



COLORADO

**Office of Children,
Youth & Families**

Division of Child Welfare

CORE SERVICES PROGRAM

THIRD YEAR OF A THREE-YEAR PLAN SFY

2019 - 2020

SFY 2020 - 2021

SFY 2021 - 2022

FOR

_____ **COUNTY(IES)**

**Routt,
Grand,
Jackson,
Moffat,
Rio Blanco**

Please complete signature page, all corresponding Core Services Plan and budget pages, and then submit the original hard copy for approval.

REQUEST FOR STATE APPROVAL OF PLAN

Since this is the third year of the three-year Core Services Plan, all signatures on this page are required.

This Core Services Plan is hereby submitted for _____ [Indicate county name(s) and lead county if this is a multi-county plan], for the period contract years June 1, 2021, through May 31, 2022 fiscal years July 1, 2021, through June 30, 2022. The Plan includes the following:

- Completed "Statement of Assurances";
- Completed program description of each proposed "County Designed Service";
- Completed "Information on Fees" form;
- Completed "Overhead Cost" form (Optional);
- Completed "State Board Summary";
- Completed "100% Funding Summary" form; and
- Completed "Final Budget Page".

This Core Services Program Plan has been developed in accordance with State Department of Human Services rules and is hereby submitted to the Colorado Department of Human Services, Division of Child Welfare for approval. If the enclosed proposed Core Services Program Plan is approved, the Plan will be administered in conformity with its provisions and the provisions of State Department rules.

The person who will act as primary contact person for the Core Services Plan is, Julie Hulslander_ and can be reached at telephone number_(970) 846-6619_, and e-mail at _jhulslander@co.routt.co.us. If two or more counties propose this plan, the required signatures below are to be completed by each county, as appropriate. Please attach an additional signature page as needed.

Signature, DIRECTOR, COUNTY DEPARTMENT OF HUMAN/SOCIAL SERVICES DATE

Signature, CHAIR, PLACEMENT ALTERNATIVES COMMISSION DATE

Signature, CHAIR, BOARD OF COUNTY COMMISSIONERS DATE

Please check here if your county does not have a Placement Alternative Commission:

CORE SERVICES STATEMENT OF ASSURANCES

_____ County(ies) assures that, upon approval of the Core Services Program Plan the following will be adhered to in the implementation of the Program:

Core Services Assurances:

- Operation will conform to the provisions of the Plan;
- Operation will conform to State rules;
- Core Services Program Services, provided or purchased, will be accessible to children and their families who meet the eligibility criteria set forth in Rule Manual Volume 7, at 7.303;
- Operation will not discriminate against any individual on the basis of race, sex, national origin, religion, age or mental/physical disability who applies for or receives services through the Core Services program;
- Services will recognize and support cultural and religious background and customs of children and their families;
- Out-of-state travel will not be paid for with Core Services funds;
- All forms used in the completion of the Core Services Plan will be State prescribed or State approved forms;
- Core FTE/Personal Services costs authorized for reimbursement by the State Department will be used only to provide the direct delivery of Core Services;
- The purchase of services will be in conformity with State purchase of service rules including contract form, content, and monitoring requirements;
- Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (Set forth in Rule Manual Volume 7, at 7.414,B);
- Information regarding services purchased or provided will be reported to the State Department for program, statistical and financial purposes;
- All providers of Core Services (through purchase of service contracts) must be registered with the Colorado Department of Regulatory Agencies (DORA). The provision of Life Skills is the only exception to this mandate;
- County staff are responsible for monitoring their Program provider payments and for ensuring the county and providers are following all statutory and regulatory requirements;
- All Core Services are made available, based on need of each child/youth/family; and
- All contracts for services using Core Services Program funding will include all of the required language of the attached contract template.

CORE SERVICES TO BE PROVIDED/PURCHASED

List below "County Designed Service" that will be provided/purchased. Please indicate which, if any, of the County Designed Service are provided through the Evidenced Based Services to Adolescents earmarked funding: _____

Program Area Three - PA3 Services - Prevention/Intervention Services

If your county submitted a Program Area Three (PA3) Plan last fiscal year, and you wish to continue providing PA3 services using Core Services Program funding, please check the box below;

Yes, our county wishes to continue offering PA3 services using Core Services Program funding.

