



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

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

November 1, 2019

Members of the Colorado General Assembly  
c/o Legislative Council  
State Capitol Building  
200 East Colfax Ave.  
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(4)(a), C.R.S., the Department of Health Care Policy and Financing (the Department) to develop—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan to “to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports.”*

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

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Nina Schwartz, at [Nina.Schwartz@state.co.us](mailto:Nina.Schwartz@state.co.us) or 303-866-6912.



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)

CC: Legislative Council Library  
State Library  
John Bartholomew, Finance Office Director, HCPF  
Tracy Johnson, Medicaid Director, HCPF  
Bonnie Silva, Community Living Office Director, HCPF  
Tom Massey, Policy, Communications, and Administration Office Director, HCPF  
Stephanie Ziegler, Cost Control Office Director, HCPF  
Parrish Steinbrecher, Health Information Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF  
Nina Schwartz, Legislative Liaison, HCPF



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

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

**November 1, 2019**

**Submitted to: Colorado General Assembly**



**COLORADO**

**Healthy HCPF**

Department of Health Care  
Policy & Financing

# Contents

- I. Executive Summary..... 3
- II. Background..... 4
- III. Introduction..... 5
- IV. Progress Towards Reduction of the Waiting List..... 6
  - Individuals on Waiting Lists Needing Services Immediately .....7
  - Safety Net Waiting List.....9
  - Enrollment in I/DD Programs..... 10
  - Waiver Renewals and Amendments ..... 12
  - State-Funded Programs ..... 12
  - Waiting Lists Management..... 13
  - Budgetary Environment ..... 15
- V. Legislation: Access to Disability Services, Waiver Redesign, Conflict-Free Case Management, Crisis Pilot, and Person-Centered Planning ..... 17
  - HB 18-1407: Access To Disability Services And Stable Workforce..... 17
  - House Bill 15-1318 ..... 18
  - House Bill 17-1343 ..... 18
  - Senate Bill 16-192..... 19
  - No Wrong Door Initiative..... 19
  - House Bill 15-1368 ..... 20
- VI. Conclusion..... 21



## 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”<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 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/DD<sup>2</sup> since 2014. Over the past five years, the Department has grown enrollment in these programs by 51 percent, and reduced waiting lists by 61 percent. However, due to budget constraints and increased visibility of these programs, there continue to be waiting lists.

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.

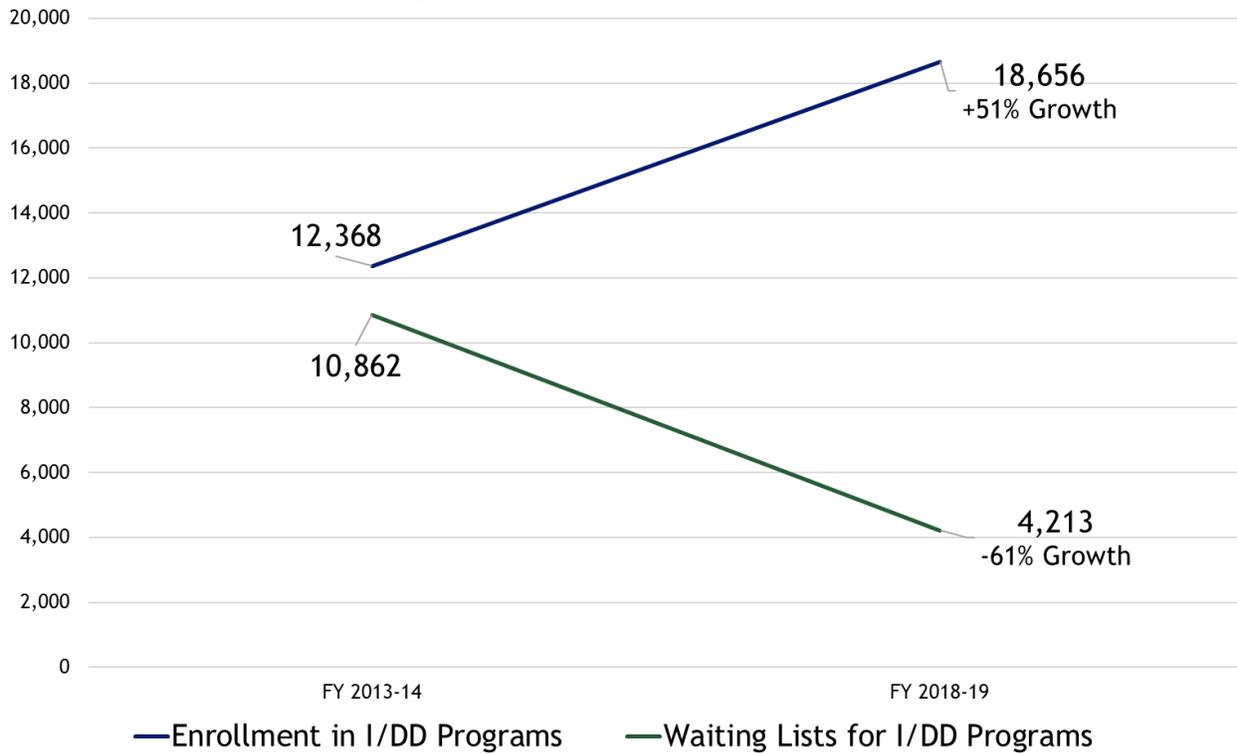
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<sup>1</sup> <https://www.colorado.gov/pacific/hcpf/IDD-Services-enrollments-waitlists>

