



COLORADO
Department of Health Care
Policy & Financing

November 1, 2014

Colorado General Assembly
201 E. Colfax Ave.
Denver, CO 80203

Honorable Members of the Colorado General Assembly:

The Department of Health Care Policy and Financing (Department) presents the attached Strategic Plan developed to comply with the requirements of HB14-1051 as stipulated in Section 25.5-10-207.5(4)(a), C.R.S.:

On or before November 1, 2014, the State Department shall develop, in consultation with intellectual and developmental disability stakeholders, a comprehensive strategic plan including administrative procedures and adequate funding to enroll eligible person with intellectual and developmental disabilities into Home and Community Based Services Programs and programs provided pursuant to this article at the time those persons choose to enroll in the programs or need the services or supports. As part of developing the strategic plan, the State Department shall review the statutory definition of "waitlist" set forth in Section 25.5-10-202 and make recommendations concerning amendments to the definition. In engaging stakeholders, the State Department shall include both persons and families receiving services, as well as person and families waiting for enrollment into programs, services and supports. These persons and families shall include, at a minimum, persons and families who reside in each Community Centered Board-designated service area within the state. In developing the strategic plan, the State Department shall review relevant recommendation from the Community Living Advisory Group created in the office pursuant to the Governor's Executive Order D 2012-027, as well as other relevant information. The strategic plan shall include specific recommendations and annual benchmarks for achieving this enrollment goal by July 1, 2020, including recommendations relating to system capacity. The State Department shall review the strategic plan annually and revise the plan as needed to meet the enrollment goal.

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,

A handwritten signature in black ink that reads "Susan E. Birch".

Susan E. Birch, MBA, BSN, RN
Executive Director
SEB/vbe



CC: Senator Pat Steadman, Vice-Chair, Joint Budget Committee
Representative Jenise May, Joint Budget Committee
Representative Bob Rankin, Joint Budget Committee
Senator Mary Hodge, Joint Budget Committee
Senator Kent Lambert, Joint Budget Committee
John Ziegler, Staff Director, JBC
Eric Kurtz, JBC Analyst
Henry Sobanet, Director, Office of State Planning and Budgeting
Erick Scheminske, Deputy Director, Office of State Planning and Budgeting
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John Bartholomew, Finance Office Director
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Tom Massey, Policy, Communications, and Administration Office Director
Zach Lynkiewicz, Legislative Liaison
Rachel Reiter, Communications Director





COLORADO

**Department of Health Care
Policy & Financing**

**Strategic Plan for Assuring Timely Access to Services for Individuals with
Intellectual and Developmental Disabilities**

Report to the Colorado General Assembly

House Bill 14-1051

NOVEMBER 1, 2014

This report is written in response to direction set forth in House Bill 14-1051 which 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 “to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access to the services and supports they need and want at the time they need and want those services and supports.” This report includes the Department’s strategic plan and describes the stakeholder process completed by the Department in development of the strategic plan.

Introduction

Colorado has long been a leader in providing community-based services and supports to its citizens with intellectual and developmental disabilities (I/DD), enabling them to reside in communities of their choosing and in the least restrictive settings possible.

When granted by the United States Department of Health and Human Services: Centers for Medicare and Medicaid Services (CMS), Home and Community-Based Services (HCBS) waivers permit states to waive certain Medicaid State Plan requirements in order to furnish an array of services designed to promote community living and provide an alternative to services delivered in institutions. Colorado was among the first states to apply for and be approved to operate an HCBS waiver. The Department of Health Care Policy and Financing (the Department) operates eleven HCBS 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 through 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.

The ability to serve all individuals who are eligible for and in need of the services and supports described above is limited by the state’s available resources. As a result, many individuals are placed on waiting lists and/or receive services and supports that are not best suited to their specific needs and preferences. Through the passage of House Bill 14-1051, the Colorado General Assembly has reaffirmed its commitment to ensuring Coloradans with I/DD and their families have access to the services and supports they want and need at the time they are needed.

Waiting List Background Information

Waiting List Data and Statuses

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 annually. 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. Please note, the Department has sufficient funding to enroll all individuals currently waiting for the HCBS-SLS and HCBS-CES waivers. All enrollments have been authorized and the Community Centered Boards are currently working to get all eligible individuals enrolled.

