



**COLORADO**  
Department of Health Care  
Policy & Financing

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

November 1, 2021

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 Liaison, Jo Donlin, at [Jo.Donlin@state.co.us](mailto:Jo.Donlin@state.co.us) or 303-866-2573.

Sincerely,



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Kim Bimestefer  
Executive Director

KB/KA

Enclosure(s): Health Care Policy and Financing 2019 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)

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

**November 1, 2021**

**Submitted to: Colorado General Assembly**





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## I. Executive Summary

House Bill (HB) 14-1051 required 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”<sup>1</sup> 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 timely enrolled in services by the year 2020, and the Department has implemented the majority of those initiatives. Significant 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).

While the original strategic plan has concluded, the Department is still legislatively required to report on data and information pertaining to the remaining waiting lists in Colorado. As there is continued support to increase access to services for individuals with I/DD through funding and new legislation from the legislature, the Department will continue to report on additional initiatives and legislation that speak to the overall goal of the original legislation, to afford access to the right services at the right time for all individuals in Colorado with I/DD.

Chart 1 and Table 1 below show enrollment in and waiting lists for programs that have served people with I/DD<sup>2</sup> since 2014. Over the past seven years, the Department has grown enrollment in these programs by 59 percent, and reduced waiting lists by 68

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

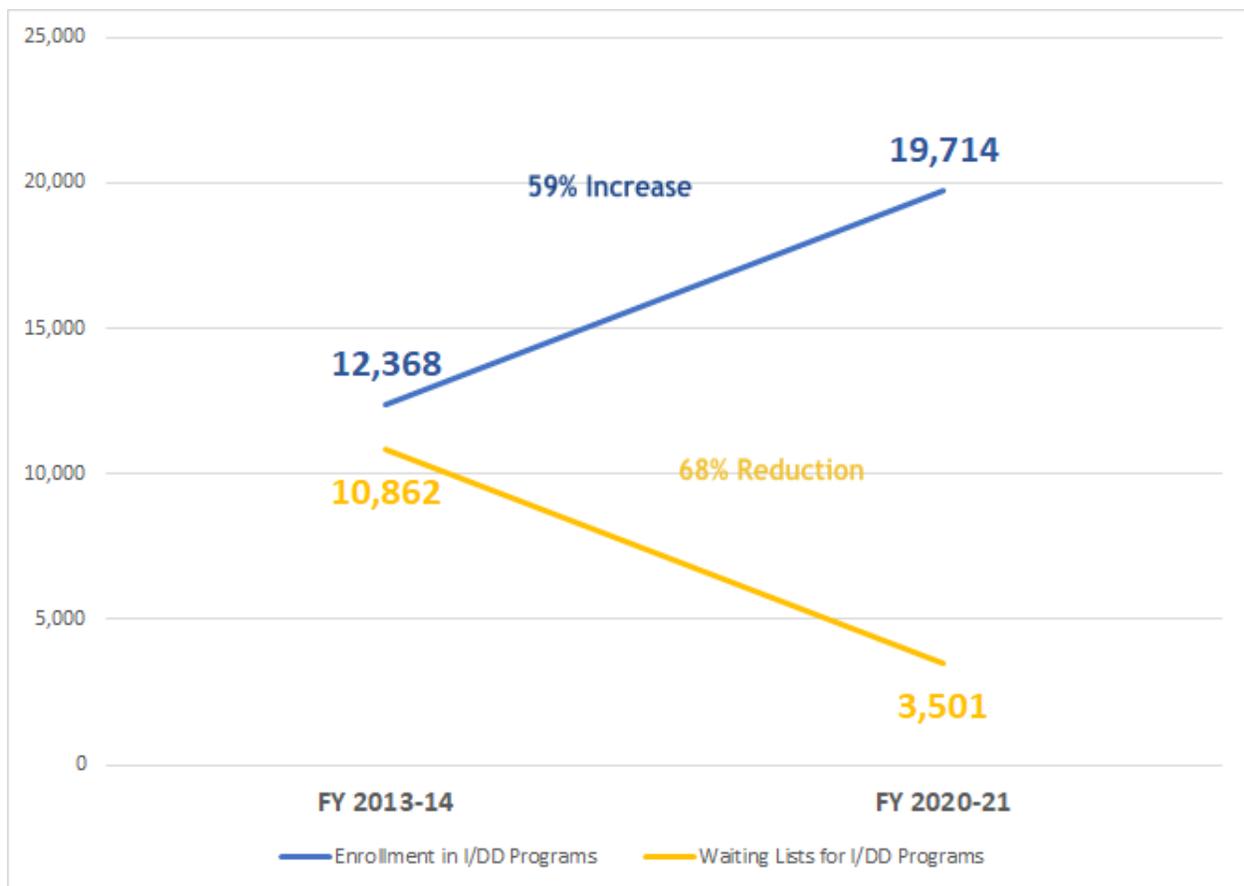
<sup>2</sup> Programs include: Home and Community-Based Service (HCBS) waivers for Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), Children’s Extensive Supports (HCBS-CES), State Supported Living Services (State SLS), and Family Support Services Program (FSSP)