<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)



Enrollment and Waiting Lists in I/DD Programs, FY 2013-14 to FY 2018-19



Enrollment in I/DD Programs							
	DD	SLS	CES	FSSP	State SLS	DD and SLS	Total
<b>FY 2013-14</b>	4,848	3,519	800	2,383	818	N/A	12,368
<b>FY 2018-19</b>	6,029	4,696	1,943	5,160	828	N/A	18,656
<b>% Change</b>	24%	33%	143%	117%	1%	N/A	<b>51%</b>
Waiting Lists for I/DD Programs							
	DD	SLS	CES	FSSP	State SLS	DD and SLS	Total
<b>As of Aug. 30, 2014</b>	1,454	954	331	7,067	206	850	10,862
<b>As of June 30, 2019</b>	2,895	0	0	1,288	30	0	4,213
<b>% Change</b>	99%	-100%	-100%	-82%	-85%	-100%	<b>-61%</b>

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”<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. §HB 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.

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). This report does not include information for the HCBS-CHRP waiver as it has historically been a program for children in the child welfare program.

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



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 who can live independently with limited supports. 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.

#### **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 Community Centered Board (CCB) case managers. Individuals waiting for services have a status of "Yes-Waiting" with one of the following timelines:

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



- **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 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 2,895 individuals listed; 40 percent (1,151) of those were newly placed on the ASAA waiting list during FY 2018-19, and 1,744 individuals were carried over from the previous year’s ASAA waiting list.

<b>Table 1</b>	
<b>Individuals Needing Services As Soon As Available, Waiting for Enrollment Authorization</b>	
<b>Program</b>	<b>Unduplicated Number of Individuals</b>
<b>HCBS-DD Only</b>	2,895
<i>Newly added to HCBS-DD Only July 1, 2018-June 30, 2019</i>	<i>1,151</i>
<b>HCBS-SLS Only</b>	0
<b>HCBS-CES</b>	0
<b>State-funded Supported Living Services</b>	30
<b>Family Support Services Program</b>	1,288

*Data Source: Community Contract Management System, June 30, 2019*



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.

<b>Table 2</b>	
<b>Individuals Authorized for Enrollment, Not Yet Enrolled, Internal Management</b>	
<b>Program</b>	<b>Unduplicated Number of Individuals</b>
HCBS-SLS Internal Management	219

*Data Source: Community Contract Management System, June 30, 2019*

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-six percent (86%) of the 2,895 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, 2019, 89 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 the fourteenth (14) birth date if a child is determined to have a developmental disability by the CCB prior to the age of fourteen.



<b>Program</b>	<b>Unduplicated Number of Individuals</b>	<b>% Receiving Some Services</b>	<b>% Receiving Waiver Services</b>	<b>% Receiving Dental Services</b>	<b>% Receiving Inpatient Services</b>	<b>% Receiving Long Term Care Services</b>	<b>% Receiving Outpatient Services</b>	<b>% Receiving Pharmacy Services</b>	<b>% Receiving Professional Services</b>
HCBS-DD ASAA	2,895	86%	74%	34%	4%	1%	48%	45%	69%
HCBS-SLS Internal Management	219	72%	13%	27%	4%	1%	38%	38%	47%
State-Funded Supported Living Services	30	77%	17%	27%	7%	3%	47%	53%	60%
Family Support Services Program	1,288	49%	6%	30%	2%	0%	34%	34%	47%

*Data Source: Community Contract Management System and Medicaid Management Information System, June 30, 2019*

### Safety Net Waiting List

There are currently 3,994 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 4.