Program	Unduplicated Number of Individuals
HCBS-DD Only	1,454
HCBS-SLS Only	954
HCBS-DD and HCBS-SLS	850
HCBS-CES	331
State Funded Supported Living Services	206
Family Support Services Program	7,067

Data Source: Community Contract Management System, August 31, 2014

Table 2 details the number of individuals currently with a Safety Net status. Please note, there is some duplication between the numbers in Table 2 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 2 Safety Net Status	
Program	Unduplicated Number of Individuals
HCBS-DD Only	3,109
HCBS-SLS Only	362
Both HCBS-DD and HCBS-SLS	861

Data Source: Community Contract Management System, August 31, 2014

HCBS Waiver Waiting List Procedures

In accordance with federal HCBS waiver requirements, the Department is ultimately responsible for the management of waiver capacity and ensuring eligible individuals have comparable access to waiver services. The administrative procedures for the allocation of enrollments currently vary by program. Having varying processes based on program do not currently allow for full transparency, can negatively affect equity in enrollment processing and do not ensure comparable access to services for otherwise eligible individuals. Table 3 on the following page summarizes key differences in current waiting list procedures among different programs.

**Table 3
Current Waiting List Procedures**

	Children’s Extensive Supports Waiver (HCBS-CES)	Persons with Developmental Disabilities Waiver (HCBS-DD)	Supported Living Services Waiver (HCBS-SLS)	State Supported Living Services (State SLS)	Family Support Services (FSS) Program
Waiting List Type	Statewide	Statewide	Local – Based upon designated CCB service area	Local – Based upon designated CCB service area	Local – Based upon designated CCB service area
Allocation of Enrollments / Funding	Enrollments authorized by the Department according to order of selection date on a statewide basis	Enrollments authorized by the Department according to order of selection date on a statewide basis	Enrollments allocated to CCBs which are authorized to offer enrollments according to order of selection date on a regional basis	Funding allocated by the Department to the CCBs	Funding allocated by the Department CCBs
Order of Selection Date (used to determine position on list)	Date of HCBS-CES eligibility determination	Later of the date the individual was determined to have a developmental disability or the date of the individual’s 14th birthday	Later of the date the individual was determined to have a developmental disability or the date of the individual’s 14th birthday	As determined by the procedures developed by the local CCB	As determined by the procedures developed by the local CCB and Family Support Council
Exceptions to Order of Selection Date	None	Deinstitutionalization, Transitions from foster care or the HCBS-CES waiver, Emergencies	Deinstitutionalization, Transitions from foster care or the HCBS-CES waiver, Emergencies	N/A	N/A

The allocation of HCBS-DD and HCBS-CES waiver enrollments is managed on a statewide basis by the Department. This means when an enrollment becomes available, the Department authorizes enrollment for the next individual on the statewide waiting list, based on the earliest order of selection date, regardless of where the individual lives. Enrollments for the HCBS-SLS waiver are regionally administered, meaning, when an enrollment becomes available in a region, the CCB that serves that region offers an enrollment to the next person on the list in their catchment area, rather than from a statewide list. For the state funded programs, the Department provides an allocation to the CCBs which is then used to provide non-Medicaid services to individuals in each CCB's catchment area.

There are limited circumstances under which exceptions may be granted and individuals may be prioritized for enrollment before those with earlier order of selection dates. Reserved capacity provisions of the HCBS-DD and HCBS-SLS waiver applications allow the Department to offer immediate enrollment to individuals transitioning to the community from institutional settings, to individuals transitioning from the foster care system or from the HCBS-CES waiver, and to individuals who meet emergency enrollment criteria. The HCBS-CES waiver does not include reserved capacity provisions allowing exceptions to its order of selection criteria.

Statutory Definition of Waiting List

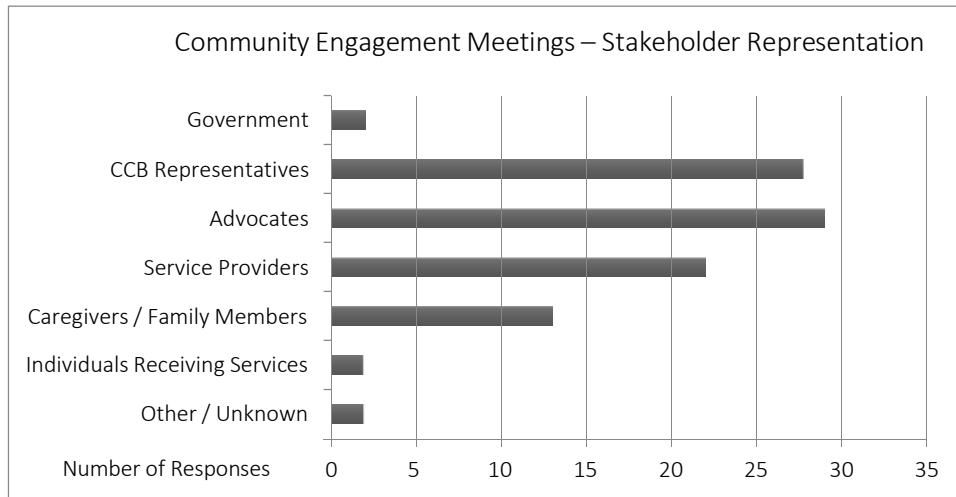
HB 14-1051 also requires the Department to review the current statutory definition of waiting list for recommended changes as a part of development of this strategic plan. The Colorado Revised Statutes currently defines waiting list as, “the list of persons with intellectual and developmental disabilities who are waiting for enrollment into a program provided pursuant to this article.”¹ This broad definition grants the Department significant latitude in developing administrative procedures according to specific programmatic requirements. While modification of the statutory definition is not recommended, there are opportunities for improvement in Department administration and oversight of the waiting lists within the current definition. These opportunities for improvement are described throughout the Strategic Initiatives section of this plan.