percent. However, due to budget constraints and increased interest and awareness of these programs, there continues to be waiting lists for one HCBS waiver and one state funded program.

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.

Chart 1. Enrollment & Waiting Lists in I/DD Programs, FY 2013-14 & FY 2020-21



Total enrollment in the three waivers targeted to individuals with I/DD grew 60 percent between FY 2013-14 and FY 2020-21 (HCBS-DD by 45 percent, HCBS-SLS by 40 percent, and HCBS-CES by 187 percent). Overall growth, including state funded programs grew by 59% as shown in the graph above.



**Table 1. Enrollment & Waiting Lists for I/DD Programs, FY 2013-14 to FY 2020-21**

Enrollment in I/DD Programs							
	DD	SLS	CES	FSSP	State SLS	DD & SLS	Total
FY 2013-14	4,848	3,519	800	2,383	818	N/A	12,368
FY 2020-21	7,048	4,949	2,299	4,802	616	N/A	19,714
% Change	45%	40%	187%	101%	-24%		59%
Waiting Lists for I/DD Programs							
	DD	SLS	CES	FSSP	State SLS	DD & SLS*	Total
As of 8/30/14	1,454	954	331	7,067	206	850	10,862
As of 6/30/21	2,819	0	0	682	0	0	3,501
% Change	52%	-100%	-100%	-90%	-100%	-100%	-68%

*Data Source: Community Contract Management System, June 30, 2021 \*DD&SLS is how waiting list records were documented in 2014 when there was a waiting list for both programs*

The acronyms in the chart above are as follows:

- Persons with Developmental Disabilities (HCBS-DD)
- Supported Living Services (HCBS-SLS)
- Children’s Extensive Support (HCBS-CES)
- State-Funded Supported Living Services (State SLS)
- Family Support Services Program (FSSP).

## II. Background

House Bill (HB) 14-1051 required 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”<sup>3</sup> 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 individuals with I/DD, which has enabled Coloradans to reside in communities of their choosing and in the least restrictive setting possible.

The Department operates ten HCBS Medicaid waivers under authority granted by the Colorado General Assembly to help people live in the community. Four of the 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).

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. The State SLS program provides assistance to individuals

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



who can live independently with limited support. 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 the HCBS-SLS and HCBS-CES waivers and State SLS. The HCBS-DD waiver and FSSP continue to have waiting lists.

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.

### **COVID-19 Impact**

The Department continued to respond to the evolving COVID-19 pandemic throughout FY20-21 in an effort to protect those most impacted. Minimizing risk for members and supporting providers continued to be the primary focus. The Department leveraged its regulatory flexibilities to adjust the way in which services were delivered, such as providing case managers within the Community Centered Boards (CCBs) and Single Entry Point Agencies (SEPs) the ability to minimize face-to-face contact by collecting signatures digitally and utilizing technology to perform annual re-assessments.

