

Project Summary

2015 Annual Update

*as outlined by 2014 Strategic plan found here:

<http://www.leg.state.co.us/library/reports.nsf/ReportsDoc.xsp?documentId=ACA5A4C3ACC8D42387257D90007B1985>

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

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		pg. 10-11	4. Review of State SLS Program	Identify services provided, the number of individuals waiting for services, and any unmet needs of the program.	June 2015	A review of the State SLS has been reprioritized and will be completed at a later date. The Department is focusing its review efforts on Medicaid case management activities of the CCBs to ensure CCBs are meeting all state and federal requirements and providing appropriate oversight and service coordination.	TBD	
				Identify current practices regarding data reporting and fiscal management in order to analyze and trend current program information to accurately inform the Department's budget request.	June 2015	A review of the State SLS has been reprioritized and will be completed at a later, to be determined, date. The Department is focusing its review efforts on Medicaid case management activities of the CCBs to ensure CCBs are meeting all state and federal requirements and providing appropriate oversight and service coordination. The Department is working with CCBs to develop a new allocation methodology for State SLS services. This work will result in a methodology that is more equitable and may allow some CCBs to serve additional clients currently on the waiting list for State SLS. The Department anticipates having a new proposed methodology by March 2016.	TBD	
		pg. 10	5. Establishment of state-level standards	Ensure consistency and transparency in the data reported for state-funded programs.	Not Defined	The FY 2015-16 CCB Contract was modified to include specific financial and waiting list data entry requirements for the State-funded programs. The Department reviews and monitor financials data on a monthly basis to identify trends within the report expenditures and inform the allocation process.	Complete	
	c. Assess and Develop System Capacity	HB14-1252 Concerning Funding for System Capacity changes Related to Intellectual and Developmental Disabilities Waiver Services	pg. 11	6. Review of funding reports from CCBs and providers	Determine the effectiveness of the use of funds from HB14-1252, if there is any additional capacity needed, and, if so, how those needs can best be met.	Not Defined	Please see the Department's response to the Legislative Request for Information (LRFI) #11 submitted to the Joint Budget Committee on November 1, 2015, regarding the use of the HB 14-1252 funds.	November 2015
				7. Establish a standard of best practices for person-centered service delivery and training.	Ensure that access to services means the individual receives the right support, at the right place, and at the right time.	Not Defined	The Department was allocated \$500,000 in FY15-16 for Person Centered Thinking training for Community Centered Boards, service provider agencies, families, advocates, and people who receive services. A Request for Proposal is planned to be sent out in October 2015 to solicit responses to provide 4 regional trainings, statewide, by July 2016.	July 2016
		Provider Development and Outreach	pg. 11			Not Defined	In addition, the new assessment tool currently in development will also support a person centered planning process to assure individuals receive the right services, at the right place at the right time.	April 2017

