November 1, 2016

Members of the Colorado General Assembly
c/o Legislative Council
State Capitol Building
200 East Colfax
Denver, Colorado 80203

Dear Members of the General Assembly:

Enclosed please find the Department of Health Care Policy and Financing's update to the strategic plan for assuring timely access to services for individuals with intellectual and developmental disabilities.

Section 25.5-10-207.5 (4)(a), C.R.S., requires the Department of Health Care Policy and Financing (the Department) to develop and annually update—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan to "to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports."

The Department first submitted the Strategic Plan on November 1, 2014. The attached update was developed to comply with Section 25.5-10-207.5 (4)(a), C.R.S. Also included in this report is the waiting list information required by Section 25.5-10-207.5 (3)(a) and (b), C.R.S. The information in the attached report details how many individuals are waiting for services needing services immediately, how many of those individuals are currently receiving some services, and individuals eligible for services but who do not need services at this time.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/kc
Enclosure(s): Health Care Policy and Financing 2016 HB 14-1051 Strategic Plan Update

Cc: Representative Millie Hamner, Vice-chair, Joint Budget Committee
       Representative Bob Rankin, Joint Budget Committee
       Representative Dave Young, Joint Budget Committee
       Senator Kevin Grantham, Joint Budget Committee
       Senator Pat Steadman, Joint Budget Committee
       John Ziegler, Staff Director, JBC
       Eric Kurtz, JBC Analyst
       Henry Sobanet, Director, Office of State Planning and Budgeting
       Bettina Schneider, Budget Analyst, Office of State Planning and Budgeting
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       John Bartholomew, Finance Office Director, HCPF
       Gretchen Hammer, Health Programs Office Director, HCPF
       Tom Massey, Policy, Communications, and Administration Office Director, HCPF
       Chris Underwood, Health Information Office Director, HCPF
       Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF
       Jed Ziegenhagen, Community Living Office Director, HCPF
       Rachel Reiter, External Relations Division Director, HCPF
       Zach Lynkiewicz, Legislative Liaison, HCPF

Update to the Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities (House Bill 14-1051)

Section 25.5-10-207.5 (3)(a), C.R.S.

November 1, 2016

Submitted to: Colorado General Assembly

Contents

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Department of Health Care
Policy & Financing

This report, and the attached project summary, are the statutorily required annual update from HB14 1051. The legislation requires the Department of Health Care Policy and Financing (the Department) to develop—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan "to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports." This year's submission includes updates on progress towards goals set forth in the strategic plan developed November 2014[1] and provides information on additional legislation and initiatives that support the legislative intent of HB 14-1051 and implementation of this strategic plan.

In addition to updating the strategic plan, pursuant to Section 25.5-10-207.5(3)(a), C.R.S., the Department is required to submit a report to the General Assembly detailing the total number of persons with intellectual and developmental disabilities who are waiting for enrollment into a Medicaid or State funded program. This report includes information regarding the number of persons waiting for enrollment into the following Home and Community Based Services waiver programs: Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS) and Children's Extensive Support (HCBS-CES). This report also details the number of individuals waiting for enrollment into the following State funded programs: State Funded Supported Living Services and Family Support Services.

I.   Introduction

Colorado continues its strong support of community-based living for its citizens with intellectual and developmental disabilities (I/DD). This support has enabled Coloradans to reside in communities of their choosing and in the least restrictive settings possible.

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[1]
http://www.leg.state.co.us/library/reports.nsf/ReportsDoc.xsp?documentId=ACA5A4C3ACC8D42387257D90007B1985

One way Colorado demonstrates its commitment to community living is through Medicaid waiver programs. The Department operates eleven Home and Community-Based Services (HCBS) Medicaid waivers under authority granted by the Colorado General Assembly. Three of those waivers are operated within the Division for Intellectual and Developmental Disabilities – the Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), and Children's Extensive Support (HCBS-CES) waivers.

In addition to Medicaid services provided though the HCBS waivers, the Department provides services and supports specifically for individuals with I/DD through annual General Fund appropriations from the Colorado General Assembly. The State-funded Supported Living Services (State SLS) program provides assistance to individuals who can live independently with limited supports, or if they need extensive supports, are receiving those supports from other sources. The Family Support Services Program (FSSP) program provides assistance, according to a family support plan, needed to maintain a family member with intellectual or developmental disability in the family home.

Budgetary limitations restrict Colorado's ability to serve all individuals who are eligible for and in need of the services and supports described above. Consequently, many individuals are placed on waiting lists and/or receive services and supports that are not best suited to their specific needs and preferences.

This document serves as an update to the plan required by HB14-1051 for ensuring timely access to services for eligible individuals by July 1, 2020. The attached project plan provides updates on planned initiatives, and for initiatives that have been augmented by recently passed legislation.

II. Progress Towards Reduction of the Waiting List

Waiting List Data and Statuses

As outlined in last year's report, otherwise eligible individuals are placed on waiting lists when enrollments reach the capacity of the federally-approved waiver

application, and/or when the limits of General Fund appropriations have been met. Separate waiting lists are maintained for each waiver and General Fund programs. Individuals may be included on more than one waiting list at a time.

The Community Contracts Management System (CCMS) serves as the statewide repository for waiting list data. Individuals indicate their needs and preferences which are then entered into the system by Community Centered Board (CCB) case managers into one of the following waiting list statuses:

- **As Soon As Available (ASAA)** – The individual has requested enrollment as soon as available.
- **Date Specific** – The individual does not need services at this time but has requested enrollment at a specific future date. This category includes individuals who are not yet eligible due to not having reached their 18th birthday.

Safety Net – The individual does not need or want services at this time, but requests to be on the waiting list in case a need arises at a later time. This category includes individuals who are not yet eligible due to not having reached their 18th birthday.

The CCB case managers are required to verify and update the waiting lists status of eligible individuals within their respective catchment areas at least semi-annually for Medicaid waivers and annually for State Funded programs. In reporting waiting list data for individuals needing services immediately, the Department includes those individuals waiting for services with an ASAA status and those individuals with Date Specific status who have requested enrollment within the current fiscal year. Table 1 below details the number of individuals currently needing services immediately who are waiting for enrollment authorization.

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Table 1	
Individuals Needing Services As Soon As Available, Waiting for Enrollment Authorization	
Program	**Unduplicated Number of Individuals**
HCBS-DD Only	2,684
HCBS-SLS Only	0
Both HCBS-DD and HCBS-SLS	0
HCBS-CES	0
State Funded Supported Living Services	131
Family Support Services Program	3,224

Data Source: Community Contract Management System, September 30, 2016

Some individuals are pending full enrollment into the HCBS-SLS waiver or are in the enrollment process with their CCB. Table 2 below details the number of individuals authorized to enroll into the HCBS-SLS and HCBS-CES waivers who have not yet completed enrollment. These individuals are listed as internal management in CCMS and tracked internally by CCBs. The Department has sufficient funding to enroll all individuals currently pending enrollment into HCBS-SLS and HCBS-CES waivers. All enrollments have been authorized and the CCBs are currently working to complete enrollment for all eligible individuals.

Table 2	
Individuals Authorized for Enrollment, Not Yet Enrolled, Internal Management	
Program	**Unduplicated Number of Individuals**
HCBS-SLS Internal Management	786
HCBS-CES	0

Data Source: Community Contract Management System, September 30, 2016

The Department has requested a comprehensive plan be submitted by October 31, 2016 from each CCB detailing how these individuals within the Internal Management category will be enrolled into their respective waivers by June 30, 2017.