Rate increases for providers were also continued in an effort to ensure provider solvency as their business models adapted to the changing service landscape brought on by the pandemic.

Finally, in the spring of 2021, the passage of the American Rescue Plan Act (ARPA) allowed the Department to propose additional initiatives to aid in pandemic recovery and stabilization. The ARPA funds also present an opportunity to leverage increased federal funding to invest in innovative and transformative initiatives that will reimagine the HCBS system for the future for individuals with I/DD.



## IV. Progress Towards Reduction of the Waiting List

As outlined in the 2014 strategic plan<sup>4</sup> 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 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.”

### 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 2 details the number of individuals needing services immediately who are waiting for an enrollment authorization. As of June 30, 2021, the ASAA waiting list for HCBS-DD

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<sup>4</sup> [2014 HCPF IDD Strategic Plan](#)

waiver services had 2,819 individuals listed; 43 percent (1,217) of those were newly placed on the ASAA waiting list during FY 2020-21, and 1,602 individuals were carried over from the previous year’s ASAA waiting list.

**Table 2.** Individuals Needing Services As Soon As Available, Waiting for Enrollment Authorization, FY 2020-21

Program	Unduplicated Number of Individuals
HCBS-DD ASAA	2,819
<i>Newly added to HCBS-DD Only July 1, 2020-June 30, 2021</i>	1,217
HCBS-DD Safety Net	3,889
HCBS-SLS	0
HCBS-CES	0
State-funded Supported Living Services	0
Family Support Services Program	682

Data Source: Community Contract Management System, June 30, 2021

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 3 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. All enrollments have been authorized and the CCBs are currently working to complete the enrollment process.

**Table 3.** Individuals Authorized for Enrollment, Not Yet Enrolled, Internal Management, as of Jun 30, 2021

Program	Unduplicated Number of Individuals
HCBS-SLS Internal Management	171



Data Source: Community Contract Management System, June 30, 2021

Table 4 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. There are no individuals on the State-Funded SLS program waiting list and, while there are 682 individuals on the FSSP program waiting list, nearly half are receiving some Medicaid services while waiting for FSSP funding. Of the 2,819 individuals on the HCBS-DD ASAA waiting list, 89 percent are currently receiving some Medicaid services while they wait for authorization to enroll. As of June 30, 2021, 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 six. This is a three 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 the fourteenth (14) birth date if a child is determined to have a developmental disability by the CCB prior to the age of fourteen.

**Table 4.** Individuals Waiting for Services as Soon as Available or Internal Management Who Are Receiving Other Medicaid Services, June 30, 2021

	HCBS-DD ASAA	HCBS-SLS Internal Management	Family Support Services Program	HCBS Safety Net
Unduplicated Number of Individuals	2819	171	682	3889
% Receiving Some services	89%	67%	44%	78%
% Receiving Waiver Services	75%	22%	9%	58%



<b>% Receiving Dental Services</b>	26%	15%	20%	24%
<b>% Receiving Inpatient Services</b>	2%	0%	1%	2%
<b>% Receiving Long Term Care Services</b>	0%	1%	0%	1%
<b>% Receiving Outpatient Services</b>	37%	32%	28%	30%
<b>% Pharmacy Services</b>	39%	30%	22%	29%
<b>% Receiving Professional Services</b>	62%	54%	41%	54%
<b>% Receiving FSSP Services</b>	12%	11%	N/A	9%
<b>% Receiving State SLS Services</b>	4%	2%	0%	5%

*Data Source: Community Contract Management System and Medicaid Management Information System, June 30, 2021*

### Safety Net Waiting List

There are currently 3,779 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 feel they need outside assistance, or they are currently residing out of the state but may move back. The Safety Net Waiting list is detailed in Table 5.