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					Not Defined	Person centered planning is also a key component of the federal HCBS Settings Final Rule, issued by CMS in 2014. The HCBS Settings Final Rule HCPF workgroup has had one web based training in March of 2015 for service providers to explain what person centered planning is, and how this process can be utilized so an individual receiving services gets the services they need and want, while fully integrated into their community. A follow-up webinar is scheduled for November 2015 to continue to work with service providers on person centered philosophy and planning. HCPF also met with 10 service providers around the state to work on their implementation of the HCBS Settings Final Rule, and how to use person-centered planning as one tool to implement the new rules into their service settings. The Department has also worked with it's contractor, the Lewin Group, to explore ways to better align the person centered planning model with waiver rules, and to develop a timeline for implementation. The HCBS Settings Final Rule allows for a 5 year transition plan and this work will be ongoing.	March 2019
		pg.. 11	Incentives for professional development	Explore ways to incentivize professional development for LTSS workers, including person-centered training for all direct service providers, upon the adoption of recommendations from the CLAG.		Please see the Department's response to the Legislative Request for Information (LRFI) #3 submitted to the Joint Budget Committee on November 1, 2015 for an update regarding this CLAG recommendation for workforce development.	
		pg. 11-12	8. Contact providers of similar services provided in other HCPF waiver programs	Analyze the capacity and competency of these providers to serve individuals with I/DD in order to increase the base of providers available from which individuals may choose to receive their support.	January 2015	An increase in providers has been measured within the HCBS-DD, HCBS-SLS, and HCBS-CES waiver services. The Department increased providers for DIDD services across 15 counties between September 1, 2014 and August 31, 2015. In total, there are 48 new providers. these new providers cover 17 approved waiver services, most notably transportation, supported community connections, and respite services. The Division for Intellectual and Developmental Disabilities will continue working with the Long Term Services and Support Division to align services to encourage provider participation across all waivers where appropriate.	Ongoing
		New Services and Service Delivery Options	pg. 12	9. CDASS to the HCBS-SLS Waiver	Address capacity issues by offering a new service delivery alternative, improve client's quality of life by empowering them to select, train, and manage the attendants of their choice, and to have more control in scheduling their services	July 2015	The HCBS-SLS Waiver amendment to include the CDASS service delivery option was submitted to CMS in August 2015. The Department anticipates implementation of the CDASS service delivery option in the HCBS-SLS waiver in early 2016.
		pg. 12	10. Personal Care services for children in Medicaid state plan	Improve access for individuals waiting for FSSP services, as well as for children who may not be eligible for the HCBS-CES waiver.	January 2015	The Personal Care benefit was implemented October 19, 2015. This benefit will be available to Medicaid eligible children through age 20. Approximately 38% of FSSP individuals are eligible for Medicaid services and will now have access to this new personal care benefit. In addition, children who are Medicaid eligible, but may not meet the level of care or target criteria for the HCBS-CES waiver will now be able to access this new benefit as well.	October 2015

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		pg. 12	Community First Choice in Medicaid state plan	Analyze the feasibility of adding CFC to become available in the Medicaid state plan to include personal care and a consumer directed service delivery option.		Please see the Department's response to the Legislative Request for Information (LRFI) #3 submitted to the Joint Budget Committee on November 1, 2015 for an update regarding this CLAG recommendation regarding Community First Choice.	
	Provider Choice	pg. 13	Provider Directory	Implement a public, transparent directory of licensed and certified service providers that includes opportunities for consumer feedback, upon the adoption of CLAG recommendation.		Please see the Department's response to the Legislative Request for Information (LRFI) #3 submitted to the Joint Budget Committee on November 1, 2015 for an update regarding this CLAG recommendation regarding Community First Choice.	
		pg. 13	11. Publish provider information on HCPF external website	Publish, in partnership with CDPHE, the last time a site survey was complete, outcomes and findings from the survey, and a list of HCBS providers serving I/DD clients.	January 2015	A list of HCBS providers serving the I/DD community through the HCBS-DD, HCBS-SLS, and HCBS-CES waivers is now available on the HCPF external website by using the provider search tool ('Find Doctors'). In addition, site survey results for service agencies are available on the CDPHE website, with a link to that information on the HCPF external website, as well. This information includes the last time a site survey was completed, and outcomes and findings from the most recent survey.	Complete
	Family Caregiver Options	pg. 13	12. Education regarding the ability of family members to act as service providers	Increase service provider capacity and increase access to necessary services while ensuring appropriate person-centered planning safeguards, program oversight, and training.	Not Defined	Department staff is developing case management training documents in order to explain the variety of service delivery options. Upon approval, these materials will be distributed to case managers to ensure that families are educated on all service delivery options and have the tools to choose the one that best fits their situation. In addition, the Department continues to provide technical assistance to CCBs regarding family caregiver options to ensure families have the most accurate information they need in order to make a decision about what's right for them.	Ongoing
		pg. 13	13. Identify any necessary rule changes	Work with stakeholders to identify rule changes necessary to further support family members as service providers.	Not Defined	The rules that govern programs administered by the Division for Intellectual and Developmental Disabilities are scheduled to be evaluated as part of the Department's 2016 Regulatory Efficiency Review Plan, including rules related to family caregiver options. During this process the Division will work with stakeholders, and encourages their feedback and public comments on any suggested rule changes.	December 2016
	Improve Access for Developmental Disability Determinations	pg. 13	14. Stakeholder education	Inform stakeholders that developmental disability determination assessments can be covered by Medicaid, and potentially be obtained through community mental health programs and schools.	Not Defined	The Department notified stakeholders of this option through a communication brief and fact sheet that was sent out via email, and posted on the external HCPF website in November 2014. Additionally, the information was presented at the monthly Advocacy Communication stakeholder meeting in July 2015.	Complete

