



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

November 2, 2020

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

Pursuant to section 25.5-10-207.5(4)(a), C.R.S., the Department of Health Care Policy and Financing (the Department) was required 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 the services and supports they need and want at the time they need and want those services and supports.” The Department is required to “review the strategic plan annually and revise [it] as needed to meet the enrollment goal.”

The Department first submitted the Strategic Plan on November 1, 2014 and is enclosing its latest update to the plan. Also included in this update is the waiting list information required by section 25.5-10-207.5(3), C.R.S. The information in the attached report details how many individuals are waiting for services, how many are 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. Additionally, pursuant to section 25.5-6-406(2)(m), C.R.S., this section includes information from the National Core Indicators Data, concerning in what ways outcomes for persons with I/DD changed as a result of the increase in reimbursement rates pursuant to House Bill 18-1407.

If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at Jill.Mullen@state.co.us or 720-682-3046.

Sincerely,



Kim Bimestefer
Executive Director

KB/KA

Enclosure(s): Health Care Policy and Financing 2020 HB 14-1051 Update to the Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities (House Bill 14-1051)

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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, 2020

Submitted to: Colorado General Assembly

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I. Executive Summary

House Bill (HB) 14-1051 requires the Department of Health Care Policy & 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.” The Department submitted the “Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities”¹ to the Colorado General Assembly on November 1, 2014.

The strategic plan outlined several initiatives aimed at achieving the goal to have all eligible individuals enrolled in services by the year 2020, and the Department has implemented a majority of those initiatives. Much progress has been made toward providing timely access to services through eliminating waiting lists for certain programs, focusing on waiting list management, and implementing initiatives to create more robust services through programs without waiting lists to meet the needs of individuals with intellectual and developmental disabilities (I/DD).

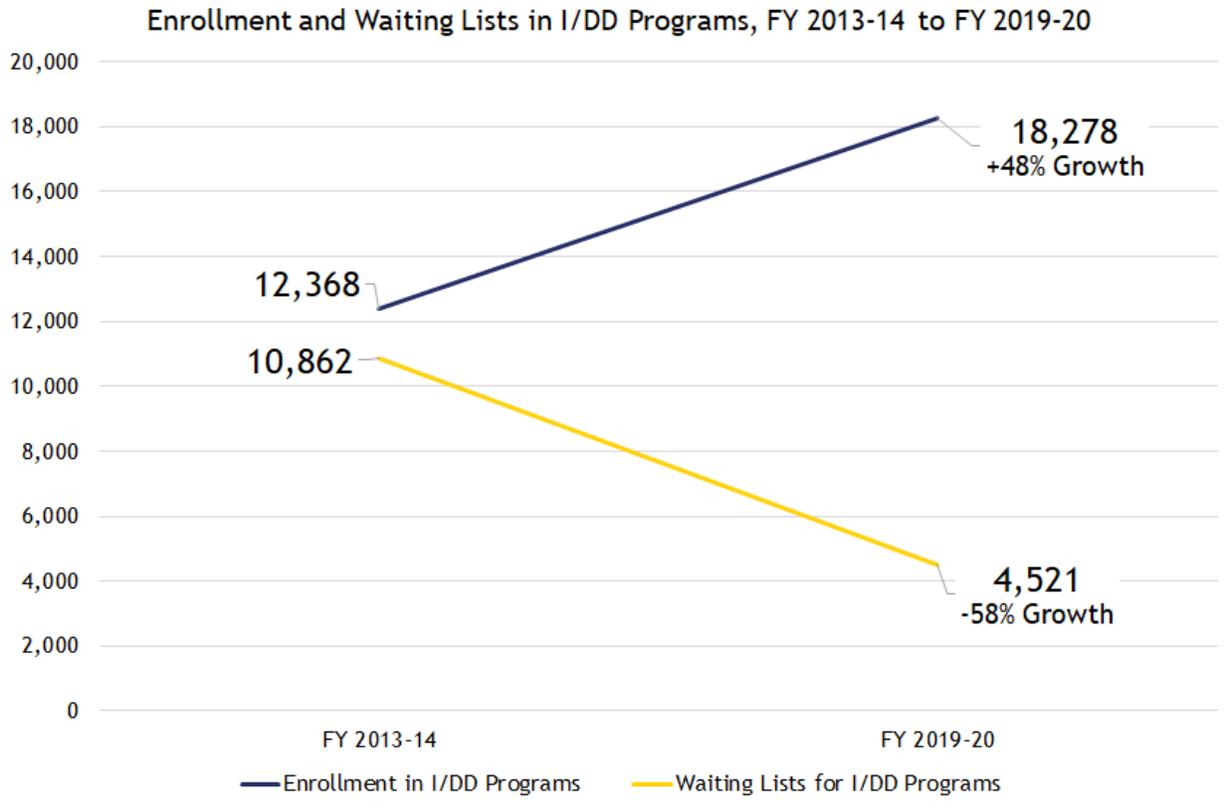
The graphic and table below show enrollment in and waiting lists for programs that serve people with I/DD² since 2014. Over the past six years, the Department has grown enrollment in these programs by 48 percent and reduced waiting lists by 58 percent. However, due to budget constraints and increased visibility of these programs, there continues to be waiting lists for Home and Community Based Services (HCBS) waiver for Persons with Intellectual and Developmental Disabilities and one state funded program, the Family Support Services Program.