<b>Program</b>	<b>Unduplicated Number of Individuals</b>
HCBS-DD Only	3,994
HCBS-SLS Only	816
Both HCBS-DD and HCBS-SLS Lists	327

*Data Source: Community Contract Management System, June 30, 2019*

Churn is the number of individuals who have been removed from the waiver (e.g. death or moving out of state) each month. 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. For example, only 10 individuals moved from the Safety Net waiting list to the ASAA waiting list in July 2018, while 95 individuals made this change in July 2019. These individuals all have Order of Selection dates prior to 2004. 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.

### 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 supports and services they need. Table 5 details the number of new individuals added to each waiver between July 1, 2018 and June 30, 2019. During FY 2018-19, the HCBS-DD waiver had a total of 869 authorized new enrollments, this is more than a 50 percent increase over the 530 new enrollments authorized during FY 2017-18.

Over the past two years, through waiver churn, individuals declining enrollment, the 300 new enrollments authorized with HB 18-1407 and 150 enrollments authorized through the Long Bill for FY 2019-20, a total of 1,055 individuals have been offered an enrollment from the HCBS-DD ASAA waiting list. Of those 1,055 individuals, 635 have completed enrollment, 276 have declined and 144 are in the process of enrolling into the HCBS-DD waiver.

<b>Table 5 HCBS Enrollments</b>				
	<b>HCBS-DD</b>	<b>HCBS-SLS</b>	<b>HCBS-CES</b>	<b>Total</b>
New FY 2018-19	869	565	362	1,778
Total Enrollment	6,029	4,696	1,943	12, 663

*Data Source: Community Contract Management System, June 30, 2019*



Total enrollment in three waivers targeted to individuals with I/DD grew 51 percent between FY 2013-14 and FY 2018-19. HCBS-DD by 24 percent, HCBS-SLS by 33 percent, and HCBS-CES by 133 percent.

Enrollments fall into several different categories. Reserve capacity enrollments include those authorized through the exception to the waiting list protocol. Exception enrollments are categorized as either Emergency, Youth Transitions or Deinstitutionalizations. 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) and 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.

<b>Table 6</b>	
<b>Reserve Capacity and Non Reserve Capacity Enrollments FY2018-19</b>	
<b>HCBS-DD Waiver</b>	
Emergency	193
Youth Transition	92
Deinstitutionalization	47
Waiting List	537
<b>Total</b>	<b>869</b>

*Data Source: Internal Case Management Division Tracking, June 30, 2019*

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 chose 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.

### **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. The renewal applications updated the areas of Quality Improvement Strategies (QIS) performance measures, qualifications for Case Managers and Case Management Agencies toward the implementation of Conflict-Free Case Management and expanded the capacity for the HCBS-DD waiver's enrollment. The Department expanded the HCBS-CHRP waiver per HB18-1328 by removing the eligibility requirement that individuals must be in child welfare and placed out-of-home to receive HCBS-CHRP services. The removal of this requirement will allow more children/youth to be served by the HCBS-CHRP waiver and access services at the time they need services in the setting they choose.

During the fall of 2019, the Department intends to submit waiver amendments for the HCBS-CES, HCBS-CHRP, HCBS-DD and HCBS-SLS waivers. Through the amendment process the Department is updating the Interagency Agreement with the Colorado Department of Public Health & Environment (CDPHE) to address several areas of need. This amendment will:

- Clearly outline the oversight of I/DD providers,
- Increase the number of participants served on the HCBS-DD waiver,
- Update the eligibility language in the HCBS-CES waiver (including removing, the targeting criteria to be substantiated by third party documentation),
- Clarify the roles in the investigation of Critical Incident Reports (CIRs), and
- Implement rate increases from the 2020 legislative session.

### **State-Funded Programs**

State SLS and FSSP are funded from the state general fund only and provide services 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. During FY 2018-19, the Department worked to redistribute existing State SLS appropriations to reduce the waiting list for that program. 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.

