



Foothills Gateway, Inc.

Supporting People with Disabilities

This meeting will be virtual. For additional information and to learn how you can participate: Please go to <http://www.foothillsgateway.org/event> and click on "Board of Director's Meeting" on May 17th.

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 Meeting Agenda

Virtual Meeting

May 17, 2022

7:00 pm

MEETING CALLED TO ORDER 10 min.

Public Comment - The Board allocates 10 minutes at the beginning of each board meeting for "Public Comment". Each speaker, at the Chair's discretion, may speak for up to five minutes.

Potential Board Members – Should any potential Board members be in attendance; the Board allocates this time for introductions.

PRESENTATIONS 15 min.

Eligibility and Intake – Amy Lencioni

CONSENT AGENDA 2 min.

Approval of Board Meeting Minutes – April 19, 2022

FINANCIAL REPORT 10 min.

Approval of Financial Report

OLD BUSINESS

Oil, Gas, Minerals Lease Dispute Update 15 min.

NEW BUSINESS 15 min.

Budget Meeting

Lakeview House

Property Tax cap proposal

OFFICER UPDATES 15 min.

COMMITTEE REPORTS 20 min.

Executive Committee

Fiscal and Property Committee

Legislative Affairs Committee

EXECUTIVE SESSION (*CRS 25.5-10-209-2, b, IV (C)*) – *Matters required to be kept confidential by federal or state law or rules and based on Foothills Gateway's Bylaws.*

ADJOURNMENT

FOOTHILLS GATEWAY, INC.

UNAUDITED

Preliminary Financial Reports
for the 10 months ending April 30, 2022

MONTHLY FINANCIAL HIGHLIGHTS

- * Revenues are 3.7% under YTD Budget
- * Expenses are 2.4% under YTD Budget
- * Net Loss is \$152,478 more than YTD Budget

<i>Financial Status</i>	at June 30, 2021	at April 30, 2022	Change
Total Assets	\$13,175,740	\$11,519,882	(\$1,655,858)
Total Liabilities	\$1,659,281	\$1,632,958	(\$26,323)
Net Assets (Fund Balances)	\$11,516,458	\$9,886,924	(\$1,629,535)
Undesignated Net Assets	\$3,093,837	\$1,664,652	(\$1,429,184)
Designated Net Assets	\$8,422,622	\$8,222,271	(\$200,350)

Current Year Financial Performance at 10 months / 83.3% of annual revenue and expense

	Actual Year to Date	YTD Budget	% Actual to YTD Budget	Annual Budget	% Actual to Annual Budget
<i>Revenues</i>					
State/Medicaid Funds	\$9,632,864	\$10,223,302	94.2%	\$12,316,714	78.2%
Vocational Income	140,913	172,000	81.9%	202,400	69.6%
Public Support	201,639	177,875	113.4%	205,000	98.4%
Larimer County Mill Levy	3,655,373	3,292,328	111.0%	5,198,489	70.3%
Other	10,159	297,847	3.4%	356,400	2.9%
Total Revenue	\$13,640,948	\$14,163,352	96.3%	\$18,279,003	74.6%
<i>Expenses</i>					
Salaries, Taxes & Benefits - Staff	\$9,762,198	\$10,279,103	95.0%	\$12,414,193	78.6%
Salaries, Taxes & Ben - Individuals in Svcs	98,658	145,723	67.7%	169,592	58.2%
Vocational/Contract Supplies	18,443	36,300	50.8%	40,560	45.5%
Supplies, Equipment & Building Expense	908,760	879,182	103.4%	1,060,115	85.7%
Vehicle Expense	265,244	302,755	87.6%	367,635	72.1%
Program Related Expense	2,279,324	1,938,320	117.6%	2,250,975	101.3%
Purchase of Service	1,631,083	1,706,690	95.6%	2,050,023	79.6%
Other	306,773	352,336	87.1%	453,875	67.6%
Total Expenses	\$15,270,483	\$15,640,409	97.6%	\$18,806,968	81.2%
<i>Revenue Over (Under) Expense</i>	(\$1,629,535)	(\$1,477,057)	110.3%	(\$527,965)	308.6%



Welcome to Foothills Gateway!

