



November 1, 2017

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(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, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/KC

Enclosure(s): Health Care Policy and Financing 2017 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
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Update to the Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities (House Bill 14-1051)

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

November 1, 2017

Submitted to: Colorado General Assembly



COLORADO

Department of Health Care
Policy & Financing

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This report is the statutorily required annual update from HB14-1051. Legislation requires the Department of Health Care Policy and Financing (the Department) to develop—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan “to 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.” This year’s submission includes updates on progress towards goals set forth in the strategic plan developed November 2014¹ and provides information on additional legislation and initiatives that support the legislative intent of HB 14-1051 and implementation of this strategic plan.

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

I. 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.

One way Colorado demonstrates its commitment to community living is through Medicaid waiver programs. The Department operates eleven Home and

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



Community-Based Services (HCBS) Medicaid waivers under authority granted by the Colorado General Assembly. Three of those waivers are operated within the Division for Intellectual and Developmental Disabilities – Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), and Children’s Extensive Support (HCBS-CES) waivers.

In addition to Medicaid services provided through the HCBS waivers, the Department provides services and supports specifically for individuals with I/DD through annual General Fund appropriations from the Colorado General Assembly. The State-funded Supported Living Services (State SLS) program provides assistance to individuals who can live independently with limited supports. The Family Support Services Program (FSSP) program provides assistance, according to a family support plan, 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, many individuals are placed on waiting lists and/or receive services and supports that are not best suited to their specific needs and preferences. This document serves as an update to the plan required by HB14-1051 for ensuring timely access to services for eligible individuals by July 1, 2020. Included in this report are updates on planned initiatives and initiatives that have been augmented by recent legislation.

II. Progress Towards Reduction of the Waiting List

Waiting List Data and Statuses

As outlined in the initial report, otherwise eligible individuals are placed on waiting lists when enrollments reach the capacity of the federally-approved waiver application, and/or when the limits of General Fund appropriations have been met. Separate waiting lists are maintained for each waiver and State-funded programs. Individuals may be included on more than one waiting list at a time.

The Community Contracts Management System (CCMS) serves as the statewide repository for waiting list data. Individuals indicate their needs and preferences



which are then entered into the system by Community Centered Board (CCB) case managers. 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 due to not having reached their 18th birthday.
- **Safety Net** – The individual does not need or want services at this time, but requests to be on the waiting list in case a need arises at a later time. This category includes individuals who are not yet eligible due to not having reached their 18th birthday.
- **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.”

CCB case managers are required to verify and update the waiting lists record of eligible individuals within their respective catchment areas at least semi-annually for Medicaid waivers and annually for State-funded programs. In reporting waiting list data for individuals needing services immediately, the Department includes those individuals waiting for services with an ASAA status and those individuals with Date Specific status who have requested enrollment within the current fiscal year. Table 1 below details the number of individuals currently needing services immediately who are waiting for enrollment authorization.

Table 1 Individuals Needing Services As Soon As Available, Waiting for Enrollment Authorization	
Program	Unduplicated Number of Individuals
HCBS-DD Only	2,915
HCBS-SLS Only	0
Both HCBS-DD and HCBS-SLS	0
HCBS-CES	0



State-funded Supported Living Services	126
Family Support Services Program	2,500

Data Source: Community Contract Management System, September 30, 2017

Some individuals are pending full enrollment into the HCBS-SLS waiver or are in the enrollment process with their CCB. Table 2 below details the number of individuals authorized to enroll into the HCBS-SLS and HCBS-CES waivers who have not yet completed enrollment. These individuals are listed as internal management in CCMS and tracked internally by CCBs. 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 for all eligible individuals.

Program	Unduplicated Number of Individuals
HCBS-SLS Internal Management	280
HCBS-CES	0

Data Source: Community Contract Management System, September 30, 2017

Last fiscal year, the Department requested a comprehensive plan be submitted by October 31, 2016 from each CCB detailing how individuals within the Internal Management category would be enrolled into their respective waivers by June 30, 2017. The Department received plans from each of the 20 CCBs and reviewed each comprehensive plan. The Department determined that of the 786 individuals who were pending enrollment as of September 30th, 2016, 84% have either been enrolled and are receiving services or have withdrawn their request to receive services as of July 1st, 2017. The 16% of individuals who have not yet enrolled are pending waiver eligibility, have not responded to an offer to enroll, or have not been able to secure an appropriate provider for services needed. Of the 280 individuals identified in Table 2, 84% are individuals who were not in the 786 from the previous year, meaning they are newly eligible or newly identified by the CCB as requiring HCBS-SLS services. The remaining 16% of individuals were identified last fiscal year as wanting to enroll into the HCBS-SLS waiver and have yet to enroll for the reasons stated above.