Stakeholder Process

The Department worked with a broad base of stakeholders to gather feedback to form the strategic initiatives outlined in this plan. The Department hosted five community engagement meetings that were designed to provide information and clarification about Colorado's current services for people with I/DD, and to gather feedback to inform the development of the strategic plan. Five meetings were held in October 2014 in four locations across the state with each meeting including a call-in and web-based option. In total, 85 stakeholders participated in the meetings. The Department's full community engagement report and listening log feedback will be posted to the Department's website by the end of November 2014.

All of the meetings benefited from broad stakeholder participation that included representation from individuals receiving services, caregivers/family members, service providers, advocates, and representatives of Community Centered Boards (CCBs). The table below details the stakeholder representation at the meetings.

¹ C.R.S. 25.5-10-202(38)



While this report includes an initial plan, the Department will update the strategic plan quarterly in collaboration with stakeholders. The Department will regularly hold community engagement meetings to continue discussion and gather ongoing feedback as the plan is further developed and implemented. While there was great representation of different stakeholders at these meetings, the Department will seek to add greater representation of additional stakeholders, particularly individuals waiting for services and their families.

Throughout the stakeholder process, three interwoven themes became clear. Stakeholders raised questions and concerns about clarity, feasibility and equity. In a complex system, lack of clarity is a persistent obstacle to accessing services. From the perspective of those receiving services, one family member noted, “The parent has to have a “degree” in navigating the system to make services work for their children.” She wondered, “How do the parents who don’t have the time, or energy, or skills [to navigate the system] get services for their children?” Providing accurate, clear, and consistent information to stakeholders will increase access and equity.

Frequently, stakeholders requested clarification about data, including access to data. In addition, numerous questions and comments by stakeholders highlighted their hope that data-capture will differentiate between immediate and long-term needs, and account for changing needs of individuals. Ensuring clarity around the data, what it is and what it means, will facilitate forecasting support needs and will promote an atmosphere of transparency.

Numerous stakeholders, ranging from families of individuals receiving services, service providers and representatives of CCBs, acknowledged that CCBs’ dual role as case manager and service provider represents a conflict of interest and barrier to equity and access. Relatedly, the existence of various waiting lists processes depending on program at the state and local levels leads to a lack of clarity. Clear delineation of roles, responsibilities, and accountability will go far toward alleviating these doubts and concerns about equity.