If your county has not submitted a Program Area Three (PA3) Plan, and you wish to provide PA3 services, please complete and submit the PA3 Plan Addendum attached.

Funding for Evidenced Based Services to Adolescents

If the county received funding for evidenced based services to adolescents, and is requesting the funding to continue to receive the same funding for the same expansion or created of the evidenced based county designed program to adolescents, please indicate that above, as well as on the Core Plan under **County Designed**.

CORE SERVICES COUNTY DESIGNED SERVICE

Service Name: _____

Optional services approved as a part of the county's Core Services Plan are approved on an annual basis. For a County Designed Service to be extended beyond one year, this portion of the plan must be submitted and approved annually by the State Department.

Given that County Designed programs are not standardized across counties, it is important to provide detailed information as outlined below. The information listed below is to be completed for each County Designed Service and included in the County(ies)' Core Services Program Plan.

1. Describe the service and components of the service; define the goals of the program.
2. Indicate if a new Trails service detail is necessary for this County Designed Program or that the service detail is already an option in Trails.
3. Define the eligible population to be served.
4. Define the time frame of the service.
5. Define the workload standard for the program:
 - number of cases per worker,
 - number of workers for the program, and
 - worker to supervisor ratio.
6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.303.17 for guidelines.
7. Define the performance indicators that will be achieved by the service, see 7.303.18.
8. Identify the service provider.
9. Define the rate of payment (e.g., \$100.00 per session/episode).

INFORMATION ON CORE SERVICE FEES

Please check all that apply:

Fees will not be assessed for Core Services Program Services.

If above line is checked, **STOP**. Remainder of information does not need to be completed.

Fees will be assessed for the following services: Check those that apply:

- Home Based Intervention
- Intensive Family Therapy
- Life Skills
- Day Treatment
- Sexual Abuse Treatment
- County Designed Service (List Services Below)
- Special Economic Assistance
- Mental Health Services
- Substance Abuse Treatment Services

Fee assessment formula is the same for all services. State the formula here (attach additional sheets as needed).

Fee assessment formula varies with service. State formula used for each service (attach additional sheets as needed).

**CORE SERVICES PROGRAM
OVERHEAD/PROGRAM ADMINISTRATION COST for CORE SERVICES STAFF**

*****OPTIONAL PAGE - ONLY USE IF YOUR COUNTY WISHES TO CLAIM OVERHEAD/PROGRAM ADMINISTRATION COSTS*****

1. DIRECT SERVICE
 - A. Total Core Services salary/Fringe/Travel/Operating Costs of Line Core Service Workers and their Immediate Supervisors _____
 - B. Formula Percentage Allowed for Overhead/Program Administration Costs 15%
 - C. Provided Service Overhead/Program Administration Costs (A X B) _____

2. PURCHASED SERVICE
 - A. Purchased Service Dollar Amount _____
 - B. Formula Percentage Allowed for Overhead/Program Administration Costs _____
 $\$0 - 50,000 = 5\%$; $\$50,001 - 100,000 = 4.9\%$
 For each \$50,000 (in total expenditure) increase the Overhead/Program Administration decreases by .1 %.
 - C. Allowed Amount for Overhead/Program Administration Costs (A X B) _____
 - D. Base Overhead/Program Administration Cost Allowed \$500.00
 - E. Purchased Service Overhead/Program Administration Costs (C + D) _____

3. TOTAL OVERHEAD/PROGRAM ADMINISTRATION COSTS (1C + 2E) _____

DISTRIBUTION OF OVERHEAD/PROGRAM ADMINISTRATION COSTS AMONG SERVICES*			
SERVICE	Provided Service Overhead/Program Administration Costs	Purchased Service Overhead/Program Administration Costs	Total Overhead/Program Administration Costs
1. Home Based Intervention			
2. Intensive Family Therapy			
3. Sexual Abuse Treatment			
4. Day Treatment			
5. Life Skills			
6. County Designed Service			
COLUMN TOTALS			

* Formula to determine overhead/program administration cost by service:
 Step 1: total provided service cost (by service) x 15% = provided service overhead/program administration cost
 Step 2: total purchased service cost (by service) x % listed in 2B = Y
 $\$500$ divided by the number of purchased service = Z, then $Y + Z =$ overhead/program administration cost
 Step 3: Provided service overhead/program administration cost plus purchased service overhead cost equals total overhead/program administration cost.