Table 3 details the number of individuals needing services immediately who are waiting for enrollment authorization for HCBS-DD, individuals listed as Internal Management, and individuals waiting for enrollment into State-funded SLS or the FSSP program who are also receiving some Medicaid services. Other Medicaid services include other HCBS waivers, dental, inpatient, long term care, pharmacy, outpatient, or professional services.

Individuals Waiting for Services As Soon As Available or Internal Management Who Are Receiving Other Medicaid Services									
Program	Unduplicated Number of Individuals	% Receiving Some Services	% Receiving Waiver Services	% Receiving Dental Services	% Receiving Inpatient Services	% Receiving Long Term Care Services	% Receiving Outpatient Services	% Receiving Pharmacy Services	% Receiving Professional Services
HCBS-DD ASAA	2,915	87%	72%	17%	2%	1%	36%	42%	59%
HCBS-SLS Internal Management	280	64%	9%	13%	3%	0%	30%	39%	53%
State Funded Supported Living Services	126	44%	11%	7%	3%	1%	22%	29%	33%
Family Support Services Program	2,500	43%	7%	12%	1%	0%	24%	24%	39%

Data Source: Community Contract Management System and Medicaid Management Information System, September 30, 2017

Table 4 details the number of individuals currently with a Safety Net status. Please note, there is some duplication between the numbers in Table 4 and the numbers reported for individuals needing services immediately in Table 1. For example, an individual may be reported as needing HCBS-DD services immediately, but is also reported on the safety net list for HCBS-SLS.

Safety Net Status	
Program	Unduplicated Number of Individuals
HCBS-DD Only	3,621
HCBS-SLS Only	588
HCBS-DD and HCBS-SLS	752

Data Source: Community Contract Management System, September 30, 2017



Significant progress has been made over the last year to enroll clients needing services immediately into the HCBS-SLS and HCBS-CES waivers and the Department expects that progress to continue. While the waiting list for the HCBS-DD waiver continues to grow, new individuals continue to enroll into each waiver every year. Table 5 details the number of new individuals added to each waiver between July 1, 2016 and September 30, 2017.

Table 5 New Enrollments			
HCBS-DD	HCBS-SLS	HCBS-CES	Total
332	719	358	1,409

Data Source: Community Contract Management System, September 30, 2017

During FY 2016-17 the Department received 282 emergency enrollment requests for enrollment into the HCBS-DD waiver. Of the 282 requests, 244 were approved for enrollment into the waiver. The remaining requests were either denied because they did not meet criteria, were requested to be withdrawn, or qualified into another enrollment category. The number of emergency enrollments the Department received increased by approximately 5% from FY 2015-16. The increase in emergency enrollments is one consideration for the Department's inability to authorize enrollments into the HCBS-DD waiver to individuals from the As Soon As Available waiting list, as these emergency situations take priority. In addition to the emergency enrollments, there were 36 individuals who enrolled into HCBS-DD waiver from foster care and 51 individuals who enrolled into HCBS-DD waiver from the HCBS-CES waiver as prioritized enrollments. Additional enrollments for each category were authorized but did not complete enrollment during the fiscal year.

To ensure waiting list data integrity and effective waiting list management, CCBs are required to contact each individual listed on any waiting list for Medicaid HCBS waiver services twice each year. Additionally, the Department randomly reviews individuals on the waiting list for HCBS-DD waiver enrollment 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 that only individuals in need of services immediately are identified on the ASAA waiting list. The Department has refined the way it manages and tracks data through updated and consistent reporting, allowing the Department to more effectively authorize enrollments and request increases in allocations.

The Case Management Enrollment Coordinator for the Department continues to work with CCBs to refine the exceptions to the process for waiting lists through daily 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. Last fiscal year, the average length of time for an individual to enroll into the HCBS-DD waiver following enrollment authorization was 52 days.