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Table 3 details the number of individuals needing services immediately who are waiting for enrollment authorization or individuals listed as Internal Management, receiving some Medicaid services.

Table 3 Individuals Waiting for Services As Soon As Available or Internal Management Who Are Receiving Other Medicaid Services		
Program	Unduplicated Number of Individuals	Percentage of Individuals Receiving Some Services
HCBS-DD ASAA	2,684	88%
HCBS-SLS Internal Management	786	64%
Both HCBS-DD and HCBS-SLS	0	N/A
HCBS-CES	0	N/A
State Funded Supported Living Services	131	44%
Family Support Services Program	3,224	46%

Data Source: Community Contract Management System and Medicaid Management Information System, September 30, 2016

Table 4 details the number of individuals currently with a Safety Net status. Please note, there is some duplication between the numbers in Table 4 and the numbers reported for individuals needing services immediately in Table 1. For example, an individual may be reported as needing HCBS-DD services immediately, but is also reported on the safety net list for HCBS-SLS.

Table 4 Safety Net Status	
Program	Unduplicated Number of Individuals
HCBS-DD Only	2,892
HCBS-SLS Only	301
Both HCBS-DD and HCBS-SLS	1,225

Data Source: Community Contract Management System, September 30, 2016

Significant progress has been made over the last year to enroll clients needing services immediately into the HCBS-SLS and HCBS-CES waivers and the

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Department expects that progress to continue. While the waiting list for the HCBS-DD waiver continues to grow, there were individuals enrolled from the waiting list over the past year. Table 5 details the number of new individuals added to each waiver between July 1, 2015 and September 30, 2016.

Table 5			
New Enrollments			
HCBS-DD	HCBS-SLS	HCBS-CES	Total
356	631	423	1,410

Data Source: Community Contract Management System, September 30, 2016

During FY 2015-16 the Department received 260 emergency enrollment requests for enrollment into the HCBS-DD waiver. Of the 260 requests, 223 were approved for enrollment into the waiver. The remaining requests were denied because they did not meet criteria, were requested to be withdrawn, or diverted into another enrollment category. The number of emergency enrollments the Department received increased by 27% from FY 2014-15. This increase is a primary consideration for the Department being unable to enroll individuals into the HCBS-DD waiver from the As Soon As Available waiting list, as these emergency situations take priority. In addition to the emergency enrollments, there were 64 individuals who enrolled into HCBS-DD waiver from foster care and 34 individuals who enrolled into HCBS-DD waiver from the HCBS-CES waiver.

In an effort to ensure waiting list data integrity, in April 2016 the Department requested that each CCB review their ASAA HCBS-DD waiting list to verify that each individual had been contacted within the previous year to confirm they were still waiting for services. In addition to this request the Department and the CCBs completed a contract amendment requiring each individual listed on any waiting list for Medicaid waiver services be contacted twice each year for effective waiting list management. Additionally the Department is randomly auditing individuals on the waiting list for HCBS-DD waiver enrollment to ensure they have been contacted and all information is up to date in their record. The Department will continue to work with the CCBs to ensure that only individuals in need of services immediately are identified on the ASAA waiting list.

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The Case Management Enrollment Coordinator for the Department continues to work with CCBs to refine the exceptions to the process for waiting lists though daily technical assistance. The Department is creating informational documents detailing enrollment exceptions to the waiting list and categories of enrollments. Upon completion, these documents will be available to the CCBs and all stakeholders. The Department continues to track the time spent between the authorization of an enrollment and when an individual completes enrollment to determine what changes, if any, need to be made to regulation to ensure individuals have timely access to services. In addition to tracking the length of time between authorization and enrollment, the Department will engage stakeholders in facilitated meetings to obtain their input on what regulatory changes need to be made.

In order to ensure stakeholders' access to accurate, clear, and consistent information in a timely manner the Department releases relevant communications weekly to internal staff, providers, and external stakeholders. In addition, the Department has created web pages for key initiatives and meetings like the Advocates' Communication Meeting, Waiting List and Enrollments, Waiver Redesign, Conflict-Free Case Management, Consumer Direction in the HCBS-SLS Waiver, and the HCBS Settings Rule, with updates to these pages communicated in the weekly communication batches. All communication briefs are posted on the Department's website and individual websites accordingly. Each site includes a submission option for comments, and links to the services and supports for which the Division has oversight. The Case Management Enrollment Coordinator also attends external meetings with stakeholders, such as the Advocates' Communication Meeting, to provide information related to the waiting lists and enrollments.

Budgetary Environment

The Colorado General Assembly has demonstrated a strong commitment to ensuring services and supports are available to Coloradans with I/DD through its support of additional funding for enrollments for the HCBS-CES and HCBS-SLS waivers. However, current budget projections for FY 2017-18 do not permit the

Department to request additional enrollments to reduce the waiting list for the HCBS-DD waiver, beyond requesting funding to allow for emergency enrollments and placements for individuals transitioning from other settings (included in the Department's November 1, 2016 Budget Request R-5, "Office of Community Living Cost and Caseload Adjustments"). The Department remains committed to ensuring all individuals have access to the services they need by 2020; this next year may require a renewed focus on addressing operational challenges and moving forward with authorized legislation in lieu of work to reduce the waiting list for the HCBS-DD waiver or expand service delivery options. Please see the attached project summary for anticipated progress towards the Department's strategic goals.

As part of the November 1, 2016 budget request, the Department has a provided an informational-only estimate of the cost to fully eliminate the HCBS-DD waiting list by 2020 (R-I-1, "Elimination of the HCBS-DD Waiting List"). The Department estimates that eliminating the waiting list would require appropriations of $29.3 million total funds, $14.6 million General Fund in FY 2017-18; $93.4 million total funds, $46.7 million General Fund in FY 2018-19; $160.7 million total funds, $80.3 million General Fund in FY 2019-20; and, $190.4 million total funds, $95.2 million General Fund in FY 2020-21 and subsequent fiscal years.

III. Legislation: Waiver Redesign, Conflict-Free Case Management, Crisis Pilot, and Person Centered Planning

Since the Colorado General Assembly authorized legislation further supporting the strategies identified in HB 14-1051 and helping to modernize the service delivery system for home and community based services for children and adults with I/DD the Department has been working diligently on waiver redesign and a cross system crisis pilot. Below are some highlights of this legislation; the strategic plan has been updated to include progress on these initiatives. Please see the attached project summary for additional deliverables and details regarding legislation that support the goals of HB 14-1051.

House Bill 15-1318

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Creating a redesigned waiver for adults with I/DD and a conflict-free case management Service Delivery System are key components of this strategic plan. These initiatives were codified by HB15-1318, *Concerning a Single Medicaid Waiver for Home and Community Based Services for Adults with Intellectual and Developmental Disabilities*. The legislation directed the Department to create a single waiver for adults with I/DD with a target implementation date of July 1, 2016, or as soon as it is approved by the federal Centers for Medicare and Medicaid Services. Further, the legislation requires that the waiver include flexible service definitions, provide services when and where they are needed, and offer services and supports based on individuals' needs and preferences. The Waiver Redesign Workgroup transitioned to an Implementation Council, in order to provide the Department with ongoing consultation and advice throughout the waiver design and implementation process. Draft service and coverage standards are currently in development. These service and coverage standards are developed in collaboration with stakeholders and define the waiver service specifications, provider qualifications, and conditions of coverage. An update regarding waiver redesign was submitted to the Joint Budget Committee in June 2016.