Services Offered:

- Case Management
- Family Support Services
- Supported Living Services (HCB-SLS waiver)
- Adult DD Services (HCBS-DD waiver)
- Children's Services – CHCBS, CES

Program Criteria by Age:

0-3 years – Early Intervention

0-18 years – Children's Medicaid Waiver (CHCBS) and Children's Extensive Support (CES)

18+ years – Supported Living Services (HCBS-SLS), State SLS, and DD Services (HCBS-DD)

How to Apply:

- Inquire about services
- Complete application and testing/assessments required
- Send application materials back to Foothills Gateway
- Submit Documentation of Disability to Foothills Gateway
- Intake Team will review all materials

If you are determined to meet criteria for DD Services:

- An Intake Case Manager will be assigned
- Your Case Manager will work with you to develop a person-centered Individualized Plan (IP)
- You will complete a Functional Assessment

Once complete, you will be referred to the appropriate program and/or Waiting List.

If you do NOT meet criteria for DD Services:

- You will receive referrals to other agencies which can provide resources
- You may appeal the decision

If you are referred to a Waiting List, Case Management Services are still available to you.

Those services include:

- Development of Waiting List Individualized Plan (IP) – completed annually, six month check-ins, and face to face visits
- Individual/Family Advocacy at Individualized Education Plan (IEP) meeting, Foster Care Review, and other meetings
- Referral to community resources as appropriate – SummitStone Health Partners (SSHP), Division of Vocational Rehabilitation (DVR), Department of Human Services (DHS)
- Guardianship information/funding
- Volunteer connections
- Emergency and crisis assistance

Additional Information:

Waiting List Placement

In Colorado, the legislature appropriates a specific amount of funds to provide services to people with intellectual/developmental disabilities (I/DD). Far more individuals and families need services than there are resources currently available to provide them. Therefore, a Waiting List is necessary across our state for people with I/DD requesting certain services. However, some Foothills Gateway Case Management services are available while individuals are waiting.

Foothills Gateway and the Northern Colorado Community

Foothills Gateway has been a part of the Northern Colorado community since 1972. The organization provides many services directly, but also contracts with a multitude of agencies across Northern Colorado, so people who receive services and supports can truly be a part of the community, rather than being limited to one building.

Partnerships and Collaboration

- SummitStone Health Partners (SSHP)
- Division of Vocational Rehabilitation (DVR)
- The Arc of Larimer County and People First
- School Districts—Thompson, Poudre, and Estes Park
- Program Approved Service Agencies (PASAs)
 - Foothills Gateway Intake will help you choose the right provider for what you need. Visit www.FoothillsGateway.org/PASAs to learn more.

Foothills Gateway Contacts

info@foothillsgateway.org

Intake Team: intaketeam@foothillsgateway.org

www.FoothillsGateway.org

Main Phone: 970.226.2345



IQ and Adaptive Testing

Why Testing is Needed?

To receive intellectual/ developmental disability (I/DD) waiver services through Foothills Gateway

Intelligence Testing

- Assess verbal skills, reasoning, memory and processing speed
- Can be used for planning, school placement, diagnosis, and intervention

Adaptive Testing

- Assess daily living skills, socialization, conceptual and practical skills
- Can be used to determine amount and type of support a person needs
- Done frequently for children who are too young to complete an IQ test



Where Can You Get Testing?

- Schools will complete for children on Individual Education Plans (IEPs)
- Division of Vocational Rehabilitation (DVR) can complete to help with job placement
- Testing centers and psychologists

Who can help find a Provider?

- Ask your primary care physician for referrals
- Call your local Regional Accountable Entity (RAE)
- Foothills Gateway has a list of assessors

Who Is Responsible for the Cost of Testing?