**Table 5.** Safety Net Status, July 30, 2021

Program	Unduplicated Number of Individuals
HCBS-DD Only	3,779
HCBS-SLS Only	230
Both HCBS-DD and HCBS-SLS Lists	81

*Data Source: Community Contract Management System, June 30, 2021*

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 authorization of HCBS-DD waiver churn on a monthly basis has encouraged individuals to change their timeline for needing access to services from Safety Net to ASAA. This practice of monthly churn authorizations has only been completed over the past 3 years. With the growing number of individuals moving 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.

### Enrollment in I/DD Programs

While the waiting list for the HCBS-DD waiver continues to grow, new individuals are enrolling into the waiver programs every year, increasing the number of individuals who have access to the support and services they need. Table 6 details the number of new individuals added to each waiver over the last three fiscal years. In Fiscal Year 20-21 the management of the Children’s Residential Habilitation Program waiver was transferred from the Department of Human Services to the Department. This is the first year we have enrollment data for this waiver.

**Table 6.** Number of New Enrollments into the Home & Community Based Waivers, FY 2017-18 through FY 2020-21

	HCBS-DD	HCBS-SLS	HCBS-CES	HCBS-CHRP	Total



FY 17-18	332	719	358	NA	1409
FY 18-19	869	565	362	NA	1778
FY 19-20	700	539	364	NA	1569
FY 20-21	502	590	364	86	1521

Data Source: Medicaid Management Information System, June 30, 2021

Since May of 2018, the Department has been able to offer 2,664 individuals from the HCBS-DD ASAA waiting list an authorization to enroll into the waiver. The FY 18-19 increases reflected in Table 6 were made possible through HB 18-1407 (300 enrollments), Long Bill for FY 19-20 (150 enrollments), the monthly churn, Reserve Capacity and individuals who declined the authorization so it could be offered to the next person on the waiting list.

An alternative to the ASAA waiting list method to receive an authorization to enroll in the HCBS-DD waiting list is through Reserve 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. There were 237 emergency enrollments authorized in FY 2020-21. Youth Transition enrollments include youth transitioning from CHRP, CES or Foster Care into adult waivers. These enrollments accounted for 224 enrollments in FY 2020-21. In FY 2020-21, 22 enrollments were Deinstitutionalization enrollments. 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) and Regional Centers) who want to receive services in the community. Non-reserve capacity enrollments include enrollments authorized from the waiting list through churn or from legislative appropriations; 276 in FY 2020-21.

**Table 7.** HCBS-DD Waiver Reserve Capacity & Non-Reserve Capacity Enrollments, FY 2020-21

Type of Enrollment	Enrollments
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Emergency	237
Youth Transition	224
Deinstitutionalization	22
Waiting List	276
<b>Total</b>	<b>759</b>

*Data Source: Internal Case Management Division Tracking, June 30, 2021*

The Department continues to authorize enrollments from the ASAA HCBS-DD waiver waiting list through identified churn at a rate of approximately 19 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 authorized a one-time appropriation for new enrollments into the HCBS-DD waiver, these authorizations will be based on 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 is only used 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 reserve capacity or churn.



On May 17, 2021 SB21-205, the “Long Bill”, was signed by Governor Polis. The Long Bill included a one-time appropriation for 667 new enrollments into the HCBS-DD waiver from the As Soon As Available waiting list with an additional \$1,200 to go directly to CCBs for capacity building for each enrollment they are authorized. As of September 1, 2021, 93 of the 667 authorizations (14%) have declined the offer to enroll into the HCBS-DD waiver. Among those 93, the primary reason for refusal (26%) is individuals reporting they are happy with their current services in either the Home and Community Based Services Elderly Blind Disabled (EBD) waiver or SLS waiver. Table 8 outlines how the 667 enrollment allocations were distributed across the state to all 20 CCBs based on the newly developed per capita methodology described above. There were four CCBs who had fewer individuals on their As Soon As Available waiting list than the designated allocation. These authorizations were assigned to the next person on the State-wide Waiting List (7 authorizations).