¹ <https://www.colorado.gov/pacific/hcpf/IDD-Services-enrollments-waitlists>

² Programs include: Home and Community-Based Service (HCBS) waivers for Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), Children’s Extensive Supports (HCBS-CES), State Supported Living Services (State SLS), and Family Support Services Program (FSSP)



This report outlines the number of people currently waiting for programs, progress made to better manage waiting lists, and updates on initiatives aimed at creating access to services for people with I/DD.



Enrollment in I/DD Programs							
	DD	SLS	CES	FSSP	State SLS	DD and SLS	Total
FY 2013-14	4,848	3,519	800	2,383	818	N/A	12,368
FY 2019-20	6,412	4,652	2,037	4,475	702	N/A	18,278
% Change	32%	32%	154%	87%	14%	N/A	48%
Waiting List for I/DD Programs							
	DD	SLS	CES	FSSP	State SLS	DD and SLS	Total
As of Aug. 30, 2014	1,454	954	331	7,067	206	850	10,862
As of June 30, 2020	2,959	0	0	1,562	0	0	4,521
% Change	100%	-100%	-100%	-77%	-100%	-100%	-58%

Data Source: Community Contract Management System



II. Background

House Bill (HB) 14-1051 requires the Department of Health Care Policy & Financing (the Department) to develop 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.” The Department submitted the “Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities”³ to the Colorado General Assembly on November 1, 2014.

This report is the statutorily required annual update for HB14-1051, including updates on progress towards the goals set forth in the strategic plan and information on additional legislation and initiatives that support the legislative intent of HB14-1051 and the strategic plan.

In addition to updating the strategic plan, pursuant to C.R.S. 25.5-10-207.5(3)(a) 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 (HCBS) 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 (State SLS) and Family Support Services Program (FSSP).

III. Introduction

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

³ <https://www.colorado.gov/pacific/hcpf/IDD-Services-enrollments-waitlists>



The Department operates ten HCBS Medicaid waivers under authority granted by the Colorado General Assembly to help people live in the community. Four of those waivers are specifically designed to support individuals with I/DD; HCBS-DD, HCBS-SLS, HCBS-CES and the Children’s Habilitation Residential Program (HCBS-CHRP). The HCBS-CHRP waiver does not have a waiting list and is outside the scope of this report.

In addition to Medicaid services provided through the HCBS waivers, the Department provides services and supports specifically for individuals with I/DD to enhance and support members needs through annual General Fund appropriations. The State SLS program provides assistance to individuals who can live independently with limited support who may not qualify for Health First Colorado or waiver services. The FSSP program provides assistance needed to support a family member with I/DD 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, individuals are placed on waiting lists and/or receive services and supports that are not best suited to their specific needs and preferences. However, since 2012, through support from the General Assembly, the Department has eliminated the waiting lists for both the HCBS-SLS and HCBS-CES waivers.

This document serves as an update to the plan required by HB14-1051 to ensure timely access to services for eligible individuals by July 1, 2020. This report also provides updates on current and planned initiatives that support this goal.

A. COVID-19 Impact

People with disabilities are among the most vulnerable populations to the COVID-19 illness. The Department responded swiftly to the emerging pandemic to lessen the risks for the people we serve in long-term services and supports. We immediately issued guidance for members, case managers, and providers in line with the public health guidance to limit person-to-person exposure, while ensuring limited disruption to services and providers had the information and resources, they needed to continue services safely during this pandemic. From March through June, the Department issued 42 memos and held 48 webinars related to COVID-19. Examples of the actions taken include:



- Expanded the places where services may be provided, including virtual options
- Permitted payments to family caregivers or legally responsible individuals for services provided
- Authorized retainer payments for day program providers who needed to suspend services
- Allowed all case management activities to be completed via phone or other technology-based method

The Department is looking at how to continue and even expand on some of the more successful changes beyond the pandemic, these changes are outlined later in this report, especially considering virtual options for some services and restructuring congregate day programs. In looking at how we can leverage the lessons learned throughout the pandemic, the Department has the opportunity to leverage technology to be innovative in service delivery. Technology can be combined with direct care to support members and increase independence in the community and potentially decrease the need for 24/7 residential services.

The Department did not experience any impact on the ability to authorize enrollments into the HCBS-DD waiver through reserved capacity and churn due to the public health emergency in the last quarter of FY 19-20.

IV. Progress Towards Reduction of the Waiting List

As outlined in the 2014 strategic plan⁴, otherwise eligible individuals are placed on waiting lists when enrollments reach the capacity of the federally approved waiver application, and/or when the state appropriated number of enrollments have been met. Separate waiting lists are maintained for each waiver and State-funded program. 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

⁴ <https://www.colorado.gov/pacific/hcpf/IDD-Services-enrollments-waitlists>



Board (CCB) case managers. Individuals waiting for services have a status of “Yes-Waiting” with one of the following timelines:

- **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 for adult programs due to not having reached their 18th birthday.
- **Safety Net** - The individual does not currently need or want services, but requests to be on the waiting list in case a need arises. This category includes individuals who are not yet eligible for adult programs due to not having reached their 18th birthday.
- **Internal Management** - Individuals who have indicated interest in HCBS-SLS waiver services and are in the enrollment process are listed in CCMS with a status of “Internal Management”.