- Medicaid can reimburse qualified providers
- Testing must be considered medically necessary to be covered by Medicaid
- Some insurance providers will also cover the cost
- The family can private pay for the necessary assessments

Testing and Foothills Gateway

- Testing must be submitted within 90 days of the application date to Foothills Gateway
 - You can request an extension of an additional 90 days
- If one is determined to have a developmental disability, Foothills Gateway will discuss program options

Acceptable Tests for Eligibility Determination

IQ tests:

- WAIS, WISC, WPPSI, KABC, SB, DAS, WJ-COG-DS, LEITER, UNIT

Adaptive tests:

- ABAS, SIB-R, VABS, ABS-R, DAYC (if under 6)





Next Steps: DD Waiver Admission

Case Management Process

- **Determine Long Term Care Medicaid Eligibility**
 - Should take about 45 days if you have both Medicaid and SSI
 - May take 90 days if you need to apply for Medicaid and SSI
- **Send Professional Medical Information Page**
 - Ensure the person has seen a doctor in the last year
 - Case Manager sends this form to the primary care physician
- **Complete Functional Assessment**
 - Minimum one-hour assessment
 - Must be completed with person in their home
- **Complete Supports Intensity Scale (SIS)**
 - Takes approximately one month to schedule
 - Minimum two-hour standardized assessment
 - Must have two respondents present for the entire evaluation
 - * Respondents must have known person for at least four months
- **Send Request for Proposal/Provider (RFP)**
 - Create a profile to send to agencies
 - Case Manager can schedule and facilitate interviews with providers upon request
 - * Can be waived if your preferred provider is available
- **DD Case Manager Requested**
 - Person centered matching/good fit
 - Service Plan Meeting Held
 - * Team (family & service professionals) meets to discuss goals and services

Purpose of the Supports

Intensity Scale (SIS):

- To show level of support needed in various realms of life
 - * Education, work, home and community living, social
- To set the support level based on needs

Rights and Responsibilities

Person/Family

- Communicate with Case Manager regarding scheduling, hospitalizations, documentation etc.
- Provide accurate information regarding the individual's ability to complete activities of daily living
- Provide accurate information for the determination of financial eligibility
- Choose an agency and be available to interview potential providers

Case Manager

- Send and complete all forms
- Develop the RFP profile
- Schedule meetings
- Coordinate with families & service providers

Other Information

Guardianship: determines who makes decisions and signs documents



Next Steps: SLS Waiver Admission

Case Management Process

□ Determine Long Term Care Medicaid Eligibility

- Should take about 45 days if you have both Medicaid and SSI
- May take 90 days if you need to apply for Medicaid and SSI
 - * SSI is not required for admission but it is beneficial

□ Send Professional Medical Information Page (PMIP)

- Ensure the person has seen a doctor in the last year
- Case Manager sends this form to the primary care physician

□ Complete Functional Assessment

- Minimum one-hour assessment
- Must be completed with person in their home

□ Complete Supports Intensity Scale (SIS)

- Takes approximately one month to schedule
- Minimum two-hour standardized assessment
- Must have two respondents present for the entire evaluation
 - * Respondents must have known person for at least four months

□ Send Request for Provider (RFP)

- Create a profile to send to agencies
- Case Manager can schedule and facilitate interviews with providers upon request
 - Can be waived if your preferred provider is available

□ SLS Case Manager Requested

- Person centered matching/good fit
- Service Plan Meeting Held
 - * Team (family & service professionals) meets to discuss goals and services

Purpose of the Supports

Intensity Scale (SIS):

- To show level of support needed in various realms of life
 - * Education, work, home and community living, social
- To set the support level based on needs

Rights and Responsibilities

Person/Family

- Communicate with Case Manager regarding scheduling, hospitalizations, documentation etc.
- Provide accurate information regarding the individual's ability to complete activities of daily living
- Provide accurate information for the determination of financial eligibility
- Choose an agency and be available to interview potential providers

Case Manager

- Send and complete all forms
- Develop the RFP profile
- Schedule meetings
- Coordinate with families & service providers

Other Information

Guardianship: determines who makes decisions and signs documents



Next Steps: CES Waiver Admission

The purpose of Children's Extensive Supports (CES) is to provide specific services and supports to increase the family's ability to have their child with a disability at home.