**Table 8.** Distribution of FY 2021-22 New Enrollments Across State-Wide CCBs

CCB	Population	Percentage of Population	Allocation
Blue Peaks	47,040	0.82%	5
Colorado Bluesky	168,110	2.92%	19
Community Connections	99,197	1.72%	11
Community Options	105,360	1.83%	12
Developmental Disabilities Resource Center	630,019	10.93%	73
Developmental Pathways	1,008,350	17.49%	117
Eastern	113,541	1.97%	13
Envision	323,763	5.62%	37
Foothills	356,938	6.19%	41
Horizons	62,312	1.08%	7
Imagine	397,926	6.90%	46
Inspiration Field	24,313	0.42%	3



Mountain Valley	141,075	2.45%	17
North Metro	517,885	8.98%	60
Rocky Mountain Human Services	729,239	12.65%	84
Southeastern	22,871	0.40%	3
Southern	21,347	0.37%	3
Starpoint	73,065	1.27%	9
Strive	154,933	2.69%	18
The Resource Exchange	766,692	13.30%	89
<b>Total</b>	<b>5,763,976</b>	<b>100.00%</b>	<b>667</b>

### State-Funded Programs

State SLS and FSSP are funded with General Funds only and provide services to children and adults with I/DD that cannot access them by other means. The goal of both programs is to support people to remain living in their community. 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 greatest need.

The Department implemented a new payment and allocation methodology that went into effect July 1, 2020. This included the development of administrative, case management, and service rates as well as a more effective way of allocating funds to the CCBs to better serve individuals in need of services. As of July 1, 2021, there were zero people waiting for State SLS and 682 waiting for FSSP. The Department will continue to monitor the programs and redistribute funding between the CCBs to



further reduce individuals on the waiting list and address unmet needs throughout the fiscal year. The additional funding appropriated by the General Assembly is set to expire June 30, 2022. The Department is requesting to maintain the current funding level for these programs through FY 2022-23 R-10, “Office of Community Living (OCL) Program Enhancements.”

## **Waiting Lists Management**

Community Center 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 monitors this requirement by randomly reviewing 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 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 Department’s external [Waiting List and Enrollment](#) 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.” If a member does not accept or decline in 30 days, they can request an extension of an additional 30 days. If they still do not accept or decline they can be moved to the Safety Net waiting list or be removed from the waiting list. A member can always maintain their placement date on the waiting list. 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 to FY 2019-20, when the average number of days was 45. Unfortunately, due to COVID safety precautions the average number of days to enroll increased to 180 days (six months) in FY 2020-21.

### **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 2021 legislative session, the Joint Budget Committee authorized an additional 667 enrollments from the waiting list. The Department expects to complete these enrollments over FY 2021-22 and FY 2022-23. The Department is expecting to authorize 411 reserve capacity enrollments during FY 2021-22. 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.

Between FY 2013-14 and FY 2019-20, the Department distributed \$16,758,890 in enrollment, 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. FY 2019-20 will be the last data point for this enrollment and onboarding funding. Starting in FY 2020-21, 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 and Initiatives

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 several pieces of legislation and initiatives. Below are some highlights of this work.

### **Children's Habilitation Residential Program (CHRP) Waiver Expansion**

Per HB 18-1328, the Children's Habilitation Residential Program (CHRP) Waiver has been expanded to include children and youth ages birth (0) to twenty-one (21) who have an I/DD and very high needs and are not in child welfare. The waiver also now includes two new services to be used to provide supports as youth transition into adulthood. The new services provide wraparound support and in-home learning opportunities to support the child or youth to remain in the family home or to return to the family home after out-of-home placement.

The changes to the waiver were effective July 1, 2019. Since then, new enrollments to the CHRP waiver have increased substantially from 2019 enrollment numbers too low to report due to privacy requirements, to over 170 participants in July 2021. Changes contributed to children and youth being able to remain in the family home, return to the family home after out-of-home placement, and return to Colorado from out-of-state placement. HCPF anticipates that continued growth in utilization of this waiver will delay enrollments of individuals aged 18-20 to the HCBS-DD waiver.