A. Individuals on Waiting Lists Needing Services Immediately

To capture individuals needing services immediately, the Department includes individuals waiting for services with an ASAA timeline and individuals with Date Specific timelines who have requested enrollment within the current fiscal year. Table 1 details the number of individuals needing services immediately who are waiting for an enrollment authorization. As of June 30, 2019, the ASAA waiting list for HCBS-DD waiver services had 2,959 individuals listed; 40 percent (1,182) of those were newly placed on the ASAA waiting list during FY 2019-20, and 1,777 individuals were carried over from the previous year’s ASAA waiting list.

Table 1	
Individuals Needing Services As Soon As Available, Waiting for Enrollment Authorization	
Program	Unduplicated Number of Individuals
HCBS-DD Only	2959
<i>Newly added to HCBS-DD Only July 1, 2019-June 30, 2020</i>	<i>1,182</i>



HCBS-SLS Only	0
HCBS-CES	0
State-funded Supported Living Services	0
Family Support Services Program	1,562

Data Source: Community Contract Management System, June 30, 2020

Individuals pending full enrollment into the HCBS-SLS waiver due to pending waiver eligibility, no response to an offer to enroll, or are in the enrollment process with their CCB are listed as internal management in CCMS and tracked internally by CCBs. Table 2 details the number of individuals authorized to enroll into the HCBS-SLS waiver who have not yet completed enrollment. 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 the enrollment process.

Table 2	
Individuals Authorized for Enrollment, Not Yet Enrolled, Internal Management	
Program	Unduplicated Number of Individuals
HCBS-SLS Internal Management	257

Data Source: Community Contract Management System, June 30, 2020

Table 3 details the number of individuals needing services immediately who are receiving other Medicaid services while they wait. The table includes those on the HCBS-DD ASAA waiting list, individuals listed as Internal Management waiting to complete enrollment into HCBS-SLS, and individuals on the State-Funded SLS or the FSSP program waiting lists. Eighty-nine percent (89%) of the 2,959 individuals on the HCBS-DD ASAA waiting list are currently receiving some Medicaid services while they wait for authorization to enroll. As of June 30, 2020, 88 percent of those on the HCBS-DD ASAA waiting list are between 18-39 years of age and the average number of years from a person’s Order of Selection Date is seven. This is a two year decrease from June 30, 2018, when the average was nine years. The Order of Selection date is the placement date used to establish a person’s order on the waiting list. It is the date on which the person was initially determined to have a developmental disability by the



CCB, or their fourteenth (14) birth date, if a child is determined to have a developmental disability by the CCB prior to the age of fourteen.

Program	Unduplicated Number of Individuals	% Receiving Some Services	% Receiving Waiver Services	% Receiving Dental Services	% Receiving Inpatient Services	% Receiving Long Term Care Services	% Receiving Outpatient Services	% Receiving Pharmacy Services	% Receiving Professional Services
HCBS-DD ASAA	2,959	89%	81%	21%	2%	1%	35%	40%	71%
HCBS-SLS Internal Management	257	66%	16%	16%	2%	1%	33%	38%	53%
State-Funded Supported Living Services	0	NA	NA	NA	NA	NA	NA	NA	NA
Family Support Services Program	1562	50%	9%	21%	1%	0%	3%	27%	44%

Data Source: Community Contract Management System and Medicaid Management Information System, June 30, 2020

B. Safety Net Waiting List

There are currently 4,082 otherwise eligible individuals who do not feel they need immediate access to the specific services offered in the HCBS-DD waiver. These individuals have been placed on the Safety Net waiting list for HCBS-DD waiver enrollment. There are many reasons an individual may choose to be on the Safety Net waiting list. For example, they are currently receiving optimum services through another HCBS waiver, or they are currently with their families and do not require outside assistance, or they are currently residing out of the state but may move back. The Safety Net Waiting list is detailed in Table 4.

Program	Unduplicated Number of Individuals
HCBS-DD Only	4,082



HCBS-SLS Only	796
Both HCBS-DD and HCBS-SLS Lists	0

Data Source: Community Contract Management System, June 30, 2020

The number of individuals who have been removed from the waiver (e.g. death or moving out of state) each month is referred to as “churn.” The Department, in conjunction with the CCBs, has improved oversight and accuracy of the waiting lists to better account for churn. The recent regular monthly authorization of HCBS-DD waiver churn has encouraged individuals to change their timeline for needing access to services from Safety Net to ASAA. With the number of individuals who move from the Safety Net to the ASAA waiting list each month, the ASAA waiting list continues to increase at a rate faster than available authorizations and available appropriations.

C. Enrollment in I/DD Programs

While the waiting list for the HCBS-DD waiver continues to grow, new individuals continue to enroll into each waiver every year, increasing the number of individuals who have access to the support and services they need. Table 5 details the number of new individuals added to each waiver over the last three fiscal years.