Case Management Process

- ❑ **Determine Long Term Care Medicaid Eligibility**
 - Should take about 45 days if you have both Medicaid and SSI
 - May take 90 days if you need to apply for Medicaid
 - Financial eligibility is based solely on the child's assets
- ❑ **Send Professional Medical Information Page (PMIP)**
 - Ensure the child has seen a doctor in the last year
 - Case Manager sends this form to the primary care physician
- ❑ **Complete Functional Assessment**
 - Minimum one-hour assessment
 - Must be completed in the home with child present
- ❑ **Complete CES application**
 - Gather documentation over 6 months prior to application
 - Case Manager submits the application for review to third party reviewer
 - 10 days for a decision

If Approved

- ❑ **Send Request for Proposal/Provider (RFP)**
 - Create a profile to send to agencies
 - Case Manager can schedule and facilitate interviews with providers upon request
 - **Can be waived if your preferred provider is available**
- ❑ **CES Case Manager Requested**
 - Person centered matching/good fit
 - Service Plan meeting held
 - * Team (family & service professionals) meets to discuss goals and services

If Denied

You have the right to appeal decision
OR: Resubmit the whole application with additional information



Rights and Responsibilities

Family

- Communicate with Case Manager regarding scheduling, hospitalizations, documentation etc.
- Provide accurate information regarding the child's ability to complete activities of daily living
- Provide accurate information for the determination of financial eligibility
- Choose an agency and be available to interview potential providers

Case Manager

- Send & complete all forms
- Develop the RFP profile
- Schedule meetings



Benefits

Medicaid Eligibility

- Qualify based on parents income when under 18-years-old
- Qualify based on own income after age 18
- Assets must be \$2000 or less
 - * First vehicle and the house you live in do not count against eligibility
- Apply online at Colorado Peak or on paper
- Aging and Disability Resource Centers (ADRC) can help with applications
 - * 970-498-7750

Other Potential Benefits

- Transport to doctors appointments
- Home health
- Behavior therapy if under 20



Medicaid Buy-in

- You can pay for Medicaid if you do not qualify financially
- Monthly payment is based on household size and income
- Provides same benefits as regular Medicaid

# or Children with Disabilities	Family Size	Monthly Income After Income Adjustments			
	1	0 – \$1,346	\$1,347– \$1,872	\$1,873– \$2,530	\$2,531– \$3,035
	2	0 – \$1,825	\$1,826– \$2,538	\$2,539– \$3,430	\$3,431– \$4,115
	3	0 – \$2,304	\$2,305– \$3,204	\$3,205– \$ 4,330	\$4,331– \$5,195
	4	0 – \$2,782	\$2,783– \$3,870	\$3,871– \$5,230	\$5,231– \$6,275
	5	0 – \$3,261	\$3,262– \$4,536	\$4,537– \$6,130	\$6,131– \$7,355
	6	0 – \$3,740	\$3,741– \$5,202	\$5,203– \$7,030	\$7,031– \$8,435
	7	0 – \$4,219	\$4,220– \$5,868	\$5,869– \$7,930	\$7,931– \$9,515
	8	0 – \$4,698	\$4,699– \$6,534	\$6,535– \$8,830	\$8,831– \$10,595
	Federal Poverty Level (FPL)	0% - 133%	134% - 185%	186% - 250%	251% - 300%
	Monthly Premium	\$0	\$70	\$90	\$120

Based on Federal Poverty Level (FPL) Guidelines, updated Nov. 2018

Supplemental Security Income (SSI)

- Supplements a person's income if they are unable to earn a gainful wage according to Social Security Administration standards
- Must have less than \$2000 total assets
- Awarded amount is reduced as you earn money
- To apply call 1-866-336-7385 or go to www.ssa.gov
- Disabled Resource Services and The Arc can help with the application 970-482-2700

Social Security Disability Insurance (SSDI)

- Children under the age of 18 receive benefits based on parents' Social Security
- If a parent is disabled or deceased the disabled child can get benefits



Next Steps: Age 5

A determination of **disability** needs to be done to continue to receive services and/or remain on the Waiting List for future services.