The bill also directed the Department to create a plan for submission to the Joint Budget Committee by July 1, 2016, on how it will comply with federal regulations found at 42 CFR § 441.301(c)(1)(vi) regarding separation of case management from direct service delivery. The plan was developed in consultation with Community Centered Boards, Single Entry Point agencies, and all other interested stakeholders. The Department met with Community Centered Boards, Single Entry Point agencies, and other stakeholders to obtain input for the implementation plan. In March 2016, the Department facilitated 15 stakeholder meetings to help develop the plan. In April 2016, the Department facilitated 4 regional forums and 1 statewide webinar to receive input on the draft plan. The plan was submitted to the Joint Budget Committee on July 1, 2016. The Department anticipates that the additional choice of case management agency and the flexible service array available in the waiver will support client choice of case manager and provide modern, flexible services that will support individuals to lead the lives of their choosing in the community.

Ways in which this legislation supports the strategic goals of HB 14-1051 can be found in the attached project summary.

House Bill 15-1368

Another key component of this strategic plan is strengthening collaboration with the Colorado Department of Human Services to streamline mental and behavioral health services for individuals with I/DD. HB15-1368, Creation of a Cross System Response for Behavioral Health Crisis Pilot Program for Adults with Intellectual Disabilities, seeks to ensure timely access to behavioral supports for individuals in crisis who also have an I/DD. The bill authorized funding for the creation of a pilot program managed by contracted vendors in two locations that deliver and coordinate services, including crisis intervention, stabilization, and follow-up services not covered in either the behavioral health system or one of the waivers for adults with I/DD. The created system must also build on the statewide behavioral health crisis system supported by the Colorado Department of Human Services. Services will be provided to eligible individuals irrespective of payer source.

The Department selected, through the State's Request For Proposal (RFP) process, Rocky Mountain Health Plans (RMHP) as the contractor to implement the Cross-System Response for Behavioral Health Crisis Pilot Program (Pilot) at multiple sites that represent different geographic regions of the state. This selection was made on February 10, 2016. The Pilot went live August 1, 2016 in Larimer County on the Front Range and Mesa, Delta, Montrose and Garfield Counties on the Western Slope. The Pilot consists of four services: timely Mobile Crisis Intervention, In-Home Therapeutic Support, Site Based Therapeutic Support, and Follow up services.

If an individual is experiencing a behavioral health crisis, they can access intensive coordinated psychiatric, behavioral, and/or mental health services through the Pilot. The entry point for the Pilot is the same as those established in the Colorado Behavioral Health Crisis Response System, which are the statewide hotline and

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walk-in centers. The Department will continue to collaborate with its contractor and state partners to monitor and gather data on best practices. The Department will incorporate these best practices into the cost analysis and report identifying the services that would need to be added to eliminate service gaps and ensure that individuals with I/DD are fully included in the Colorado Behavioral Health Care system and are supported in the Colorado Behavioral Health Crisis Response system.

IV. Conclusion

The Department reaffirms its commitment to helping all Coloradans live and work in the communities of their choosing with their friends and loved ones. With the support of the Colorado General Assembly, the Department will continue its ongoing work to ensure this commitment is realized for every Coloradan with an intellectual or developmental disability. The Department will continue to update the narrative of this plan with substantive updates on policy, legislation, and budget initiatives, and document changes to ongoing goals in the attached project summary. The Department is committed to timely access to services for all eligible individuals by the year 2020.

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Project Summary
2016 Annual Update
as outlined by 2014 Strategic plan found here: http://www.leg.state.co.us/library/reports.nsf/ReportsDoc.xsp?documentId=ACA5A4C3ACC8D42387257D90007B1985

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
1. Customer	a. Waiting List Management	pg. 9-10	2. Contact individuals on waiting lists *(in partnership with CCBs and, if necessary, an independent contractor)*	Determine if individuals remaining on waiting lists still require services immediately.	May 2015	In April 2015, the Department requested that the CCBs review 200 individuals that had the oldest order of selection dates waiting for HCBS-DD services. The CCBs were required to update CCMS to reflect any changes in status that weren't previously maintained. Through this process, 27 of the 200 individuals were removed from the waiting list. These individuals were enrolled into HCBS-DD or HCBS-SLS services, were moved from 'AS Soon As Available' to 'Safety Net' status, or were removed from the waiting list altogether. The Department will continue to work with CCBs to assure that only individuals in need of services immediately are identified on the waiting list.	In June 2016 The Department reviewed the current waiting list to ensure data integrity and confirm any missing information was updated. Additionally the Department is randomly auditing waiting list records of individuals on the waiting list for HCBS-DD to ensure they individuals have been contacted at least once in the past year as required by each Community Center Board contract Section 1.5.2.4 Disability Determination and Waiting List Management. The Department will continue to review the waiting list data on a monthly basis to ensure that only individuals in need of services immediately are identified on the waiting list.	Ongoing
				Determine the level of need and support preferences, and identify the scope of unmet needs, for individuals remaining on waiting lists	May 2015	The Department has been working in conjunction with stakeholders to develop a new assessment process for HCBS waiver services. As a part of this effort, the Department has developed a Personal Story module as part of the new assessment process. This module allows an individual to document who and what is important to them, and for them. The new assessment process also allows individuals to document their preferences for services--who provides them, how they are provided, where they are provided. The new assessment process and modules are not yet finalized. However, once they are complete, the Department can analyze the feasibility of reassessing individuals on the waiting list to obtain this information.	The Department has contracted with HCBS Strategies to assist in developing the new eligibility determination assessment tool and how to adapt the tool for children. This work is projected to be completed by March 2017. The new assessment tool will document who and what is important to the individual. The new assessment process will allow individuals to document their preferences for services--who provides them, how they are provided and where they are provided. The eligibility determination tool has not yet been piloted by CMS; the Department will pilot the tool after CMS has established reliability of the tool and approved the Department to move forward.	January 2017
	b. Family Support Services Program & State Supported Living Services Review	pg. 10	3. Review of FSSP	Identify services provided, the number of individuals waiting for services, and any unmet needs of the program.	January 2015	The Department completed an audit review of the Family Support Services Program during FY 2014-15. A state-wide report and twenty individual CCB reports were distributed in October 2015. CCBs were asked to self-report the number of individuals waiting for FSSP services. In some cases, these numbers did not match data entry into CCMS. The individual audit reports identified which CCBs provided inconsistent information and recommended that CCBs accurately maintain CCMS records accurately reflecting individuals who are waiting for services. CCBs have adjusted their waiting list numbers and the Department will continue to monitor to assure accuracy of the data.	The Department completed an audit review of the Family Support Services Program during FY14-15. A state-wide report and twenty individual CCB reports were distributed in October 2015. CCBs were asked to self-report the number of individuals waiting for FSSP services. In some cases, these numbers did not match data entry into the Department's Community Contract Management System (CCMS). The individual audit reports identified which CCBs provided inconsistent information and recommended that CCBs accurately maintain CCMS records reflecting individuals who are waiting for services. CCBs have adjusted their waiting list numbers and the Department will continue to monitor to assure accuracy of the data.	Complete
				Identify current practices regarding data reporting and fiscal management in order to analyze and trend current program information to accurately inform the Department's budget request.	January 2015	CCBs were asked to self-report Direct Service, Case Management, and Management and General Administrative expenditures as part of the audit. The audit revealed that some of the CCBs did not expend all funds allocated by the Department. Additionally, some CCBs self-reported expenditures that did not match data entry into CCMS. The individual CCB audit reports identified which CCBs had inconsistent financial reporting, and recommended that CCBs develop a strategy to ensure all Direct Service funds are expended within the given fiscal year.	CCBs were asked to self-report Direct Service, Case Management, and Management and General Administrative expenditures as part of the audit. The audit revealed that some of the CCBs did not expend all funds allocated by the Department. Additionally, some CCBs self-reported expenditures that did not match data entry into CCMS. The individual CCB audit reports identified which CCBs had inconsistent financial reporting, and recommended that CCBs develop a strategy to ensure all Direct Service funds are expended within the given fiscal year.	