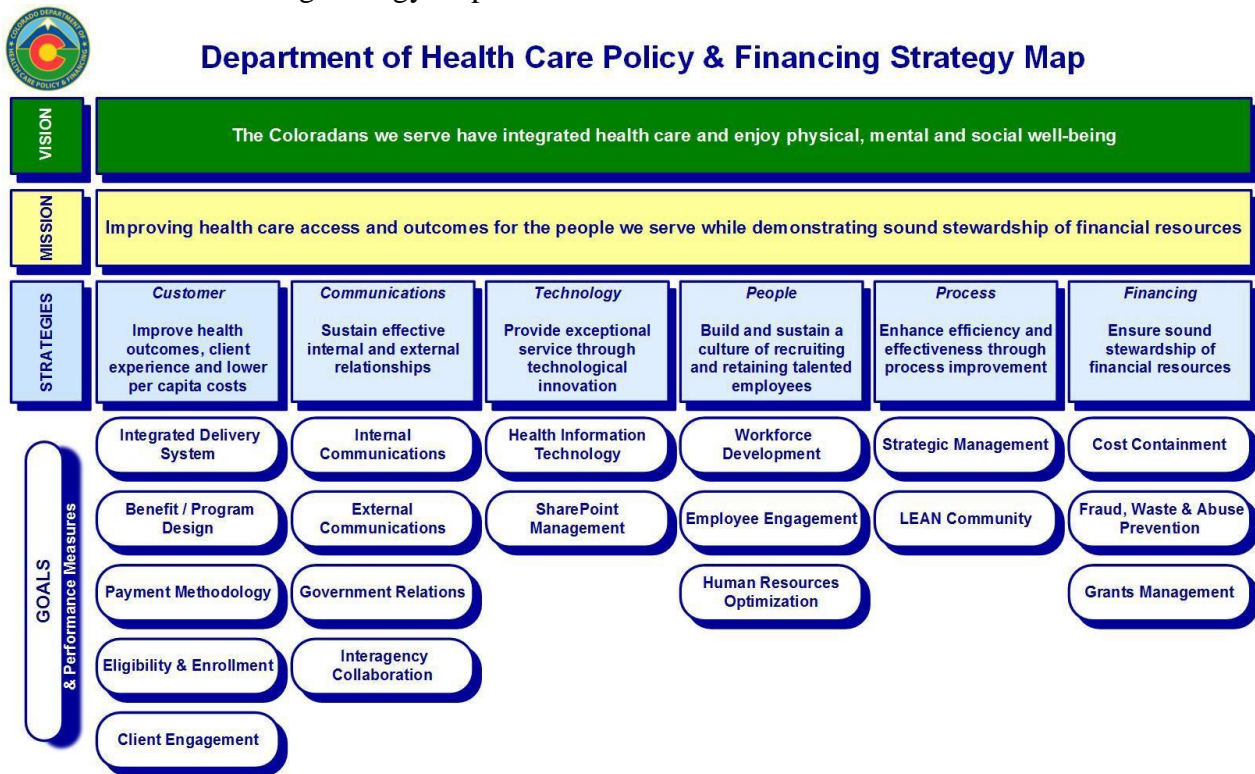
The theme of feasibility arose frequently with regard to provider capacity and funding. Stakeholders expressed concern about the scarcity of qualified service providers to meet the current and anticipated needs, particularly regarding length of time for an evaluation to even begin

accessing services. In addition, concerns were raised regarding securing adequate funding in order to serve all eligible individuals.

These themes of how the system will clearly, feasibly and equitably accommodate all individuals and their varying needs and preferences generated much discussion and concern. The strategic initiatives outlined below will help to address these concerns by creating an equitable and transparent system that assures individuals access the right service in the right amount at the right time and place. The outcome will be more effective use of limited funding to deliver better quality support to more individuals. The cumulative effect of implementing these initiatives will support the Department’s ability to meet the charge of House Bill 14-1051 to assure timely access to services.

Strategic Initiatives

HB14-1051 aligns with the Department’s mission “to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.” The Department’s 2014-15 Performance Plan identifies six key strategies for realizing the mission as detailed in the following strategy map:



This strategic plan developed pursuant to HB 14-1051 aligns with these four of the key strategies identified above:

- 1. Customer:** Improve health outcomes, client experience, and lower per-capita costs

2. **Communications:** Sustain effective internal and external relationships
3. **Process:** Enhance efficiency and effectiveness through process improvement
4. **Financing:** Ensure sound stewardship of financial resources

The Department has developed specific strategic sub-initiatives aligned with each of these key strategies. The first phase on the strategic plan will involve analysis to create baseline and benchmarks to allow performance goals to be defined in more detail. These performance goals will be articulated in upcoming versions of this strategic plan. Additionally, further research and stakeholder input is needed to fully define next steps and goals.

These four strategic sub-initiatives, outlined below, are also in full alignment with the recommendations from the Community Living Advisory Group and the Olmstead Strategic plan. The strategic initiatives in this plan will provide additional detail and strategies for assuring timely access to services specifically for individuals with I/DD.

1. **Strategic Initiatives: Customer**

With the key goal of HB 14-1051 to be assuring timely access to services, most of the strategic initiatives outlined in this plan align with the Customer strategy to improve health outcomes, client experience, and lower per-capita costs. The following sub-initiatives will start to build the foundation necessary to assure individuals have access to services at the time they need and want those services.

a. **Complete Data Integrity Review to Identify Full Scope of Current and Future Needs**

In HB 14-1051, the General Assembly recognizes that Colorado citizens must have accurate data concerning the needs for services and supports and the Department must regularly forecast to ensure effective policy and programs are developed to meet forecasted needs. Lack of data integrity currently leads to misidentification of resources needed to adequately serve individuals. Through a robust data integrity review, the Department will improve the customer experience through using quality, accurate data to better forecast and provide the necessary resources and supports to meet individual's needs. The Department will also be able to use this data to develop necessary goals and benchmarks to measure progress towards achieving enrollment of all eligible individuals by the year 2020.