HB 14-1051 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. While modification of the statutory definition is not recommended, there are opportunities for improvement in Department administration and oversight of the waiting list. These opportunities were explored by the Department through contracted work completed in FY16-17 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 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 initial report considered the potential impact(s) of Colorado's unique rural areas, and provided initial recommendations for changes to Colorado's emergency enrollment criteria. The information included in the initial report was presented to stakeholders in Grand Junction, Greeley, Pueblo and Denver, in addition to one statewide Webinar, all facilitated by the LNUSS Group. Attendees were asked to provide feedback regarding their experience with Colorado's I/DD waiting list management practices, on the recommendations provided by the LNuss Group in the presentation, and any other recommendations or observations regarding the management of the HCBS-DD waiver waiting list. The final report on specific observations and recommendations can be found on the Department's external website under the Waiting List and Enrollments section². The final eight recommendations are listed below

1. Providing specific guidance and methodology in implementing regulations concerning the eligibility requirement for the HCBS-DD waiver of needing access to 24-hour supports and services
2. Explore the "need" for services in the HCBS-DD waiver through waiver redesign and a level of need assessment
3. Redefining the definition of "homelessness" in the emergency enrollment criteria
4. Include the loss of incapacitation of the caregiver as one of the factors to justify and emergency enrollment into the HCBS-DD waiver
5. Require supporting documentation to substantiate the circumstances supporting the emergency enrollment request and review the current form to evaluate if there can be additional information that can be standardized to support the request
6. Consider utilizing a standardized questionnaire/assessment and scoring methodology to ensure consistent gathering and evaluation of information
7. Evaluate individuals on the HCBS-DD ASAA waiting list to ensure they are currently receiving all available and appropriate benefits and they are still in need of HCBS-DD waiver services

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



8. Implement a level of need and prioritization assessment for individuals who are waiting for HCBS-DD waiver services to improved forecast plans for long-term reduction of the waiting list.

The Department is reviewing the final recommendations for feasibility of implementation and will engage with stakeholders when implementing any of the recommendations.

To ensure stakeholders' access to accurate, clear, and consistent information in a timely manner the Department releases relevant communications weekly to internal staff, providers, and external stakeholders. In addition, the Department has created web pages for key initiatives to include: Waiting List and Enrollments, Waiver Redesign, Conflict-Free Case Management, Consumer Direction in the HCBS-SLS Waiver, and the HCBS Settings Rule, with updates to these pages communicated in the weekly communication briefs. All communication briefs 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 Division has oversight. The Case Management Enrollment Coordinator also attends external meetings with stakeholders, such as the Advocates' Communication Meeting, to provide information related to the waiting lists and enrollments.

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 and HCBS-SLS

waivers. However, current budget projections for FY 2018-19 do not permit the Department to request additional enrollments to reduce the waiting list for the HCBS-DD waiver, beyond requesting funding to allow for emergency enrollments and enrollments for individuals transitioning from other settings (included in the Department's November 1, 2017 Budget Request R-5, "Office of Community Living Cost and Caseload Adjustments"). The Department remains committed to ensuring all individuals have access to the services they need by 2020; this next year may



require a renewed focus on addressing operational challenges and moving forward with authorized legislation in lieu of work to reduce the waiting list for the HCBS-DD waiver or expand service delivery options.

III. Legislation: Waiver Redesign, Conflict-Free Case Management, Crisis Pilot, and Person-Centered Planning

Since the Colorado General Assembly authorized legislation further supporting the strategies identified in HB 14-1051 and helping to modernize the service delivery system for home and community based services 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, and person-centered planning. Below are some highlights of this legislation;

House Bill 15-1318

Creating a redesigned waiver for adults with I/DD and a conflict-free case management Service Delivery System are key components of this strategic plan. These initiatives were codified by HB15-1318, *Concerning a Single Medicaid Waiver for Home and Community Based Services for Adults with Intellectual and Developmental Disabilities*. The legislation directed the Department to create a single waiver for adults with I/DD with a target implementation date of July 1, 2016, or as soon as it is approved by the federal Centers for Medicare and Medicaid Services (CMS). The Department has yet to submit the single redesigned waiver to CMS for approval, however the Department does provide quarterly updates to the JBC outlining the progress of the waiver redesign process. Further, the legislation requires that the waiver include flexible service definitions, provide services when and where they are needed, and offer services and supports based on individuals' needs and preferences. An update regarding waiver redesign was submitted to the Joint Budget Committee in October 2017 outlining significant milestones in the redesign of a single consolidated waiver. The Department has found that additional work is needed to ensure the waiver will be successful and sustainable. To accommodate the additional work, the Department has extended its target date for submitting the redesigned waiver