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
	4. Review of State SLS Program	pg. 10-11		Identify services provided, the number of individuals waiting for services, and any unmet needs of the program.	June 2015	A review of the State SLS has been reprioritized and will be completed at a later date. The Department is focusing its review efforts on Medicaid case management activities of the CCBs to ensure CCBs are meeting all state and federal requirements and providing appropriate oversight and service coordination.	The Department has developed a plan to conduct a review of the State Supported Living Services (State SLS) program utilizing a phased approach. Through these reviews, the Department will examine the financial, administrative and programmatic responsibilities of the Community Centered Boards (CCBs) to ensure compliance with all related rule and contract requirements. During phase one, the review will encompass a detailed account of all Direct Service, Case Management, and Management and General Administrative expenditures of the CCBs. The Department will choose a sample of individuals at each CCB to review supporting documentation for services received through this program. This phase of the review will also include a detailed account of how CCBs establish rates for services. Phase one is scheduled to occur in Fiscal Year 2016-17. The second phase will encompass an administrative review of the CCBs policies and procedures for the State Program. Phase three will include a programmatic review of service plans for each of the CCBs. Phases two and three are scheduled to begin in Fiscal Year 2017-18.	Ongoing
				Identify current practices regarding data reporting and fiscal management in order to analyze and trend current program information to accurately inform the Department's budget request.	June 2015	A review of the State SLS has been reprioritized and will be completed at a later, to be determined, date. The Department is focusing its review efforts on Medicaid case management activities of the CCBs to ensure CCBs are meeting all state and federal requirements and providing appropriate oversight and service coordination. The Department is working with CCBs to develop a new allocation methodology for State SLS services. This work will result in a methodology that is more equitable and may allow some CCBs to serve additional clients currently on the waiting list for State SLS. The Department anticipates having a new proposed methodology by March 2016.	The Department is in the process of holding conference calls with each of the CCBs to discuss upcoming changes to the allocation methodology that are effective Fiscal Year 2017-18. The new criteria will includes a uniform per-person direct service allocation, factor in cost-of-living differences in CCB service areas, as well as factor in transporation distances in CCB services areas, individuals on the waiting list, and a transition plan.	July 2017
	5. Establishment of state-level standards	pg. 10		Ensure consistency and transparency in the data reported for state-funded programs.	Not Defined	The FY 2015-16 CCB Contract was modified to include specific financial and waiting list data entry requirements for the State-funded programs. The Department reviews and monitor financials data on a monthly basis to identify trends within the report expenditures and inform the allocation process.	The FY 2015-16 CCB Contract was modified to include specific financial and waiting list data entry requirements for the State-funded programs. The Department reviews and monitor financials data on a monthly basis to identify trends within the report expenditures and inform the allocation process.	Complete
c. Assess and Develop System Capacity	HB14-1252 Concerning Funding for System Capacity changes Related to Intellectual and Developmental Disabilities Waiver Services	pg. 11	6. Review of funding reports from CCBs and providers	Determine the effectiveness of the use of funds from HB14-1252, if there is any additional capacity needed, and, if so, how those needs can best be met.	Not Defined	Please see the Department's response to the Legislative Request for Information (LRFI) #11 submitted to the Joint Budget Committee on November 1, 2015, regarding the use of the HB 14-1252 funds.	In Fiscal Year 2013-14 the Department distributed $4,293,074 in enrollment and onboarding and system capacity funding to Community Centered Boards (CCBs) and provider agencies as a result of HB14-1252. Both CCBs and providers were required to report how these funds were expended, and by September 2015 100% of funds were expended. Expenditure reports indicated that 42% of all funds were utilized to recruit, hire, and train staff at the CCBs and providers so that new individuals could be enrolled into services. All expenditures included: recruiting/hiring: 42%, professional development: 14%, other: 14%, capital expenses: 6%, vehicle purchase: 6%, research/development: 5%, rent/lease: 3%, program equipment: 3%, staffing equipment: 3%, program supplies: 2%, staffing supplies: 1%, advertising: 1%, and vehicle modification: 1%. The Department has seen an increase in the number of new individuals enrolled into the HCBS-SLS and HCBS-CES waivers. Between June 2014 and June 2016, enrollments increased by 40% in the HCBS-SLS waiver and by 85% in the HCBS-CES wavier. In Fiscal Year 2015-16, the Department distributed an additional $3,028,333 in system capacity building funding to the CCBs and will continue to collect expenditure reports on how this funding is utilized through June 2017. The Department will continue to examine how funds are expended and monitor the increase in enrollment in the HCBS-SLS and HCBS-CES waivers.	Ongoing

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
	Provider Development and Outreach	pg. 11	7. Establish a standard of best practices for person-centered service delivery and training.	Ensure that access to services means the individual receives the right support, at the right place, and at the right time.	Not Defined	The Department was allocated $500,000 in FY15-16 for Person Centered Thinking training for Community Centered Boards, service provider agencies, families, advocates, and people who receive services. A Request for Proposal is planned to be sent out in October 2015 to solicit responses to provide 4 regional trainings, statewide, by July 2016.	The Department was allocated $500,000 in FY15-16 for Person Centered Thinking (PCT) training for Community Centered Boards, service provider agencies, families, advocates, and people who receive services. The Department sponsored 4,060 PCT training sessions statewide to all stakeholders between February and June 2016. By providing access to PCT training statewide, the Department has emphasized the standard of best practice in service delivery and invested in the development of provider capacity. This promotes the Department's goal to ensure that individuals receive the right supports tailored to their needs, in the location of their preference.	Complete
					Not Defined	In addition, the new assessment tool currently in development will also support a person centered planning process to assure individuals receive the right services, at the right place at the right time.	The Department has contracted with HCBS Strategies to assist in developing the new eligibility determination assessment tool and how to adapt the tool for children. The new assessment tool will document who and what is important to the individual. The new assessment process will allow individuals to document their preferences for services--who provides them, how they are provided and where they are provided. The eligibility determination tool has not yet been piloted by CMS; the Department will pilot the tool after CMS completes their pilot.	April 2017
					Not Defined	Person centered planning is also a key component of the federal HCBS Settings Final Rule, issued by CMS in 2014. The HCBS Settings Final Rule HCPF workgroup has had one web based training in March of 2015 for service providers to explain what person centered planning is, and how this process can be utilized so an individual receiving services gets the services they need and want, while fully integrated into their community. A follow-up webinar is scheduled for November 2015 to continue to work with service providers on person centered philosophy and planning. HCPF also met with 10 service providers around the state to work on their implementation of the HCBS Settings Final Rule, and how to use person-centered planning as one tool to implement the new rules into their service settings. The Department has also worked with it's contractor, the Lewin Group, to explore ways to better align the person centered planning model with waiver rules, and to develop a timeline for implementation. The HCBS Settings Final Rule allows for a 5 year transition plan and this work will be ongoing.	The Department has implemented a five year Statewide Transition Plan (STP) designed to ensure that all settings in which Home and Community Based Services (HCBS) are provided comply with the federal settings criteria published in January 2014. Part of the criteria includes that service planning and delivery is person-centered. This means that preferred services are selected, by the individual, among setting options which are integrated in the community, that ensure individual's rights and that optimize autonomy in life choices. The Department's partner, Colorado Department of Public Health and Environment (CDPHE) has begun on-site validation surveys for a random representative sample of settings to be completed by June 30, 2017.	March 2019
		pg.. 11	Incentives for professional development	Explore ways to incentivize professional development for LTSS workers, including person-centered training for all direct service providers, upon the adoption of recommendations from the CLAG.		Please see the Department's response to the Legislative Request for Information (LRFI) #3 submitted to the Joint Budget Committee on November 1, 2015 for an update regarding this CLAG recommendation for workforce development.	The Department was allocated $500,000 in FY 2015-16 for Person Centered Thinking (PCT) training for individuals receiving servcies, families, advocates, case management agencies, and service provider agencies. The Department sponsored 4,060 PCT training sessions statewide and partnered with Community Centered Boards to provide training to staff in local communities with these funds. By providing access to PCT training statewide, the Department has emphasized the standard of best practice in service delivery and invested in the development of provider capacity.	Complete
		pg. 11-12	8. Contact providers of similar services provided in other HCPF waiver programs	Analyze the capacity and competency of these providers to serve individuals with I/DD in order to increase the base of providers available from which individuals may choose to receive their support.	January 2015	An increase in providers has been measured within the HCBS-DD, HCBS-SLS, and HCBS-CES waiver services. The Department increased providers for DIDD services across 15 counties between September 1, 2014 and August 31, 2015. In total, there are 48 new providers. these new providers cover 17 approved waiver services, most notably transportation, supported community connections, and respite services. The Division for Intellectual and Developmental Disabilities will continue working with the Long Term Services and Support Division to align services to encourage provider participation across all waivers where appropriate.	As of October 2016, there are 358 providers enrolled to provide services to Medicaid HCBS waiver members, an additional 24 providers since July 2016. The additional providers increases the likelihood of the Department and its providers to serve all clients as they are enrolled. Additionally, the required Provider Revalidation process that all providers must complete before March 2017 has created more comprehensive data for providers including the physical address for group homes and administrative offices and so allows the Department to track the individual services for which providers are credentialed. Once completed, such data will allow for targeted outreach to LTSS providers that may be qualified to provide services in geographic areas where a need has been identified. In addition, the Department anticipates that, since this process will be repeated every 3-5 years, that there will be increased opportunity to communicate with providers and encourage those providers serving LTSS clients, to enroll with the Department. Outreach efforts to LTSS providers is slated to begin once revalidation is completed as this data will provide a much sharper picture of where providers across the LTSS-DIDD spectrum are providing services and also, where there are gaps in provider capacity.	Ongoing