The Department and the CCBs have worked successfully over the past several years to improve the integrity of data tracked in CCMS; however, there is still work to be done to ensure accuracy of reported data. For example, CCBs are currently processing a high volume of HCBS-SLS enrollments to eliminate the waiting list and the Department is finding many clients no longer need HCBS-SLS services or cannot be located. The Department believes there are many individuals currently on the waiting list with a status of as-soon-as-available who no longer require HCBS-SLS services immediately, or at all. In order to ensure the integrity of the waiting list data, individuals remaining on the waiting lists will be contacted to determine if they still require services immediately and their level

of need. The Department will work with CCBs to contact all clients on the waiting lists, including those with a status of as-soon-as-available, date specific and safety net.

As a part of reaching out to individuals to determine if they still require services immediately, the Department will also reassess their support needs and preferences at a high level. For example, there are currently 850 individuals waiting for both the HCBS-DD and HCBS-SLS waivers. As these waivers vary in supports and services offered, the Department will confirm what level of service individuals need in order to more accurately identify the scope of unmet need.

With the elimination of the HCBS-SLS waiting list, CCBs have a significant workload of many new enrollments needing to be processed. The Department will work with the CCBs to determine the best way to conduct outreach to waiting list clients in order to avoid disruption of the enrollment process for the HCBS-SLS waiver. If necessary, the Department may use an independent contractor to contact clients. The Department anticipates this outreach and reconciliation of waiting list numbers will be complete by May 2015.

Assuring the accuracy of the data to identify the current unmet need is crucial to developing meaningful benchmarks for achieving the goal of having all eligible individuals timely enrolled in services by the year 2020. Assuring data integrity will also allow the Department to much more accurately forecast needs in order to provide well justified budget requests to support the enrollment goals that will be outlined in this plan.

b. Family Supportive Services Program & State Supported Living Services Review

A similar process to assure the integrity of the data for the state funded programs is necessary in order to fully identify the unmet needs for these programs. These state funded programs are currently administered at the local level by the CCBs and there has been no state-wide standard enforced for data collection and reporting. Without standardized data, the Department is currently unable to accurately forecast the unmet needs for these state funded programs, which provide a wide variety of supports to individuals and their families. In order to forecast funding needed State Funded SLS and FSSP, the Department will complete a review of data regarding services provided and the number of individuals waiting in order to establish state-level standards that ensure consistency and transparency in the data reported for these programs.

The Department is currently conducting a review of the FSS Program to identify current practices, particularly regarding data reporting and fiscal management, in order to establish state standards that will ensure data integrity. Once this review is complete, the Department will be able to analyze and trend current program data and information to inform the Department's budget request. The Department anticipates this review of FSS Program will be complete by January 2015.

The Department will complete a similar review of State Funded SLS program once the FSS Program review is complete. As with the process for the FSS Program, establishing

integrity in the data will support the Department to more accurately forecast the amount of funding needed to meet the needs of individuals currently waiting for these services. The Department anticipates this State Funded SLS review will be completed by June 2015.

Establishing data integrity across all programs will also allow the Department to more effectively manage enrollments and will provide for the meaningful, transparent reporting on waiting list management that stakeholders request.

c. Assess and Develop System Capacity

HB 14-1252 -Concerning Funding for System Capacity Changes Related to Intellectual and Developmental Disabilities Waiver Services

The General Assembly provided funding from HB 14-1252, Concerning Funding for System Capacity Changes Related to Intellectual and Developmental Disabilities Waiver Services to build capacity in the CCB system. These capacity building funds were especially necessary in this fiscal year (FY 2014-14) due to the work underway to eliminate the HCBS-SLS waiting list. This work involves enrolling, arranging for and providing services for more than 2,000 individuals on the HCBS-SLS waiting list. The CCBs and providers are required to report to the Department regarding their use of the HB 14-1252 funds with the first report due in October 2014. The Department is currently reviewing these reports to determine the effectiveness of the use of these funds. Through this review, the Department will work with CCBs and providers to determine if there is additional capacity building needs and if so, how those needs can best be met. The Department will submit a request through the normal budget process if capacity issues are identified that require additional funding.

Provider Development and Outreach

Development of service providers was a key issue raised by all stakeholders. Workforce development was a key area of focus for the Community Living Advisory Group (CLAG) and the recommendations from that report will provide additional provider capacity to improve access to services. The recommendations include: developing a core competency training for Long Term Services and Supports (LTSS) workers (including those workers that provide supports to individuals with I/DD), specialized training in critical areas and professionalizing the LTSS workforce. These recommendations from the CLAG will be critical in developing sufficient and competent provider capacity. To add to the CLAG recommendations, the Department will also establish a standard of best practices for person-centered service delivery and training to ensure that access to services means the individual receives the right support, at the right place and at the right time. Should the CLAG recommendations be adopted, the Department will also explore ways to incentivize professional development for LTSS workers, including person-centered training for all direct service providers.