Disability definition (eligibility):

- Neurological condition (intellectual disability, autism, ADHD, epilepsy)
- Condition developed before the 22nd birthday
- Supports are not primarily for a sensory or mental health need
- Impaired intellectual and/or adaptive skill
- IQ score of 70 or below

Your Process

- ☐ **Complete Application (included)**
 - You must submit within 90 days of receiving the application
- ☐ **Complete Social/Medical/information Page (included)**
 - Fill out all relevant information to the best of your ability
- ☐ **Send Supporting documents**
 - Birth Certificate
 - Social Security card
 - Medicaid card (if applicable)
- ☐ **Send Testing**
 - Submit within 90 days of sending your application
 - Need to have state approved IQ or adaptive tests
 - Typically done by the school if person has an IEP
 - Testing must be completed after the 5th birthday
 - Common tests include:
 - * IQ - WAIS, WISC, WPPSI, KABC, SB, SIB-R, DAS, WJ-COG-DS, LEITER, UNIT
 - * Adaptive - ABAS, VABS, ABS-R, DAYC (if under 6)

Information to be filled out & returned

- ☐ **Written Request (Application)**
- ☐ **Social/Medical Information Page**
 - Includes information useful for services
 - Developmental information
 - Medical Information—diagnoses, medications etc.
- ☐ **Releases of Information**
 - Gives Case Manager permission to receive/share information

Other Information included in packet

Program Information

Agency Information





Next Steps: Age 18

Foothills Gateway encourages any person interested in receiving adult services to apply for Medicaid and Social Security.

Apply for Medicaid

- When you turn 18 a person is considered their own household
- Your assets are now considered separate from your parents' assets
- You must have less than \$2000 in assets to qualify

Apply for Social Security

- Supplements a person's income if they are unable to earn a gainful wage according to Social Security Administration standards
- Looks at ability to work physically and produce a good quality and quantity of work
- Must have less than \$2000 in total assets
- To apply call 1-866-336-7385 or go to www.ssa.gov

Local Medicaid Offices

1501 Blue Spruce
Fort Collins, CO 80524
970-498-6300

205 East 6th Street
Loveland, CO 80537
970-498-6300

1601 Brodie Ave.
Estes Park, CO 80517
970-577-2150

Decision-making supports available to you include: Guardianship, Conservatorship and Power of Attorney.

Things to consider:

- Ability to handle finances
- Medical procedures and decision-making

A **Conservator** manages your estate/money, in contrast to the **Power of Attorney** who is authorized to make decisions and conduct business on your behalf.



Guardianship is the most common arrangement where your Guardian makes decisions for you.

- Foothills Gateway and The Arc offer classes on Guardianship and other options
- Foothills Gateway may be able to provide financial assistance to help cover the costs of petitioning for guardianship. Ask your Case Manager for addition information.



Next Steps: Post DD Determination

(After all paperwork is submitted and DD determination is completed)

You will receive a letter explaining the outcome of Developmental Disability (DD) Determination (approval or denial)

- Your Intake Case Manager will contact you within 30 days of DD Determination to meet and discuss next steps
 - Together, you will create a Waiting List Individualized Plan (IP)
 - Your Case Manager will send you a copy of the final IP

Adults

Referrals

- Supported Living Services (SLS) Waiver
- Developmental Disability (DD) Waiver
- Family Support Services Program (FSSP)

A referral will be made to programs chosen

Children

Referrals

- Family Support Services Program (FSSP)
- Children's Extensive Supports (CES) Waiver
- Children's HCBS Waiver

Can be added to Adult Waiting Lists at age 14

Supporting You in the Enrollment Process Once Offered

Your Case Manager will contact you within ten days of receiving a program offer to schedule an assessment.

Your Case Manager will confirm long term care eligibility prior to enrollment.

- * Process may take up to 90 days if you need to apply for SSI and Medicaid

What You Need to Do

- Meet to create the Waiting List IP and discuss services and Waiting Lists
- Sign and return IP every year (contact Case Manager if inaccurate)
- Complete paperwork
 - * Update needs assessments (for FSSP)
 - * Apply for benefits (Medicaid/SSI)



Your Intake Case Manager will:

Contact you every six months to check-in
Support with community resources and referrals
Be available for questions as needed
Attend meetings as needed (IEP, DHS, DVR, etc.)