As of June 30, 2019, there were 30 people waiting for State SLS and 1,288 waiting for FSSP. The Department received \$2,376,025 in additional funding for FY 2019-20, 2020-21, and 2021-22 to eliminate the State SLS waiting list and to reduce the FSSP waiting list. In August 2019, the Department was able to provide additional funding to the CCBs with State SLS waiting lists and those agencies are currently working to enroll all individuals. The Department is working to provide additional funding in Fall 2019 to the CCBs with FSSP waiting lists to provide funding for approximately 300 individuals currently waiting for services. Additional funding will be distributed as additional information is collected from the CCBs to further prioritize remaining funds.

### **Waiting Lists Management**

To ensure waiting list data integrity and effective waiting list management, CCBs are required (per contract) to conduct and document in the Department prescribed case management system, a semiannual follow-up with individuals and families for all HCBS waivers with a waiting list with a timeline of ASAA or See Date. This contact is to update changes in demographic information and ensure the individual is identified on waiting lists for the programs and services individuals are eligible to receive. For individuals and families on the HCBS-DD waiting list with a timeline of Safety Net or individuals waiting for FSSP, this contact is required annually.

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 Department's external website. The Department continues to track the time spent between the authorization of an enrollment and when an individual completes enrollment to determine what changes, if any, need to be made to regulation to ensure individuals have timely access to services. For FY 2018-19, the average length of time for an individual to enroll into the HCBS-DD waiver following enrollment authorization was 32 days. This is a significant decrease from FY 2017-18, which was 78 days.

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 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. Each page includes 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.<sup>5</sup>

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

### **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. With these enrollments plus the expected 406 reserved capacity enrollments, the Department is expecting to authorize 556 enrollments during FY 2019-20. In

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



addition to the 556, 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 additional reserve capacity enrollments in its November 1, 2019 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 has distributed \$15,459,081 in enrollment and onboarding and system capacity funding to the 20 CCBs in Colorado. The purpose of these funds is to help CCBs build capacity and enroll individuals into the HCBS-SLS and HCBS-CES waivers. In FY 2016-17, an additional \$3,271,130 was distributed to HCBS-SLS waiver providers. The purpose of these funds was to help reduce the HCBS-SLS waiting list by increasing service capacity to enroll and serve new individuals. 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.

## 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 these legislation.

### **HB 18-1407: Access To Disability Services And Stable Workforce**

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.

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 requires 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 report by December 31, 2019 how the 6.5 percent rate increase funding was used to increase compensation, and thereby stabilize the direct support professional workforce.

### **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.

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.

### **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, and to create a third-party entity to assist individuals in choosing his or her 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 anticipates that the additional choice of case management agency and the flexible service array available in the



waiver will support client choice and provide modern, flexible services that will support individuals to lead the lives of their choosing and have access to the services they need and want at the time they need and want them.

### **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 automated the eligibility determination, needs assessment, and support planning documents within the case management data system. The Department is currently piloting the new 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 reliable and comprehensive data 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.

### **No Wrong Door Initiative**

The Department is concluding the No Wrong Door (NWD) pilot site project. The NWD initiative aims to modernize access to LTSS for all Coloradoans, regardless of age, disability, or pay source. The pilot sites were composed of multiple local human service agencies in a self-defined region. They were used to determine best practices for standardizing processes and operating protocols for conducting LTSS entry point work, such as eligibility determinations, intake and referral services, and options counseling. Pilot sites served the Denver-



metro area, Larimer and Pueblo counties, and the San Juan Basin region. With the conclusion of the pilot site project, the Department and its partner agencies (Colorado Department of Human Services and the Colorado Department of Labor and Employment) are now tasked with developing a model for implementing a NWD system statewide.

### **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. This success stems from a focus on in-home, site-based, and mobile crisis response services, as well as providing follow-up case management. In addition, information gathered through the actuarial study and program evaluation articulated gaps in delivery, while providing guidelines for filling those gaps through best practices and greater collaboration.

The Department submitted its final Legislative Report on July 1, 2019, including recommendations for how to remove the barriers that individuals with I/DD face when seeking mental/behavioral health services, both within the Crisis System, and within the system of mental/behavioral health as a whole. An Implementation Specialist began will work to implement the



recommendations and continue to identify Statewide opportunities for innovation and improvement.

## VI. Conclusion

The outcomes and 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 customer, communications, processes, and financing. Specifically, the Department continues to innovate and utilize strategies for:

- customer 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 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 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.

