE WAIVER REDESIGN RECOMMENDATIONS, TO ALLOW FOR ADDITIONAL STAKEHOLDER INPUT INTO THE PROPOSED CHANGES INCLUDING THE PROPOSED EXCLUSION OF A RESIDENTIAL SERVICE CATEGORY.**
 - Recommendations of the Waiver Redesign Subcommittee of the state Community Living Advisory Group (CLAG) do not include a category for Residential Service provision.
 - Residential services are predominantly provided throughout the state by Host Home (Adult Foster Care) providers. The recommendations do not address how these providers can be paid to continue residential services.
 - Currently CCBs act as an OHCDS (Organized Health Care Delivery System – per federal Medicaid regulations) which allows them to bill for reimbursement for third party generic vendors (non-Medicaid approved service providers) who provide a wide range of services (such as Music Therapy, housecleaning, custom adaptive equipment, technology, transportation, etc.) The Waiver Redesign Subcommittee recommendations do not address how these services will be made available if CCB status changes.

- ▶ **DELAY ANY PROPOSED CHANGES TO THE STATE STATUTES AND REGULATIONS CONCERNING CCB DESIGNATION**
 - Until the requests outlined above are addressed, HCPF would not propose changes to the current I/DD service system or to the statutes or regulations authorizing the services of CCBs.

- ▶ **COMMUNICATE ALL PROPOSED SYSTEM CHANGES TO ALL SYSTEM STAKEHOLDERS AS THEY DEVELOP**
 - Stakeholders were informed that they would receive information in a timely fashion, which has not occurred as stated by HCPF.
 - When feedback has been requested from stakeholders, follow up and communication is needed.
 - Communication channels to individuals in services, families, PASAs and CCBs need to be improved and maintained on an ongoing basis.

Foothills Gateway invites you to a . . .

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Community Engagement Meeting

Thursday, October 15th, 2015

6:00-7:30pm

at *Foothills Gateway*
in our Gymnasium

To RSVP or for special accommodations, please contact April at 970.266.5379 or aprilr@foothillsgateway.org



Join us as we discuss upcoming changes underway in Colorado's Medicaid Home and Community Based Services (HCBS) system.

Barbara Ramsey, the Division for Intellectual and Developmental Disabilities Director and **Jed Ziegenhagen**, the Office of Community Living Director for the State of Colorado, will provide an overview of upcoming system changes, the plan for federal compliance by the State, and potential impacts these changes may have on families and individuals.

We hope you can join us to learn more about how these changes could affect services to individuals with developmental disabilities and to share your insight and questions about the planning for the services to be provided for people with disabilities in the future.



301 W. Skyway Drive
Fort Collins, CO 80525
Phone: 970.226.2345
Fax: 970.226.2613
E-mail:
info@foothillsgateway.org

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