Table 5				
HCBS # of New Enrollments				
	HCBS-DD	HCBS-SLS	HCBS-CES	Total
FY 2017-18	332	719	358	1409
FY 18-19	869	565	362	1778
FY 19-20	700	539	364	1569

Data Source: Community Contract Management System, June 30, 2020

Over the past three years, the Department has been able to offer 1,901 individuals from the HCBS-DD ASAA waiting list an authorization to enroll into the waiver. The FY 18-19 increases reflected in Table 5 were made possible through HB 18-1407 (300), Long Bill for FY 19-20 (150), the monthly churn, and



then those who declined the authorization so it could be offered to the next person on the waiting list.

Alternate to the ASAA waiting list method to receiving an authorization to enroll into the HCBS-DD waiting list is through Reserved Capacity. Reserve Capacity enrollments include those authorized through the exception to the waiting list protocol. Exception enrollments are categorized as either Emergency, Youth Transitions or Deinstitutionalization. Emergency enrollments can be requested when the health, safety, and welfare of an individual or others is in danger due to homelessness, an abusive or neglectful situation, danger to others, danger to self or loss or incapacitation of a primary caregiver. Youth Transition enrollments include youth transitioning from CHRP, CES or Foster Care into adult waivers. Deinstitutionalization enrollments are for those Individuals residing in an institutional setting (Skilled Nursing Facilities (SNF), Mental Health Institutions, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID, Regional Centers) who are wanting to receive services in the community. Non-reserve Capacity enrollments include enrollments authorized from the waiting list through churn or from legislative appropriations.

Table 6	
Reserve Capacity and Non-Reserve Capacity Enrollments FY 2019-20	
HCBS-DD Waiver	
Emergency	236
Youth Transition	134
Deinstitutionalization	41
Waiting List	378
Total	789

Data Source: Internal Case Management Division Tracking, June 30, 2020

Total enrollment in three waivers targeted to individuals with I/DD grew 48 percent between FY 2013-14 and FY 2019-20; HCBS-DD by 32 percent, HCBS-SLS by 32 percent, and HCBS-CES by 154 percent.



The Department will continue to authorize enrollments from the ASAA HCBS-DD waiver waiting list through identified churn, approximately 18 per month. When an authorized enrollment is declined by the individual, the enrollment is authorized to the next individual on the waiting list according to their Order of Selection date. Some of the reasons individuals choose to decline enrollment include: having their needs met through the HCBS-SLS waiver, no longer requiring the level of support offered in the HCBS-DD waiver, receiving services through another waiver that is meeting their needs, or has natural supports that allow them to live independently without access to the HCBS-DD waiver.

Over the past year, the Department has explored different ways to manage the HCBS-DD waiver waiting list to both ensure equitable access to services and address rural sustainability. Effective July 1, 2020, if the Colorado General Assembly authorizes a one-time appropriation for new enrollments into the HCBS-DD waiver these authorizations will be based off population per capita as an exception to the waiting list protocol. This change was made after conducting stakeholder engagement and completing a review of feedback received. Providing enrollment authorizations on a per capita basis will ensure that most catchment areas of the state will receive an enrollment authorization when the Colorado General Assembly authorizes a one-time appropriation. This change in the authorization process will contribute to ensuring rural stabilization and assist in offering timely access to services and supports that are needed by individuals in all areas of the state. This process will be used only if authorized enrollments are appropriated by the Colorado General Assembly for new enrollments into the HCBS-DD waiver and is not applicable to enrollment authorizations made through reserved capacity or churn.

D. Waiver Renewals and Amendments

The Department received approval from the Centers for Medicare and Medicaid Services (CMS) to renew the HCBS-CES, HCBS-CHRP, HCBS-DD and HCBS-SLS waivers with an effective date of July 1, 2019. Since the approval of the renewal waiver applications, the Department received approval from CMS to amend the waiver applications twice. One amendment occurred during the fall of 2019 and the second occurred during the spring of 2020. In response to the



COVID-19 Pandemic the Department submitted six Emergency Preparedness and Response Appendix K's.

The Department received approval in the fall of 2019 to amend the HCBS-CES, HCBS-CHRP, HCBS-DD, and HCBS-SLS waivers with an effective date of January 1, 2020. The 2019 fall amendments include the following changes:

- An increase to the number of participants served on the HCBS-DD waiver;
- An update to the eligibility language in the HCBS-CES waiver that includes removing the requirement for targeting criteria to be substantiated by third-party documentation;
- Clarification of the roles in the investigations of Critical Incident Reports (CIRs); and
- Implementation of rate increases from the 2019 legislative session.

For the 2020 spring amendments the Department received approval from CMS to amend the HCBS-CES, HCBS-CHRP, HCBS-DD, and HCBS-SLS waivers with an effective date of June 30, 2020. The 2020 spring amendments include the following changes:

- An update to the Community Connector services in the HCBS-CHRP waiver removing the five-hour-per-week limitation on the service in exchange for 260 hours, or up to 1040-unit cap, per service plan year;
- Addition of Kinship Home, Residential Child Care Facility (RCCF), and Licensed Child Care Facility (less than 24 hours) provider types to the HCBS-CHRP respite waiver service;
- An increase to the overall service plan limit for the HCBS-SLS waiver to \$52,938.31; and
- An update to the rate methodology language to include a paragraph allowing for differences in rate structure by geographic region to accommodate for HB 19-1210.