The Department also plans to conduct provider outreach to existing providers of similar services provided to individuals in other waiver programs. For example, there are personal

care providers providing services to clients enrolled on the HCBS waiver for the Elderly, Blind and Disabled that may have capacity to also serve individuals with I/DD. A concern was raised by stakeholders that even if these providers have capacity, they may not have the expertise to serve individuals with I/DD. As a part of its outreach, the Department will 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. The Department will begin conducting this provider outreach in January 2015.

New Services and Service Delivery Options

Adding Consumer Directed Attendant Support Services (CDASS) to the HCBS-SLS waiver effective July 1, 2015 will also help to address some capacity issues by offering a new service delivery alternative. Implementing CDASS in HCBS-SLS will address clients' needs in a way that the traditional delivery options may not. For example, there are limited agency-based providers in some rural areas and CDASS provides the option for an individual to hire a family member or neighbor to provide support, thus addressing the provider capacity issue. Additionally, CDASS can improve clients' 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.

The Department will also be implementing Personal Care services for children (up to 21 years old) in the Medicaid State Plan effective January 2015. Adding this service to the State Plan will make this service available to all children eligible and enrolled in Medicaid, even if they are waiting for a waiver enrollment. Implementation of this service will improve access for individuals waiting for FSS Program services as well as for children who may not be eligible for the HCBS-CES waiver.

At the same time, the Department is analyzing the feasibility of a new Medicaid State Plan option, Community First Choice (CFC), which was authorized in the Affordable Care Act (ACA) with final federal rules published by the Centers for Medicare and Medicaid Services (CMS) in personal care services, become available in the Medicaid State Plan and will also include a consumer directed service delivery option. A preliminary report evaluating the feasibility of implementing CFC² was completed in December 2013 for the Department by Mission Analytics State Plan Enhancements. The Department is currently considering the analysis provided in this report.

Provider Choice

Another key area in providing access to quality services is assuring individuals and families are able to choose their service providers from a variety of options. Currently individuals and families report they do not have all the information they need in order to make a fully

² Feasibility Analysis of Community First Choice in Colorado

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251923822425&ssbinary=true>

informed choice of providers. The Community Living Advisory Group report includes a recommendation to develop a registry of providers to assist families in choosing the best provider for them. Should that recommendation be adopted, the Department will work to implement a public, transparent directory of licensed and certified service providers that includes opportunities for consumer feedback.

The Department will also work with its partners at the Department of Public Health and Environment (DPHE) to publish basic provider information on the Department's website. This information will include the last time a site survey was complete (if applicable) and the outcome and any findings from the survey. Some information regarding providers that are licensed by DPHE is currently available and the Department will work to expand on that information, by including all HCBS providers serving clients with I/DD. The Department will begin publishing this information on its website in January 2015.

Family Caregiver Options

Public comment provided during the stakeholder engagement process identified that additional information and education is necessary regarding the ability of family members to act as service providers. The Department will need to ensure appropriate safeguards are in place through person-centered planning, program oversight, and training. Expanding the use of family members as service providers will help increase service provider capacity and increase access to necessary services. In addition to providing training and education, the Department will continue to work with stakeholders to identify if rule changes are necessary to further support family members as service providers.

Improve Access for Developmental Disability Determinations

In order to be determined eligible for programs for individuals with I/DD, individuals must have a developmental disability determination completed. A part of this process includes an assessment completed by a professional level provider. Through the stakeholder process, the Department identified a need for education to inform stakeholders that these assessments can be covered by Medicaid, if the individual is enrolled in Medicaid. In addition, a gap was identified in availability of providers to complete these assessments timely. As a part of its system capacity efforts, the Department will work to identify additional professionals in order to provide better access to these assessments.

For individuals who are not Medicaid eligible prior to enrollment in a waiver, the the Department will work with its partners at the Department of Human Services and Colorado Department of Education to identify additional resources for professionals to complete these assessments through community mental health programs and schools. Information will be provided to inform individuals and families about options for obtaining these assessments.

d. Improve Transparency and Navigability of the System Through Waiver Redesign

Pursuant to the recommendation from the Community Living Advisory Group, the Department is working to design a single waiver for adults with I/DD to replace the HCBS-DD and HCBS-SLS waivers. These design changes will help modernize the state's waiver system, simplify processes to obtain services and supports, permit greater flexibility and promote self-direction of supports and services. The complexity of the current system makes it very difficult for individuals and families to navigate the system and choose the services and supports to best meet their needs. Simplification of waiver programs will help increase clarity and transparency of the system improving access to necessary services. The redesigned waiver will also allow the Department to use resources more effectively and serve a greater number of individuals at a lower per capita cost. The Department is currently working with stakeholders to implement this new waiver service option in July 2016.

e. Provision of Conflict Free Case Management

Stakeholders also identified the issue of conflict of interest with the CCBs acting as the case management entity as well as a service provider as a barrier to access. The Department convened a task group to review this issue and the group held their final meeting in October 2014. The Department is currently reviewing the recommendations from the group and analyzing the feasibility of implementing the task group recommendations. This strategic plan will be updated to include specific strategic initiatives adopted by the Department as a result of recommendations from the task group.