### **Access to Disability Services and Stable Workforce**

House Bill 18-1407 required 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. 68 of the initial 300 declined the resource (23%). There had not been significant movement on the waiting list for a long time, for this reason several individuals' waiting list records were not accurate. During this time, the Department



also promulgated rules establishing additional criteria for reserve capacity emergency enrollments based on the age and capacity of a person's parent or primary caregiver.

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 were required to 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.

Providers were required to track and report to the Department how they used funding from the increase in reimbursement rates and thereby stabilize the direct support professional workforce. Of the providers who reported for year one of the wage pass-through, 44% of the funds were passed through to the workers as wages, 37% as contract agreements, 13% as bonuses, 3% as payroll taxes, 1% as health insurance benefits, and less than 1% as paid time off, other fixed or variable benefits, retirement plans, legal plans, life insurance policies, tips, child care, and fringe benefits. Service agencies are required to maintain all books, documents, papers, accounting records, and other evidence required to support the reporting and tracking of payroll information for increased compensation to direct support professionals. The Department is conducting reviews of providers to ensure funding is passed through as required. The Department is actively reviewing all providers who failed to report as required and is issuing corrective action or recouping funding as necessary. As of July 1, 2021, seven reviews have resulted in a recovery of funds, ten reviews resulted in providers being fully compliant, and one review resulted in a corrective action.

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 26 other states and the District of Columbia in FY 2019. 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 I/DD. The survey will ultimately help establish a baseline of workforce data and will continue to be conducted every year to measure progress. The Department has participated in the NCI survey in [2018](#) and [2019](#) and has produced a report that consists of multi-year outcome data specific to Colorado and compared with the national average of other states. When available, the 2020 report from participation in the NCI survey will be posted on the Department website. The Department has also produced At-a-Glance reports for [2018](#) and [2019](#), which can be found at the [Department's website](#).

Finally, 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.

## **Employment - Integrative Supportive Employment and Elimination of Subminimum Wage Employment**

### *Integrative Supportive Employment*



In 2019 Colorado became an Employment First state through the passage of Senate Bill 16-077, “Employment First for Persons with Disabilities.” The R-16 Budget Request will support this effort by using \$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.

Employment First is centered on the premise that all persons, including those with significant disabilities, are capable of full participation in real work for real pay. Prior to the COVID-19 Pandemic, 80% of individuals with an I/DD were unemployed or underemployed. There is evidence that employment is a major factor in better mental and physical health and that individuals who are employed and utilizing HCBS services show a tendency to use less Medicaid services and supports, while finding a pathway out of poverty. For these reasons the Department continues to be committed to Employment First and has worked closely with our state partners and stakeholders through the Employment First Advisory Partnership (EFAP) to improve the access and the quality of Supported Employment supports and services.

Since 2019, some milestones that have resulted from this legislation and Department initiatives include:

- Improved sequencing of services between the Department and the Colorado Department of Labor and Employment Division of Vocational Rehabilitation, which allows a seamless employment process for individuals enrolled in the Home and Community Based Services (HCBS) Developmental Disabilities (DD) or Supported Living Services (SLS) waivers.
- Improved provider requirements, including ensuring Employment Specialists are nationally certified in Supported Employment best practices. The Department can reimburse Supported Employment providers for the cost to send their staff to these professional development trainings.
- The creation of an Incentive Based Supported Employment Pilot, where the Department is testing payment reforms that increase quality and independence for members, incentivizes providers to support waiver members with finding community-based employment, and delivers the service at a lower cost to the state.



- The creation of the Office of Employment First, which supports the state with implementation of Supported Employment best practices.