On March 26, 2020, CMS fully approved the Department's request to amend the HCBS-CES, HCBS-CHRP, HCBS-DD, and HCBS-SLS waivers with the Emergency Preparedness and Response Appendix K in order to respond to the COVID-19 pandemic. The amendment is effective from March 10, 2020, through March 9,



2021 and applies in all locations served by the individual waivers for anyone impacted by COVID-19. The Department also submitted five additional Appendix K amendments to respond to emerging needs and CMS fully approved these requests on April 14, 2020, April 21, 2020, May 28, 2020, June 18, 2020, and September 28, 2020. The approval of the Appendix K amendments includes the option for the Department to potentially implement:

- Exceed service limitations or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency;
- Expand setting(s) where services may be provided;
- Permit payment for services rendered by family caregivers or legally responsible individuals;
- Modify licensure or other requirements for settings where waiver services are furnished;
- Modify provider qualifications;
- Increase payment rates;
- Allow retainer payments for habilitation service providers;
- Permit Sick Leave for Consumer Directed Attendant Support Service (CDASS) providers;
- Modify processes for level of care evaluations or re-evaluations;
- Extend timeframes for the submission of waiver reporting and data collection for performance measures;
- Temporarily allow home delivered meals to be delivered in bulk one day a week, rather than the approved two meals per day;
- Temporarily supplement additional payments for the consumer directed FMS vendors for increased workload due to the COVID-19 pandemic;
- Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings;
- Allow all CMA required activities to be completed via phone or other technology-based method with HCBS members in accordance with HIPAA requirements; and



- HCBS members may receive one service per month for the length of the State Disaster Plan via telephonically or monthly monitoring by telehealth in accordance with HIPAA requirements without being subject to discharge.

E. State-Funded Programs

State SLS and FSSP are funded from the state general fund only and provide services to children and adults with I/DD cannot access by other means. The goal of both programs is to support people to remain living in their community. Both state-only programs have waiting lists, and FSSP primarily serves youth, while State SLS serves adults. In FY 2019-20, the Department worked to distribute additional funding received by the General Assembly and to redistribute existing State SLS and FSSP appropriations to reduce the number of individuals waiting for the programs. Additionally, the Department published new regulations, effective June 30, 2019, for both FSSP (10 CCR 2505-10, 8.613) and State SLS (10 CCR 2505-10, 8.501) which address waiting list management and help ensure the accuracy of the waiting lists. These new regulations also enable local case management agencies to assess people more regularly to ensure services and supports are getting to those with the most need.

The Department also developed a new payment and allocation methodology that went into effect July 1, 2020 with the new contract year. This included the development of administrative, case management, and service rates as well as a more effective way of allocating funds to the Community Centered Boards to better serve individuals in need of services. As of July 1, 2020, there were 0 people waiting for State SLS and 1562 waiting for FSSP. The Department will continue to monitor the programs and redistribute funding between the Community Centered Boards to further reduce individuals on the waiting list and address unmet needs throughout the fiscal year.

F. Waiting Lists Management

Community Centered Board personnel are required to conduct and document, in the Department prescribed case management system, an annual follow-up with individuals eighteen (18) and older for all HCBS waivers with a Waiting List timeline of “As Soon As Available” (ASAA), Safety Net (SN), or “see date” to update changes in demographic information and ensure the individual is



appropriately identified on waiting lists for the program and services the individual is eligible to receive.

The Department randomly reviews individuals on the waiting list for the HCBS-DD waiver 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 only individuals in need of services immediately are identified on the ASAA waiting list and remove those from Safety Net waiting lists when they are no longer in need of services offered by the specific waiver. The Department has refined the way it manages and tracks data through updated and consistent reporting. This allows the Department to more effectively authorize enrollments and request increases in allocations when necessary.

The Department continues to work with CCBs to refine the exceptions to the process for waiting lists through ongoing technical assistance. The Department has created informational documents detailing enrollment exceptions to the waiting list and categories of enrollments. These documents are available to CCBs and all stakeholders by accessing the Departments external website. Due to the Department's extensive tracking of authorizations and enrollments into the HCBS-DD waiver, in FY 2019-20 the Department implemented rule 10 CCR 2505-10 8. 500.7.I. which states "A person shall accept or decline the offer of enrollment within thirty (30) calendar days from the date the enrollment was offered." This has allowed the Department to offer the authorizations which were declined to the next person on the waiting list in a more timely manner. The department also tracks the number of days it takes for an individual to complete enrollment into the waiver. In FY 2017-18 the average number of days for an individual to enroll was 78, in contrast for FY 2019-20 the average number of days is 45.

To ensure stakeholders' access to accurate, clear, and consistent information, the Department has created web pages for key initiatives:

- [Waiting List and Enrollments](#)
- [Waiver Redesign](#)
- [Case Management Redesign \(includes Conflict-Free Case Management\)](#)
- [Consumer Direction in the HCBS-SLS Waiver](#)



- [HCBS Settings Final Rule](#)

Updates to these pages are communicated in memos and posted to the Memo Series webpage. All communications are posted on the Department's website and individual web pages accordingly. Pages can include a submission option for comments, and links to the services and supports for which the Department has oversight.