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		pg. 13	15. Increase number of DD determination assessment providers	Identify additional professionals in order to provide better access to developmental disability determination assessments.	Not Defined	The Department has met with Community Mental Health Centers to provide technical assistance for billing Medicaid for these assessments. In addition, a communication was sent November 2014 to all stakeholders regarding ways to access assessments for I/DD determinations. This was also discussed at the CCB Case Management directors meeting in November 2014. The Department will continue to work with stakeholders and provide technical assistance regarding this process.	Complete
	d. Improve Transparency and Navigability of the System Through Waiver Redesign	pg. 14	16. Design a single waiver for adults with I/DD	Help increase clarity and transparency of the system, improve access to necessary services, use resources more effectively, and serve a greater number of individuals at a lower per-capita cost.	Not Defined	<p>The Department facilitated a Redesign Workgroup for the Waivers Serving Adults with Intellectual and Developmental Disabilities. The workgroup was comprised of a diverse stakeholder perspective including self-advocates/people who receive services, family members of people who receive services, and representatives from advocacy organizations, service provider agencies, and CCBs. The workgroup met monthly to conduct an analysis of the services and supports currently available, discuss and refine the recommendations made by the Community Living Advisory Group, and develop additional recommendations regarding the services, processes, policies, and practices that would be supportive of adults with intellectual and developmental disabilities. A Summary and Recommendations report was submitted to the Department in April 2015.</p> <p>In May and June of 2015, the Department organized and hosted 10 town hall style stakeholder sessions across the state. These meetings were designed to solicit input and feedback from local community stakeholders about the recommendations made by the workgroup, with an emphasis on ensuring that the needs, voices, and concerns of rural stakeholders, parents and family members, individuals being served by the waivers, and providers were heard and documented. An addendum to the workgroup's report summarizing the advice from the statewide stakeholder sessions and the Department's response to the recommendations are expected to be released in November 2015.</p> <p>With the passage of HB 15-1318, the Department has statutory authority to implement a new, combined waiver to serve individuals with I/DD. HB 15-1318 requires the Department to establish the new waiver by July 2016, or as soon as the Centers for Medicare and Medicaid Services (CMS) approves the waiver. The Department will continue to work with stakeholders to define this new waiver in a thoughtful way that leads to improvement of</p>	Ongoing

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	e. Provision of Conflict Free Case Management		pg. 14	17. Development of strategic initiatives	Determine the feasibility of implementing task group recommendations for conflict free case management.	Not Defined	<p>The Department received recommendations from the Task Group in October 2014, and provided a response to those recommendations in May 2015. HB 15-1318 requires the Department to create a transition plan for implementation of conflict free case management, with the input from CCBs, SEPs, and other stakeholders. Currently the Department is working to analyze the CCBs financial information and how various tasks are funded and performed to provide a comprehensive overview of the current structure. The Department will be meeting regularly with CCBs to review and analyze the collected information to inform next steps to be included in the transition plan.</p> <p>In addition, the Department will be holding 4 regional stakeholder meetings to gather input for this transition plan from a wide variety of stakeholders. Upon completion of all work, a final transition plan for implementation will be provided to the Department and submitted to the General Assembly by July 1, 2016.</p>	Ongoing
2. Communications	a. Establish a stakeholder communication plan	Stakeholder Audiences	pg. 15	18. Stakeholder communication plan	Ensure stakeholders' access to accurate, clear, and consistent information in a timely manner.	Not Defined	The Department releases relevant communications weekly to internal staff, providers, and external stakeholders. In addition, the Department has created web pages for key initiatives and meetings like the Advocates' Communication Meeting, Waiver Redesign, Conflict Free Case Management, Consumer Direction in the SLS Waiver, and the HCBS Settings Rule, with updates to these pages communicated in the weekly communication batches. All communication briefs are posted on the Department's website. Additionally, the Department has leveraged social media to inform stakeholders of requests for public comment and stakeholder meetings.	Ongoing
		Communication Needs			<p>Identify which stakeholder audiences require communications and the unique needs of each audience.</p> <p>Identify the type of information to be communicated to each stakeholder audience to create common understanding and expectations. The plan will identify how messaging will be tailored to maximize effectiveness.</p> <p>Identify frequency of communications to establish common expectations.</p> <p>Identify the best means of communication for each audience, including a variety of outreach tools and activities</p>	Not Defined	A comprehensive stakeholder communication plan is needed to address the systemic changes underway as a result of the settings rule, conflict free case management, and waiver redesign. Department staff are working to develop a long-range communication plan to help all interested stakeholders understand the changes. Developed in concert with Department Communications staff, the plan will address which stakeholders require information, when it's needed, and the best medium by which to communicate it.	January 2016