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
	New Services and Service Delivery Options	pg. 12	9. CDASS to the HCBS-SLS Waiver	Address capacity issues by offering a new service delivery alternative, improve client's quality of life by empowering them to select, train, and manage the attendants of their choice, and to have more control in scheduling their services.	July 2015	The HCBS-SLS Waiver amendment to include the CDASS service delivery option was submitted to CMS in August 2015. The Department anticipates implementation of the CDASS service delivery option in the HCBS-SLS waiver in early 2016.	The Department submitted the amendment to implement CDASS in the HCBS-SLS waiver to CMS in August 2015 and continues the process to modify the amendment for CMS approval, with an expected approval in January 2016. Rules to implement CDASS are drafted and will put forth for public comment once CMS approves the amendment. Training for case management agencies is developed and will be delivered once rules are promulgated, with an expected date for individuals to select CDASS in March 2017.	Spring 2016
		pg. 12	10. Personal Care services for children in Medicaid state plan	Improve access for individuals waiting for FSSP services, as well as for children who may not be eligible for the HCBS-CES waiver.	January 2015	The Personal Care benefit was implemented October 19, 2015. This benefit will is available to Medicaid eligible children through age 20. Approximately 38% of FSSP individuals are eligible for Medicaid services and will now have access to this new personal care benefit. In addition, children who are Medicaid eligible, but may not meet the level of care or target criteria for the HCBS-CES waiver will now be able to access this new benefit as well.	The Personal Care benefit was implemented October 19, 2015. This benefit is available to Medicaid eligible children through age 20. Approximately 38% of FSSP individuals are eligible for Medicaid services and will now have access to this new Personal Care benefit. In addition, children who are Medicaid eligible, but not meet the level of care or target criteria for the HCBS-CES waiver can now access this new benefit as well.	Complete
		pg. 12	Community First Choice in Medicaid state plan	Analyze the feasibility of adding CFC to become available in the Medicaid state plan to include personal care and a consumer directed service delivery option.	Not Defined	Please see the Department's response to the Legislative Request for Information (LRFI) #3 submitted to the Joint Budget Committee on November 1, 2015 for an update regarding this CLAG recommendation regarding Community First Choice.	Over the past three years, the Department has worked with clients and stakeholders to define and assess how Colorado could implement the Community First Choice state plan option. A cost model and policy analysis was developed for the Department in 2013. The Department hired an independent contractor in April of 2016 to update the cost model and policy analysis as changes have been made to waiver benefits and waitlists. The Department and our Budget division are currently reviewing this cost model to determine if the assumptions made in this final report are accurate. The Community First Choice council continues to collaborate with the Department on defining a service package, person-centered assessments, and barriers associated with implementation.	Ongoing
	Provider Choice	pg. 13	Provider Directory	Implement a public, transparent directory of licensed and certified service providers that includes opportunities for consumer feedback, upon the adoption of CLAG recommendation.		Please see the Department's response to the Legislative Request for Information (LRFI) #3 submitted to the Joint Budget Committee on November 1, 2015 for an update regarding this CLAG recommendation regarding Community First Choice.	In 2016 the Department published an updated list of In-Home Service and Support (IHSS) provider agencies on its website. The list indicates which counties each agency serves and gives the contact information for each agency. The list has been distributed to LTSS case managers. Further, the Department partnered with one of its Financial Management Services vendors to develop and publish a directory for CDASS attendants that went live September 2016. The Department's new Medicaid Management Information System (MMIS) has a go live target of March 1, 2017. A multi-year, multi-phase project, a searchable provider directory will be researched as a later phase of implementation of the MMIS. The Department is also researching other options for individuals to identify and find available providers.	Ongoing
		pg. 13	11. Publish provider information on HCPF external website	Publish, in partnership with CDPHE, the last time a site survey was complete, outcomes and findings from the survey, and a list of HCBS providers serving I/DD clients.	January 2015	A list of HCBS providers serving the I/DD community through the HCBS-DD, HCBS-SLS, and HCBS-CES waivers is now available on the HCPF external website by using the provider search tool ('Find Doctors'). In addition, site survey results for service agencies are available on the CDPHE website, with a link to that information on the HCPF external website, as well. This information includes the last time a site survey was completed, and outcomes and findings from the most recent survey.	A list of HCBS providers serving the I/DD community through the HCBS-DD, HCBS-SLS, and HCBS-CES waivers is now available on the HCPF external website by using the provider search tool ('Find Doctors'). In addition, site survey results for service agencies are available on the CDPHE website, with a link to that information on the HCPF external website, as well. This information includes the last time a site survey was completed, and outcomes and findings from the most recent survey.	Complete