HB14-1051 requires the Department to review the current statutory definition of waiting list for recommended changes. The Colorado Revised Statutes currently define 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” C.R.S. § 25.5-10-202(38). This broad definition grants the Department significant latitude in developing administrative procedures according to specific programmatic requirements, and there were opportunities for improvement in Department administration and oversight of the waiting list. These opportunities were explored by the Department through contracted work completed in FY 2016-17 by the LNuss Group. The Department contracted with the LNuss Group to research and propose revisions to waiting list statute, Department regulations and procedures, and to provide a cost-effective and informed solution for Colorado to effectively and equitably manage the HCBS-DD waiting list. An initial report provided to the Department on May 16, 2017 included research on comparable I/DD waiver services waiting list management practices in other states, and a preliminary review of Colorado’s waiting list management practices. The final report on specific observations and eight recommendations can be found on the Department’s external website under the Waiting List and Enrollments section.⁵

Those eight recommendations were heavily reviewed and influenced several of the changes over the past fiscal year. Majority of these recommendations have been implemented, in relation to the management of the current HCBS-DD ASAA waiting list and reserve capacity enrollments. The Department’s redesigning of waivers as well as its development of a comprehensive LTSS

⁵ <https://www.colorado.gov/pacific/hcpf/IDD-Services-enrollments-waitlists>



needs assessment and support planning process will complete the implementation of these recommendations.

G. 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, HCBS-SLS, and HCBS-CHRP waivers. During the 2019 legislative session, the Joint Budget Committee authorized an additional 150 enrollments from the waiting list. The Department completed these enrollments during FY 2019-20. The Department is expecting to authorize 411 reserved capacity enrollments during FY 2020-21. In addition to the 411, the Department will continue to authorize enrollments when spots become available from churn. The Department remains committed to making progress on the enrollment goal outlined in HB14-1051. The Department is requesting reserve capacity enrollments in its annual November 1, 2020 Budget Request R-5, “Office of Community Living Cost and Caseload Adjustments.”

During the 2019 legislative session, the Department received approval for its FY 2018-19 R-16 Employment First Initiatives and State Only Programs for People with I/DD Budget Request. The request included several components:

- Create the Colorado Office of Employment First
- Provide resources for the Division of Vocational Rehabilitation to address and implement Employment First Advisory Partnership (EFAP) recommendations
- Conduct a supported employment pilot program
- Eliminate the waiting list for the State SLS program
- Enroll 272 into FSSP from the waiting list.

Implementing the R-16 budget request will use \$8.1 million of I/DD Cash Fund money over three years to fund Employment First initiatives and improve State programs for people with I/DD.

Between FY 2013-14 and FY 2019-20, the Department distributed \$16,758,890 in enrollment and onboarding and system capacity funding to the 20 CCBs in Colorado and \$3,271,130 to non-CCB HCBS-SLS service providers. The purpose



of these funds was to help CCBs enroll and serve new individuals in the HCBS-SLS and HCBS-CES waivers and help providers build capacity. CCBs and service provider agencies were required to report to the Department how these funds were expended. Allowable expenditures included rent/lease payments, vehicle purchase/lease, recruiting/hiring, professional development, staff equipment, staff supplies, program advertising, program research and development, program equipment, program supplies, and capital expenses. CCBs and provider agencies reported that the majority of the funds distributed were used to recruit, hire, and train additional staff. FY2019-20 will be the last data point for this enrollment and onboarding funding. Starting with FY2020-21, pre-enrollment costs were built into the CCB rates. Any future update will be based on specific funding earmarked by the General Assembly for these purposes.

V. Legislation: Access to Disability Services, Waiver Redesign, Conflict-Free Case Management, Crisis Pilot, and Person-Centered Planning

The Colorado General Assembly has authorized legislation further supporting the strategies identified in HB14-1051 and helping to modernize the service delivery system for HCBS waivers for children and adults with I/DD. The Department has been working diligently on waiver redesign, Conflict-Free Case Management, a cross-system crisis pilot, person-centered planning, and most recently, access to disability services. Below are some highlights of the legislation.

A. House Bill 18-1407

The bill requires the Department to initiate 300 non-emergency enrollments from the waiting list for the HCBS-DD waiver in FY 2018-19. In June 2018, the Department authorized the first 300 individuals from the ASAA HCBS-DD waiver waiting list. During this time, the Department also promulgated rules establishing additional criteria for reserve capacity enrollments based on the age and capacity of a person's parent or caregiver. In addition, to build towards a stable workforce in the future and to make the ease of accessing disability services more effortless, the Department is working on service delivery innovation by (1) incorporating and promoting technology advances within our HCBS services in order to improve service delivery and increase access where possible and (2) aligning all applicable HCBS services and associated provider



qualifications across all HCBS waivers. These innovations will serve to simplify and streamline the HCBS system, making accessing services more straightforward, and to build provider capacity to serve all populations. Additionally, the Department is working collaboratively with the Lt. Governor's Health Cabinet on various initiatives aimed at improving training for direct care workers.

As required by the bill, as of July 2018, the Department now includes in the monthly caseload and premiums expenditure report to the Joint Budget Committee the number of persons who were authorized to enroll into the HCBS-DD waiver from the ASAA HCBS-DD waiting list through both non-emergency enrollments and reserve capacity enrollments.

The bill also required the Department to seek federal approval for a 6.5 percent increase in the reimbursement rate for certain services specified in the bill that are delivered through HCBS-DD, HCBS-SLS, and HCBS-CES waivers. Service agencies shall use 100 percent of the funding resulting from the increase in the reimbursement rate to increase compensation for direct support professionals, as defined in the bill.