CHRP Program

Crisis Prevention & Intervention for your child

Intensive Support to Reach Your Family's Goals

When your child is at risk of out-of-home placement, you deserve every bit of support required to prevent that outcome.

The Children's Residential Habilitative Program provides support for children and youth who have extraordinary medical and/or behavioral needs that put them at risk of, or in need of, out-of-home placement. These Waiver services help children and youth learn and maintain the skills needed to live in their communities.

Case Management Process

Determine Developmental Disability (Age 5+)

Each family has 90 days from the date that the application is received to send needed documentation to the Case Manager. Extensions may be granted, if requested. Once all documentation is received, the Case Manager has 30 days to submit the documentation for review.

If Determination is approved, next steps include:

- Discussion of needed CHRP Waiver services which include: *Residential Habilitation, Respite, Community Connector, Massage Therapy, Hippotherapy, Movement Therapy, Intensive Support Services, and Transition Support Services*)
- Complete Financial and Functional Assessments which include: Medicaid Long Term Care application, ICAP, and 100.2 assessment
- Send Professional Medical Information Page to the physician
- Send Request for Proposal/Provider (RFP) to agencies who might be interested in providing the identified services

Responsibilities

Case Manager

- Send and complete forms
- Follow up with family to gather information
- Communicate updates to the family
- Communicate with DHS
- Develop the RFP profile
- Schedule meetings

Family

- Contact Foothills Gateway directly for referral
- Provide information for referral and determination
- Provide information needed for application and DD determination
- Collaborate in the determination of financial eligibility
- Choose service providers



Family Support Services Program

Where your family comes first

Your Unique Needs

Your family experiences stress that other families do not because you have a family member at home who has a developmental delay or disability. You deserve flexible supports and services that cut down stress and, most of all, you deserve to choose what is best for you and your family.