2. Strategic Initiatives: Communications

Sweeping changes to rules, laws, Department programs and processes require a comprehensive and robust communications effort from the Department. The Department regularly engages with internal Department staff, external stakeholders, community partners, state agencies and government offices. To ensure these interactions work to further the Department's mission and vision and support increased access to services for individuals with I/DD, the Department's strategic policy initiative for Communications seeks to "Sustain effective internal and external relationships" by means of the key initiatives identified below.

a. Establish a Stakeholder Communication Plan

An overwhelming majority of stakeholder questions and comments relate to communication and frequently co-occur with concerns about equity. A communication plan will help to ensure stakeholders' access to accurate, clear, and consistent information in a timely manner and also assure the strategic plan is regularly updated using stakeholder feedback. The communication plan will be developed by January 2015 and will address the following areas:

Stakeholder Audiences - The Department will identify which stakeholder audiences (both internal and external) require communications and the unique needs of each identified

audience. Specific audiences would include stakeholder roles (e.g., individuals who receive services, their families, advocates, providers, and CCBs) as well as geographic regions.

Communication Needs - The communication plan will also identify the communication needs for the different stakeholder audience. For example, some information may be a one-way communication in the form of updates for all stakeholders while other communications will require back and forth discussion. The plan will 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. For example, some stakeholders have identified a need for documentation and information to be “user-friendly” and available other languages.

Communication Frequency - The plan will identify frequency of communications to establish common expectations. The frequency of communication might be customized for each audience.

Communication Vehicles - The plan will also identify the best means of communication depending on the audience. The plan will include a variety of outreach tools and activities, both traditional and technology-based. Stakeholders’ recommendations for effective communication tools included community meetings, advisory committee meetings, radio, TV, newspaper, email, website updates, Facebook, YouTube, Instagram, and Twitter.

b. Increase Collaboration and Communication with Other State Agency Partners

Many stakeholders identified issues coordinating support with other agencies that work with individuals who have I/DD, specifically with school districts, county departments of human services and behavioral/mental health providers. The Department is currently working with the Department of Human Services across multiple programs to streamline mental and behavioral health services and develop cross Departmental practices that align practice and communication. Further work will be accomplished in this arena in response to an analysis recently completed by the University of Colorado, JFK Center for Excellence to identify gaps in behavioral health services for individuals with I/DD. The Department plans to incorporate accepted recommendations from the report on the analysis into the strategic plan to assure timely access to service.

c. Develop an I/DD Handbook

Stakeholders indicated a need for a central repository of information regarding service options available to individuals with I/DD to promote clarity, consistency and standardization of information. The handbook will serve as an overview/guide to waiver programs and processes, emergency/crisis definitions and processes, and will include a glossary of terms. The Handbook will be developed in a format that is easy to understand, available online, and will include the following audiences: families/guardians/caregivers, case managers, and service providers. This strategy expands on the recommendation of Community Living Advisory Group to create access to a toll-free hotline that provides

comprehensive information regarding Long Term Services and Supports. The handbook will provide an additional option for information that can be accessed online at any time.

d. Execute Short-term Communication Commitments

As a commitment to the stakeholders participating in the community engagement process for House Bill 14-1051, the Department will publish “Listening Logs” with responses to stakeholders’ questions by November 17, 2014. The Listening Logs will respond to questions and concerns by providing information about the identified concern and to recommendations by accepting them or explaining why they are not accepted at this time. In addition to the Listening Log, the Department will publish all materials included in the community engagement meetings on its website.

3. Strategic Initiatives: Process

House Bill 14-1051 requires the Department to include administrative procedures to support a comprehensive strategic plan. Through the stakeholder engagement process, the Department identified the following strategic initiatives as areas of focus for development or refinement of procedures leading to process improvement for more efficient and effective waiver administration.

a. Develop Statewide Order of Selection Process Allowing for Clear Communication of Waiting List Position.