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	b. Increase Collaboration and Communication with Other State Agency Partners	pg. 15	19. Develop cross-agency communication plan/practices	Develop cross departmental practices that align practices and communication, and incorporate accepted recommendations from gap analysis report into annual strategic plan update.	Not Defined	HB 15-1368 has allowed the Department to continue its work addressing the issues highlighted in the gap analysis. With HB 15-1368, HCPF is currently working to set up a Cross-System Behavioral Crisis Response Pilot (Pilot) program that will serve two distinct geographic areas in Colorado. This Pilot will consist of in-home therapeutic respite, site-based therapeutic respite, follow-up services and, most importantly, a cross-discipline response system. The cross-discipline response system will allow multiple professionals from different disciplines to help, in a coordinated effort, to find supports and improvements to services for individuals to mitigate future crisis. The Pilot will allow the Department to understand how a system like this will work, and provide information regarding ways to expand this program to the rest of the state.	March 2016
	c. Develop an I/DD Handbook	pg. 15	20. Develop an I/DD Handbook	Create an overview/guide to waiver programs and processes, emergency/crisis definitions and processes, including a glossary of terms. Developed in a format that easy to understand, available online, and targeted towards families/guardians/caregivers, case managers, and service providers.	Not Defined	The Department is committed to developing communication materials to address not only processes related to client enrollment, but also the services and supports available to eligible clients and families. The Department's Office of Policy, Administration, and Communications Office plans on releasing client handbook for all clients in May 2016. Division staff will work to augment those materials as needed.	July 2016
	d. Execute Short-term Communication Commitments	pg. 16	21. Listening logs	The Department will publish listening logs with responses to stakeholder's questions, and all materials included in the community engagement meetings on it's website.	November 2014	Due to key staffing shortages, the Department did not publish all listening log information. The Department has hired a new Enrollment Coordinator that will be responsible for implementing communications strategies for this strategic plan. The Department will be creating a dedicated webpage for posting all of this information and will use the gathered feedback to inform the comprehensive communications plan.	January 2016
3. Process	a. Develop Statewide Order of Selection Process Allowing for Clear Communication of Waiting list Position	pg. 16	22. Develop a process to assure transparency of waiting list data	Up to date and accurate waiting list data.	June 2015	Enrollment information is shared at each of the Department's standing meetings and posted on the Department's web page for the Advocates' Communication Meeting. By the end of November, a separate page with progress towards a reduction in waiting list numbers will be created and updated monthly.	November 2015
			23. Make changes to CCMS	Track all information related to waiting lists so that both the Department and CCBs have access to waiting list placement information for all clients on their caseload.		The Department's new claims processing and case management systems have anticipated implementations of November 2016. Waiting list information and client placement on the list will be tracked in the case management tool, to which case managers will have access.	November 2016