The Department has implemented regulations through the Medical Service Board to guide providers with disbursement of the increased funding. Per HB18-1407, providers must track how they used funding from the increase in reimbursement rates and thereby stabilize the direct support professional workforce. Service agencies shall maintain all books, documents, papers, accounting records, and other evidence required to support the reporting tracking of payroll information for increased compensation to direct support professionals.

HB18-1407 states that once the Department determines a sufficient quantity and quality of data exists to determine the impact and outcomes attributed to the increase in the reimbursement rate the results will be included in this report. This information will detail in what ways outcomes for persons with I/DD have changed as a result of the increase in reimbursement rates, multiyear personal outcome data specific to Colorado and in comparison to other states and data from the National Core Indicator (NCI) Staff Stability Survey.



The Department participated in the NCI Staff Stability Survey with 25 other states and the District of Columbia in FY 2018. NCI is a collaboration between the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the Human Services Research Institute (HSRI), and participating state developmental disability agencies. The NCI Staff Stability Survey collects comprehensive data on the Direct Support Professional (DSP) workforce providing direct support to adults (age 18 and over) with intellectual and developmental disabilities. The survey will ultimately help establish a baseline of workforce data and will continue to be conducted every year to measure progress. The Department submitted the results of the Staff Stability survey for FY2019 in September 2020 and currently does not have multi-year personal outcome data specific to Colorado and a comparison to other states.

B. Senate Bill 19-238

Among other requirements, SB 19-238 mandated the development of stakeholder-driven recommendations concerning training and notification practices for employees providing homemaker services, personal care services, and in-home support services. The Department, in partnership with the Department of Public Health and Environment (CDPHE), launched an initiative to establish a Training Advisory Committee (TAC), to gather key stakeholder input and develop specific and actionable recommendations related to minimum training requirements, initial and ongoing training requirements, specialized training topics, worker notification of pay increases, and training enforcement. The [Training Advisory Committee Report](#) can be found here. The Department has begun working to implement the TAC Recommendations, including development of a state training pilot program for direct care workers in partnership with Skill Advance Colorado and the Colorado Community College System.

C. House Bill 15-1318

HB15-1318 requires the Department to establish a single consolidated Medicaid waiver for HCBS for adults with I/DD. In-line with HB14-1051, the Department is redesigning a consolidated waiver to enroll and serve more individuals from the HCBS-DD waiver waiting list. The Department will accomplish this through the single waiver's flexibility and accurate allocation of resources. The consolidated waiver has not yet been implemented, but the Department has

developed a full array of proposed services and is reinforcing them with analysis of the waiver’s programmatic, operational, and fiscal impact. The Department has informed the redesign by engaging internal and external expertise, state and federal partners, and community stakeholders.

In Fiscal Year 2020-2021, the Department will continue to move towards a consolidated waiver by using stakeholder developed Service and Coverage Standards as a guide for alignment of HCBS services and associated provider qualifications across all applicable HCBS waivers. This will serve to simplify and streamline the HCBS system and to build provider capacity to serve all populations, including those who will access the IDD consolidated waiver.

The bill also directs 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 Department submitted the plan on July 1, 2016, which was followed up with legislation (HB17-1343) in 2017.

D. House Bill 17-1343

The Colorado General Assembly continued its commitment to conflict-free case management and approved HB17-1343, changing the I/DD statute to include a definition of conflict-free case management. HB17-1343 also requires the Department and I/DD system to be conflict-free by July 1, 2022, to create a third-party entity to assist individuals in choosing their case management agency and develop case management agency and case manager qualifications. After extensive stakeholder engagement, the regulations for qualifications along with the process for selecting a Case Management Agency went into effect August 30, 2019. The Department, over the past four years, has done significant stakeholder engagement regarding Conflict Free Case Management. Over the past two years stakeholders have started to raise significant concerns regarding Conflict Free Case Management and the required steps to implement Conflict Free Case Management in Colorado. In January of 2019 the Department engaged stakeholders to discuss the future of case management in Colorado and how to ensure we are moving forward with a path that will build a high performing case management system that is grounded in five key outcomes; federal compliance, quality, simplicity, stability and accountability.



The five outcomes were developed in partnership with a broad set of stakeholders and will be accomplished by an effort called Case Management Redesign which incorporates Conflict Free Case Management. The Department is committed to working with stakeholders as we develop and implement Case Management Redesign.

The Department continues to work with the Centers for Medicare & Medicaid Services (CMS) on Conflict-Free Case Management (CFMC) as a component of Case Management Redesign. CMS understands the importance and complexity of implementing Case Management Redesign and CFMC at the same time to prevent the case management system from having to make multiple systemic changes through consecutive years.

As such, CMS has provided the Department with verbal approval to extend Colorado's date to come into compliance with CFMC while seeking an approved waiver amendment. The Department believes implementing Case Management Redesign and CFMC together will avoid significant disruption and burnout for members, stakeholders and the current case management system.

To implement Case Management Redesign, including CFMC, and achieve the five key outcomes of a high performing case management system, the Department must make changes to the way we oversee, contract, and pay for case management services as laid out in current statute and will need to modify statute.