application to CMS from January 1, 2018 to July 1, 2019. Through extended analysis, the Department aims to ensure accurate resource allocations, costs estimates, and a service model that truly delivers the right services, in the right place, at the right time. Further detail about HB15-1318 can be found in the report submitted October 1, 2017 to the General Assembly.

The bill also directed 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 plan was developed in consultation with Community Centered Boards, Single Entry Point agencies, and all other interested stakeholders. The Department met with Community Centered Boards, Single Entry Point agencies, and other stakeholders to obtain input for the implementation plan. The plan was submitted to the Joint Budget Committee on July 1, 2016. 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. Statute also requires the Department and I/DD system to be conflict-free by July 1, 2022. To comply with statute, the Department must develop case management agency and case manager qualifications. The Department anticipates that the additional choice of case management agency and the flexible service array available in the waiver will support client choice of case manager and provide modern, flexible services that will support individuals to lead the lives of their choosing.

Senate Bill 16-192

House Bill 14-1051 requires the Department to include administrative procedures to support the goal of the strategic plan. A revision to current assessment and support planning processes is being completed to streamline the assessment process and ensure proper identification of necessary supports for individuals. Implementation of this process will assure more accurate assessment of individual needs, improving access to services. Senate Bill 16-192 requires that a new assessment tool be selected by July 1st, 2018.



Colorado has developed a new assessment process that reflects its current program operations while being flexible and comprehensive enough to support the major systems change efforts, which reflects extensive input from Colorado's stakeholders. The next step is to develop an enhanced support planning process that takes full advantage of the opportunities created by having reliable and comprehensive data that includes not only deficits, 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 fairly and efficiently assigns resources.

No Wrong Door Initiative

The Department has launched four regional No Wrong Door pilot sites for modernizing access to Long-Term Services and Supports for all Coloradoans in need. No Wrong Door sites will be responsible for eligibility determinations, intake and referral and options counseling, among other tasks not related to case management. No Wrong Door Pilots are serving the Denver Metro area, Larimer and Pueblo county and the San Juan Basin. Pilots are expected to run through summer of 2019. The pilot sites will help the Department and its partnering agencies to develop a model for statewide implementation.

House Bill 15-1368

Another key component of this 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, Creation of a Cross System Response for Behavioral Health Crisis Pilot Program for Adults with Intellectual Disabilities, seeks to ensure timely access to behavioral supports for individuals in crisis who also have an I/DD. The bill authorized funding for the creation of a pilot program managed by contracted vendors in two locations that deliver and coordinate services, including crisis intervention, stabilization, and follow-up services not covered in either the behavioral health system or waivers for adults with I/DD. The created system must also build on the statewide behavioral health crisis system supported by the



Colorado Department of Human Services. Services will be provided to eligible individuals irrespective of payer source.

Rocky Mountain Health Plans (RMHP) is the contractor to implement the Cross-System Response for Behavioral Health Crisis Pilot Program (CSCR Pilot) at multiple sites that represent different geographic regions of the state. In its first year, the CSCR Pilot has been 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, keeping in line with the expectations of HB 15-1368. 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. In the next year, the CSCR Pilot will further refine processes to allow the Department, and its partners, to better serve the communities, as well as gain greater insight into how the CSCR Pilot model might be implemented across Colorado affording better access to services for individuals at the time they need and want services.

IV. Conclusion

The outcomes and progress that have been made by the initiatives of HB14-1051 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 efforts and collaboration with stakeholders, as well as other state agencies,
- improving processes related to waiting list management, and
- utilizing budgets to more effectively achieve enrollment goals.



The Department reaffirms its commitment to helping all Coloradans live and work in the communities of their choosing with their friends and loved ones. 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 intellectual or developmental disability. The Department will continue to update the narrative of this plan with substantive updates on policy, legislation, and budget initiatives, and document changes to ongoing goals. The Department is committed to timely access to services for all eligible individuals by the year 2020.