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
	Family Caregiver Options	pg. 13	12. Education regarding the ability of family members to act as service providers	Increase service provider capacity and increase access to necessary services while ensuring appropriate person-centered planning safeguards, program oversight, and training.	Not Defined	Department staff is developing case management training documents in order to explain the variety of service delivery options. Upon approval, these materials will be distributed to case managers to ensure that families are educated on all service delivery options and have the tools to choose the one that best fits their situation. In addition, the Department continues to provide technical assistance to CCBs regarding family caregiver options to ensure families have the most accurate information they need in order to make a decision about what's right for them.	Department staff is developing case management training documents in order to explain the variety of service delivery options. Upon approval, these materials will be distributed to case managers to ensure that families are educated on all service delivery options and have the tools to choose the one that best fits their situation. In addition, the Department continues to provide technical assistance to CCBs regarding family caregiver options to ensure families have the most accurate information they need in order to make a decision about what's right for them.	Ongoing
		pg. 13	13. Identify any necessary rule changes	Work with stakeholders to identify rule changes necessary to further support family members as service providers.	Not Defined	The rules that govern programs administered by the Division for Intellectual and Developmental Disabilities are scheduled to be evaluated as part of the Department's 2016 Regulatory Efficiency Review Plan, including rules related to family caregiver options. During this process the Division will work with stakeholders, and encourages their feedback and public comments on any suggested rule changes.	The Department is currently identifying rules that need to be updated, which would include those related to families providing care. Additionally, the Department is targeting early 2017 for implementation of CDASS in the HCBS-SLS, which would afford families an additional opportunity to be reimbursed for providing care. Rules are being revised and will be presented to the MSB by early 2017. The Department solicits stakeholder feedback on all proposed rule changes and public comment is part of the rule making process. Further, consumer direction is a cornerstone principle of waiver redesign. Rule changes will also be necessary with the development of the new waiver for adults with I/DD. The Department convened the Waiver Redesign Implementation Council, and has presented service definitions for the new waiver to the Council. Comprised of providers, advocates, and waiver clients, this work exemplifies cross-system collaboration and will continue as a key aspect of the redesign process as rules are promulgated for these services.	December 2016
	Improve Access for Developmental Disability Determinations	pg. 13	14. Stakeholder education	Inform stakeholders that developmental disability determination assessments can be covered by Medicaid, and potentially be obtained through community mental health programs and schools.	Not Defined	The Department notified stakeholders of this option through a communication brief and fact sheet that was sent out via email, and posted on the external HCPF website in November 2014. Additionally, the information was presented at the monthly Advocacy Communication stakeholder meeting in July 2015.	The Department notified stakeholders of this option through a communication brief and fact sheet that was sent out via email, and posted on the external HCPF website in November 2014. Additionally, the information was presented at the monthly Advocacy Communication stakeholder meeting in July 2015.	Complete
		pg. 13	15. Increase number of DD determination assessment providers	Identify additional professionals in order to provide better access to developmental disability determination assessments.	Not Defined	The Department has met with Community Mental Health Centers to provide technical assistance for billing Medicaid for these assessments. In addition, a communication was sent November 2014 to all stakeholders regarding ways to access assessments for I/DD determinations. This was also discussed at the CCB Case Management directors meeting in November 2014. The Department will continue to work with stakeholders and provide technical assistance regarding this process.	The Department has met with Community Mental Health Centers to provide technical assistance for billing Medicaid for these assessments. In addition, a communication was sent November 2014 to all stakeholders regarding ways to access assessments for I/DD determinations. This was also discussed at the CCB Case Management directors meeting in November 2014. The Department will continue to work with stakeholders and provide technical assistance regarding this process.	Complete
	d. Improve Transparency and Navigability of the System Through Waiver Redesign	pg. 14				The Department facilitated a Redesign Workgroup for the Waivers Serving Adults with Intellectual and Developmental Disabilities. The workgroup was comprised of a diverse stakeholder perspective including self-advocates/people who receive services, family members of people who receive services, and representatives from advocacy organizations, service provider agencies, and CCBs. The workgroup met monthly to conduct an analysis of the services and supports currently available, discuss and refine the recommendations made by the Community Living Advisory Group, and develop additional recommendations regarding the services, processes, policies, and practices that would be supportive of adults with intellectual and developmental disabilities. A Summary and Recommendations report was submitted to the Department in April 2015.	HB15-1318 required the Department to redesign the adult waivers for individuals	

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
			16. Design a single waiver for adults with I/DD	Help increase clarity and transparency of the system, improve access to necessary services, use resources more effectively, and serve a greater number of individuals at a lower per-capita cost.	Not Defined	In May and June of 2015, the Department organized and hosted 10 town hall style stakeholder sessions across the state. These meetings were designed to solicit input and feedback from local community stakeholders about the recommendations made by the workgroup, with an emphasis on ensuring that the needs, voices, and concerns of rural stakeholders, parents and family members, individuals being served by the waivers, and providers were heard and documented. An addendum to the workgroup report summarizing the advice from the statewide stakeholder sessions and the Department's response to the recommendations are expected to be released in November 2015. With the passage of HB 15-1318, the Department has statutory authority to implement a new, combined waiver to serve individuals with I/DD. HB 15-1318 requires the Department to establish the new waiver by July 2016, or as soon as the Centers for Medicare and Medicaid Services (CMS) approves the waiver. The Department will continue to work with stakeholders to define this new waiver in a thoughtful way that leads to improvement of services with minimal disruption.	with I/DD to include incorporation of the goals for this deliverable. This work is ongoing. Development of the new waiver is underway using a phased approach. Phasing include development of service coverage standards, work to estimate utilizaiton of services under the new waiver, continued stakeholder engagement, work to ensure alignment with other initatives, and other tasks. The Department will continue to provide quarterly updates to the JBC as requested and pursuant to required by HB15-1318.	Ongoing
	e. Provision of Conflict Free Case Management	pg. 14	17. Development of strategic initiatives	Determine the feasibility of implementing task group recommendations for conflict free case management.	Not Defined	The Department received recommendations from the Task Group in October 2014, and provided a response to those recommendations in May 2015. HB 15-1318 requires the Department to create a transition plan for implementation of conflict free case management, with the input from CCBs, SEPs, and other stakeholders. Currently the Department is working to analyze the CCBs financial information and how various tasks are funded and performed to provide a comprehensive overview of the current structure. The Department will be meeting regularly with CCBs to review and analyze the collected information to inform next steps to be included in the transition plan. In addition, the Department will be holding 4 regional stakeholder meetings to gather input for this transition plan from a wide variety of stakeholders. Upon completion of all work, a final transition plan for implementation will be provided to the Department and submitted to the General Assembly by July 1, 2016.	The Department submitted a plan to implement Conflict-Free Case Management to the Joint Budget Committee on July 1, 2016, as required by HB15-1318. The plan contains three phases, expected to last 3-5 years before the Department has fully implemented Conflict-Free Case Management. The phases are: Planning, Design, Implementation. Each phase contains four tasks that must be completed: Regulatory and policy changes; Provider development and outreach; Communication priorities; Quality and evaluation.	Ongoing
2. Communications	a. Establish a stakeholder communication plan	Stakeholder Audiences	pg. 15		Ensure stakeholders' access to accurate, clear, and consistent information in a timely manner.	Not Defined	The Department releases relevant communications weekly to internal staff, provider and external stakeholders. In addition, the Department has created web pages for key initiatives and meetings like the Advocates' Communication Meeting, Waiver Redesign, Conflict Free Case Management, Consumer Direction in the SLS Waiver, and the HCBS Settings Rule, with updates to these pages communicated in the weekly communication batches. All communication briefs are posted on the Department's website. Additionally, the Department has leveraged social media to inform stakeholders of requests for public comment and stakeholder meetings.	The Department developed a comprehensive communication plan to inform stakeholders about developments for the Community Living Advisory Council recommendations and the Communit Living Plan. This work includes information for key initiatives and meetings like the Advocates' Communication Meeting, Waiv Redesign, Conflict Free Case Management, Consumer Direction in the SLS Waiver, and the HCBS Settings Rule. The Department releases relevant written communications weekly to internal staff, providers, and external stakeholders. In addition, the Department has created web pages for specific key initiatives, with updates to these pages communicated in the weekly communication batches. All communication briefs are posted on the Department's website. Additionally, the Department has leveraged social media to inform stakeholders of requests for public comment and stakeholder meetings.	Ongoing