### *Elimination of SubMinimum Wage Employment*

During the 2021 legislative session, Senate Bill 21-039, “The Elimination of Subminimum Wage Employment” was passed and directs the Department to support Colorado with transitioning away from the use of Subminimum wage. Subminimum wage is a Federal Regulation allowed under Section 14c of the Fair Labor Standards Act. This practice allows employers to pay individuals with disabilities less than minimum wage. Most recently reported, Colorado has 195 total individuals receiving sub-minimum wage. Colorado, through this legislation, will eliminate the use of this practice by 2025. The legislation appropriated \$90,691 to the Department to successfully support waiver members with this transition and ensure there continues to be Community Integrated Employment (CIE) options that pay at least minimum wage and above. In particular, the legislation directs the Department to do the following:

- Seek federal approval by January 1, 2023 to add Buy-in for Working Adults with Disabilities to the Home and Community Based Developmental Disability, creating a standard policy allowing buy-in for all adult waivers in Colorado.
- Seek federal approval to add the following new services to both the Home and Community Based Developmental Disability and Supported Living Services waiver by July 1, 2023:
  - Ongoing Benefits Counseling service
  - Employment Protective Oversight service
- Seek federal approval to move the following services outside the Home and Community Based Supported Living Services waiver Service Plan Authorization Limit by July 1, 2023;
  - Job Coaching-Individual



- Job Development-Individual

The Department believes that through the implementation of these mandates, new services, and changes to existing services the system will not only support waiver members who currently receive subminimum wage to transition to real jobs for real pay, it will also support all waiver members with exploring and engaging in employment. This is important since we know that as more Coloradans with disabilities are employed, their health outcomes improve which leads to less need for higher levels of care.

### **HCBS-SLS Flexibility**

The SLS Waiver Exception Review Process refers to the "Supported Living Services Flexibility" budget request as authorized by the 2021-22 Long Bill SB 21-205.

The Department received approval for this budget request to expand access to care for adults with I/DD who are likely on the waiting list for the Home and Community-Based Services Waiver For Persons With Developmental Disabilities (HCBS-DD) by offering additional long-term services and supports to members enrolled in the Home and Community Based Services Support Living Services (HCBS-SLS) waiver program. The goal of expanding services is to avoid emergency enrollment into HCBS-DD by better meeting individuals' needs. For individuals who demonstrate a need for additional services and supports in the community, this would ensure members are placed in a program that most closely meets their level of care requirements.

The requested funding will be used to offer exceptions to unit limits and Service Plan Authorization Limits (SPAL) to members on HCBS-SLS on a member-by-member basis. Members on HCBS-SLS who have met the total allowable units for a service or have maximized their SPAL could request access to additional services and supports. The member's case manager will submit an exception form to the Department or Utilization Review Contractor (URC) for review of the member's utilization of services and supports and approve the member for additional services beyond their SPAL.

By decreasing the disparity between the services available and the services needed by members on HCBS-SLS with higher-needs, the Department will better ensure that



members currently being served are not being prevented from accessing critically important care by currently imposed limits. With the appropriate level of support in HCBS-SLS, some members may be able to stay in HCBS-SLS for the remainder of their life and never require the move to the enhanced support provided in HCBS-DD, eliminating their need to be on the HCBS-DD waiver waiting list altogether.

As required by SB 21-205, the Department will implement this exception process effective January 1, 2022. The Department hosted three (3) stakeholder engagement opportunities in August and September 2021 to prepare for such tasks as: a required waiver amendment to be approved by the Centers for Medicare and Medicaid Services (CMS), regulation promulgation through the Medical Services Board (MSB), and training/education for community partners and Case Management Agencies (CMAs). The Department provides updates to this process development and implementation on the [Supported Living Services \(SLS\) Exception Review Process](#) webpage.

## Remote Supports

Through SB 21-210, the Department received approval for the expansion of the existing Electronic Monitoring benefit, already authorized in five HCBS adult waivers (Home and Community Based Services Brain Injury (BI) waiver, Home and Community Based Spinal Cord Injury (SCI) waiver, Home and Community Based Community Mental Health Supports (CMHS) waiver, SLS and EBD) to add a remote supports component with an implementation date of January 1, 2022.