**PURCHASE OF SERVICE CONTRACT
Core Services Program**

1. THIS CONTRACT, made this _____ day of _____, 20__ by and between the _____ County Department of Human/Social Services at _____, hereinafter called "County" and _____ (address) _____, (name) _____, (address) _____, hereinafter called "Contractor". _____ (Tax I.D. or Social Security Number)
2. This contract will be effective from _____ until _____.
3. County agrees to purchase and Contractor agrees to provide _____ (Core Service) To _____ at _____ at other such (population to be served) _____ (location service is to be provided) _____ location as shall facilitate the provision of such services. This service is described in Rule Manual Volume 7, Section 7.303.1 _____, and, if appropriate, the State approved County Core Service Plan.
4. County agrees to purchase and contractor agrees to furnish _____ units of _____ service at the cost of _____ per unit of service for a maximum amount of this contract of \$ _____.
5. The parties agree that the Contractor's relationship to the county is that of an independent Contractor.
6. The parties agree that payment pursuant to this Contract is subject to and contingent upon the continuing availability of funds for the purpose thereof.
7. County agrees:
 - a) To determine child eligibility and as appropriate, to provide information regarding rights to fair hearings.
 - b) To provide Contractor with written prior authorization on a child or family basis for services to be purchased.
 - c) To provide Contractor with referral information including name and address of family, social, medical, and educational information as appropriate to the referral.
 - d) To monitor the provision of contracted service.
 - e) To pay Contractor after receipt of billing statements for services rendered satisfactorily and in accordance with this Contract.
8. Contractor agrees:
 - a) Not to assign any provision of this Contract to a subcontractor.
 - b) Not to charge clients any fees related to services provided under this contract.
 - c) To hold the necessary license(s) which permits the performance of the service to be purchased, and/or to meet applicable Colorado Department of Human Services qualification requirements.
 - d) To comply with the requirements of the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 concerning discrimination on the basis of race, color, sex, age, religion, political beliefs, national origin, or handicap.
 - e) To provide the service described herein at cost not greater than that charged to other persons in the same community.
 - f) To submit a billing statement in a timely manner, no later than forty-five (45) days after services. failure to do so may result in nonpayment.
 - g) To safe guard information and confidentiality of the child and the child's family in accordance with rules of the Colorado Department of Human Services and the County Department of Human/Social Services.
 - h) To provide County with reports on the provision of services as follows:
 - Within _____ weeks of enrollment/participation, submission of a treatment plan for the child/child's family with specific objectives and target dates. The treatment plan is subject to county approval.

- At intervals of ____ months, from the time of enrollment/participation, submit reports that include progress and barriers in achieving provisions of the treatment plan.
- i) To provide access for any duly authorized representative of the County or the Colorado Department of Human Services until the expiration of five (5) years after the final payment under this Contract, involving transactions related to this Contract.
- j) Indemnify the County and the Colorado Department of Human Services from the action based upon or arising out of damage or injury, including death, to persons or property caused or sustained in connection with the performance of this contract or by conditions created thereby, or based upon any violation of any statute, regulation, and the defense of any such claims or actions.

9. In addition to the foregoing, the County and Contractor also agree:

10. Termination: Either party may terminate this Contract by thirty (30) days prior notification in writing.

11. All payments will be paid through the State’s approved automated system, as appropriate.

➤ Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Rule Manual Volume 7, at 7.414, B (12 CCR 2509-5).

ADDITIONAL PROVISIONS: _____

County Director’s Signature

Contractor’s Signature

Date

Contractor’s Title

Date

Original to Contractor
Copy to the Case File
Copy to County Bookkeeping
Copy to State Accounting