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
	Communication Needs		18. Stakeholder communication plan	Identify which stakeholder audiences require communications and the unique needs of each audience. Identify the type of information to be communicated to each stakeholder audience to create common understanding and expectations. The plan will identify how messaging will be tailored to maximize effectiveness. Identify frequency of communications to establish common expectations. Identify the best means of communication for each audience, including a variety of outreach tools and activities (traditional and technology-based).	Not Defined	A comprehensive stakeholder communication plan is needed to address the systemic changes underway as a result of the settings rule, conflict free case management, and waiver redesign. Department staff are working to develop a long-range communication plan to help all interested stakeholders understand the changes. Developed in concert with Department Communications staff, the plan will address which stakeholders require information, when it's needed, and the best medium by which to communicate it.	The Department is in the process of completing a comprehensive communication plan that includes alignment of communication best practices across the Long Term Services and Supports and DIDD business units. Additionally, the Department solicited recommendations regarding communication preferences during statewide stakeholder engagement meetings held in the Spring of 2016 regarding Conflict-Free Case Management. Expressed preferences included telephone calls, radio annoucements, and social media. These meetings afforded the opportunity for community members to sign up for the Department's mailing lists, allowing for more direct contact between the Department and family members/individuals in services. Lastly, the Department anticipates that the member portal, once rolled out as functionality part of the new Medicaid Management Information System, will afford additional opportunities to reach individuals and their families.	January 2016
b. Increase Collaboration and Communication with Other State Agency Partners		pg. 15	19. Develop cross-agency communication plan/practices	Develop cross departmental practices that align practices and communication, and incorporate accepted recommendations from gap analysis report into annual strategic plan update.	Not Defined	HB 15-1368 has allowed the Department to continue its work addressing the issues highlighted in the gap analysis. With HB 15-1368, HCPF is currently working to set up a Cross-System Behavioral Crisis Response Pilot (Pilot) program that will serve two distinct geographic areas in Colorado. This Pilot will consist of in-home therapeutic respite, site-based therapeutic respite, follow-up services and, most importantly, a cross-discipline response system. The cross-discipline response system will allow multiple professionals from different disciplines to help, in a coordinated effort, to find supports and improvements to services for individuals to mitigate future crisis. The Pilot will allow the Department to understand how a system like this will work, and provide information regarding ways to expand this program to the rest of the state.	The Cross-System Crises Response Pilot Program (Pilot) has been in operations since August 1, 2016. The Department is supporting the contractor, Rocky Mountain Health Plans, to work with Colorado Crisis Services, Provider Agencies, law enforcement agencies, schools, County Departments of Human Services, and Community Mental Health Centers to coordinate crisis services for individuals served in the Pilot. Enhancing the system of communication with these community partners will better align services for individuals in crisis who have co-occurring diagnoses and better mitigate future crisis. The Department is working with the Colorado Department of Human Services (CDHS) and the Office of Behavioral Health, to share data from the Colorado Crisis Services and to add language to the existing Interdepartmental Agreement (IA). This work includes cross-training professionals that work with individuals with co-occurring diagnoses. While the IA is being finalized, the Department is meeting monthly with the CDHS Office of Behavioral Health and the Colorado Crisis Services to develop crisis services through the Colorado Crisis Services system. The Department is identifing solutions to gaps in Colorado Crisis Services and Community Mental Health Services. This work includes collecting data, identifying best practices and determining any additional costs that serving individuals with co-occurring diagnosis may have as a result of complexities in their care. Deliverables for the Pilot include providing plans for each area of the service, differences in operational components by geographical areas and current culture of collaboration, understanding of how the reimbursements will be navigated as multiple payer sources will be involved prior to accessing the funding available in the Pilot.	March 2016
c. Develop an I/DD Handbook		pg. 15	20. Develop an I/DD Handbook	Create an overview/guide to waiver programs and processes, emergency/crisis definitions and processes, including a glossary of terms. Developed in a format that easy to understand, available online, and targeted towards families/guardians/caregivers, case managers, and service providers.	Not Defined	The Department is committed to developing communication materials to address not only processes related to client enrollment, but also the services and supports available to eligible clients and families. The Department's Office of Policy, Administration, and Communications Office plans on releasing client handbook for all clients in May 2016. Division staff will work to augment those materials as needed.	The Department's Office of Policy, Administration, and Communications released client handbook for all Medicaid clients. Division staff will work to augment those materials as needed and to ensure all information related to services for individuals with I/DD is included and includes person first language. Additionally, the Department's new website includes links to pages describing services and supports for children and adults with developmental disabilities. The site also hosts the Department's member handbooks in English and Spanish, which can be found by following this link (http://tinyurl.com/hp2pmvy).	Ongoing
d. Execute Short-term Communication Commitments		pg. 16	21. Listening logs	The Department will publish listening logs with responses to stakeholder's questions, and all materials included in the community engagement meetings on it's website.	November 2014	Due to key staffing shortages, the Department did not publish all listening log information. The Department has hired a new Enrollment Coordinator that will be responsible for implementing communications strategies for this strategic plan. The Department will be creating a dedicated webpage for posting all of this information and will use the gathered feedback to inform the comprehensive communications plan.	The Department has changed the format it uses to respond to stakeholder feedback. The Department is now categorizing feedback into themes and responding to those themes. All received public comment, including Department responses, are posted to the Departmetn's website.	Ongoing