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			24. Develop a web-based waiting list system	Allow individuals to look up their own waiting list placement via the Department's website		Individualized access to client claims and eligibility data will not be possible until, at the earliest, November 2016 when the new Medicaid Management Information System is implemented. A client portal with access to claims history is anticipated functionality, however the scope of information that will be available through the portal as of November 2016 is still being defined. When the new system launches, access to waiting list information is not expected to be available for clients; however, the Department continues to research the feasibility expanding functionality to include access to individual client waiting list data.	November 2016
	b. Refine the Process for Exceptions to Order of Selection	pg. 17	25. Standardization of exceptions process for waiting lists	Ensure the exceptions are applied equitably by providing technical assistance and communications regarding definitions for exceptions to order of enrollment and how to apply the exceptions that all stakeholders have a common understanding of options available.	November 2014	Due to key staffing shortages, the Department has not yet completed this task. The Department has hired a new Enrollment Coordinator that will be responsible for providing technical assistance and communications in this area going forward.	January 2016
	c. Establish Enrollment Timeframe Requirements	pg. 17	26. Develop timeframe requirements for waiver enrollment	Provide some predictability to the time it takes individuals to enroll--including exceptions to the timeframe requirements to address unique needs and situations as they arise.	Not Defined	The Department is still working to assess how long, on average, it takes to process an enrollment. This information would allow the Department and CCBs to provide some guidelines to individuals waiting for services regarding how long they may be waiting so that they are able to plan better for a potential enrollment. The analysis the Department is currently completing relating to conflict free case management includes review of time to process and enrollment. The Department will continue to work with CCBs to identify this information so that some predictability can be provided to individuals waiting for services.	Ongoing
Establish a timeframe for families to either accept or decline an enrollment offer.				Not Defined	The Department was not able to build consensus regarding establishing a timeframe for acceptance of an enrollment. The Department will continue to work with stakeholders on this issue.	Ongoing	
	d. Evaluate the Assessment and Service Planning Process	pg. 17	27. Revise assessment process	Streamline the assessment process and assure proper identification of necessary supports, and provide recommendations for new tools to streamline the assessment process.	Not Defined	The Department has developed a new eligibility determination assessment, which will be piloted in 2016. Additional assessment modules have been developed to assist with the support planning and cover such areas interest in employment, participant direction services, and assess areas of housing, health, and personal story. This process will be used with the Supports Intensity Scale assessment, and processes are being developed to minimize duplication of assessments and time for an individual to be assessed. The Department has also developed a No Wrong Door implementation plan to streamline how individuals access the long term services and supports systems. The Department has been awarded an implementation grant which includes plans to develop 3-5 No Wrong Door pilot sites, which will handle eligibility determinations, intake and referral, options counseling, among other tasks not related to case management.	Spring 2017

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4. Financing	a. Use Budget Process to Achieve Enrollment Goals	pg. 18	28. Develop enrollment goals and benchmarks	Develop meaningful, and specific benchmarks for enrollment and expenditures	Not Defined	<p>The Department's Performance Plan, submitted to the General Assembly July 1, 2015, includes enrollment goals and benchmarks for each waiver program. In addition, the Department's Budget Request R-5, 'FY 2016-17 Office Of Community Living Cost and Caseload Adjustments' includes revised enrollment goals which fully incorporate actual enrollment information from FY 2014-15.</p> <p>Between September 1, 2014 and August 31, 2015 there were 1,564 new enrollments into the HCBS-DD, HCBS-SLS, and HCBS-CES waivers. Table 4 shows the distribution of new enrollments across the 20 CCBs. Developmental Pathways enrolled the highest number of individuals in all three waivers, representing 26% of all enrollments during this time.</p>	Ongoing
	b. Review the Service Plan Authorization Limits (SPAL) and support levels	pg. 18	29. Review SPAL and SIS process	Evaluate data to determine if individuals have been able to increase their level of supports to better meet their needs, or if additional changes may be necessary to the SPAL and SIS process to increase access	Not Defined	<p>The Department has evaluated utilization data from FY 2014-15 to assess if changes are necessary to SPALs. Review of the data indicates that the vast majority of clients can be served within current SPAL levels; only 2% of enrolled clients are within 5% of their SPAL maximum. The Department continues to assess and improve the Supports Intensity Scale process to better meet the needs of individuals needing services. Included in the Department's November 1, 2015 Budget documents is a analysis of the use of the SIS tool which provides additional information regarding the Department's use of the SIS.</p>	Ongoing