E. Senate Bill 16-192

HB14-1051 requires the Department to include administrative procedures to support the goal of the strategic plan. Since 2014, the Department has been working to transform tools used in Colorado to assess and develop support plans for all individuals receiving long-term services and supports (LTSS). SB16-192 directs the Department to select a needs assessment tool by July 1, 2018. The Department, in collaboration with stakeholders, has selected and customized a new process for eligibility determination, needs assessment, and support planning that reflects its current program operations while being flexible and comprehensive enough to support the major systems change efforts.

The Department has piloted the eligibility determination, needs assessment, and support planning process with individuals seeking and receiving LTSS, while concurrently making improvements to the content of and the automation of the tools. The enhanced support planning process takes full advantage of the opportunities created by having a reliable and comprehensive assessment that includes not only support needs, but strengths and preferences. The combination of the new assessment and support planning processes are an essential first step in fulfilling the Department's vision of a person-centered system that assists individuals in attaining their personal goals while fairly and efficiently assigning resources. The Department's planned implementation date for the new assessment and support planning process is July 2021.

F. No Wrong Door Initiative

The Department concluded the No Wrong Door pilot site project, submitting the final report to the Administration on Community Living (ACL) in January 2020. The project successfully identified lessons learned through best practices that will inform the Department's overall Case Management Redesign effort. Initially the Department sought to create a long-term services and supports system model that could be replicated across regions. The pilot sites demonstrated that local challenges require systemic solutions that allow for flexibility. Each region took a vastly different approach to communication and maximization of resources. While this made an evaluation of the fiscal requirements of such a system difficult, it provided insight into the value of streamlined processes and communication. Focusing initially on the Medicaid platform, the Department is building a case management model that will provide streamlined access to all LTC Medicaid programs.

G. House Bill 15-1368

Another key component of the strategic plan is strengthening collaboration with the Colorado Department of Human Services to streamline mental and behavioral health services for individuals with I/DD and to address gap in services. HB15-1368 created a Cross System Response for Behavioral Health Crisis Pilot Program (CSCR Pilot) for individuals with co-occurring I/DD and mental/behavioral health needs to ensure timely access to necessary mental and behavioral health services. The bill authorized funding to deliver and coordinate crisis intervention, stabilization, and follow-up services not covered

in either the behavioral health system or waivers for adults with I/DD. HB15-1368 also requires the Department to build on the statewide behavioral health crisis system supported by the Colorado Department of Human Services. Services were provided to eligible individuals irrespective of payer source.

The CSCR Pilot ended its operational phase in 2018 and was effective in addressing the behavioral and mental health service gaps that individuals with I/DD face when seeking crisis services.

The Department submitted its final Legislative Report on July 1, 2019, which identified barriers to mental/behavioral health services within five general categories: diagnosis, training, crisis stabilization, care coordination, and collaboration. A series of best practices and recommendations was developed for serving individuals diagnosed with I/DD. HCPF's Implementation Specialist continues to implement the CSCR Pilot recommendations, with special considerations respecting the impact and requirements of COVID-19. This includes, but is not limited to: assisting in developing training for professionals to provide a deeper understanding of diagnosing and treating individuals with I/DD and behavioral/mental health diagnosis; working with Regional Accountable Entities to encourage the use of the Diagnostic Manual: Intellectual Disability, Second Edition (DM-ID-2) when diagnosing mental/behavioral health needs in persons with I/DD; and contributing to the Governors Behavioral Health Task Force to ensure that persons with I/DD, and other cognitive needs, are able to access necessary mental/behavioral health services.

VI. Conclusion

The progress made by the initiatives of HB14-1051 and legislation outlined above continue to align with the Department's overall performance plan, including initiatives that focus on the member, communications, processes, and financing. Specifically, the Department continues to innovate and utilize strategies for:

- member outreach
- developing system capacity and access
- improving transparency of our system
- increasing communication and collaboration with stakeholders, as well as other state agencies



- improving processes related to waiting list management
- utilizing budgets to more effectively achieve enrollment goals

While the goal of fully eliminating the HCBS-DD waiver waiting list in order to ensure timely access to services for all eligible individuals by July 1, 2020 has not been achieved due to budgetary constraints, the Department reaffirms its commitment to helping all Coloradans live and work in the communities of their choosing with their friends and loved ones. This has been shown through the tremendous progress the Department has made with authorization of enrollments into the HCBS-DD waiver, State SLS and FSSP this past year. 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 I/DD. 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.

The strategic plan was to include specific recommendations and annual benchmarks for achieving the enrollment goal (and thereby eliminating the waiting list) by July 1, 2020. The Department has worked diligently over the past 5 years to implement nearly every original deliverable in the initial strategic plan and regularly provided budget recommendations that would be necessary for the Department to achieve its enrollment goal. However, due to budget constraints and more recently the significant impact of the Public Health Emergency on the states budgetary environment, the Department has not been able to achieve its enrollment goal and fully eliminate the waiting list by providing access to services for individuals with I/DD. As the original strategic plan was developed with a July 2020 end date, the Department will use this opportunity to develop a comprehensive update to the strategic plan with newly aligned deliverables and benchmarks for achievement given the realities of our states budget shortfalls. The Department will continue to implement current legislation that improves individual's ability to access services at the time they need and want services.