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
3. Process	a. Develop Statewide Order of Selection Process Allowing for Clear Communication of Waiting list Position	pg. 16	22. Develop a process to assure transparency of waiting list data	Up to date and accurate waiting list data.	June 2015	Enrollment information is shared at each of the Department's standing meetings and posted on the Department's web page for the Advocates' Communication Meeting. By the end of November, a separate page with progress towards a reduction in waiting list numbers will be created and updated monthly.	Enrollment information is shared at each of the Department's standing meetings and posted on the Department's web page for the Advocates' Communication Meeting. As noted above, a separate page with progress towards a reduction in waiting list numbers has been created and is updated monthly.	Completed
			23. Make changes to CCMS	Track all information related to waiting lists so that both the Department and CCBs have access to waiting list placement information for all clients on their caseload.		The Department's new claims processing and case management systems have anticipated implementations of November 2016. Waiting list information and client placement on the list will be tracked in the case management tool, to which case managers will have access.	Functionality to support waiting list tracking will not be available as a part of the Department's new claims processing and case management systems until sometime in 2017. Waiting list information and client placement on the list will be tracked in the case management tool, to which case managers will have access.	November 2017
			24. Develop a web-based waiting list system	Allow individuals to look up their own waiting list placement via the Department's website		Individualized access to client claims and eligibility data will not be possible until, at the earliest, November 2016 when the new Medicaid Management Information System is implemented. A client portal with access to claims history is anticipated functionality, however the scope of information that will be available through the portal as of November 2016 is still being defined. When the new system launches, access to waiting list information is not expected to be available for clients; however, the Department continues to research the feasibility expanding functionality to include access to individual client waiting list data.	Individualized access to client claims and eligibility data will not be possible until after March 2017 when the new, web-based Medicaid Management Information System is implemented. A web-based client portal with access to claims history is anticipated functionality. Expanding the information available via the portal will be an ongoing priority and focus of the Department during the phased approach to implementation of this system. The Department is exploring other options to allow individuals to look up their own placement on the waiting list, while ensuring accurate information.	March 2017
	b. Refine the Process for Exceptions to Order of Selection	pg. 17	25. Standardization of exceptions process for waiting lists	Ensure the exceptions are applied equitably by providing technical assistance and communications regarding definitions for exceptions to order of enrollment and how to apply the exceptions that all stakeholders have a common understanding of options available.	November 2014	Due to key staffing shortages, the Department has not yet completed this task. The Department has hired a new Enrollment Coordinator that will be responsible for providing technical assistance and communications in this area going forward.	The Case Management Enrollment Coordinator provides technical assistance to all CCBs regarding the exceptions criteria for enrolling into the waiver. In addition, the Case Management Enrollment Coordinator has provided this information at the Advocates' Communicaiton Meeting and is currently developing informational documents which will be posted on the Waiting Lists and Enrollment website upon completion. The Case Management Enrollment Coordinator will also work with stakeholders to determine what changes, if any, need to be made to the exceptions for enrolling into the HCBS-DD waiver. This work will be conducted using past stakeholder engagement as a framework.	December 2016
	c. Establish Enrollment Timeframe Requirements	pg. 17	26. Develop timeframe requirements for waiver enrollment	Provide some predictability to the time it takes individuals to enroll--including exceptions to the timeframe requirements to address unique needs and situations as they arise.	Not Defined	The Department is still working to assess how long, on average, it takes to process an enrollment. This information would allow the Department and CCBs to provide some guidelines to individuals waiting for services regarding how long they may be waiting so that they are able to plan better for a potential enrollment. The analysis the Department is currently completing relating to conflict free case management includes review of time to process and enrollment. The Department will continue to work with CCBs to identify this information so that some predictability can be provided to individuals waiting for services.	The Department is currently tracking the length of time it takes for a person to enroll from the date the enrollment was authorized to the date an individual is enrolled in the waiver. The Department also requests monthly follow-up from CCBs after an enrollment is authorized to track the length of time and barriers to enrollment. The Department will use this information and past workgroup recommendations to engage stakeholders to develop regulations for enrollment timelines and exceptions to the timelines. This work will include developing regulations regarding timelines for an individual and/or guardian to accept an enrollment and regulations for the case management agency to enroll an individual. The Department has developed a process to enroll to the churn and is gathering data to accurately enroll based off the churn.	Ongoing
				Establish a timeframe for families to either accept or decline an enrollment offer.	Not Defined	The Department was not able to build consensus regarding establishing a timeframe for acceptance of an enrollment. The Department will continue to work with stakeholders on this issue.	The Department is currently tracking the length of time it takes for a person to enroll from the date the enrollment was authorized to the date an individual is enrolled in the waiver. The Department also requests monthly follow-up from CCBs after an enrollment is authorized to track the length of time and barriers to enrollment. The Department will use this information and past workgroup recommendations to engage stakeholders to develop regulations for enrollment timelines and exceptions to the timelines. This work will include developing regulations regarding timelines for an individual and/or guardian to accept an enrollment and regulations for the case management agency to enroll an individual.	Ongoing

Strategic Initiative	Tactic*	Source*	Deliverable*	Goal	Initial Target Timeline*	2015 Status Update	2016 Status Update	Updated Target Timeline
	d. Evaluate the Assessment and Service Planning Process	pg. 17	27. Revise assessment process	Streamline the assessment process and assure proper identification of necessary supports, and provide recommendations for new tools to streamline the assessment process.	Not Defined	The Department has developed a new eligibility determination assessment, which will be piloted in 2016. Additional assessment modules have been developed to assist with the support planning and cover such areas interest in employment, participant direction services, and assess areas of housing, health, and personal story. This process will be used with the Supports Intensity Scale assessment, and processes are being developed to minimize duplication of assessments and time for an individual to be assessed.

The Department has also developed a No Wrong Door implementation plan to streamline how individuals access the long term services and supports systems. The Department has been awarded an implementation grant which includes plans to develop 3-5 No Wrong Door pilot sites, which will handle eligibility determinations, intake and referral, options counseling, among other tasks not related to case management. | The Department contracted with HCBS Strategies to assist in developing the new eligibility determination assessment tool and how to adapt the tool for children. The new assessment tool will document who and what is important to the individual. The new assessment process will allow individuals to document their preferences for services--who provides them, how they are provided and where they are provided. The eligibility determination tool has not yet been piloted by CMS; the Department will pilot the tool after CMS.
The Department also developed a No Wrong Door implementation plan to streamline how individuals access long term services and supports systems. The Department has been awarded an implementation grant which includes plans to develop 3-5 No Wrong Door pilot sites, which will handle eligibility determinations, intake and referral and options counseling, among other tasks not related to case management. The No Wrong Door RFP is expected to be released by December 2016. The No Wrong Door project team is developing the toolkit for the selected pilot sites and evaluation methodology. | May 2017 |
| 4. Financing | a. Use Budget Process to Achieve Enrollment Goals | pg. 18 | 28. Develop enrollment goals and benchmarks | Develop meaningful, and specific benchmarks for enrollment and expenditures | Not Defined | The Department's Performance Plan, submitted to the General Assembly July 1, 2015, includes enrollment goals and benchmarks for each waiver program. In addition, the Department's Budget Request R-5, 'FY 2016-17 Office Of Community Living Cost and Caseload Adjustments' includes revised enrollment goals which fully incorporate actual enrollment information from FY 2014-15.

Between September 1, 2014 and August 31, 2015 there were 1,564 new enrollments into the HCBS-DD, HCBS-SLS, and HCBS-CES waivers. Table 4 shows the distribution of new enrollments across the 20 CCBs. Developmental Pathways enrolled the highest number of individuals in all three waivers, representing 26% of all enrollments during this time. | The Department's Budget Request R-5, FY 2017-18 Office Of Community Living Cost and Caseload Adjustments' includes revised enrollment goals which fully incorporate actual enrollment information from FY 2015-16.

Between July 1, 2015 and September 30, 2016 there were 1,410 new enrollments into the HCBS-DD, HCBS-SLS, and HCBS-CES waivers. Table 5 shows new enrollments across all 3 waivers, by waiver. | Ongoing |
| | b. Review the Service Plan Authorization Limits (SPAL) and support levels | pg. 18 | 29. Review SPAL and SIS process | Evaluate data to determine if individuals have been able to increase their level of supports to better meet their needs, or if additional changes may be necessary to the SPAL and SIS process to increase access | June 2015 | The Department has evaluated utilization data from FY 2014-15 to assess if changes are necessary to SPALs. Review of the data indicates that the vast majority of clients can be served within current SPAL levels; only 2% of enrolled clients are within 5% of their SPAL maximum. The Department continues to assess and improve the Supports Intensity Scale process to better meet the needs of individuals needing services. Included in the Department's November 1, 2015 Budget documents is a analysis of the use of the SIS tool which provides additional information regarding the Department's use of the SIS. | The Department continues to assess and improve the Supports Intensity Scale (SIS) process to better meet the needs of individuals needing services. The Department continues to provide technical assistance to CCBs regarding the SIS assessment and reassessment processes along with Support Level determination and review processes. The Department has provided information to stakeholders regarding the processes for both the SIS and Support Levels. In FY 2015-16 the Department received 124 requests for a Support Level Review, and approved 94 of those. Of the Support Level review requests, 24% requested a Support Level 7 of which 73% were approved. | June 2017 |