Financial support where you need it most

Respite Services

Professional Therapies

Parent and Sibling Support

Items Recommended by Professionals

Specialized Recreation

Medical and Dental Services & Supplies

Home Modifications

Assistive Technology

Transportation to Medical Appointments

Advocacy

Process for application

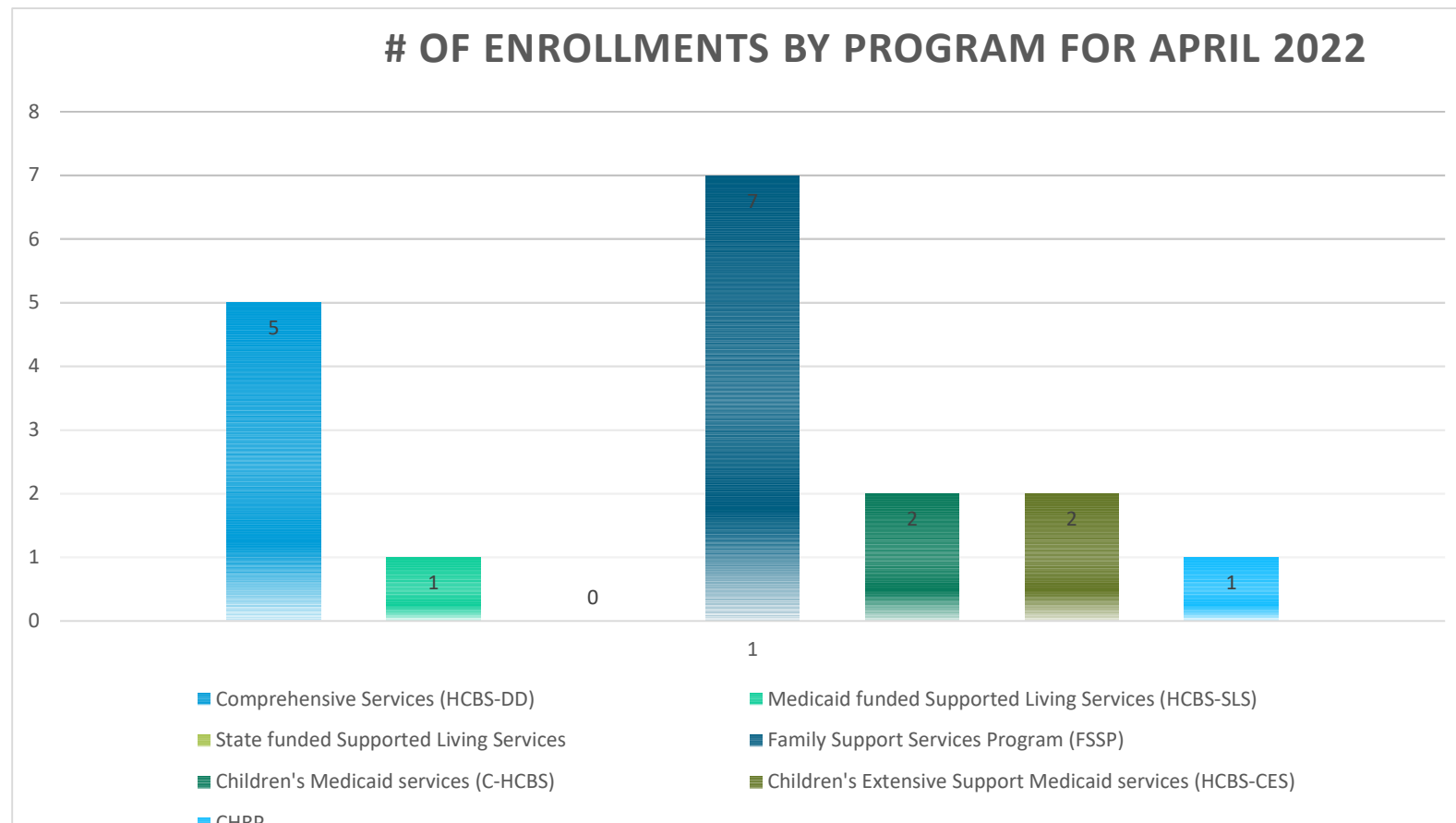
- **Inform your Case Manager or Coordinator of your interest** *(they will complete an FSSP referral and discuss the program with you)*
- **Complete a Needs Assessment** *(this is a scoring tool designed to capture the needs of both the enrollee and the family)*
- **Accept or decline an offer for FSSP, when given** *(date of offer depends on the person's level of need based on the Needs Assessment score)*
- **If accepted, an FSSP Case Manager is assigned using person-centered matching to ensure a good fit**
- **Hold the Family Support Plan team meeting where goals and services are discussed** *(attended by family, case manager, and other service professionals)*



Things to keep in mind

- FSSP is a state funded program and not a Medicaid Waiver Program
- People of any age can benefit from FSSP, as long as the individual with a disability resides in the family home
- If the individual enrolled in FSSP is five years of age or older, a Determination of Developmental Disability is needed
- For individuals between the ages of birth to five years old, a Developmental Delay Determination is needed
- Annual service amount is determined by the person's Needs Assessment score and receipts are required for reimbursement

	Apr-22
Comprehensive Services (HCBS-DD)	5
Medicaid funded Supported Living Services (HCBS-SLS)	1
State funded Supported Living Services	0
Family Support Services Program (FSSP)	7
Children's Medicaid services (C-HCBS)	2
CHRP	3
Children's Extensive Support Medicaid services (HCBS-CES)	2



Determinations completed April 2022

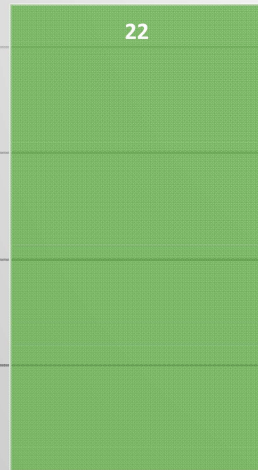
Eligible
22

Not Eligible
0

Total

22

DD Determinations April 2022



<u>Waiting List numbers</u>	<u>Apr-22</u>
Family Support Waiting List (ALL)	114
Comprehensive Waiting List (ALL)	545
Comprehensive Waiting List (ASAA only)	116
State SLS Enrollment List	3
Enrollment List for SLS	42
CHRP enrollment list	4
Enrollment list for Children's Waiver	0
Enrollment list for CES	29