There is currently a significant lack of transparency regarding communication of waiting list position and as a result, inability to ensure equitable state-wide access to services. This lack of transparency comes from the varying processes for waiting list management for each program as well as data integrity issues. For example, since the HCBS-SLS waiver waiting list is managed by the CCBs, the Department has difficulty determining an individual’s position on that waiting list or that individual’s position relative to equitable state-wide access. Alternatively, CCBs are currently unable to see an individual’s placement on the state-wide HCBS-DD waiting list managed by the Department. Because of these kinds of issues, individuals waiting for services have an incredibly difficult time obtaining information regarding where they stand on the current waiting list.

The Department will develop a process to assure transparency of waiting list data. The Department will make changes to CCMS to 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 will also work towards a web-based system that will allow individuals to look up their own waiting list placement via the Department’s website. A key element to creating these tools is the completion of the data integrity analysis to assure all waiting list data contained in CCMS is up-to-date and accurate. The Department is currently researching the magnitude of the necessary IT systems changes to support this transparency with a goal of implementing these tools by June 2015.

b. Refine the Process for Exceptions to Order of Selection

There are limited circumstances under which exceptions may be granted and individuals may be prioritized for enrollment before those with earlier order of selection dates. Reserved capacity provisions of the HCBS-DD and HCBS-SLS waiver applications allow the Department to offer immediate enrollment to individuals transitioning to the community from institutional settings, to individuals transitioning from the foster care system or from the HCBS-CES waiver, and to individuals who meet emergency enrollment criteria. This process will be improved through standardization to ensure these exceptions are applied equitably. The Department will provide technical assistance and communications regarding definitions for exceptions to order of enrollment and how to apply the exceptions so that all stakeholders have a common understanding of options available. The Department will begin publishing guidance related to this issue in November 2014.

c. Establish Enrollment Timeframe Requirements

Due to data integrity issues and varying processes at the CCBs, the Department is currently unable to accurately measure the average length of time required to enroll an individual in services. Not knowing how long enrollments take to process makes it difficult to plan and effectively communicate with families to help them plan for an enrollment. The Department will work with stakeholders to identify timeframe requirements to provide some predictability to the time it takes individuals to enroll. This process will also include exceptions to the timeframe requirements to address unique needs and situations as they arise.

There was also discussion with stakeholders during the community engagement meetings regarding establishing a timeframe for families to either accept or decline an enrollment. Deciding to accept an enrollment can have significant impact on a family and many elements need to be considered in determining whether a person is ready for services, or if the right provider is available to serve the individual. Given the sensitivity of this issue for individuals and families, and the logistical implications for CCBs, this issue requires further discussion with stakeholders to better understand and explore the issue before making decisions about timelines.

d. Evaluate the Assessment and Service Planning Process

Stakeholders raised concerns with the current service planning process and identification of supports to meet an individual's needs. In order to streamline the assessment process and assure proper identification of necessary supports, the Department is currently working to revise its assessment process. The project will assess and document current processes and provide recommendations for new tools to streamline the assessment process. Full implementation of this process improvement will assure more accurate assessment of individual needs improving access to services.

4. Strategic Initiatives: Financing

a. Use Budget Process to Achieve Enrollment Goals

HB 14-1051 requires the Department to include enrollment goals and benchmarks; however, the Department believes more analysis is necessary to determine the full scope of unmet need in order to develop meaningful and achievable benchmarks. The process described in the data integrity review section will provide the Department with the necessary information to define these benchmarks and inform its future budget requests. In addition to the data integrity review, the work that will be completed to determine the estimated fiscal impact of waiver redesign will also be used to develop meaningful benchmarks for enrollment and expenditures. The Department anticipates the data integrity review will be completed by May 2015 and will use the information to inform budget requests and update this strategic plan with specific goals.

b. Review the Service Plan Authorization Limits (SPAL) and support levels

Many stakeholders provided feedback regarding current SPALs and the Supports Intensity Scale (SIS) process and indicated these processes sometimes act as a barrier to accessing necessary and preferred services. Beginning July 2014, the Department increased SPAL Levels 2-6 by 25% in order to provide additional access to needed services. The Department will be evaluating 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 SPALs and SIS process to increase access.

Conclusion

The Department supports the assertion in the Preamble of the Community Living Advisory Group's final report that "Coloradans have the right to live, work, play, and learn in communities of their choice as fully participating, contributing, and valued members of our society" and that Colorado "must offer the right services, at the right time, in the right amount, for the right length of time, in a place of the individual's choosing." Realizing this vision for persons with I/DD, especially in the context of limited financial resources, necessarily requires a consistent, periodic engagement of the issues raised in this plan in concert with all stakeholders, including the General Assembly. To that end, and as described earlier, the Department intends to update this strategic plan on a quarterly basis to incorporate new information and additional strategies. These quarterly updates to the plan will also serve as a medium to document decision points and consensus on next steps to achieve the goal of timely enrollment for all eligible individuals by the year 2020.