When hands-on care is not required, remote supports make it possible for direct care staff to provide supervision, prompting, or instruction from a remote location. Examples of remote supports include technology for cooking safely, overnight support, medication adherence, fall detection and wandering. Using technology instead of residential services can increase independence for members while ensuring safety and support, address workforce shortages by increasing provider efficiency, improve access to care in rural areas, and reduce expenditures by providing services at a lower cost than residential care.

The Department anticipates that the availability of remote supports for individuals on the HCBS-SLS waiver will impact the need for a DD waiver enrollment for some

individuals on the DD waiver waiting list. Increased independence for members is one of the major benefits of a remote supports benefit, allowing a person to live in their own home, without staff or with a reduced staff presence, and with more control of their living companions. Remote supports will reduce the need for the HCBS-DD waiver by allowing members to remain on the SLS waiver and in their home without the need for in-person support. Offering a remote supports benefit has the potential to reduce HCBS expenditures by providing services at a lower cost than residential or in-person care. Remote supports gives the Department an opportunity to modernize electronic monitoring for members, increase efficiencies, improve quality of care and independence for members while achieving cost savings.

### **Case Management Redesign**

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. 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 case management system through Case Management Redesign that is grounded in the five outcomes: federal compliance, quality, accountability, stability, and simplicity.

The Department continuously works with community stakeholders and the Centers for Medicare & Medicaid Services (CMS) on Conflict-Free Case Management (CFMC) as a component of Case Management Redesign. As such, CMS has provided the Department with 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.

The Colorado General Assembly approved HB21-1187 in May 2021, repealing and replacing HB17-1343, which required the Department to implement a third-party broker for conflict free case management. HB 21-1187 requires the Department to achieve a high-performing case management system that creates a person-centered member experience. The goal is to streamline operations, increase administrative



efficiencies, and implement innovative initiatives that further increase stability, quality, and accountability across the state’s system. The bill requires the Department to create catchment areas across the state for case management agencies to provide HCBS case management services and initiate the process for the competitive solicitation for CMAs by December 2022. It also requires Colorado’s case management system to be conflict free by July 1, 2024 and for the Department to develop parameters for exceptions to the conflict free requirements in areas where there is only one willing and qualified entity. The Department is tasked with developing a detailed timeline in collaboration with stakeholders and publishing it by December 2021. Additional policy decisions are being made in collaboration with stakeholders for other areas impacting conflict free case management such as Children’s Home and Community Based Services (CHCBS) waiver, CCB designations, provider capacity, and defining quality case management.

### **Assessment and Person-Centered Support Plan**

Since 2014, the Department has been working to transform the 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 single 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 and automation of the tools. The enhanced support planning process takes full advantage of the opportunities created by having a reliable and comprehensive assessment instrument that includes not only support needs, but strengths and preferences as well. The combination of the new assessment and support plan instruments and the automated process in the new Care and Case Management system 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 full implementation for the new assessment and support planning process is Spring 2022.

## VI. Conclusion

The outcomes and progress made through the strategic plan, created and implemented in response to HB14-1051, as well as by the initiatives and legislation outlined above continue to align with the goals of HB14-1051.

While one of the goals of ensuring timely access to services for all eligible individuals by July 1, 2020 has not been achieved due to budgetary constraints, the Department remains deeply committed to helping all Coloradans live and work in the communities of their choosing. 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 and will make in the coming 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, as well as 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 6 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 the HCBS-DD waiver for all individuals with I/DD who require access to 24-hour supports and supervision. The Department will continue to implement current legislation and new American Rescue Plan Act (ARPA) funding to improve individuals’ ability to access services at the time they need and want services.



Through recent ARPA funding, with a [spending plan](#) approved by the JBC, the Department will begin 72 different projects/initiatives over the coming year, divided into 8 categories all intended to improve the home and community-based services (HCBS) care delivery as well as the health, well-being and satisfaction of the HCBS members and families who we proudly serve. The initiatives were created in partnership with a comprehensive stakeholder process involving about 800 HCBS providers, advocates, elected officials, and others. These projects will set up Colorado's LTSS system to better serve our members, sustain our workforce, drive innovation and support our providers for years to come.

